|  |  |
| --- | --- |
| **Rotary Community** **Breast Milk Bank** | SURNAME……………………………………………………..NHI…………………………….FIRST NAME……………………………………………………DOB…………………………..ADDRESS……………………………………………………………………………………………POST CODE……………….. PHONE: ……………………………………………………….EMAIL: …………………………………………………………………………………………….Baby’s DOB…………………………… Ethnicity…………………………………………… |

**Woman Wishing to Donate Breast Milk: Consent**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I consent to donate my extra breast milk to the Rotary Milk Bank |  |  |
| I have understood the process for collecting, storing, and the transportation of my milk to the Rotary Milk Bank at St George’s Hospital |  |  |
| I have read and signed the lifestyle questionnaire and to the best of my knowledge there is no reason I should not donate my milk |  |  |
| I understand I will need to be screened for the following blood borne infections prior to donating my breast milk: - HIV 1 & 2. Testing twice; Hepatitis B antigen; Hepatitis C; HTLV-1 & 2; Rubella; and maybe Syphilis. These tests are funded by the Rotary Milk Bank at a cost of at least $130. I understand I will need to be re-tested six months after my first tests if I am still donating. Original Testing Date/s: …………………………………………...…Six month re-test Due Date: …………………….... ***NB:*** *It is not recommended to have the Rubella vaccine until you have finished breastfeeding your baby as it may cross into your milk. For this reason, if you have had the vaccine there is a stand down period of two months after the vaccine before we can accept your milk again.* Name of LMC:………………………………………………………………………..  |  |  |
| I give consent to my first antenatal blood test records to be accessed by the RCBMB to check HIV, Hep B, Rubella and Syphilis status prior to becoming a donor. |  |  |
| I consent to all my test result information collected in relation to my milk donation being shared with Rotary Milk Bank Staff as appropriate, and, if necessary when a screening test is positive, with my GP or an Infectious Diseases clinician. This is because rarely there may be a situation where a donor tests positive for an infectious disease that she is not aware of. In such circumstances it would be ethically appropriate that this result is discussed with the donor in the first instance and then by a qualified medical person with specific in depth knowledge of this. |  |  |
| I understand I will only receive general information about my donation but will receive regular updates about the work of the Rotary Milk Bank. |  |  |
| I understand I will be contacted if my milk fails testing for any reason, and that the milk will be returned to me at my request. I understand that the milk returned to me under these conditions is not fit for human consumption due to the toxicity, and that feeding the discarded milk to my baby may result in serious illness up to, and including, death. |  |  |

**P.T.O.**

|  |  |  |
| --- | --- | --- |
| I understand that I can cease donating at any time. |  |  |

Donor’s signature:…………………………………………………………………………………………………………Date: ……………………………………..

**STAFF USE ONLY**

**Statement of health care professional with an appropriate knowledge of the Rotary Breast Milk Bank policies.**

I have discussed the process with the woman, given training in the use of equipment, and education on the following:-

* Information about donating breast milk
* How to collect, store, and transport the milk
* Reasons for temporarily stopping donation
* The screening process

………………………………………………………………………………………………………………………………………………………………………………………….Name of Health Care Professional

…………………………………………………………………………………………………………………………………………………………………………………………..Signature of Health Care Professional Date

**Data collection from donor mothers.**

We request your consent to gather unidentified data for the purposes of audit. The initial audit of donors will collect data on:-

* Length of time milk was donated Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Finish Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Amount donated Litres: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many children have you breast fed including this baby? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How did you hear about our service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree for this information to be used for the purposes of audit, and I agree that Rotary Milk bank staff can complete the Finish Date and Amount donated.

Donor’s signature:…………………………………………………………………………………………………………Date: ……………………………………..