Please note that this document covers the use of PDHM and at both KEMH and Ward 3B PCH.

Click here for Ward 3B specific procedures for PDHM.

**Perron Rotary Express Milk (PREM) Bank**

Pasteurised Donor Human Milk (PDHM) is available as a feeding choice for infants ≤ 32+6 weeks post-conception age, and/or ≤ 1500 grams whose mothers are unable to provide sufficient breast milk for adequate nutrition. Other infants with a risk of feed intolerance will be considered for PDHM on an individual basis by Consultant/Senor Registrar (SR).

On occasions where there is very high demand for PDHM, usage will be restricted to neonates <32 weeks gestation and/or ≤1500 grams and any other neonate prioritised by SR/Consultant to protect the most at risk infants.

PDHM is usually fed up until a corrected gestation of 34 weeks unless demand for PDHM is high; then recipients of PDHM will be reviewed by PREM Bank/Consultants on an individual basis and supply restricted to prioritise the highest risk infants to retain supply.

All PDHM is provided from the Perron Rotary Express Milk (PREM) Bank, and all donors are thoroughly screened for viruses. All milk is pasteurised and microbiologically tested before being released from the milk bank.

Human breast milk provides optimal nutrition and reduces the risks of illness and disease. PDHM retains most of its bioactive properties and is the next best option where the mothers own milk is not available or there is insufficient volume.

**Information for Donors**

All potential donors are screened appropriately to ensure there is minimal risk of transmission from infectious agents contained in their breast milk. Screening is by questionnaire and blood investigations. (Refer to: PREMB Donor Screening and Consent MR052).

- Test results are generally available within 72 hours but may take up to 7-14 days. Results of tests will only be given in person by PREM Bank personnel and not over the phone. Feeding of donor breast milk is delayed until results of all screening tests are demonstrated to be negative.
- The Donor is provided with PREM Bank Donor kit and information on safe expressing, handling and storage of breast milk, labelling of EBM and breast pump hire.
Information for Parents

Parental consent must be obtained for the use of Pasteurised Donor Human Milk. Refer to: PREM Bank Donor Screening and Consent MR416 for Donor Human Milk Feeds.

Guidelines for the Use of PDHM at KEMH

For practical purposes the use of PDHM in the nurseries should be essentially the same as for mothers’ own EBM. Where mother’s own milk is also available but insufficient in volume, mother’s own milk should always be used up prior to giving PDHM. The required volume of PDHM for the following 24 hour period will be delivered to the Milk Room as required. All PDHM will be clearly labelled “Pasteurised Donor Human Milk” and will be pre-labelled by the PREM Bank with the infants UMRN and the date dispensed.

PDHM is not to be shared between twins/triplets as donor milk may be from different donors.

As per frozen EBM, PDHM can be used for the 24-hour period following thawing. Milk will be provided in single-use sterile bottles.

NOTE: When documenting feeds in ‘Neonatal Observation and Nursing Assessment ICU’ chart (MR489) please document a donor milk feed by writing ‘PDHM’ rather than ‘EBM’.

Any unopened bottles of PDHM should be returned to the Milk Room to be recorded and disposed of. Any partially used bottles can be emptied and reprocessed by the PCA’s.

NOTE: If insufficient PDHM is supplied, or more milk is required due to spillage or increased feed volumes, an emergency supply will be available in the Milk Room Freezer. Any nurse utilising this milk should record the UPID (clearly marked on PDHM label) in the Record sheet attached to the freezer. The date used and recipients UMRN should also be recorded. Any PDHM used from the milk room freezer should be labelled appropriately with the infants UMRN (patient sticker if available) and the date thawed.

Preparation for Transfer or Discharge (Other than KEMH Special Care Nursery and Ward 3B PCH)

NOTE: PDHM is not to be sent with patients to peripheral hospitals.

The PREM Bank operates under legal advice that we only provide donor milk to patients under the direct care of the Medical Director of Neonatology. This is a requirement of the Therapeutic Goods Act (Therapeutic Goods (Excluded Goods) Order No. 1 of 2011). As such we cannot provide PDHM to hospitals other than KEMH Special Care Nursery and Ward 3B at PCH.

If PDHM has been provided for a patient on the day of transfer to another unit, staff should discard any unused portion of PDHM. Under no circumstances should PDHM be sent with a patient. If insufficient maternal EBM is available the receiving hospital should be advised to decide on an appropriate alternative.

Please contact the Manager of the PREM Bank, Dr Aaron Raman if there are any concerns regarding the use of PDHM.
Ward 3B PCH Specific Processes

Consented Patient (MR416; Consent for PDHM)

Informed parental consent must be obtained prior to the use of Pasteurised Donor Human Milk. Consent may be obtained by Consultants/Senior Registrars or the Clinical Nurse Coordinator. Both parents and medical professional must sign the ‘Consent for PDHM’ form in the appropriate section. Email signed consent form to Dr Aaron Raman or Ms Tracey Sedgwick of PREM Bank.

iSOFT Clinical Manager: Please update details containing feeding requirements and consented date for PDHM. If expressed breast milk (EBM) is available, please update accordingly. Please see example from iCM below.

Guidelines for the Use of PDHM at PCH

Where mother’s own milk (MOM) is also available but insufficient in volume, MOM should always be used up prior to using PDHM.

The required volume of PDHM for the following 24-hour period will be delivered to the Special Feeds Unit (SFU) by 12pm as required. All PDHM will be clearly labelled “Pasteurised Donor Human Milk” and will be pre-labelled by the PREM Bank with the infants UMRN, dispensed date and expiration date.

PDHM is not to be shared between twins/triplets as donor milk may be from different donors. Similarly to frozen EBM, PDHM can be used for the 24-hour period following thawing. Milk will be provided in single-use sterile bottles and should be discarded as per expiry date label.

**NOTE:** When documenting feeds in ‘Neonatal Observation and Nursing Assessment ICU’ chart (MR489) please document a donor milk feed by writing ‘PDHM’ rather than ‘EBM’.

Any unopened bottles of PDHM should be returned to the SFU to be recorded and disposed of. Unopened frozen bottles of PDHM from the weekend should remain in the freezer (notify PREM Bank staff on Monday). Any partially used bottles should be emptied and discarded.

Calculate required PDHM volume

The required volume of PDHM can be calculated by the difference of available expressed breast milk (EBM) from Total Volume of feed required. EBM volume can be determined by checking the 3B refrigerator or the Special Feeds Unit for frozen EBM.

For example, if Total Volume required is 216ml and 100ml of EBM is available, 116ml of PDHM is required to meet the feeding requirements.

216ml (Total volume) – 100ml (EBM) = 116ml PDHM difference required.

PDHM is available in aliquots of 200ml, 100ml and 50ml. Hence, 150mL PDHM is required from the PREM Bank to meet the infant’s needs.

Ordering PDHM from the PREM Bank

Midwife on duty is responsible to order PDHM. Check for updated EBM volume (if available) before ordering PDHM as MOM should be prioritised over PDHM.

Daily PDHM is to be ordered by 8:00am for each 24-hour period. The weekend feeds (forecasted volumes) will be dispensed with Friday’s order.

Weekdays: PDHM will be delivered to SFU by 12pm.

Weekends: PDHM will be delivered on Friday and stored in the freezer located at 3B.
Contact Information
PREM Bank business hours are 7:00am to 3:00pm, Monday to Friday.

Contact:
- Phone PREM Bank; Ext 81207.
- via Vocera; Dr Aaron Raman or Ms Tracey Sedgwick.
- Email; aaron.raman@health.wa.gov.au or tracey.sedgwick@health.wa.gov.au

Related WNHS policies, procedures and guidelines

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