

Newborn Critical Care Center (NCCC) Clinical Guidelines

Guidelines for the Use of Pasteurized Donor Human Milk

IMPORTANT POINTS

1. In the absence of adequate quantities of mother's own milk, donor breast milk is the preferred source of nutrition for preterm infants.
2. Donor breast milk may also be used as a bridge for term infants until maternal milk is available, but mother should generally be pumping to establish supply.
3. Pasteurized human donor breast milk is supplied to UNC by WakeMed Mothers' Milk Bank or King's Daughters Milk Bank.
4. Please see the [Donor Milk Assent](#) section below for guidance regarding discussions with the family and documentation.
5. Infants born < 36 weeks gestation and those that are at an increased risk for NEC/feeding intolerance should be fed donor breast milk if maternal milk is unavailable. Examples include:
 - SGA infants
 - Intestinal atresia, other intestinal anomalies
 - NEC/SIP
 - Congenital heart disease
 - Gastroschisis
 - Recurrent feeding intolerance
6. Donor milk is usually continued until 36 weeks PMA although this timing can be adjusted per the discretion of the medical team (i.e. donor milk for a longer or shorter duration), and the rationale should be documented.
7. Mother's own milk and donor milk are fortified with Prolacta®, HMF, or formula per the NCCC feeding protocols and per the discretion of the medical team.
8. Please discuss fortification of milk with the family and document in the EMR. For infants that will receive Prolacta® fortification, use the EPIC Smartphrase **(.HUMANMILKPROLACTA)** in a significant event note. For infants who will receive HMF fortification either as their initial fortification or after transition from Prolacta®, please use this EPIC Smartphrase **(.HUMANMILKHMF)** in a significant event note.
9. Start transition off Prolacta® fortification at 34 weeks PMA. Please refer to the document **"Guidelines for Transition Off Human Milk Fortified with Prolacta® and Transition Off Human Milk Fortified with HMF."** **Note:** The timing of this transition can be adjusted at the discretion of the medical team. Documentation of rationale for this decision and discussion with the family is recommended.
 - a. Infants may transition off Prolacta® before 34 weeks if the medical team determines Prolacta® is not the optimal fortification for a specific infant. Examples include but are not limited to significant electrolyte abnormalities or poor growth.
 - b. Consider delaying the transition off Prolacta® for infants at an increased risk for NEC such as SGA infants, those with a history of NEC/SIP, gastroschisis, intestinal atresia (and other intestinal anomalies), congenital heart disease, and/or recurrent feeding intolerance.
10. At 36 weeks PMA, for infants receiving HMF, transition to fortification of maternal milk with Neosure to 24 Kcal/oz or the appropriate formula if maternal milk is not available. This transition should take place over 2 to 4 days. The timing of this transition can be adjusted per the discretion of the medical team as described above for Prolacta®.
11. At the current time, there is not enough data to determine the optimal timing of fortifier transition, but the NCCC supports a slow transition and close monitoring of feeding tolerance.

DONOR MILK ASSENT

1. Use of donor breast milk and its risks and benefits should be discussed with the infant's mother prior to initiation, and this should be documented in the EMR. If donor milk is refused, this discussion should be documented as well.
2. To document this discussion, please use the EPIC Smartphrase (**.DONORMILKCONSENT**) in a significant event note. Note: This is not a formal consent process.

References:

1. Margaret G. Parker, Lisa Stellwagen, Emily R. Miller, Lawrence Noble, Mark R. Corkins, Mark L. Hudak, Committee on Fetus and Newborn, Section on Breastfeeding, Committee on Nutrition; [Promoting Human Milk and Breastfeeding for the Very Low Birth Weight Infant: Clinical Report](#). *Pediatrics* February 2026; 157 (2): e2025073625. 10.1542/peds.2025-073625