



Pasteurised Donor Milk (PDM)

Parent/Caregiver/Whānau Information – Neonatal Services

Why use donor human milk?

Premature pēpi/babies are born with an immature immune system as well as immature body systems. These pēpi/babies are 10 times more likely to develop serious gut infections when fed formula milk. Therefore, the preferred choice, if māmā/mother's own milk is unavailable, is to offer pasteurised donor milk (PDM) in the early days after birth as your milk supply establishes. Human milk is easily digested by sick and preterm pēpi/babies. Human milk also contains more than 200 components necessary to help sick and preterm infants at this critical period of their development. Every drop of your milk is gold. Research shows you can tailor donor milk. By adding 10 percent of your milk you can grow your unique biome (milk make up) in the donor milk.

What is a human milk bank?

A human milk bank is a facility that accepts donated breastmilk from healthy breastfeeding māmā/mothers. The milk is pasteurised (heat-treated) and laboratory tested, then stored frozen until needed. The pasteurisation process kills bacteria and viruses but has a small impact on the quality of milk which is why māmā/mother's milk is so important.

All milk donors undergo a rigorous screening process like that used for blood donors.

Consenting process for PDM

We need your permission to use donor milk for your baby. Signing a consent form is required. A member of the health team will discuss the benefits and use of pasteurised donor milk with you.

We would like to hear what your goals were for feeding your pēpi/baby when you were pregnant. With the admission of your pēpi/baby to the Neonatal Unit, your goals may now look different.

You may have had a pēpi/baby before, in which case your past feeding journey is important to us so we can help you reach your goal this time, whatever that looks like. The Neonatal Unit has experienced nurses and lactation consultants who can provide lactation advice and support. Ask your nurse to be referred.

Being with your pēpi/baby and holding your pēpi/baby in a chest-to-chest position, which we call skin-to-skin, for periods of time as well as regular expressing in the early days will help you and your pēpi/baby 'reconnect' after birth. Please don't be offended as the nurses will check in with you most days to write expressing amounts in the pēpi/baby's notes. If you can keep your expressing log handy that would be great. These recordings help keep track of whether your milk supply is coming in as expected.

PDM is offered for 7 days once started and then reviewed. PDM use may be extended depending on your medical needs, your milk supply, the medical needs of your pēpi/baby or if you have multiple pēpi/babies. PDM is a limited resource. In collaboration with yourself and the health team your pēpi/baby may transition onto formula milk.



Breastfeeding is the optimal feeding option for all pēpi/babies. The Neonatal Unit supports the World Health Organisation recommendation that pēpi/babies are exclusively breastmilk-fed for 6 months to reach optimal growth, development and health.

For more information about:

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