



Dear Healthcare Provider:

If you have a patient who would benefit from Pasteurized Donor Human Milk (PDHM), the Mothers' Milk Band of Austin can help.

For Patients with a Medical Need for PDHM

MMBA prioritizes dispensing milk to infants in the hospital setting but recognizes that many babies in the community would also benefit from access to PDHM. MMBA processes milk that can serve many needs. Premature and sick babies are served first, followed by healthy newborns leaving the hospital and healthy infants already in the community. Serving healthy infants does not affect our ability to serve babies in the NICU. If milk supply is limited, MMBA will ensure that the most fragile babies are prioritized.

Common diagnoses of recipients of pasteurized donor human milk:

- Preterm birth, especially VLBW or ELBW infants
- Failure to Thrive
- Malabsorption Syndromes
- Short-gut Syndrome
- Renal Failure
- Inborn Errors of Metabolism
- Immunological Deficiencies
- Formula Intolerance
- Cardiac Anomalies
- Gastrointestinal Anomalies, including Gastroschisis
- Intrauterine Exposure to Drugs or Neonatal Abstinence Syndrome

If you have a patient with a medical need for PDHM, you will need to provide a prescription and a letter of medical necessity, and the family needs to contact us. If the patient has insurance, additional paperwork may be required to establish services.

Healthy Babies

MMBA serves healthy infants in the community when supply allows. If you have a patient who is interested in PDHM for their baby, either ongoing or to provide a "bridge" to allow time for the mother to meet her breastfeeding goals, they will need to contact us to establish services.

If you have any questions, please don't hesitate to contact us.

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Pasteurized Donor Milk Quick Reference Guide for Healthcare Providers

Pasteurized Donor Human Milk (PDHM) services are prioritized for babies with a medical need but are available to all babies in the community as supply allows.

For families requesting PDHM without a prescription:

- The family needs to contact MMBA to complete screening forms & set up services

For families requesting PDHM with a prescription:

- Prescription
- Letter of Medical Necessity
- The family needs to contact MMBA to complete screening forms & set up services
- If required by the patient's insurance, MMBA will contact you to complete the necessary forms

Prescriptions Must Include:

- Current date
- Patient's name and date of birth
- Amount of milk (in ounces) to provide daily
- Refills or time frame in which PDHM is needed:
Example: 15 ounces daily for 90 days
- Patient's Diagnosis (include ICD-10 codes)

Letter of Medical Necessity Must Include:

- Patient's name and date of birth
- Medical reasons why PDHM should be the primary source of nutrition – including diagnosis codes and a brief description
- Birth weight and current weight, submit growth charts if weight trend is an issue
- Documentation of formula trials (overseen by the healthcare provider) within the last 90 days: including names, dates, and patient's response OR reasons why patient should not be subjected to trials
- Documentation of desired treatment outcomes: what will be accomplished by using PDHM
- Details on how symptoms have improved with the introduction of PDHM (if applicable)
- If the patient is approaching age 1, a documented plan for transitioning to another food source

What the family can expect when they contact MMBA

- An intake phone call to assess the patient's needs
- Recipient Forms to be emailed & completed online
- Discussion of milk processing fees related to PDHM. If milk is medically necessary, the possibility of insurance coverage and/or eligibility for financial assistance will be addressed