



# The Milk Bank

*Providing safe mothers' milk for fragile infants*

Dear Families,

We believe in the power of breastmilk and pasteurized donor human milk (PDHM) to address critical infant and public health outcomes. The use of donor milk may be necessary for a wide variety of medical conditions or for short-term supplementation. This packet provides information on how you can access donor milk for your baby.

PDHM is typically available both as inpatient care and outside of the hospital setting. However, if supply becomes limited, The Milk Bank follows national triage standards based on medical need. The priorities are as follows:

1. Hospitalized and ill premature infants.
2. Well or at home premature infants.
3. Infants under 12 months old with medical conditions likely to respond to PDHM.
4. Infants over 12 months old with medical conditions likely to respond to PDHM.
5. Individuals over 12 months old with chronic medical conditions.
6. Infants for short-term use, no specific medical condition.
7. Laboratory research (milk that cannot be used for human consumption).

The Milk Bank employs strict safety protocols for all milk processed and dispensed. Milk Donors are rigorously screened, healthy lactating mothers who have delivered a baby within the last 24 months. Milk from approved donors is randomly pooled, to ensure a varied mix of nutrients, before being pasteurized, microbiologically tested, and dispensed.

If you need milk for short term use, you may purchase up to 40 ounces without a prescription. For infants that require more than 40 ounces, a physician's prescription is required and should include the diagnosis, the approximate amount of PDHM needed on a daily/weekly basis. Prescriptions are subject to renewal based on infant age and medical need. T

### **To receive milk, families must:**

- Complete the **Milk Recipient Packet** included here. The forms can also be completed online [here](#) or downloaded and returned to The Milk Bank via fax (317-536-1676), email ([Outpatients@themilkbank.org](mailto:Outpatients@themilkbank.org)) or mailed to our address.
- Provide **Physician's Prescription** if need exceeds 40 ounces.
- Provide [payment of processing fee of \\$4.50](#) per ounce via secure online credit card, cash or check. This amount helps to offset the costs to collect, pasteurize, test, bottle, store, and ship each ounce of PDHM. While The Milk Bank does not directly bill insurance companies, your insurance provider may reimburse you for PDHM on a case-by-case basis. TMB can provide supporting documentation to help you seek reimbursement. The Milk Bank does offer a [Medical Relief Fund](#) including a sliding fee scale.

- Indicate how you would like to receive milk. For short term use and under 40 ounces, we recommend you pick up from [The Milk Bank](#) or one of our conveniently located [Donor Milk Express \(DMX\) sites](#). If you are not located near a DMX site, you can also request a direct ship options (shipping/handling rates apply). To allow time for processing, we request that orders to be shipped are received by 3pm Monday -Thursday and by 12pm on Fridays. *Please note, that any out of hours inquires will be handled the next business day.*

Again, thank you for your interest in our outpatient program. We know you want the best for your child – **and so do we** – so please do not hesitate to contact us with any questions! We look forward to partnering with you to support your medical and family needs.

Sincerely,

Sarah Long, IBCLC.  
Director of Clinical Operations  
The Milk Bank





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## MILK RECIPIENT PACKET

### CONTACT INFORMATION

Date:

Name of Parent/Guardian:

Relationship to Baby:

Phone:

Email:

Address:

### INFANT INFORMATION

Baby's Name:

Baby's Birthdate:

Gender:

Birth Weight:

Current Weight:

Was the infant premature? If yes, how many weeks gestation at birth?

Is the infant currently hospitalized? If yes, why?

What symptoms/concerns is the infant experiencing?

How is the infant currently being fed?

Is the infant directly breastfed? If yes, how often?

Does the infant receive expressed breast milk? If yes, approximate amount and frequency of pumping?

Does the infant receive formula? If yes, what kind(s) have been used? Describe any health concerns after receiving formula.



Has mom received support from a lactation consultant or other health professional? Describe?

**PHYSICIAN AND HEALTH INFORMATION**

Physician Name:

Physician Phone:

Physician Fax (if known):

Physician Address:

If you require more than 40 ounces of PDHM, please attach a prescription or note if your infant's physician will fax or send prescription in electronically.

What amount of PDHM do you require (if known)? PDHM is typically distributed weekly in 4oz bottles.

How long do you anticipate needing PDHM (if known)?

**OPTIONAL DEMOGRAPHICS**

The Milk Bank collects demographic data for reporting purposes and to combat disparities in healthcare. This information will not influence your application in anyway.

I identify my ethnicity as (select all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Asian           | <input type="checkbox"/> Hispanic/Latinx  | <input type="checkbox"/> Prefer not to answer      |
| <input type="checkbox"/> Black/African   | <input type="checkbox"/> Native American  | <input type="checkbox"/> My identity is not listed |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Pacific Islander | _____  |



I identify as a single parent:

- Yes
- No

I identify my gender as:

- Female
- Male
- Nonbinary
- Prefer not to say
- My identity is not listed \_\_\_\_\_

### AGREEMENTS AND AUTHORIZATIONS

- I have read information included in the outpatient information packet including but not limited to the welcome letter, storage and use of PDHM, and HIPAA information.
- I understand that The Milk Bank depends on generous donations of both milk and money. Due to inventory, supply and demand, and operational realities, The Milk Bank makes no guarantee regarding the availability of pasteurized donor human milk. Further, The Milk Bank provides pasteurized donor human milk based on triage of medical need.
- I understand that the outpatient family or designee is financially responsible for processing fees at the rate of \$4.50/ounce. Subject to approval of this applications, fees may be assessed on a sliding scale.
- I understand that the information submitted is subject to verification by The Milk Bank. I further understand I may be requested to submit ongoing eligibility verification at a later date.
- I agree to notify The Milk Bank to any changes in medical need or other situations that impact the amount or duration of milk needed.
- I understand all milk provided by The Milk Bank, regardless of fee, is for exclusive use of the intended recipient. I will not share, give or sell milk received from The Milk Bank. I understand that providing milk to a third party will result in retroactive assessment of full fees, financial penalties associated with the sharing/sale, and likely loss of access to future milk.
- I attest the information contained in this application is true and correct. I understand that if the information I submit is now or at any time in the future determined to be false, such a determination may result in current and/or retroactive denial of services and additional fees.

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**Responsible Party Name**

**Signature**

**Date**





# The Milk Bank

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5060 East 62<sup>nd</sup> Street, Suite 128 Indianapolis, Indiana 46220 317-536-1670 [www.themilkbank.org](http://www.themilkbank.org)

## INSTRUCTIONS FOR USING PASTEURIZED DONOR HUMAN MILK

### Hand hygiene:

- Before handling milk or feeding equipment:
  - Actively lather hands with soap and water for 15 seconds, with special attention to the area around and under the fingernails
  - Dry hands with a single-use towel

### Storing frozen milk:

- Store the milk in a freezer that always keeps ice cream hard
- Do not store in the door of a refrigerator or freezer because the temperature changes when the door is opened and shut

### Thawing frozen milk:

- Thawing of milk must be gradual. Human milk must **NOT** be warmed to a temperature warmer than body temperature. **NEVER THAW FROZEN HUMAN MILK IN A MICROWAVE OVEN OR HOT WATER.**
- The **preferred** way to thaw frozen milk is to place in the refrigerator over a 48-hour period
- Milk may also be thawed as follows:
  1. Frozen milk can be thawed quickly in a container of warm water (not to exceed 98 degrees Fahrenheit). **Take care that the water does not touch the lid**
  2. Milk can thaw slowly at room temperature, but check often to make sure it is still chilled
- Once the milk is liquid, it may be maintained at room temperature for 4 hours and 48 hours in the refrigerator (32-39 degrees Fahrenheit)

### Tips for handling pasteurized milk:

- Milk must be refrigerated after thawing
- Thawed milk should NOT be left at room temperature
- Once milk is thawed, it cannot be refrozen

### Warming for feeding:

- Warm an individual feeding by standing the container of milk briefly in warm water or holding under warm water. Care must be taken to keep the cap dry
- NEVER microwave human milk either to thaw or warm it
- Before feeding- SWIRL BUT DO NOT SHAKE the container to ensure an equal distribution of the nutrients.

*Best Practice for Expressing, Storing and Handling Human Milk in Hospitals, Homes and Child Care Settings (2019). Human Milk Banking Association of North America.*





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## Privacy and Your Health Information



### Your Privacy Is Important to All of Us

Most of us feel that our health and medical information is private and should be protected, and we want to know who has this information. Now, Federal law

- Gives you rights over your health information
- Sets rules and limits on who can look at and receive your health information

### Your Health Information Is Protected By Federal Law

Who must follow this law?

- Most doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other health care providers
- Health insurance companies, HMOs, most employer group health plans
- Certain government programs that pay for health care, such as Medicare and Medicaid

What information is protected?

- Information your doctors, nurses, and other health care providers put in your medical record
- Conversations your doctor has about your care or treatment with nurses and others
- Information about you in your health insurer's computer system

### The Law Gives You Rights Over Your Health Information

Providers and health insurers who are required to follow this law must comply with your right to:

- Ask to see and get a copy of your health records
- Have corrections added to your health information
- Receive a notice that tells you how your health information may be used and shared
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as for marketing
- Get a report on when and why your health information was shared for certain purposes
- If you believe your rights are being denied or your health information isn't being protected, you can
  - File a complaint with your provider or health insurer
  - File a complaint with the U.S. Government

You should get to know these important rights, which can help you protect your health information. You can ask your provider or health insurer questions about your rights. You also can learn more about your rights, including how to file a complaint, from the website at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/) or by calling 1-866-627-7748. The phone call is free.



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## PRIVACY



### The Law Sets Rules and Limits on Who Can Look at and Receive Your Information

**To make sure that your information is protected in a way that does not interfere with your health care, your information can be used and shared**

- For your treatment and care coordination
- To pay doctors and hospitals for your health care and help run their businesses
- With your family, relatives, friends or other you identify who are involved with your health care or your health care bills, unless you object
- To make sure doctors give good care and nursing homes are clean and safe
- To protect the public's health, such as by reporting when the flu is in your area
- To make required reports to the police, such as reporting gunshot wounds **your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot**
- Give your information to your employer
- Use or share your information for marketing or advertising purposes
- Share private notes about your mental health counseling sessions

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***U.S. Department of  
Health & Human  
Services Office for  
Civil Rights***

**Providers and health insurers who are required to follow this law must keep your information private by**

- Teaching the people who work for them how your information may and may not be used and shared
- Taking appropriate and reasonable steps to keep your health information secure