



Outpatient Agreement and Authorization for Receiving Pasteurized Donor Human Milk

1. Purpose of Donor Human Milk

Pasteurized Donor Human Milk (PDHM) is provided to support the nutritional and medical needs of infants when a mother's own milk is unavailable, insufficient, or contraindicated. PDHM is considered the next best alternative to a mother's own milk and may offer important health benefits.

2. Screening and Safety

All donor milk is obtained from carefully screened lactating donors. Donors undergo:

- Medical and lifestyle screening
- Physician approval
- Blood testing for infectious diseases

Donated milk is:

- Pasteurized using established safety standards
- Tested for bacterial contamination before distribution

Despite these precautions, as with any human-derived product, there is a very small risk of disease transmission or contamination.

3. Benefits

Potential benefits of PDHM include:

- Improved digestion and feeding tolerance
- Reduced risk of certain infections and complications
- Support for growth and development

4. Risks and Limitations

I understand that:

- PDHM may not fully meet the individualized nutritional needs of my infant without fortification.
- Some beneficial components of human milk may be reduced during pasteurization.
- There is a minimal but potential risk of allergic reaction or infection despite rigorous screening and processing.

5. Storage and Handling Responsibilities

I agree to:

- Properly store PDHM according to provided guidelines (frozen/refrigerated as instructed)
- Use milk within recommended timeframes
- Follow safe thawing and handling practices
- Discard unused milk after feeding per guidelines



I understand that improper handling may increase the risk of contamination.

6. Financial Responsibility

I understand that:

- PDHM provided in the outpatient setting may not be covered by insurance.
- I am responsible for all associated costs unless otherwise specified.
- Payment policies and pricing have been explained to me.

7. Voluntary Participation

I acknowledge that:

- The use of PDHM is voluntary.
- I have the right to accept or decline donor milk for my infant.
- I may discontinue use at any time.

8. Authorization and Consent

I confirm that:

- I have received and understand the information provided about PDHM.
- I have had the opportunity to ask questions and have them answered to my satisfaction.
- I authorize the provision of pasteurized donor human milk to my infant as prescribed.