

Surveillance proposal consultation document

2018 surveillance of [Donor milk banks: service operation](#) (NICE guideline CG93)

Proposed surveillance decision

We propose to not update the NICE guideline on Donor milk banks: service operation. During surveillance editorial or factual corrections were identified, which will be addressed through editorial amendments.

Reasons for the proposal to not update the guideline

No new evidence was identified which suggested NICE guideline CG93 should be updated. No ongoing studies were identified, so it is unlikely that new evidence will be available in the near future.

Feedback provided from topic expert suggested some areas that need to be reviewed. These areas are: 1) recruiting donors, 2) screening and selecting donors and 3) serological testing. However, all the relevant changes suggested could be done through editorial amendments.

Overview of 2018 surveillance methods

NICE's surveillance team checked whether recommendations in [Donor milk banks: service operation](#) (NICE guideline CG93) remain up to date. The surveillance process for NICE guideline CG93 followed the static list review process. It consisted of:

- A search for new or updated Cochrane reviews
- A search for on-going research
- Examining related NICE guidance and quality standards, government policy and guidance, and NIHR signals
- Feedback from topic experts via a questionnaire
- Consultation on the decision with stakeholders (this document).

After consultation on the decision we will consider the comments received and make any necessary changes to the decision. We will then publish the final surveillance report containing the decision, the summary of the evidence used to reach the decision, and responses to comments received in consultation.

For further details about the process and the possible update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Evidence considered in surveillance

Search and selection strategy

We searched for new Cochrane reviews related to the whole guideline. We found one relevant Cochrane review published between January 2012 and April 2018 [1]. This Cochrane review assessed the effectiveness of different methods of milk expression with the results considered to support current NICE guideline CG93 recommendations.

Topic experts identified 16 pieces of evidence, of which 13 were within the [scope](#) of the guideline [2-14]. These included guidelines in the area (none NICE accredited), plus studies assessing different pasteurisation techniques, and the use of human donor milk in England. These studies were considered relevant to CG93 but they did not provide enough evidence to suggest a need for NICE guideline CG93 to be updated.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline. Four topic experts responded about NICE guideline CG93. One considered that CG93 recommendations do not need to be updated and three considered that an update is needed in the following areas: 1) quality assurance, 2) recruiting donors, 3) screening and selecting donors, 4) serological testing, 5) handling milk donor at home and during transportation, and 6) tracking and tracing. However, some suggested changes included to consider addition of links to guidelines that are not NICE accredited (e.g. guidelines about decontamination of breast milk pump collection kits) or in areas already considered in the guideline (e.g. the provision of relevant training for all staff working in banks, the use of containers made of food grade material to keep all donor milk or the use of track and tracing systems). Some areas were felt to be out of scope, for instance, the need for clinical guidance about who should receive donor milk (including an assessment of the benefits and harms of the intervention).

Relevant changes were also suggested including changing the reference to the Health Protection Agency to Public Health England, the inclusion of internet and social media in the media features that could be used to recruit milk donors, and the UK's National Accreditation Body accreditation that will replace the clinical pathology accreditation (which will be withdrawn in the last quarter 2018). These changes will be actioned through editorial amendments.

Views of stakeholders

Stakeholders are consulted on all surveillance decisions except if the whole guideline will be updated and replaced. Because this surveillance decision is to not update the guideline, we are consulting on the decision.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

Equalities

No equalities issues were identified during the surveillance process.

Editorial amendments

During surveillance of the guideline we identified editorial or factual corrections which should be actioned:

1. Recommendation 1.9

This recommendation needs to be amended.

The current recommendation reads:

When promoting the donation of breast milk, aim to reach as many potential donors as possible through a variety of channels, including:

- providing written information to be left in:
 - GP surgeries
 - antenatal clinics and postnatal wards
 - volunteer and other organisations working in maternity and childbirth
 - children's or Sure Start centres
 - maternity shops
- direct referrals or recommendations by:
 - current and previous donors
 - staff at neonatal intensive care units
 - paediatricians assessing babies' progress
 - health visitors (or other healthcare professionals providing postpartum care)
 - childbirth educators
 - organisers and attendees of prenatal and postnatal classes
 - breastfeeding mothers' support groups and related organisations
- features in the media.

The new recommendation will read:

When promoting the donation of breast milk, aim to reach as many potential donors as possible through a variety of channels, including:

- providing written information to be left in:
 - GP surgeries
 - antenatal clinics and postnatal wards
 - volunteer and other organisations working in maternity and childbirth
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- direct referrals or recommendations by:
 - current and previous donors
 - staff at neonatal intensive care units
 - paediatricians assessing babies' progress
 - health visitors (or other healthcare professionals providing postpartum care)
 - childbirth educators
 - organisers and attendees of prenatal and postnatal classes
 - breastfeeding mothers' support groups and related organisations
- features in the media (**including internet and social media**).

2. Recommendation 1.12

This recommendations needs to be amended.

The current recommendation reads:

Advise a potential donor that she is not eligible to donate milk if she:

- currently smokes or uses nicotine replacement therapy (NRT)
- regularly exceeds recommended alcohol levels for breastfeeding mothers (1 to 2 units, once or twice a week) (see Department of Health website for information on alcohol and breastfeeding)
- is using, or has recently used, recreational drugs
- has previously tested positive for HIV 1 or 2, hepatitis B or C, human T-lymphotropic virus (HTLV) type I or II, or syphilis
- is at an increased risk of Creutzfeldt–Jakob disease (CJD) (see **HPA website** for information on the risk of CJD).

Include this information in recruitment material so that potential donors can self-screen for these criteria.

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- has previously tested positive for HIV 1 or 2, hepatitis B or C, human T-lymphotropic virus (HTLV) type I or II, or syphilis
- is at an increased risk of Creutzfeldt–Jakob disease (CJD) (see **PHE website** for information on the risk of CJD).

Include this information in recruitment material so that potential donors can self-screen for these criteria.

3. Recommendation 1.32

In the footnote [1] the link to the UK Drugs in Lactation Advisory Service is broken and it needs to be updated. New link: <https://www.sps.nhs.uk/articles/ukdilas/>

4. Recommendation 1.19

Once UK's National Accreditation Body accreditation is fully in place, this recommendation will be reassessed.

Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we decided not to update at this time.

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