



# Working with Food Pantries

Part 2: Bridge Bags – increasing access to donor milk



## Bridge Bags for Nursing Families

In the summer of 2020, after George Floyd was murdered in Minneapolis, Minnesota, and well into a global pandemic, Minnesota Breastfeeding Coalition (MBC) embarked on a multi-year journey of partnering with food pantries. The social unrest and pandemic exposed a compelling opportunity for lactation support providers to partner with the hunger relief system; MBC chose to take a systems level approach with developing such partnerships.

Simultaneously, MBC was collaborating with Minnesota Milk Bank for Babies (MMBB), brainstorming ideas for increasing access to Pasteurized Donor Human Milk (PDHM) for low-income families. Milk banks routinely create “community care” programs, and they are each as different as the milk banks and communities themselves. This sparked the idea of combining a community program with the food pantry partnerships, which was introduced to several Twin Cities food pantries.

The NorthPoint Health and Wellness food pantry director was immediately interested. NorthPoint is one of the country’s first Federally Qualified Health Centers, and houses many safety net services, such as WIC, case management for high-risk pregnancies, and the food pantry. The combination of programs and the commitment of the director meant this was the best possible location for the pilot project.

The model for community access to PDHM is intended as an ongoing activity, no matter the social or economic climate of a community. However, the idea was birthed during crisis, and it is emerging as a potential model for “bridging” infant feeding during emergencies. Increased funding for milk banks can support such community programs, as would universal reimbursement for PDHM across each state and territory.

This toolkit outlines the steps MBC and MMBB identified in setting up this community program, which started out as *Bridge Bags*. Once NorthPoint adopted the program whole cloth, they changed the name to *Bridge Bags for Nursing Families*.

This product was developed by Linda Kopecky, MPH, as a NACCHO Blueprint Consultant to accompany Recommendation 2 of the Continuity of Care in Breastfeeding Support: A Blueprint for Communities.

The development of this resource is part of the *Reducing Disparities in Breastfeeding through Continuity of Care* project, which is funded by the Centers for Disease Control and Prevention Division of Nutrition, Physical Activity, and Obesity (DNPAO) through award number: 5 NU38OT000306-03-00.

The views expressed within do not necessarily represent those of the sponsor.

This resource is available online at:

<http://www.breastfeedingcontinuityofcare.org/coclibrary>



## Why should food pantries consider offering donor milk?

**F**ood pantries and their hunger relief partners play a critical role in supporting communities, both in times of plenty and times of want or crisis. They may be the only source of free, nutritious food in a neighborhood, and may also offer hot meals, nutrition education, or referrals to services as part of a larger safety net organization.<sup>1</sup>

Human milk is a first food. Making access to this first food easy for vulnerable families is critical for infant and toddler food security and requires policies and practices that provide general support for breast/chestfeeding families. In 2021, 57 client surveys were administered to families who were pregnant or had children five and under at three food pantry systems in Minnesota.<sup>2</sup> Over half of those clients reported that they had personal experience with breastfeeding.<sup>3</sup> Research from Canada shows that persons who are experiencing food insecurity are not less likely to initiate breastfeeding but are less likely to continue breastfeeding.<sup>4</sup> Families using food pantries DO breastfeed, but experience more barriers to continuing than their food secure counterparts.

Families experiencing low milk supply often need to supplement. When their own expressed milk is not available, the next best resource is Pasteurized Donor Human Milk (PDHM), rather than moving straight to formula.<sup>5</sup> However, families who have limited resources or who are experiencing food insecurity may be not able to afford the price of PDHM, as they would pay out-of-pocket for the resource in places where it is not reimbursable by health insurance.

Some food pantries may be positioned to go a step further and offer Pasteurized Donor Human Milk (PDHM) to food insecure families experiencing a temporary need to supplement their milk supply. This toolkit outlines how to assess readiness for this type of program, and how to set one up.

### Definitions:<sup>6</sup>

**Food insecurity:** a condition of limited access to sufficient food for good health and active lifestyle, at the level of a household, also called “nutrition security;” combatting food insecurity is often called “food justice”

**Hunger:** a physical or emotional condition at the individual level that may result from general food insecurity

**Food pantry/food shelf:** a public-facing organization that provides access to food and related resources or services for qualifying community members

**Food bank:** an organization that acts as a resource for collecting food in large quantities and distributing food to a network of smaller, public-facing, partners

**Hunger relief system:** the network of organizations and partners that includes food pantries, advocacy organizations, schools, and clinics, all with the aim to increase food security

**Breast/chestfeeding:** providing human milk to an infant or child, through direct feeding at the breast or chest or through pumping the milk and offering through a bottle, cup, or spoon

**Pasteurized Donor Human Milk (PDHM):** human milk from approved donors who are screened, take a blood test, and meet accreditation standard; milk is pooled, pasteurized, tested, and processed; the primary use of PDHM is for premature and medically fragile infants

**WIC:** Special Supplemental Nutrition Program for Women, Infants, and Children

**HMBANA:** Human Milk Banking Association of North America



<sup>1</sup> Food Pantries, [www.foodpantries.org](http://www.foodpantries.org)

<sup>2</sup> The Face of Hunger Today, *Second Harvest Heartland*, [www.2harvest.org/who--how-we-help/the-face-of-hunger-today](http://www.2harvest.org/who--how-we-help/the-face-of-hunger-today)

<sup>3</sup> Client survey highlights [Unpublished raw data]. Results of food pantry client surveys in Minnesota, 2021 [Unpublished raw data]. Kopecky, L. Minnesota Breastfeeding Coalition.

<sup>4</sup> Orr, S.K. (2018) Relation between household insecurity and breastfeeding in Canada. *Canadian Medical Association Journal*, 190(11), E312-E319.

<sup>5</sup> *Donor Human Milk, the next best thing to Mom*. Children’s Hospital of Philadelphia. [www.chop.edu/pages/donor-human-milk-next-best-thing-mom](http://www.chop.edu/pages/donor-human-milk-next-best-thing-mom)

<sup>6</sup> Food Pantries, [www.foodpantries.org](http://www.foodpantries.org)

## About Pasteurized Donor Human Milk (PDHM)

Pasteurized donor human milk is breast milk which has been donated to a HMBANA member milk bank.<sup>7</sup>

Breast milk is donated to milk banks for a wide variety of reasons, mainly because a parent has a milk supply that is beyond adequate. Some donated milk results from infant loss. Every donor is carefully screened by the milk bank and each donor takes a blood test for five communicable diseases. Donated milk is pooled, tested, pasteurized, tested again, and frozen for delivery to hospitals and other sites. The pooling decreases variability in fat and protein content, and the pasteurization kills bacteria and viruses. The primary recipients of PDHM are medically fragile and seriously ill infants. Most PDHM is distributed in the hospital setting. Any amount over 40 ounces of PDHM requires a prescription from a medical provider. PDHM is a very safe food.



Few states require that health insurance or medical assistance provide reimbursement for PDHM.<sup>8</sup> This means access to PDHM is limited for families with healthy infants who are experiencing a temporary low milk supply due to stress, illness, separation, or trauma. Most families need to pay for PDHM out-of-pocket, at about \$4.50 an ounce. This fee covers the cost of processing, testing, and pasteurizing donated milk.

Four key steps have been identified to increase access to PDHM:<sup>9</sup>

- 📍 **Engaging key partners:** make sure community partners, medical professionals, and parents are part of the networks advancing education about the importance of increasing access to human milk feeding
- 📍 **Changes in policy:** at all levels, from federal legislation down to organizations' guidelines for operational procedures
- 📍 **Funding for research and milk banks:** for a better understanding of the biochemistry of human milk, and to support the development of milk banks and innovative community distribution models
- 📍 **Advocacy and policy education:** for medical providers and community partners, to influence child health policy and funding priorities



*“Pasteurized donor human milk can serve as a bridge to breastfeeding when there's a delay in mother's milk coming in or another need for supplementation.”*

*Human Milk Banking Association of North America*



**Need help finding a milk bank near you?**

Check the HMBANA website

[www.hmbana.org](http://www.hmbana.org)

<sup>7</sup> About, Frequent Questions. *Human Milk Banking Association of North America*. [www.hmbana.org/about-us/](http://www.hmbana.org/about-us/)

<sup>8</sup> Rose, A.T. (2022) US state policies for Medicaid coverage of donor human milk. *Journal of Perinatology*, 42(6), 829-834.

<sup>9</sup> Ibid.

## The Bridge Bag Model

**P**DHM is usually available for inpatient use, when premature or medically fragile infants are in the hospital. There is a need for continuity of care between that period and when families return home. This need for continuity is when a community distribution model becomes necessary.

The milk bank governing body, HMBANA, allows for distribution of PDHM without a medical prescription, in limited amounts, with a maximum of 40 ounces of milk.



The **Bridge Bag** model was developed by Minnesota Milk Bank for Babies to increase access to PDHM on an outpatient basis, where supplementation provides time for the parent to rebuild their own milk supply. It is a “bridge” in that the modest amount of PDHM and lactation support *bridges* the period of low milk supply resulting from stress, trauma, separation, or other issues to a period where the parent has a milk supply sufficient for baby’s needs. If families need more than 40 ounces, they are referred to the milk bank to assess if their situation is medically complicated or if they have special circumstances that the milk bank and lactation or medical professionals can help resolve.

### Bridge Bags include:

- 📍 Five 4-ounce bottles of frozen milk (families can receive up to 2 bags per infant)
- 📍 Freezer blocks and tags, added by the milk bank when pre-packing the bags
- 📍 Clear instructions for the clients for storing, thawing, and handling the milk
- 📍 Information and instructions for lactation support provider referrals

### There is flexibility with this model:

- 📍 Bridge Bags can be used in a variety of locations, such as community centers, specialty pharmacies, or outpatient clinics, as long as the site meets all readiness requirements
- 📍 The model allows for a variety of distribution mechanisms, including nurses or case managers picking up Bridge Bags for home visits

# Step 1

## Assess readiness

**F**ood pantries come in all sizes and types, from small food closets within houses of worship to large safety net organizations, co-located with other programs and services. While all types of food pantries can partner with lactation support providers, not every food pantry is in the position to support a community donor milk distribution project. Assessing readiness will translate to any organization interested in donor milk.



- 📍 **Explore client perceptions and food pantry staff commitment:** use surveys, key informant interviews, and site visits to learn more about the food pantry and the clients they serve. Do clients see the food pantry as source of support for lactation? How do the staff feel about PDHM?<sup>10</sup> There may be cultural or historical reasons why community members (including food pantry staff) do or do not want a donor milk program.
- 📍 **Identify at least one internal change champion:** champions see the vision of the project and can consistently advocate for the program. Their positive feelings about the change influence others' feelings and are a source of motivation for the entire team. Champions know the organization and can help navigate the changes in practices, policies, resources, and relationships that are necessary for a new program.<sup>11</sup>
- 📍 **Learn about experience with food safety:** food pantries that handle perishable foods such as dairy or meat items will have experience with food safety guidelines: monitoring and logging freezer temperatures and handling food recalls.
- 📍 **Connected to lactation support programs or services:** simply offering donor milk will not help a family increase or regain their milk supply. The food pantry needs to have or be able to build access to lactation support through referrals to WIC, an outpatient clinic, or a local hospital's lactation program. Some food pantries may even have lactation support in-house if it is co-located with a clinic or WIC agency.

<sup>10</sup> Environmental scan results [Unpublished raw data]. Results of environmental scans in Minnesota, 2021 [Unpublished raw data]. Kopecky, L. Minnesota Breastfeeding Coalition.

<sup>11</sup> Gordon, J. (2020) 10 Ways to be an Effective Change Champion. *People Development Magazine*, <https://peopledevelopmentmagazine.com/2020/01/06/change-champion/>

# Step 2

## Recruit necessary partners

A highly collaborative project blends expertise and connections from a range of partners. During the process of recruiting organizations, program planning, orienting all partners, executing activities, and evaluating process and outcomes, different partners will be the leaders or behind-the-scenes support.

Backbone Organization	Food Pantry	Milk Bank	Lactation Support Provider
<p>A community organization, such as a coalition, a community nonprofit, or a public health partner.</p> <p>This organization helps with:</p> <ul style="list-style-type: none"> <li>assessments, planning and implementation,</li> <li>finding funding opportunities,</li> <li>developing new relationships, and</li> <li>marketing the program</li> </ul>	<p>The size of the food pantry system is less important than its readiness for the project and the buy-in from the community.</p> <p>Another appropriate site may be a community organization, public health partner, or nonprofit that is co-located with a food pantry and has met all aspects of project readiness.</p>	<p>Milk banks are deeply concerned about access to PDHM and routinely seek new partnerships.</p> <p>The milk bank helps with:</p> <ul style="list-style-type: none"> <li>prepacking, transporting, and supplying partners with Bridge Bags</li> <li>developing the storage and handling guidelines</li> <li>training community partners about PDHM</li> </ul>	<p>A source of ongoing support for the clients to build or rebuild a milk supply is critical to providing a fully supportive system to families.</p> <p>This partner is likely to be the local WIC agency but can also be a community case-management program, an out-patient clinic, visiting nurses, or others with lactation management training.</p>
<p><b>Expertise:</b></p> <p>Managing projects, writing grant proposals, conducting evaluations</p>	<p><b>Expertise:</b></p> <p>Conducting intake of all clients and meeting families' food insecurity needs</p>	<p><b>Expertise:</b></p> <p>Producing safe PDHM, identifying storage and handling guidelines, managing recalls</p>	<p><b>Expertise:</b></p> <p>Supporting families with infants through feeding challenges, connecting families to services</p>

### Other partners to consider

- Safety net organizations that are food pantry “adjacent” where staff have food safety experience
- Current PDHM distribution sites where Bridge Bags can be available in case of financial hardship
- Home visitors, such as nurses, doulas, or community health workers
- Meal delivery programs for families with medical needs



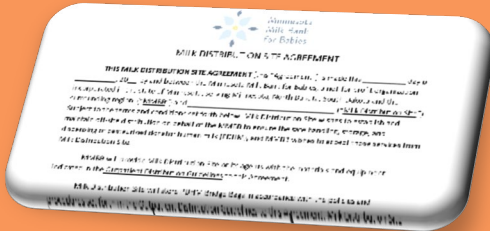
# Step 3

## Assemble necessary resources

For the partnership: **Full guidelines and signed agreements**

Outpatient distribution guidelines

Milk distribution site agreement



For the Bridge Bags: **Everything a family needs as a bridge**

Insulated bags and freezer blocks

PDHM

Storage and handling guidelines/Referrals



For the food pantry: **Everything needed to receive, store, monitor, distribute, and report Bridge Bags**

Freezer and thermometer

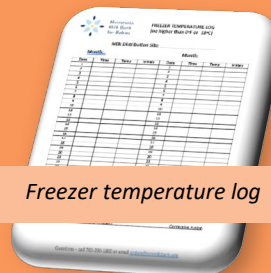
Recording forms (as required by the milk bank); logs are reported to the milk bank regularly



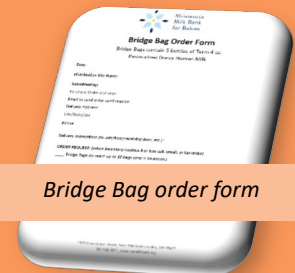
Bridge Bag receiving log



Bridge Bag dispensing log



Freezer temperature log



Bridge Bag order form

Looking for a NACCHO webinar for more ideas?

Bridge Bags are covered in "Advancing Continuity of Care Through Lactation-Friendly Environments"

[www.breastfeedingcontinuityofcare.org/breastfeedingcoc/home](http://www.breastfeedingcontinuityofcare.org/breastfeedingcoc/home)



# Step 4

## Shared planning

**P**lanning may be a drawn-out phase, but necessary to make sure all parties are fully ready to launch the project. Co-creation of materials is critical for incorporating multiple perspectives that fit with multiple organizational cultures.<sup>12</sup> Orienting all parties will promote a shared understanding of the importance of the essentials: supporting breast/chestfeeding, the exact nature of PDHM, what “bridge support” means, and the importance of making referrals to lactation support providers. While every partner has their expertise, do not assume an abundance of knowledge about lactation, food pantries, or PDHM.

### Co-create:

**Eligibility guidelines:** each site and each project may have different guidelines that reflect the needs of the particular community but respect HMBANA and milk bank best practices.

**Orientation materials:** different partners will need different types of orientation. Orientation will include basics about lactation, PDHM, and food pantry systems, but may also include details related culture, history, referral processes, or results from client surveys.

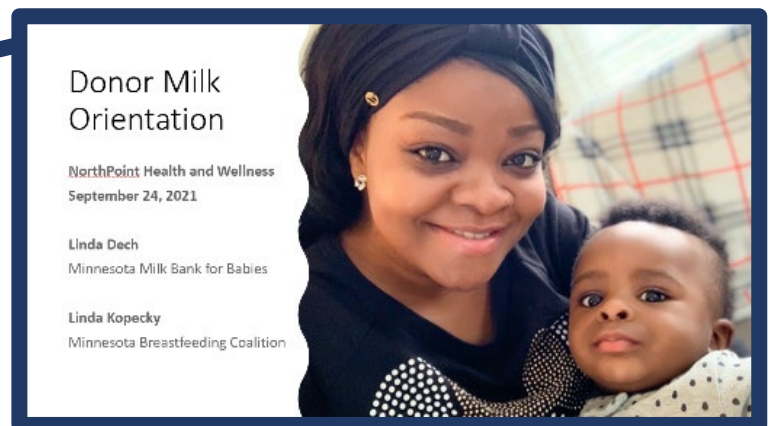
**Referral flowcharts:** both the food pantry and lactation support providers will be making referrals to and from the PDHM distribution site.

**Promotional materials:** all the partners will need something different from outreach and marketing of the program. Materials and approaches will reflect organizational culture and will be branded accordingly.

**Evaluation metrics:** all partners should have a role in identifying what is measured, both qualitatively and quantitatively, as well as how measurement happens. Engaging everyone in evaluation means everyone has a part in telling the story of the new program.

### Orient all parties, and orient them again in case of turnover or a need for a refresher

- 📍 **Food pantry staff and volunteers:** cover breast/chestfeeding basics, PDHM basics, contents of a Bridge Bag, process for completing logs, process for distributing bags, and referral flowchart
- 📍 **Lactation support providers:** cover food pantry basics, PDHM basics, contents of a Bridge Bag, and referral flowchart



<sup>12</sup> Co.Create.Training (n.d.). *Key Principles for Co-Creation*. [YouTube Channel] [www.youtube.com/channel/UC5z6EbdPPLKun0F\\_QGQZk6Q](https://www.youtube.com/channel/UC5z6EbdPPLKun0F_QGQZk6Q)

# Step 5

## Final details

The food pantry has Bridge Bags in the freezer, and the lactation support providers are ready to make referrals to the food pantry and receive referrals for lactation support.



### Ready for launch

A checklist is a useful tool for identifying when the project is ready to launch. This will help assess that all of the objectives are met, resources are in place, partners are fully oriented, and staffing is adequate for the task at hand.



### Beta-test the process

Beta testing is an opportunity for real users to use a product in a production environment to uncover any bugs or issues before a general release.<sup>13</sup> Identify someone from the community, such as a local WIC peer counselor, who can test the system soon after the launch to help identify weak points or missteps in communication, distribution, reporting, or referrals. Partners will be aware that a test may take place, but not to the point that it is a staged event.



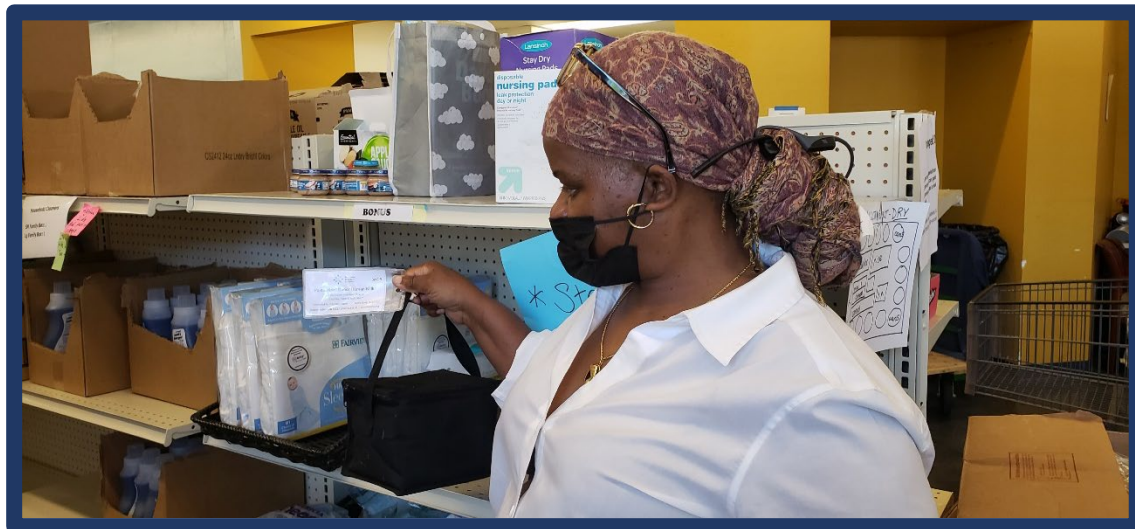
### Evaluation

Continue evaluating the project, beyond the process measures already collected. Be ready to share information about BOTH the numbers (how many clients, Bridge Bags distributed, frequency of visits, number of referrals) and the stories (families' reactions, extent of lactation support, impact on food pantry's organizational culture).



### Sustainability

Factors to consider when thinking ahead to a sustainable program go beyond usual funding sources and staffing concerns. Sustainability also means issues related to transforming systems, such as feelings of ownership, power dynamics and decision-making, and changes in organizational policies and culture.



<sup>13</sup> Beta Test. *Product Plan*. [www.productplan.com/glossary/beta-test/](http://www.productplan.com/glossary/beta-test/)



### Notes

The process and materials for this toolkit are taken in large part from a project Minnesota Breastfeeding Coalition (MBC) developed in collaboration with the Minnesota Milk Bank for Babies (MMBB) and with community partners. Previous work by Boulder County Public Health (Colorado) has been foundational for MBC to identify an appropriate starting point. MBC led activities were funded in part by the Association for State and Territorial Health Officials (ASTHO) and the National Association for County and City Health Officials (NACCHO), with donations of in-kind resources from Hennepin County WIC and the Minnesota Milk Bank for Babies.

# Appendix A: Client Survey

Developed in 2021 by the Minnesota Breastfeeding Coalition in collaboration with food pantry partners

## MBC Survey: Brian Coyle

We thank you for taking the time to answer the following questions below. By answering the questions below you are helping the community in its first steps toward achieving meaningful change and contributing toward a greater understanding of community issues.

**Purpose:**

The main purpose of this survey is to better understand the relationship between food pantries and their breastfeeding or non-breastfeeding clients. A better understanding of breastfeeding attitudes, knowledge, and behaviors will help in determining the need for infant feeding services at food pantries across Minnesota. Please indicate your desire to participate in this survey.

- I consent to participate in this survey
- I do not consent

**About you:** The following section is intended to better understand our many clients at the food pantry on a personal level. Please answer the following to the best of your ability and comfort.

1) Which of the following best describes you?

- Female
- Male
- Transgender Female
- Transgender Male
- Gender variant / non-conforming
- Not listed, please specify:
- Prefer not to respond

2) What is your age?

3) Which of the following best describes you (mark all that apply)?

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaskan Native
- White or Caucasian
- A specific race/ethnicity not listed here, please specify:

4) Which of the following best describes your family structure?

- Married couple with child(ren)
- Married couple without child(ren)
- Unmarried couple with child(ren)
- Mother and child(ren) only
- Father and child(ren) only
- Living alone
- Living with related adults
- Living with non-related adults

5) How many children (age 5 and under) are in your household?

6) Please indicate which of the following best describes your status?

- Currently employed
- Currently in school
- Currently employed and in school
- Currently unemployed not in school

7) Currently what is your total household income?

- \$0 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 and over
- Unknown

***Your experience with the food pantry:* The following section is intended to better understand the relationship and experience of those visiting the food pantry. Please answer the following to the best of your ability and comfort.**

8) How often do you visit or come in contact with this food pantry?

Once a week

More than once a week

Once a month

A few times

I cannot recall

9) How do you typically get to the food pantry?

- Drive myself
- Public transport
- Get a ride
- Walk
- Other, please specify

- 10) Consider your first time at the food pantry, did food pantry staff tell you about all the services available to you?
- Yes
  - No
- 11) Please indicate your participation in any of the following programs:
- SNAP (Supplemental Nutritional Assistance Program)
  - WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
  - Other \_\_\_\_\_
- 12) Food pantries across Minnesota play a key role in distributing food to many individuals, including infants. Have you ever asked for or received breastfeeding/infant feeding resources?
- Yes
  - No

***Breastfeeding attitudes:*** The following section aims to understand the availability of breastfeeding support among those visiting the food pantry. Please answer the following to the best of your ability and comfort.

- 13) Have you ever seen someone breastfeeding?
- Yes (if yes, please answer question 14)
  - No (if no, please skip to question 15)
  - Unsure (if no, please skip to question 15)
- 14) What was your relationship to the person you saw breastfeeding?
- I have breastfed my child
  - I saw a family member breastfeeding
  - I saw a friend breastfeeding
  - I have no relationship to the person I saw breastfeeding
- 15) Are you planning on or currently breastfeeding?
- Yes (if yes, please answer question 16)
  - No (if no, please skip to question 17)
- 16) Who provides you breastfeeding support (mark all that apply)?
- Member of my household
  - Food pantry
  - WIC Program
  - Someone at my workplace
  - Nobody is supporting my decision
  - Other, please specify

17) To the best of your ability please indicate your knowledge of the following:

Breastfeeding is encouraged for at least one year after a baby is born	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True
Breast milk provides life-long health protections for the baby	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True
Breastfeeding is also beneficial for a mother's health	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True
A mother who has an excess supply of breastmilk may donate her breast milk	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True
On average feeding your baby breastmilk is easier than feeding your baby formula	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True

18) Have you seen infant formula on the shelf at your food pantry?

- Yes (if yes, please answer question 19)
- No (if no, please skip to question 20)

19) How many times have you seen infant formula at your food pantry?

- On one occasion, please specify
- More than one occasion, please specify

20) Have you seen breastfeeding support items at your food pantry?

- Yes
- No

21) Have you seen breastfeeding support items at your food pantry?

- Yes
- No

22) Have you ever asked for infant formula and/or breastfeeding support items from food pantry staff?

- Yes, I have asked for or about these services
- No, I haven't asked for or about these services
- No, I assumed my food pantry did not offer these services

23) Are you familiar with Pasteurized Donor Human Milk (donor milk)?

- Yes (if yes, please answer question 23)
- No (if no, please skip to question 24)

24) How valuable is it to have Pasteurized Donor Human Milk (donor milk) at your food pantry?

- Very valuable
- Valuable
- Somewhat valuable
- Not valuable
- Definitely not valuable

# Appendix B: Environmental Scan

Developed in 2021 by the Minnesota Breastfeeding Coalition in collaboration with food pantry partners

## Environmental Scan: Learning about our Partner Food Pantries

1. Please describe training for staff or volunteers on subjects related to nutrition
2. Are there posters, flyers, pamphlets, or other materials for clients on subjects related to nutrition?
  - Yes – please describe
  - No
3. Are there guidelines for providing education to clients about nutrition related topics?
  - Yes – please describe or attach
  - No
4. Please describe training for staff or volunteers on subjects related to community resources
5. Are there resource books, lists, or information racks that are kept up to date for clients?
  - Yes – please describe
  - No
6. Are there guidelines for distributing resource information to clients?
  - Yes – please describe or attach
  - No
7. Do you have internal experts for resources, nutrition, or health related topics? Please describe.
8. What information is gathered at intake that tells you what this person/family might need nutritionally?
9. How big of a role should a food pantry play in promoting, supporting, and/or protecting breastfeeding?
10. Do you ever determine clients’ infant feeding methods or preferences? Please describe.
11. Does this food pantry have breastfeeding support items for clients? If so, how do they get to the food pantry and how are they offered to clients?



12. To the best of your ability respond to the following:

	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True
Breast feeding is encouraged for at least one year after a baby is born					
Breast milk provides life-long health protections for the baby					
Breastfeeding is also beneficial for a mother's health					
A mother who has an excess supply of breastmilk may donate her breast milk					
On average feeding a baby breastmilk is easier than feeding a baby formula					

13. Are you familiar with Pasteurized Donor Human Milk (donor milk)?

- Yes
- No

14. Are you familiar with how donor milk is distributed to families?

- Yes
- No

15. How valuable is it to have Pasteurized Donor Human Milk (donor milk) at your food pantry?

- Very Valuable
- Valuable
- Somewhat Valuable
- Not Valuable
- Definitely Not Valuable

16. Describe how both internal and external referrals are made for clients

17. What are all the nutrition related referrals made for clients (name agencies and programs)?

18. How do you know that the referrals have been completed?

19. Describe how formula makes its way through the food pantry

- a. How does it come in the door, where does it originate?
- b. How easy is it to acquire it?
- c. Who reviews the items?
- d. What types of formula come through your food pantry?
- e. Are their guidelines for accepting formula?
- f. How and where does it get placed for client use?
- g. How is the availability of formula communicated with clients?
- h. What if any education or guidance accompanies the formula (before or at the time of distribution)?

20. Describe how breastfeeding related resources make their way through the food pantry

- a. How does it come in the door, where does it originate?
- b. How easy is it to acquire it?
- c. Who reviews the items?
- d. What types of breastfeeding support items come through your food pantry?
- e. Are their guidelines for accepting breastfeeding support items?
- f. How and where does it get placed for client use?
- g. How is the availability of breastfeeding support items communicated with clients?
- h. What if any education or guidance accompanies the breastfeeding support items (before or at the time of distribution)?

# Appendix C: Outpatient Distribution Guidelines

## Developed by Minnesota Milk Bank for Babies

### Purpose

Outpatient Distribution Sites for pasteurized donor human milk have the unique ability to provide families in their community with a readily available source of donor milk. Medical indications for supplementation in the newborn period are often unexpected and require immediate attention. Families appreciate having quick access to donor milk via outpatient distribution sites at birth hospitals, clinics, or pharmacies when being discharged, especially if donor milk was used for their baby during inpatient care. Some families have the need to use donor milk after discharge as a “bridge” until mother’s milk increases or is unavailable.

### Materials and Equipment Provided by the MMBB:

- MMBB Distribution Guidelines signed by the Distribution site coordinator and returned to the MMBB
- Pasteurized Human Donor Milk (Term 4oz. bottles), frozen, from the Minnesota Milk Bank for Babies (MMBB)
- Bridge Bags - Cooler bag containing 5 frozen bottles of donor milk labeled with Bag Number
  - MMBB will select and maintain the Batch IDs associated with the Bag Number
- Commercial freezer space dedicated for the use of donor human milk storage
- Freezer thermometer if needed
- Contact Information
- Attachments
  - Bridge Bag Order Form
  - Log for Receiving Milk Bridge Bags
  - Log for Dispensing Milk Bridge Bags
  - Freezer thermometer Log (paper or electronic)
  - Storage, Handling, and Thawing Donor Human Milk (education handout)
- Distribution Site Agreement

### Storing Bridge Bags

#### Freezer

- Freezer and thermometer may be provided by the MMBB.
- Place freezer in a secure location and plug into uninterruptible power source (if available).
- Clean and maintain freezer per manufacturer’s guidelines with freezer manual being accessible to staff at all times.
- Lock freezer when unattended if located in a public area.
- Set freezer to maintain temperature at or below –18°C (0°F).
- Check and record freezer temperature daily. If using an electronic monitoring system or a thermometer with memory, keep a record of daily temperatures. It is acceptable to defer temperature checks on days when site is closed (e.g., weekends and holidays).
- Notify Milk Bank if the milk is not in a completely frozen state (slushy) or if the temperature rises above –18 °C (0° F) for 2 or more hours. Do not dispense any thawed or partially thawed milk.
- Fax, mail, or email completed temperature logs to Milk Bank annually or as requested by Milk Bank. Keep electronic or paper copies at the distribution site for one year.

### Ordering, Receiving, and Dispensing Bridge Bags

#### Ordering and Receiving Donor Milk Bridge Bags

- When the number of bags falls below 4, call or email donor milk order to the milk bank. Orders placed by 12:00 pm Monday through Thursday will be sent by courier the next day.
- To place an order call 763-546-8051 or email [Orders@mnmilkbank.org](mailto:Orders@mnmilkbank.org) and provide:
  - Your name and distribution site
  - Number of bags left in freezer
- Donor Milk is shipped on dry ice or gel ice and must be placed in the freezer upon receipt.
- Person receiving milk:
  - Logs Bag #'s with date, time, and initials
  - Verifies quantity and batch numbers match shipment
  - Records condition of milk (frozen, thawed, intact, broken cap...) on packing slip
  - Scan or fax Log sheet or marked-up packing slip to Milk Bank upon request

**Dispensing a “Bridge Bag” of Donor Milk**

Bridge Bags contain 5 frozen bottles (4oz. each) of pasteurized donor human milk. Infants whose mothers are experiencing low/no milk supply may receive one bag per visit in addition to referrals for lactation support. One additional bag may be dispensed for the same infant in a subsequent visit if the mother continues to have milk supply issues. When dispensing:

- **Dispense the oldest milk first regardless of the Bag Number. See expiration date on the attached tag.**
- Donor milk must be dispensed prior to expiration date.
- Storage, handling, and thawing of donor milk education sheet is provided to each family given a Bridge Bag. (Provided inside bag.)
- Instruct parents to contact their child’s health care provider for feeding instructions.
- Provide resources to mother or family member for assistance such as WIC Peer Support card.

Log when bag is given:

- Date and staff initials
- Food shelf name
- Bridge Bag number
- Mother and Baby food pantry record number
- How parent/caregiver heard about NFPF donor milk. Select one or more:
  - A - doctor/nurse/lactation provider
  - B – WIC
  - C – family or friend
  - D - Other

**Record Keeping**

Log sheets are maintained, secured, and protected. Distribution site must collect the following data to ensure compliance with HMBANA guidelines and to facilitate recall if necessary:

- Recipient and/or parent names
- Recipient’s DOB or due date
- Quantity obtained and corresponding Bridge Bag number
- Staff member who dispensed milk

Only in rare case of milk recall, distribution site will transmit above data listed in “record keeping” to MN Milk Bank, if requested.

For purposes related to grants and research addressing access to donor milk, aggregate, non-identifying data may be requested such as gender, income, race, ethnicity, cultural identity, and WIC participation.

**Donor Milk Shortage**

HMBANA requires milk banks and distribution sites to follow prioritization guidelines during donor milk shortages. If a shortage occurs, Milk Bank will prioritize donor milk distribution to hospital NICUs and inpatient units. Shipments to dispensaries may temporarily cease to ensure hospital orders are filled.

**Miscellaneous**

- Milk Bank staff maintains right to inspect Distribution Site freezer and records to ensure compliance with HMBANA guidelines.
- Distribution Site may be asked to participate in mock donor milk recall and shall comply with data requests in a timely fashion.

**Attachments**

- Storage, Handling, and Thawing Donor Milk
- Bridge Bag Order Form
- Log Sheet for Dispensing Bridge Bags
- Freezer Temperature Log
- Log Sheet for Receiving Bridge Bags

**Contact information and Signatures**

# Appendix D: Distribution Site Agreement

## Developed by Minnesota Milk Bank for Babies

**THIS MILK DISTRIBUTION SITE AGREEMENT** (this “Agreement”) is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_, by and between the Minnesota Milk Bank for Babies, a not-for profit organization incorporated in the state of Minnesota, serving Minnesota, North Dakota, South Dakota and the surrounding region, (“MMBB”) and \_\_\_\_\_ (“Milk Distribution Site”). Subject to the terms and conditions set forth below, Milk Distribution Site wishes to establish and maintain off-site distribution on behalf of the MMBB to ensure the safe handling, storage, and dispensing of pasteurized donator human milk (PDHM), and MMBB wishes to accept those services from Milk Distribution Site.

MMBB will provide Milk Distribution Site or its agents with the materials and equipment indicated in the Outpatient Distribution Guidelines to this Agreement.

Milk Distribution Site will store PDHM Bridge Bags in accordance with the policies and procedures set forth in the Outpatient Distribution Guidelines to this Agreement. Milk Distribution Site understands that MMBB may from time-to-time update guidelines to reflect new protocols for the storage and dispensing of PDHM and Milk Distribution Site agrees to act in accordance with any such updated Guidelines provided to it by MMBB.

Milk Distribution Site acknowledges and agrees that MMBB will have the right to review all records maintained by Milk Distribution Site as identified as part of this Agreement, and to inspect the facilities of Milk Distribution Site, in each case for the purpose of monitoring Milk Distribution Site’s satisfaction of its obligations under this Agreement or of complying with the requirements or regulations of HMBANA, the United States Food and Drug Administration or any other agency of the federal government or of any state government. Milk Distribution Site agrees that it will cooperate with and provide access to MMBB to the extent required to give effect to the audit and inspection rights discussed in the preceding sentence.

The current contact information for Milk Distribution Site is indicated in the Guidelines to this Agreement. Milk Distribution Site agrees that it will provide written notice to MMBB as soon as reasonably practicable following any change to the contact information for Milk Distribution Site indicated in the Guidelines. Milk Distribution Site further agrees that MMBB may from time to time update the Guidelines to reflect any such change.

Each party agrees to indemnify and hold the other party, including the other party’s officers, directors, agents, and employees, harmless against all liability, claims, damages, suits, demands, expenses, and costs of every kind arising out of the negligent performance of the indemnifying party’s obligations under this Agreement by the indemnifying party or by anyone for whom the indemnifying party is in law responsible.

With respect to all work, duties, and obligations hereunder, it is mutually understood that Milk Distribution Site, its agents, and all staff performing services under this Agreement do so as independent contractors and not as employees, agents, borrowed servants, joint ventures or partners of or with MMBB.

Milk Distribution Site may not assign this Agreement in whole or in part without the written consent of MMBB. This Agreement shall remain in full force and effect until terminated by either party. Either party may terminate this Agreement with or without cause by giving the other party not less than thirty (30) days written notice.

The parties expressly agree to comply with all applicable patient information, privacy and security regulations set forth in the Health Insurance Portability and Accountability Act (HIPAA) as amended from time to time.

This Agreement, including any exhibits or appendices attached to this Agreement, contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all negotiations, prior discussions, agreements, or understandings, whether written or oral, with respect to the subject matter hereof. If any of the provisions to this Agreement shall be declared invalid or unenforceable under applicable law, those provisions shall be ineffective to the extent of such invalidity or unenforceability only, without in any way affecting any remaining portions of the Agreement.

This Agreement shall be governed by and construed in accordance with the laws of the State of Minnesota, without respect to its conflicts of laws rules and venue for any suit hereunder shall be in the county and state in which MMBB has its primary business office.

The parties expressly agree that nothing contained in this Agreement shall require Milk Distribution Site or physicians to treat, diagnose or otherwise enter into a health care relationship with any donor. Milk Distribution Site shall not be liable, nor deemed in default, for any delay or failure to perform any of its duties or obligations under this Agreement or for any other interruption of services, resulting directly or indirectly from acts of God, civil or military authority, acts of a public enemy, war, terrorism, civil disobedience, riots, accidents, fires, strikes or other work interruptions by its employees or independent contractors or any similar cause beyond its reasonable control.

Communications regarding the Guidelines or Agreement should be sent by email to the MMBB Representative. Receipt of the communication from the is confirmed when there is an email reply or a documented phone call from the Representative.

[Contact information and Signatures](#)

# Appendix E: Bridge Bag Receiving Log

Developed by Minnesota Milk Bank for Babies



Minnesota  
Milk Bank  
for Babies

## BRIDGE BAG RECEIVING LOG

Bridge Bag #	Date	Time	Staff Initials	Frozen? Y/N

Notes:

# Appendix F: Bridge Bag Dispensing Log

Developed by Minnesota Milk Bank for Babies



## BRIDGE BAG DISPENSING LOG

Date	Mother Record #	Baby Record #	Bridge Bag #	Staff Initials	How did you hear about donor <u>milk</u> ?*

\*How did you hear about donor milk at the food pantry? Select one or more:  
 A – doctor/nurse/lactation provider, B – WIC, C – friend or family, D - Other

Notes:

# Appendix G: Freezer Temperature Log

## Developed by Minnesota Milk Bank for Babies



Minnesota  
Milk Bank  
for Babies

### FREEZER TEMPERATURE LOG (no higher than 0°F or -18°C)

Milk Distribution Site: \_\_\_\_\_

Month: \_\_\_\_\_

Month: \_\_\_\_\_

Date	Time	Temp	Initials	Date	Time	Temp	Initials
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
12				12			
13				13			
14				14			
15				15			
16				16			
17				17			
18				18			
19				19			
20				20			
21				21			
22				22			
23				23			
24				24			
25				25			
26				26			
27				27			
28				28			
29				29			
30				30			
31				31			

#### Freezer Issues:

Date   Time   Initials   Details of incident   Corrective Action

# Appendix H: Bridge Bag Order Form

## Developed by Minnesota Milk Bank for Babies



### Bridge Bag Order Form

Bridge Bags contain 5 bottles of Term 4 oz.  
Pasteurized Donor Human Milk

Date:

**Distribution Site Name:**

**Submitted by:**

Purchase Order # (if any):

Email to send order confirmation:

Delivery Address:

City/State/Zip:

Phone:

Delivery Instructions (to unit/floor/receiving dock, etc.):

**ORDER REQUEST: (when inventory reaches 4 or less call, email, or fax order)**

\_\_\_\_ Bridge Bags (to reach up to 10 bags total in inventory)

**Orders placed Monday–Thursday by 12:00pm will be shipped the next day.**

**To place an order:** email to [orders@mnmilkbank.org](mailto:orders@mnmilkbank.org), call 763-546-8051, or  
fax to 763-225-4800

Hours: 8:00am – 4:00pm, **Monday – Friday**  
For urgent orders please call **and** email the order.