



Mothers' Milk Bank
Colorado Based. Nationwide Impact.

a program of Rocky Mountain Children's Health Foundation

A nonprofit program of Rocky Mountain Children's Health Foundation, Mothers' Milk Bank (MMB) collects, processes and provides donor human milk to infants across the country. Infants who receive the milk may be premature or have severe illnesses and need human milk to thrive.

Human milk makes the difference

Donor human milk is the first choice for infant feedings in the absence of a mother's own milk.

Feedings for all infants, especially those with serious medical conditions, can and should be human milk. Many hospitals nationwide routinely keep donor human milk on hand for their patients. Mothers' Milk Bank (MMB) maintains an ample supply of donor human milk at all times, immediately available for use.



“If the volume of the mother’s own colostrum does not meet her infant’s feeding requirements, pasteurized donor human milk is preferable to other supplements.”¹

– Academy of Breastfeeding Medicine (ABM)

“If mother’s own milk is unavailable despite significant lactation support, pasteurized donor milk should be used.”²

– American Academy of Pediatrics (AAP)

Use of milk

Extremely fragile preterm infants, less than 1500 grams, are typically fed donor human milk in the absence of their mother's own milk. Continuing feedings throughout hospitalization beyond the standard 34 weeks gestational age when the risk of necrotizing enterocolitis has passed will help ensure the ongoing health of these infants. In addition, infants born late preterm are also vulnerable and can use donor human milk throughout their hospital stay if the mother's own milk is not available. Even full term healthy infants sometimes need supplementation and donor human milk is the first choice.

Your clinical practice guidelines and policies and procedures will need to reflect current research and best practices for all infants in your care.

Many medical conditions imperatively warrant the use of donor human milk, specifically:

- any medically indicated supplementation situation, particularly if the mother desires to breastfeed.
- hypoglycemia.
- jaundice.
- prematurity to reduce the incidence of necrotizing enterocolitis (NEC).
- gut priming/trophic feeds, mouth care and others.
- family history of dairy/soy allergies.
- failure to thrive.
- feeding intolerance/gastrointestinal (GI) issues.
- short gut/post NEC.
- late preterm infants.
- pre- and post-surgical nutrition.

Alternate situations in which donor human milk should be used include:

- mothers who adopt or have a surrogate.
- mothers whose milk has not come in yet.
- mothers who have low supply.
- mothers who are taking certain medications that could be harmful to the infant.
- mothers who have had mastectomies.
- mothers who have multiples.

Sources:

1. Hospital Guidelines for the Use of Supplementary Feedings in the Healthy Term Breastfed Neonate. http://www.bfmed.org/Media/Files/Protocols/ABMProtocol_3%20Revised.pdf
2. Breastfeeding and the Use of Human Milk. <http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552.full.pdf+html>



Mothers' Milk Bank

For more information about MMB, visit milkbankcolorado.org, call **303.869.1888** or email mothersmilk@rmchildren.org.



Rocky Mountain
Children's Health
FOUNDATION