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Introduction

Recently, the National Israeli Human Milk Bank was established by the emergency medical service- Magen David Adom (MDA). Around 10% of women willing to donate milk to the milk bank are taking medications. The Drug Consultation Center at Shamir Medical Center provides guidance regarding dilemmas related to these milk donations. Our aim is to set criteria for milk donations designated for premature newborns, from women treated with medications.

Methods

In order to maximize the potential of milk donations, we assess the safety of the donation by evaluating the Relative Infant Dose (RID) and other pharmacokinetics (PK) parameters: molecular weight, protein binding and oral bioavailability of the medication. Possible undesirable effects on the premature newborn are also being taken into consideration. The attitude toward medication compatibility with breastfeeding differs between a mother breastfeeding her own child versus milk donation intended for premature newborns. Upon the safety assessment, recommendation regarding the milk donation are provided: decline, accept donation, or accept the donation-but, with dilution. In the latter case, the milk amount will not exceed 10% of the total batch. Other donations from the same batch should not contain other medications from the same pharmacological group.

Results

Figure 1

Medications' prevalence according to drug class

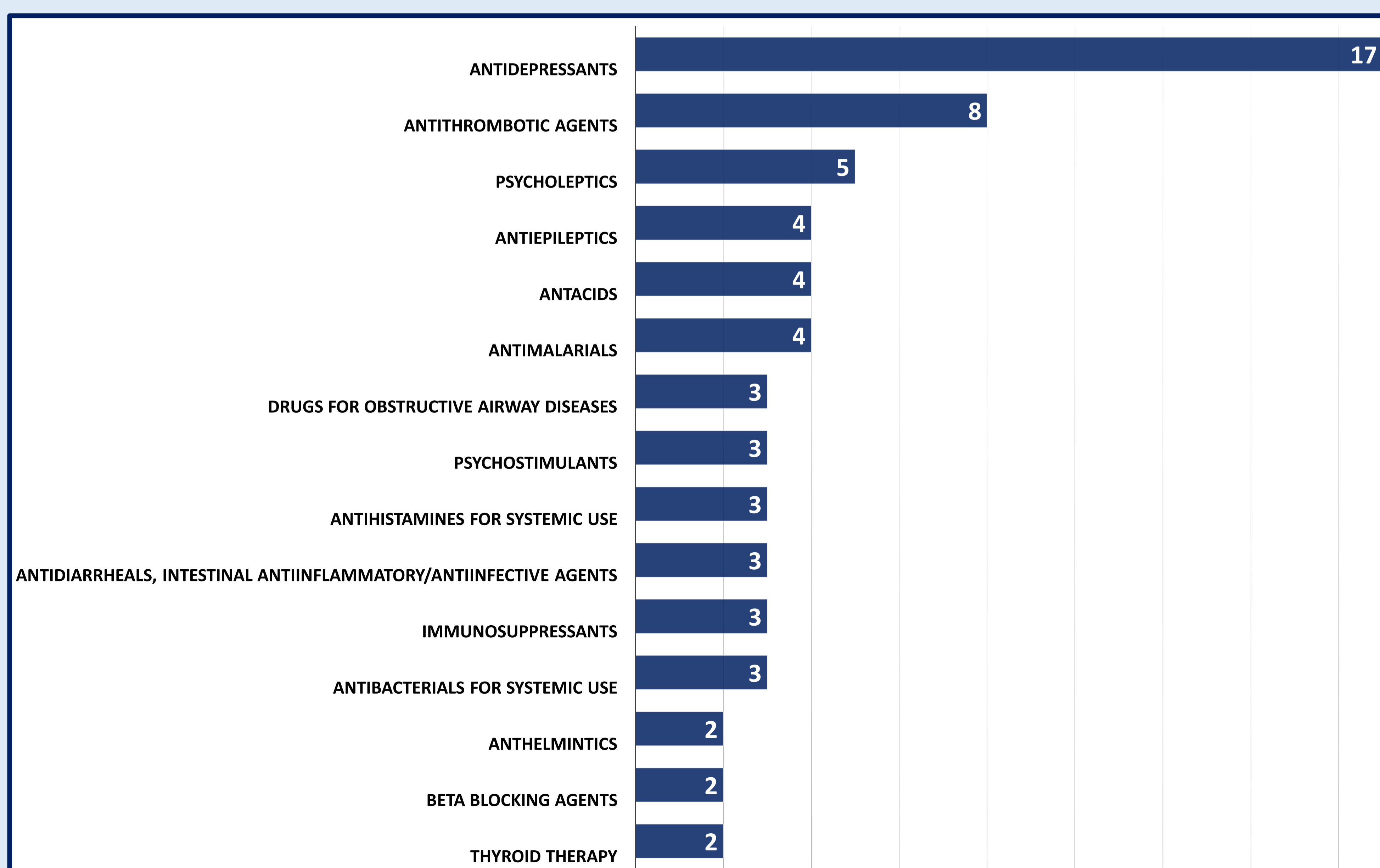
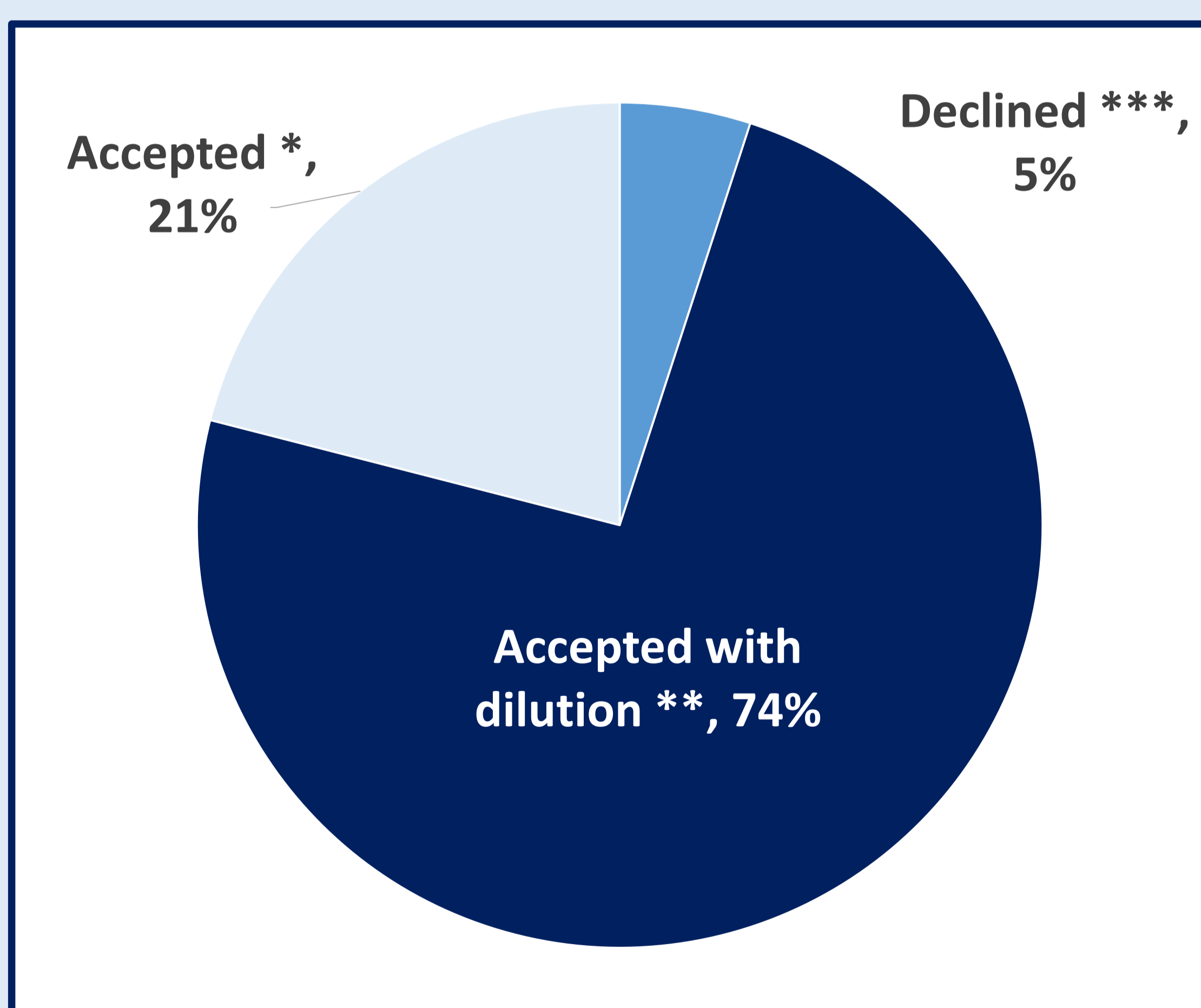


Figure 2

Recommendations regarding milk donations



* e.g. Loratadine

** e.g. Fluoxetine

*** e.g. Doxorubicin

Conclusions

The human milk bank is a lifesaving service. In the near future, milk donations' samples will be transferred to our unit in order to measure the concentration of the medications. This collaboration enables to use donated human breastmilk "up to the last drop".