Children and Families Directorate

Child and Maternal Health Division

T: 0131-244 6926 F: 0131-244 4775 E: John.Froggatt@scotland.gsi.gov.uk



Alison Wilson Assistant Clerk to the Public Petitions Committee T3.40 The Scottish Parliament EDINBURGH EH99 1SP



24 July 2012

Dear Alison

Thank you for your letter of 18 May 2012, asking for our response to Petition PE1426 which urges the Scottish Government to ensure equal access to donor breast milk for all premature and sick babies, irrespective of geographical location, by establishing a national donor milk bank service

Breast milk is the recommended form of enteral nutrition for all infants, especially those born pre-term. It is a particularly important component in the management of infants with gut abnormalities, especially post-operatively, in whom it has been shown to reduce time on parenteral nutrition. Benefits of breast milk include earlier tolerance of enteral feeds, reduced risk of infection and reduction in necrotising enterocolitis (NEC)

Mothers who give birth before 32 weeks gestation, have multiple births or have medical complications may have more difficulty producing their own breast milk for a variety of physiological reasons. A mother who is undergoing the traumatic parenting experience of having an ill or preterm infant often has additional stressors which are not conducive to milk production and the short term provision of donor milk offers a suitable alternative for their infants.

Michael Matheson, the Minister for Public Health has stated that NHS Greater Glasgow and Clyde is currently exploring options to provide equitable access to donor breast milk across Scotland. The Committee asks why a local NHS Board, rather than the Scottish Government is investigating how a national service can be provided.

The Government supports the development of a pan-Scotland Donor Milk service and welcomes the lead being taken by NHS Greater Glasgow and Clyde. This type of arrangement for a national service (ie one Board providing the service for the whole of Scotland) is not unusual, and illustrates the ethos of co-operation that is one of the hallmarks of NHSScotland. The donor milk bank service in Glasgow has undergone extensive development in the last five years. Progress has concentrated on both ensuring equitable









access across the health board area and adherence both to the Milk Banking Association's guidelines and the recently published NICE guidelines for the establishment and operation of human milk banks. Significant work has been carried out with the Scottish National Blood Transfusion Service (SNBTS) on the screening and processing of donors and their milk and the setting of audit standards.

The development of this service has resulted in a high level of expertise and effectiveness which we are keen to see retained and developed further. NHS Greater Glasgow and Clyde has indicated its willingness and ability to explore increasing the capacity of the existing milk bank to meet the demand for donor milk across Scotland. We are confident that there will be sufficient availability of donated milk to meet increased demand should the service be rolled out across Scotland. We understand that a meeting with representatives of other NHS Boards is planned on 15 August 2012 to discuss feasibility and availability of funding to increase the capacity of the existing milk bank. We await the outcome of these discussions with interest.

I hope that this is helpful.

Yours sincerely

John Froggatt Deputy Director

