Canterbury District Health Board
Te Poari Hauora ō Waitaha

Human Milk for Our Babies

BABY'S LABEL

SURNAME …….. NHI: ……..……..

FIRST NAME: ……..….. DOB: ……..……

ADDRESS: ……

……..… POST CODE: …… *(or affix patient label)*

Recipient of Human Donor Milk: Consent

☐	The importance of pasteurised breastmilk has been explained to me.
☐	The alternative choices to pasteurised donor breastmilk their risks and benefits have been explained to me.
☐	The potential risks of pasteurised donor breastmilk have been explained to me.
☐	I am aware that the donor mother has been carefully screened for infectious diseases such as Hepatitis B, Hepatitis C or HIV and has been asked questions about her general wellbeing and lifestyle.
☐	I am aware that all information collected in relation to my baby's use of donor milk could be shared with CDHB staff and access holders and will be placed on my baby's general medical record.
☐	I am aware that I will not receive any personal information relating to the donor mother and her family, including their identities.
☐	I am aware that pasteurised donor milk usage will be reviewed at 7 days. Consequently I have been advised to express at least 8 times in 24 hours as providing colostrum/milk is a critical component to the overall care and health of my baby.

I hereby authorise the use of pasteurised human donor milk for my baby.

Name of parent

Signature of parent Date

STAFF USE ONLY

Neonatal Unit – Clinician
(including RMO< CNS, Dietitian, ACNM, Milk Bank Manager, Infant Feeding Specialist)

I have taken consent for the use of pasteurised donor breastmilk for:

Name

I will ensure that PDM is signed and dated on the 'Prescribed Nutritional Additives' form (ref.9907).

Name of Clinician

Signature of Clinician Date

OFFICE USE ONLY

Donor Number	Date	Signature

PASTEURISED HUMAN DONOR MILK CONSENT C230052