Donor milk: Is it an option for me and my baby?

This leaflet is for those who are wanting to breastfeed but may be experiencing early feeding challenges and want a temporary alternative to supplementation with formula milk.
Please contact the Infant Feeding Team at the Royal Berkshire Hospital by email at rbft.infantfeedingteam@nhs.net if you have any further questions.

Why may I need donor milk?

There may be medical reasons why initially formula milk should be avoided for your baby, and some parents prefer to offer exclusive human breast milk where possible. There may be health issues with you, so that your baby cannot feed directly from you, or your baby could be unwell / premature / separated, and there might be a delay in your milk 'coming in'. Donor human milk (DHM) can be useful in the interim, until circumstances improve.

What is donor breast milk?

DHM is another mother's breast milk, donated free by mothers who already have plenty for their own baby, in order to give to another baby. Although DHM undergoes processing, (including freezing, thawing, heat, and pasteurisation treatment), which affects the ability of some of the human milk components to function, it still contains a wide array of biologically active components that are absent in infant formula (UKAMB, 2025) (Peila 2016). These play an important role in protecting a baby's health and supporting their development (Shenker 2018, Williams 2017).

How safe is it?

Donors need to be registered at Oxford's Breast Milk Bank, and have undergone lifestyle checks and screening tests at recruitment. The breast milk is tested for bacteria, and pasteurised to 62.5 degrees Celsius, for added protection. The NICE guidelines for Donor milk banks: service operations (2010) recommend, that all donor milk is heat treated. Oxford Breast Milk Bank has strict criteria; therefore, only milk that falls into this category may be given to babies. We will only source from an approved NHS supplier.

Donors are screened for the following:

- **Lifestyle:** this is to ensure donors do not:
  - Smoke, use nicotine patches or illegal drugs or are exposed to high levels of passive smoke.
  - Drink more than 1-2 units of alcohol once or twice per week.
  - Drink a large volume of drinks containing caffeine per day.
- **Previous medical history:** Oxford Milk Bank checks that donors do not have:
  - A chronic or acute medical condition that requires certain medication.
  - A family history of TB.

  - A history of having received growth hormone.
  - At increased risk of Creutzfeldt-Jakob disease (CJD).
- **Infections:** Oxford Breast Milk Bank requires a postnatal blood test (showing negative) for the following conditions before they can accept any donors.
  - Human Immunodeficiency Virus (HIV)
  - Hepatitis B and C
  - Human T Cell Lymphotropic Virus (HTLV)
  - Syphilis
  - Recent information about Covid related queries can be found here http://www.ukamb.org/covid-19-donors-precautions-response-may-2020/

All the donor milk that we use here is traceable to the Oxford Milk Bank

Is it an option for me and my baby?

Many studies recognise that breastfeeding, or feeding with mother's own expressed breastmilk, is the best option for all babies (WHO 2003). It is strongly recommended therefore, that you establish your own breastfeeding and expressing as soon as you can. Our staff will support you with this, as we will always use your milk before using donated milk, as this offers the best health benefits (Williams 2017). The Muslim council of Britain resolve that: 'Concerns about milk kinship should not lead to donor human milk being withheld from vulnerable infants, as there are safeguards in place that guarantee the traceability of milk from donor to recipient. https://britishima.org/advice/donor-breastmilk-and%20milk-kinship-a%20guide-for-muslim-parents/. Recovering from birth can be both physically and emotionally demanding for some women, and you may also feel overwhelmed with feelings of anxiety and concern over your baby's health at this time. These feelings can also impact on how often you manage to feed and express your milk in the first few days after your birth, and you may need additional support from our trained staff. DHM can be used in addition to breastfeeding and expressing, as a temporary interim measure where needed. For most well babies, this will only be for 24-48 hours or so, after birth to fill any delay until your milk establishes, and the clinical need for supplementation passes. However, if your baby is premature or unwell, the supply may be offered for medical reasons for a longer period of time. Donor human breast milk is not a longer term option nutritionally, and an alternative feeding plan will be needed if breast milk supply is not established within a few days of life, or if your baby is readmitted from home with significant weight loss. For extremely preterm babies, DHM lowers the chances of developing a serious bowel condition called necrotising enterocolitis (NEC), (Arslanoglu et al, 2013) and this will be discussed with you if relevant by your baby's doctor. If you would like to discuss this further, talk to your health care professional.

Availability and use

We are reliant on our supplier Oxford Milk Bank, and reserve the right to prioritise DHM for use in very sick, vulnerable and premature babies first, but it can be made available to term babies for a period of 24-48 hours after birth, until your supply is established on a case by case basis. We will ask you for your consent to use this milk and will document this in your feeding records. DHM arrives frozen and we will defrost some to meet the initial needs of your baby. Once defrosted, the DHM needs to be used within 24 hours. Our staff will show you how to give it to

your baby while protecting your breastfeeding, and demonstrate how to express by hand and pump.

Watch this video to learn how to hand express: https://globalhealthmedia.org/portfolio-items/how-to-express-breastmilk/

Other patient information leaflets that you may find helpful:

- Expressing when my baby is separated from me
- Alternative feeding methods: Cup or finger
- Possible effects of offering formula milk to a breastfeeding baby

References

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2. NICE, (2010). https://www.nice.org.uk/guidance/cg93/resources/donor-milk-banks-service-operation-pdf-975747675589
3. Peila et al: (2016) The Effect of Holder Pasteurization on Nutrients and Biologically-Active Components in Donor Human Milk: A Review. Nutrients. Aug 2;8 (8)
4. Shenker N (2018) https://www.unicef.org.uk/babyfriendly/donor-human-milk-supporting-health-development/
5. Williams et al. (2017). Relationships among Microbial Communities, Maternal Cells, Oligosaccharides, and Macronutrients in Human Milk. J Hum Lact. 2017 Aug;33 (3):540-551 https://pubmed.ncbi.nlm.nih.gov/28609134/
6. UK Human Milk Bank - Breast Milk Donation, BreastMilk Storage, UKAMB
7. World Health Organisation (WHO). 2003. Global Strategy on Infant and young child nutrition Global strategy for infant and young child feeding (who.int)
8. UKAMB https://ukamb.org/receiving-donor-milk/
9. Human Milk Foundation https://humanmilkfoundation.org/

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Maternity, Infant Feeding Team Lead, May 2021
Reviewed: December 2025. Next review due: December 2027.