



**Human Milk Sharing
GP Information**

MUST ATTACH DONOR'S LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct donor's label

Date: _____

Dear

Your client has made enquiries about becoming a milk donor for a baby in the Newborn Intensive Care Unit.

Your client has been made aware that she has to undergo screening as per international guidelines for donor milk banks in order for us to be able to use her milk.

The Auckland District Health Board does not have a donor breast milk bank or facilities to pasteurise donor breast milk.

We have asked your client to seek your support in carrying out the screening required.

We have guided your client that this screening will come at a cost and she needs to have discussed this with the recipient's mother of the donor milk regarding who will pay for the necessary screening.

We have instructed the donor that her results are confidential and will only be seen by you and that you will ensure the screening results are passed on to the Neonatologist in charge of the care of the baby.

The Neonatologist is: _____

Contact phone: _____

Please note, CMV is eradicated with pasteurisation. As we have no facilities to pasteurise donor milk an additional screen for CMV is required. We have counseled the woman and the potential recipient mother that her CMV status is likely to come back positive and while this should not pose any risk to her own baby, could be a risk to a preterm baby from donor milk.

Please refer to our donor breast milk health screen for all details regarding screening.

Kind regards



HUMAN MILK SHARING GP INFORMATION

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