



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

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Tēnā koe Anna

MOH/Allen & Clarke - Draft Guidance on establishing and sustaining human milk banks

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in Aotearoa New Zealand with a membership of 6,018 specialist General Practitioners (GPs). Our General Practice Education Programme (GPEP) and Rural Hospital Medicine Training Programme (RHMTTP) trains the specialist General Practitioner and Rural Hospital Doctor workforce. The Medical Council of New Zealand accredits the College to deliver a Vocationally Registered workforce through its Continuing Professional Development Programme, making up 40 percent of the specialist medical workforce. The College is committed to prioritising the reduction of health inequities experienced by Māori, honouring Te Tiriti o Waitangi, and the rights of Māori. To do this we prioritise initiatives that support our members to develop cultural safety capability throughout our Training, Member Professional Development and Quality programmes.

Our members provide first point of contact medical care to patients and their whānau to effectively manage 90 percent of all patient healthcare concerns in the community. Each year approximately 24 million¹ patient contacts are recorded by 1,077 general practice teams across Aotearoa.

Consultation document

The College supports work by the Infant and Young Child Feeding Committee and Health NZ to develop draft guidance for establishing and sustaining milk banks that supply pasteurised human milk. We note that the guidance is grounded in evidence showing that pasteurised donor milk significantly provides benefit to very preterm babies or very low birthweight babies at risk of necrotising enterocolitis (NEC), a serious intestinal disease common in these vulnerable newborns.²

The guidance will support consistent, safe, and equitable access to donor milk across New Zealand, align with international best practice, and increase the growing recognition of human milk as a critical element of neonatal care.

GP Feedback

Although some of the specifics are more relevant to secondary care, many of the health impacts of receiving donor milk (compared to formula) for babies, and the mental health impacts for parents of NICU/SCBU babies are relevant to specialist GP care in general practice settings.

- **Expected scope of work**

The impact of nationwide milk banks as standard would affect GP workloads due to requests for serological screening and interpretations of the screening blood tests, and ongoing care of any unexpectedly abnormal results.

- **Funding would need to be available to support GPs and general practices to provide the expected level of care:**

- Currently milk banks are not covered by capitation funding, and the cost of screening bloods are not covered by all regions of the health system.
- Funding would also need to be available for GPs if they were expected to be involved in the screening of donor parents. This would also need to come with education about what to test for and the implications of results on donating milk in different scenarios, e.g., CMV positive mothers may not be able to donate to pre-term or immunocompromised babies, but would be able to donate to a full term healthy baby in the community, and in this case they would be advised to continue breastfeeding their own baby without any further considerations.

- **The potential impact of nationwide milk banks becoming standard practice will affect general practice and GP workloads:**

This would involve requests for:

- Serological screening,
- Interpretation of screening blood tests
- Ongoing management of any unexpected abnormal results,

Provision will need to be made for the extra clinical resource required to carry out these tasks. If not, donors would need to fund these services, which will negatively impact on recruitment.

- **If GPs are expected to screen donor parents:**

- Importantly, mothers would be advised to continue breastfeeding their own baby without added precautions and/or referred to help.³

- **Continuity of care is important and setting up a longer-term working relationship enables GP input and contact with whānau in the peripartum period and beyond:**

- Continuity is a reliable source of support for whānau, especially those with NICU/SCBU babies who may have ongoing healthcare needs.
- Screening should not be another occasion for secondary care to place an added workload onto primary care without proper recognition and dedicated funding.

- **Breastfeeding education for GPs**

- There is a gap in breastfeeding education for GPs. As medical professionals, GPs are currently taught about lactation. They need more specific guidance to educate GPs on the coordination and considerations of breastmilk donation, or provide clear referral pathways for peer support such as, LLL or funded and private IBCLCs, e.g.,
Slide 37 - notes that GPs (among others) are key to encouraging milk donations and supporting those who donate after infant loss,
Slide 39 - also mentions support and ethical considerations around ensuring donors are not putting their own health at risk through pumping excessively, feeling pressure or coercion to donate, or interfering with their own baby's milk intake and needs.

- This guidance is also focused on secondary care milk banks, and does not really cover issues around community milk banks or informal milk sharing for older babies who need supplementation, which is the scenario that GPs are more likely to come into contact with, and has a different set of considerations to be aware of and cover.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights – Maureen.Gillon@rnzcgp.org.nz.

Nāku noa, nā



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References

- ¹ Ministry of Health, 2024 data.
- ² Draft Guidance on establishing and sustaining human milk banks.
- ³ NZBA-Baby Friendly Aotearoa New Zealand. National Infant Feeding Data at Discharge. 2024 Available at: [National Infant Feeding Data at Discharge 2024](#)

