

The financial feasibility for providing expanded access to donor milk for newborns in the hospital: an integrative review

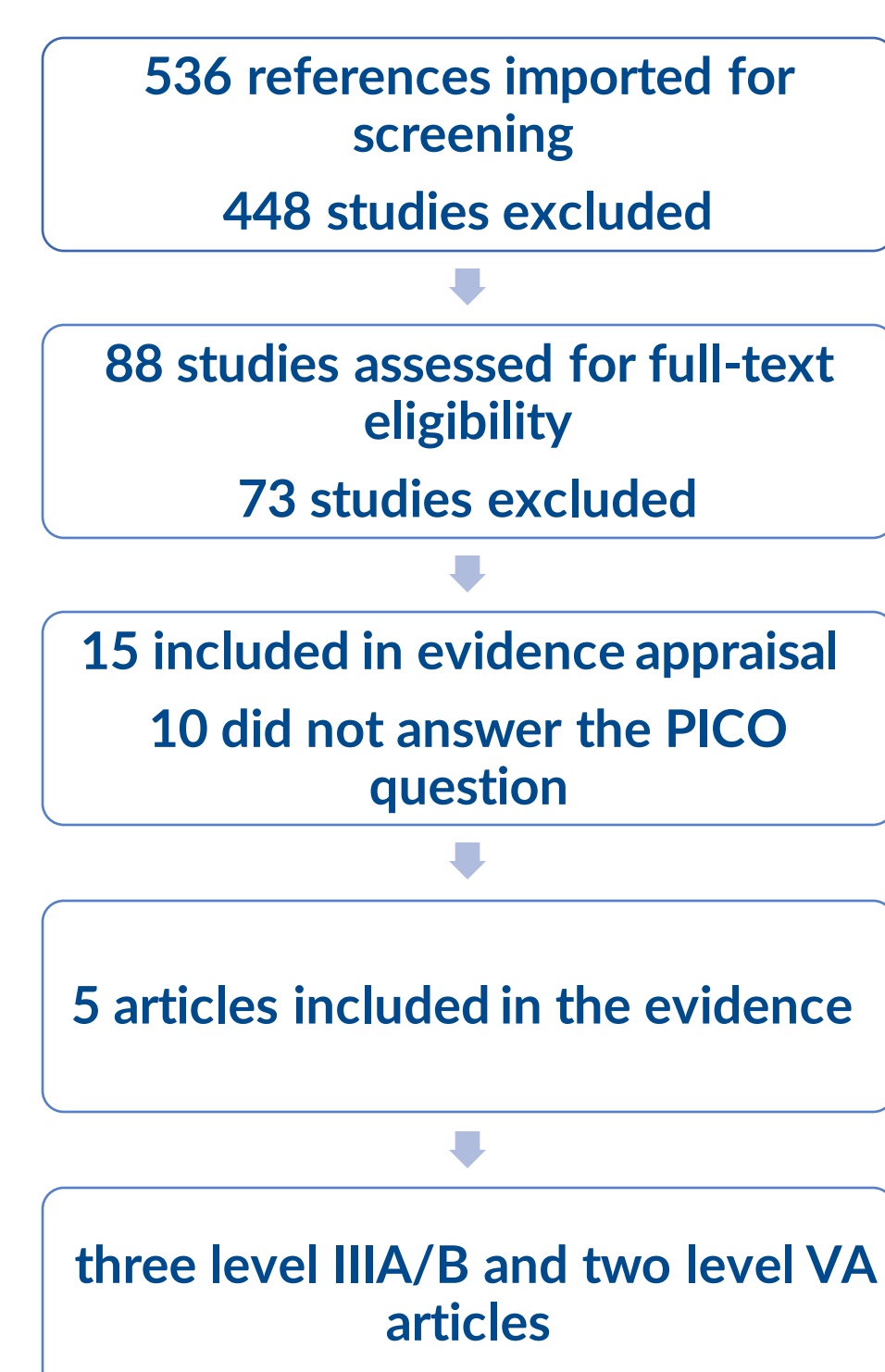
INTRODUCTION: Exclusive breast milk feeding during the hospital stay after birth is best practice for optimal infant health outcomes. Breastfed infants > 32 weeks GA and >1500g who require feeding supplements are given formula because hospital policy limits use of donor milk (DM) in part due to perceived scarcity and high cost. However, in hospitals that use DM for all infants needing supplements, its cost is absorbed into its budget.

PRACTICE QUESTION: What is the current literature on the financial feasibility (P) of providing donor breast milk (I) in lieu of formula (C) to infants >32 weeks GA and/or >1500g with a medical need?

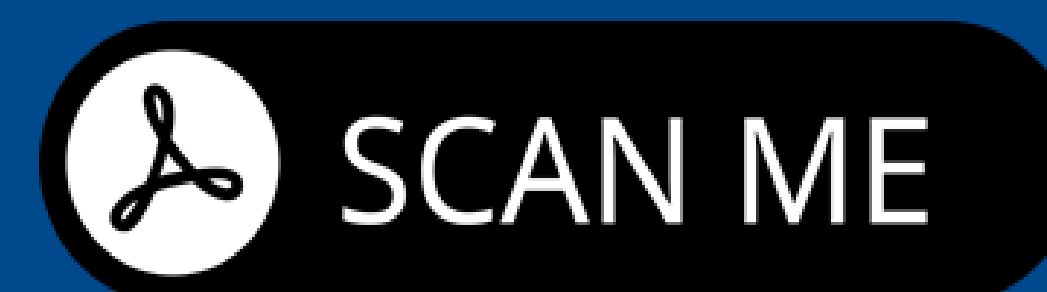
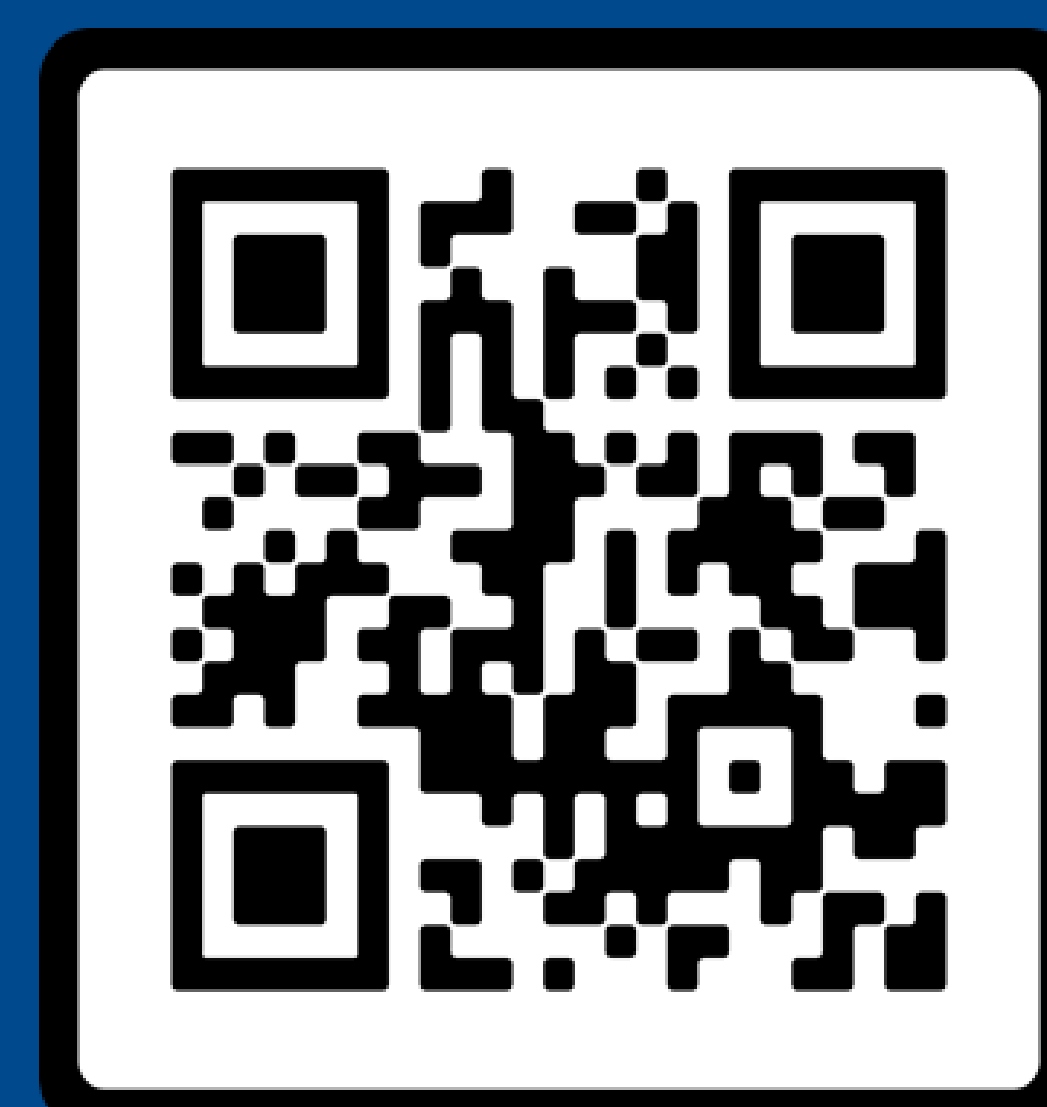
METHODS:

- Databases: PubMed, CINAHL, JBI, Cochrane
- Search terms: Breast Feeding, Milk, Human, Milk Banks, donor, cost and payment.
- Published 2011-22; Financial component; medical need for supplementation; milk from banks/Prolacta; hospitals in North America.
- Exclusion criteria: infants <32 weeks, infants <1500 g

LITERATURE SEARCH:



Using human donor milk can be incorporated into the operational budget so infants needing supplemental feeding can have an exclusive breast milk diet during the post-delivery hospital stay



<https://qrco.de/bdi15L>



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SYNTHESIS:

- Cost of DM is incorporated into operational budget, covered by insurance grants and parental self-pay.
- Provider and staff education increased acceptance of DM over formula for clinical use.
- Parental preference for DM over formula was included as a reason for its use in hospital policies.
- Increased exclusive breastfeeding rates during the immediate post-birth hospital stay when using DM instead of formula for infant supplementation.
- Scant literature exists to compare costs of formula with DM directly.
- Hospitals in this review do not differentiate sub-populations that are eligible or ineligible for DM, which is in line with global and national recommendations.
- Hospitals with policies that provide donor milk regardless of indication recognize its financial value and have integrated its cost into the operational budget as standard of care.

BEST-EVIDENCE RECOMMENDATIONS AND TRANSLATION:

- Retrospective chart audit to determine need and costs
- Education to increase knowledge of benefits of DM/EHM diet
- Incorporate into policy/Implement in NBN

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References available upon request