

Milk processing



Pre-pasteurization microbial testing



Pooling and dispensing

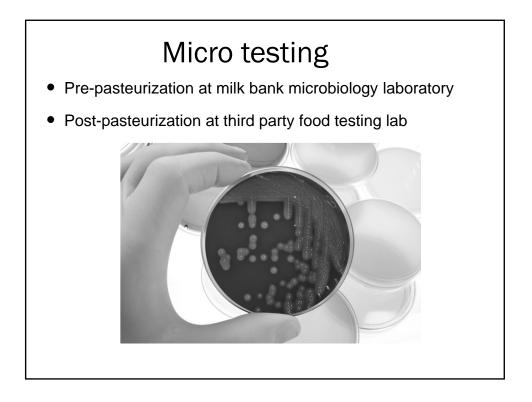
Pasteurization

Holder pasteurization Long time low heat (LTLH)

100% oligosaccharides and 70% antibodies remain after pasteurization



- Milk is held at 62.5 degrees Celsius for 30 minutes
- Destroys CMV, HIV, Hepatitis B, and most bacteria
- Safe, effective, rigorously studied

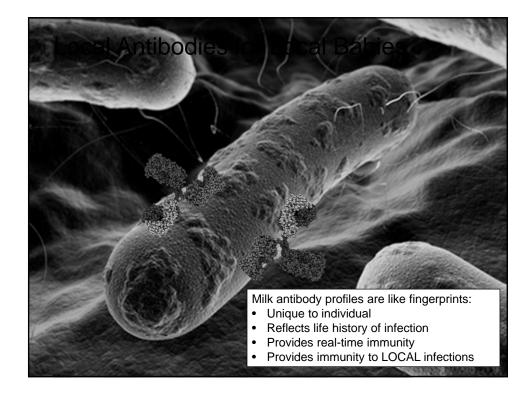




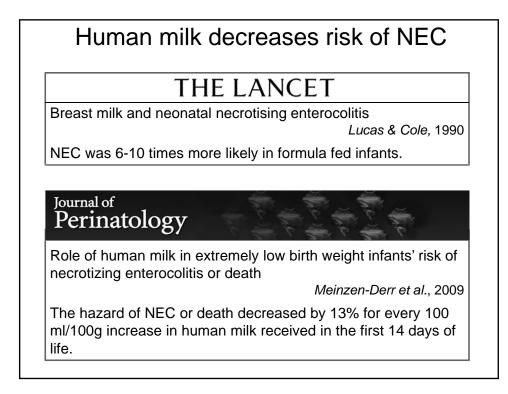
Donor milk in the hospital

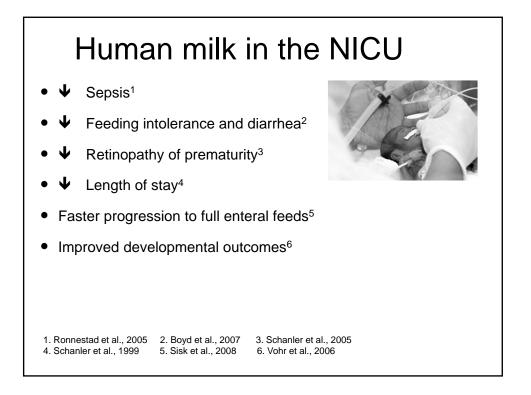
- Reduce NEC & feeding intolerance in the NICU
- Provide antibodies and other immune properties
- GI diagnoses
 - Post surgical/post transplant nutrition
 - Feeding intolerance
- Newborn Supplementation
 - Hypoglycemia
 - Weight loss/dehydration
 - Hyperbilirubinemia
- Offer families feeding choices
- Increase patient satisfaction

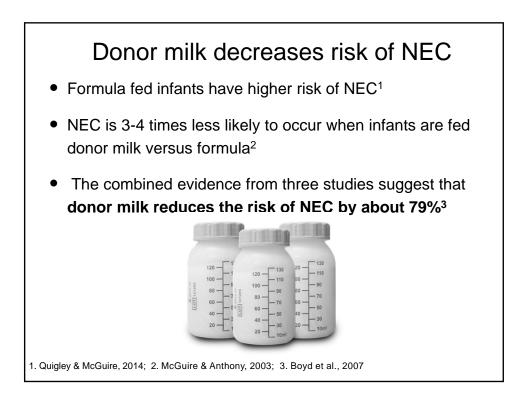








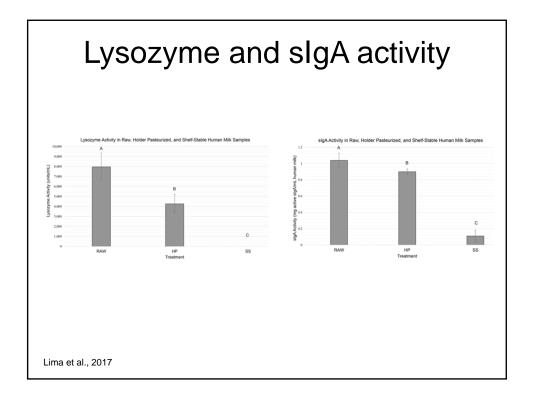


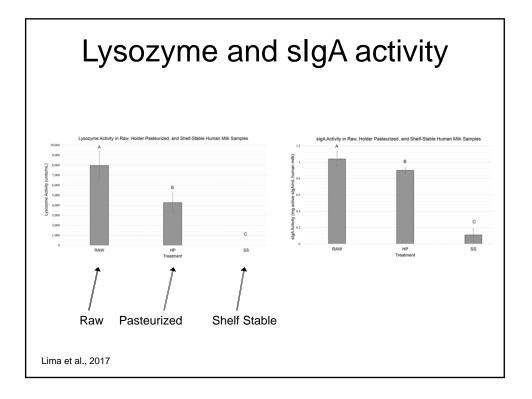


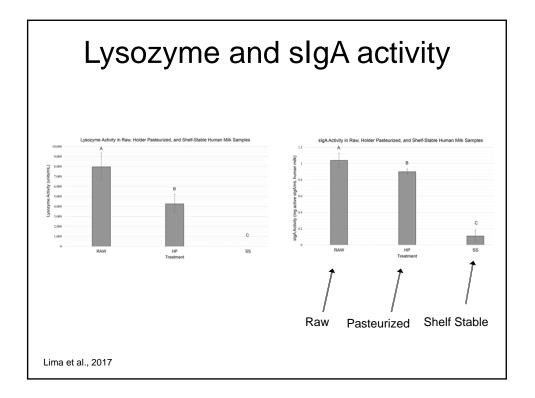
	Mom's Milk	Donor Milk	Formula
Human Milk Oligosaccharides	100%	100%	0%
slgA antibody	100%	70%	0%
Lysozyme	100%	75%	0%
Lactoferrin	100%	40%	0%
Bile salt stimulated lipase	100%	0%	0%
White blood cells	100%	0%	0%

Data from Tully et al., 2001 (Altered)

	Pasteurized Donor Milk	Shelf Stable Product
Human Milk Oligosaccharides	↑ 12.6	↓ 6.6
IgA antibody	↑ 0.32	♥ 0.19
Lysozyme	Same 0.03	Same 0.05
Lactoferrin	↑ 1.45	♦ 0.5
Alpha-lactalbumin	↑ 4.44	♦ 0.95
Total protein	♠ 1.0	♦ 0.8







Pasteurized versus shelf stable donor milk				
	Pasteurized Donor Milk	Shelf Stable Product		
Thiamine	0.77 mg/dl	0.68 mg/dl		
Lysine	0.26 mg/l	0.14 mg/l		

Data from Lima et al., 2018

"Fortification may be necessary if shelf-stable donor milk is a long-term feeding choice." (Lima et al., 2018)

Donor milk on mother baby unit

- Milk is species specific
 - Human milk is the biological norm for human babies
 - Formula is an artificial milk product with a cow milk base
- Increase feeding choices
- Donor milk on the mother baby unit associated with higher breastfeeding rates at discharge (Belfort et al., 2018)

Supplementation Offered on Mother Baby Unit	Exclusive Breastfeeding at Discharge	
Donor milk or formula	77%	
Formula only	56%	
Data from Belfort et al., 2018		

Donor milk on mother baby unit

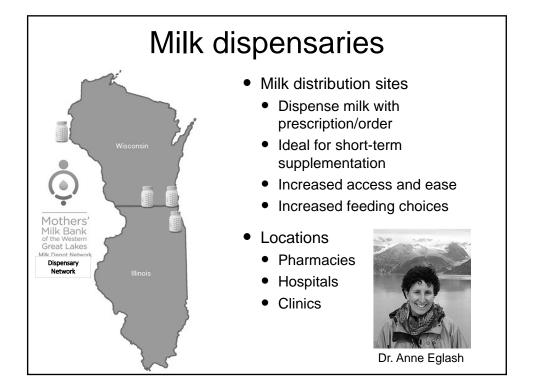
- Indications (Sen et al., 2018)
 - Weight loss/dehydration
 - Poor latch
 - Low supply
 - Physician request
 - Parent request
 - Multiples
 - SGA/IUGR
 - Hypoglycemia
 - Jaundice
 - Breast anomaly/surgical history
 - Mother/infant separation



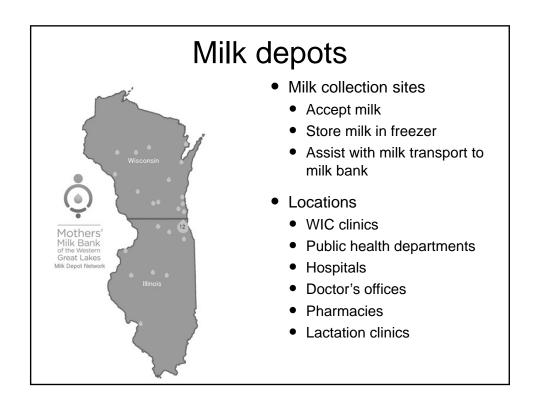
Donor milk for outpatients

- Bridge feedings for breastfeeding moms
- Adoption/surrogacy
- Formula intolerance
- Complications of prematurity
- Chronic illness
- Spinal muscular atrophy (SMA)
- Maternal illness/hospitalization
- Maternal death
 - 3 days of donor milk at no charge (IL and WI families)



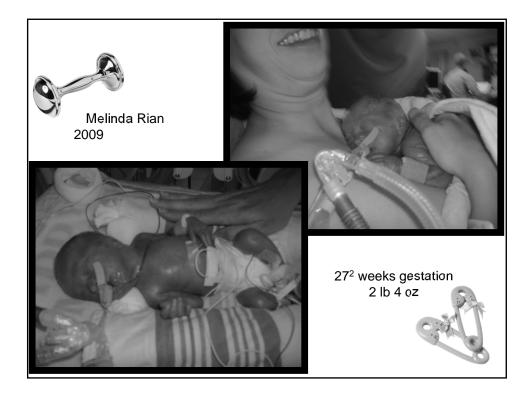










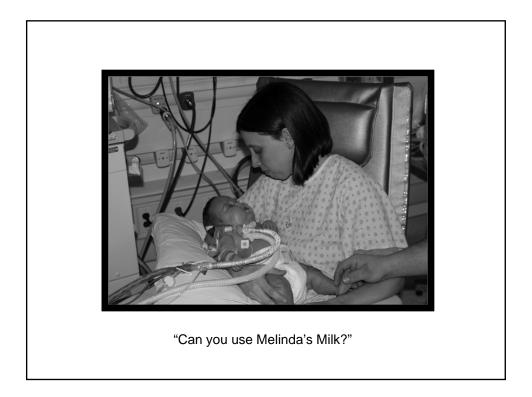


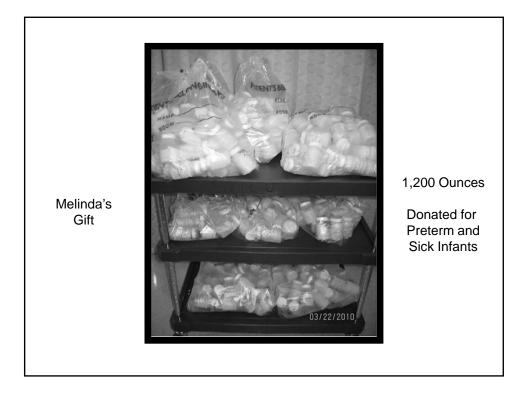






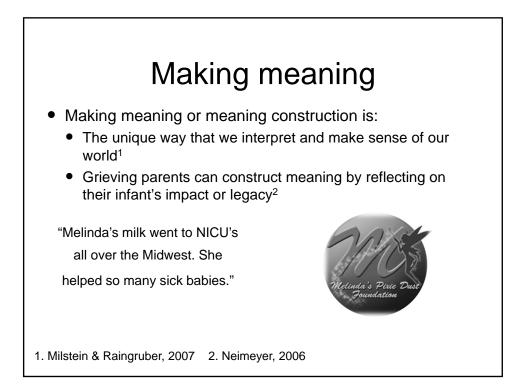










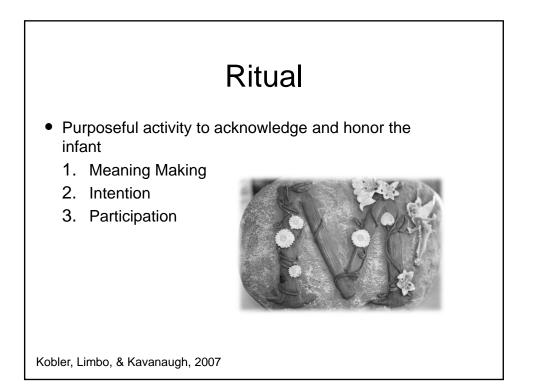


Legacy

- What one leaves behind for their family, friends, caregivers, and society.
- Parents can use photographs, stories, scrapbooks, memory boxes, charity events, and other items and activities to reflect on their infant's legacy.



Hochberg, 2012



Linking Object

- Linking objects tie the object to the infant.
 - They can symbolize the infant.
- There can be a strong association between the object and the infant.



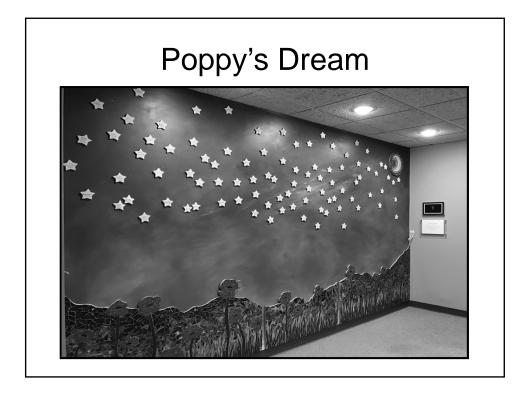
DeSpelder & Strickland, 2015



Welborn's Themes

- 1. Grieving the loss of motherhood
- 2. Pumping maintained connection to baby
- 3. Pumping out of necessity
- 4. Pumping as a tool for grieving loss
- 5. Support (or lack of) from nurses and lactation consultants
- 6. Determination not to throw milk away
- 7. Relief in learning about option to donate milk
- 8. Difficulty letting go of the milk
- 9. Giving meaning to the experience
- 10. Healing from loss
- 11. Importance of addressing lactation with bereaved mothers

Welborn (2012)



Digital frame & dedication

Every star family is invited to submit a photo of their baby.

Families express gratitude for having a safe place to share these memories.

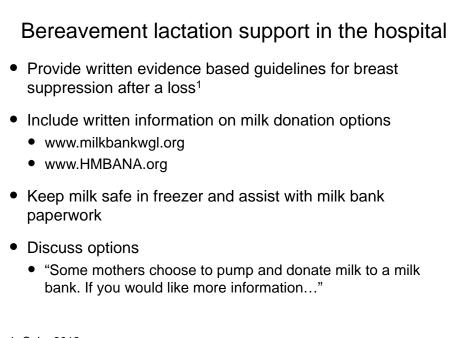
Parents have noted that they feel like their baby is part of a community, and they are glad the baby has "friends."



10/15/2018







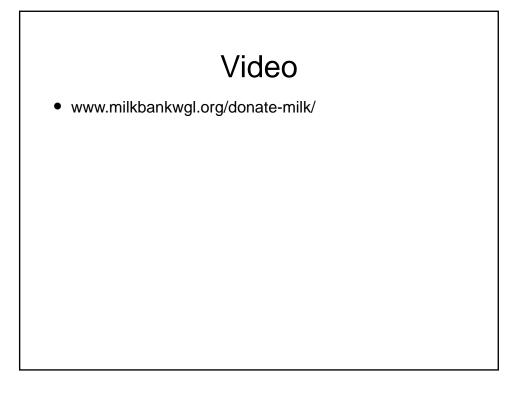
1. Cole, 2012

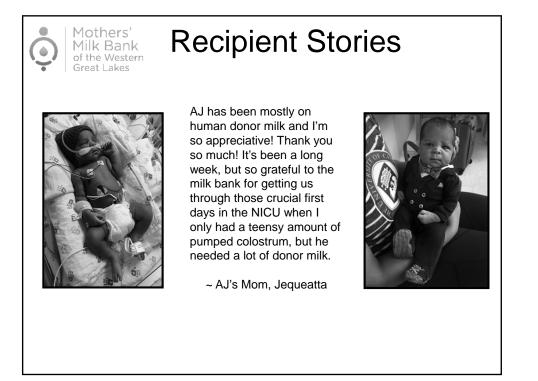


Important considerations

- Milk donation is offered as a choice
- Some mothers may need time to decide
 - Keep milk safe in unit freezer
- There are no exclusions for bereavement donors- all milk is accepted
 - There is no minimum donation- any milk is accepted
 - Some mothers may not need a blood draw
- Contact Milk Bank WGL
 - Bereavement brochures
 - Bereavement in-services for staff







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Recipient Stories



"For all the dedicated mothers out there pumping and donating, you have improved her life tremendously! London was born at just 24 weeks and when my supply ran out, we relied on your milk to help her THRIVE ... From the bottom of our hearts, thank you!"



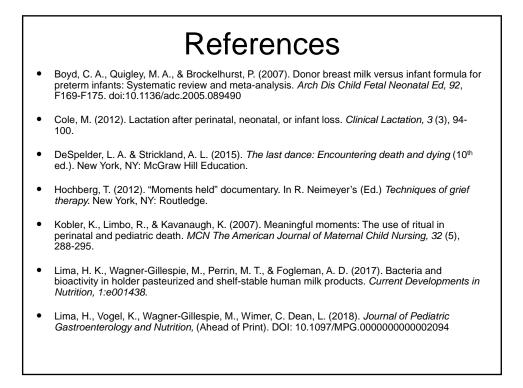


Non-profit milk bank resources Wisconsin/Illinois **Other States** Mothers' HUMAN Milk Bank BANKING MILK of the Western Great Lakes Mobilizing the Healing Power of Donor Milk www.milkbankwgl.org Mothers' Milk Bank of the Find your local HMBANA • Western Great Lakes milk bank www.milkbankwgl.org www.HMBANA.org info@milkbankwgl.org 847-262-5134

Acknowledgements

THANK YOU:

- Generous milk donors
- Bereavement families
- Milk bank staff and volunteers
- Board of Directors
- Hospital and community supporters
 - Lactation consultants, nurses, physicians, peer counselors, doulas, palliative care, child life, dieticians, therapists...
- Nursing instructors at Rush University
- Staff at Advocate Lutheran General Hospital, Advocate Children's Hospital, Advocate Illinois Masonic





- Lucas, A. & Cole, T. J. (1990). Breast milk and necrotizing enterocolitis. *Lancet*, 336. 1519-1523.
- McGuire, W., & Anthony, M. Y. (2003). Donor human milk versus formula for preventing necrotizing enterocolitis in preterm infants: Systematic review. Arch Dis Child Fetal Neonatal Ed, 88, F11-F14.
- Meinzen-Derr, J., Poindexter, B., Wrage, L., Morrow, A. L., Stoll, B., & Donovan, E. F. (2009). Role of human milk in extremely low birth weight infants' risk of necrotizing enterocolitis or death. *Journal of Perinatology*, 29, 57-62.
- Meredith-Dennis, L., Xu, G., Goonatilleke, E., Lebrilla, C. B., Underwood, M. A., & Smilowitz, J. T. (2017). Composition and variation of macronutrients, immune proteins, and human milk oligosaccharides in human milk from nonprofit and commercial milk banks. *Journal of Human Lactation*. First published June 14, 2017. DOI: 10.1177/0890334417710635
- Milstein, J. M. & Raingruber, B. (2005). Choreographing the end of life in a neonate. *American Journal of Hospice and Palliative Medicine*, 24 (5), 343-349.
- Neimeyer, R. A. (2006). *Lessons of loss: A guide to coping.* Center for the Study of Loss and Transition. Memphis, TN.
- Pevtzow, L. (2012, November 7). Sharing Breast Milk with other Moms can be a Life Saver. The Chicago Tribune.
- Quigley & McGuire. (2014). Formula versus donor breast milk for feeding preterm or low birth weight infants (Review). The Cochrane Library.

- Ronnestad, A., Abrahamsen, T. G., Medbo, S., Hallvard, R., Lossius, K., Kaaresen, P. I.,...Markestad, T. (2005). Late-onset septicemia in a Norwegian national cohort of extremely premature infants receiving very early full human milk feedings. *Pediatrics*, *115*(3), e269-e276. doi:10.1542/peds.2004-1833
- Schanler, R. J., Shulman, R. J., & Lau, C. (1999). Feeding strategies for premature infants: Beneficial outcomes of feeding fortified human milk versus preterm formula. *Pediatrics*, 103(6), 1150-1157.
- Schanler, R. J., Lau, C., Hurst, N. M., & Smith, E. O. (2005). Randomized trial of donor human milk versus preterm formula as substitutes for mothers' own milk in the feeding of extremely premature infants. *Pediatrics*, *116*(2), 400-406. doi:10.1542/peds.2004-1974
- Sen, S., Benjamin, C., Riley, J., Heleba, A., Drouin, K., Gregory, K., & Belfort, M. B. (2018). Donor milk utilization for healthy infants: Experience at a single academic center. *Breastfeeding Medicine*, 13 (1), 28-33.
- Sisk, P. M., Lovelady, C. A., Gruber, K. J., Dillard, R. G., & O'Shea, T. M. (2008). Human milk consumption and full enteral feeding among infants who weight less than or equal to 1250 grams. *Pediatrics*, 121(6), e1528-e1533. doi:10.1542/peds.2007-2110
- Tully, D. B, Jones, F., & Tully, M. R. (2001). Donor milk: What's in it and what's not. *Journal of Human Lactation*, 17(2), 152-155.
- Vohr, B. R., Poindexter, B. B., Dusick, A. M., McKinley, L. T., Wright, L. L., Langer, J. C., & Poole, W. K. (2006). Beneficial effects of breast milk in the neonatal intensive care unit on the developmental outcome of extremely low birth weight infants at 18 months of age. *Pediatrics*, 118, e115-e123. doi: 10.1542/peds.2005-2382
- Welborn, J. M. (2012). The experience of expressing and donating breast milk following a perinatal loss. *The Journal of Human Lactation*, 28 (4), 506-510.