

Policy for the Safe Management of Expressed Breastmilk on the Maternity / Neonatal Unit

Initiated By	Cwm Taf Morgannwg University Health Board Obstetrics and Gynaecology Directorate
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CHANGE HISTORY

Version	Date	Author Job Title	Reasoning
2	November 2023	Infant feeding group	update

AUTHORSHIP, RESPONSIBILITY AND REVIEW

Author	Infant Feeding Team	Ratification Date	November 2023
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Job Title	Infant Feeding Coordinator	Review Date	November 2026
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Disclaimer

When using this document please ensure that the version is the most up to date by checking the Obstetrics & Gynaecology Guidelines on WISDOM

PRINTED DOCUMENTS MUST NOT BE RELIED ON

Guidelines Definition

Clinical guidelines are systemically developed statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions.

They allow deviation from a prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

Minor Amendments

If a minor change is required to the document, which does not require a full review please identify the change below and update the version number.

Equality Impact Assessment Statement

This Procedure has been subject to a full equality assessment and no impact has been identified.

Related Policies

- Infant Feeding Policy: Maternity / Neonatal Service
- Reluctant Feeding Policy

Training Implications

All staff will receive training on this policy at induction into the unit and ongoing through the annual maternity training programme.

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Purpose

This policy is to safely manage the storage of breastmilk and reduce potential errors associated with identification and dispensing of breastmilk.

This policy refers to all staff working within maternity or neonatal settings who support mothers with infant feeding.

To reduce the risk of babies receiving incorrect breastmilk.

Key Principles

To safely store breastmilk in the fridge or freezer.

To correctly identify babies and safely dispense breastmilk.

To manage incidents where babies receive the incorrect breastmilk

This policy is a written statement of intent, setting out the way in which to assure that breastmilk is safely stored, and dispensed ensuring correct identification of babies.

The guidance is mandatory, binding staff working within the Midwifery and neonatal service to follow its content.

Identifying Need for Document

Breastmilk is recommended as the optimal source of nutrition for infants. It contains immune properties that can reduce the risk for morbidity and mortality in neonates.

Research has shown that providing mothers' breastmilk to premature infants can help reduce the incidence of necrotizing enterocolitis, reduce infection rates, improve feeding tolerance, and improve neuro-developmental outcomes (Drenckpohl, Bowers & Cooper, 2007).

Mothers may need to express their breastmilk for a variety of reasons, such as if their infant is sick or premature, if the milk supply needs to be increased or if mother and baby are temporarily separated.

Breastmilk is a body fluid, which has the potential for the possible transmission of infectious pathogens if contaminated and / or given to the wrong infant. Risk of transmission of disease is low but not zero.

It is important to note that there is the potential for babies to receive incorrect breast milk in any clinical area where mothers and babies are separated and / or expressed breast milk (EBM) is dispensed. Factors that may lead to babies receiving the incorrect breast milk include the separation of mothers and babies, inadequate identification processes, and the absence of systems to manage safe storage and dispensing of EBM. (NSW Department of Health, 2006)

Responsibilities

Staff are committed to:

- Providing the highest standard of care to support new mothers and their partners to promote protect and support breastfeeding.
- Provide optimal care to avoid the risk of a baby receiving the wrong breastmilk
- To support audit and management of processes to ensure correct identification and storage of breastmilk.

All staff will have access to a copy of this guidance

Strategies to Reduce the Risk of Babies Receiving Incorrect Breast Milk:

Despite research detailing the benefits of breast milk, little research has been published demonstrating ways to reduce or prevent potential errors associated with the administration of expressed breast milk. (Drenckpohl, Bowers & Cooper, 2007).

Whenever a mother in the maternity unit is expressing milk for her baby, staff must ensure that the appropriate (Dec 2020) Safe System of Work for the storage and handling of expressed breastmilk is followed at all times.

Safe System of Work for Storage and Handling of EBM - reviewed.docx

Where babies are separated from their mother:

Babies should not be separated from their mother for any length of time unless clinically indicated.

In the case of a separation for clinical need, on return to their mother, identification of both mother and baby should be checked, particularly prior to breastfeeding.

Identification of babies:

Ensure that all babies have secure identification in place on two sites at all times e.g. leg and arm, in accordance with CTMUHB Policy.

Always check the name, DOB and hospital number of the baby using the identification tags on the baby, before feeding with EBM, or before giving the baby to the mother to feed when mother and baby have been separated.

Be aware of mothers / babies in the ward with similar or the same name.

Communicate to parents the importance of ensuring that their baby has correct identification tags at all times.

Identification tags are to be replaced immediately if removed for clinical procedures.

Storage fridge / freezer environment:

EBM should be stored within a locked fridge/freezer or within a locked box within a fridge/freezer if a locked fridge/freezer is not available.

All EBM containers should be consistently, correctly and clearly labelled using addressograph labels, with the following information.

- The baby's name and mother's name (may be 'Infant of' the mother)
- The baby's or mother's hospital number
- The date and time the milk was expressed

Additional or new patient identification labels (addressographs) can be obtained from the Maternity / Neonatal Administration staff. If specific addressograph labels are not immediately available, the above information should be recorded on a blank label.

Colostrum / Expressed Breastmilk should be consumed by the baby as soon as possible after expression, but it is sometimes necessary for EBM to be stored.

Each baby should have an allocated box container for their EBM in the fridge / freezer. This prevents drips of milk contaminating bottles from another mother and lessens the risk of misidentifying (UKAMB, 2001).

The box containers should be washed in hot soapy water, rinsed and thoroughly dried daily.

Two staff must verify correct box container in the refrigerator / freezer, and then place the labelled syringe / bottle in the baby's designated box container. A number coding system must be used, as specified in the Safe System of Work for this process.

- Both staff must read label to be sure the details are correct.
- Avoid grouping together EBM containers with the same or similar names on their labels.
- Labelling must apply equally to EBM expressed in the hospital and to EBM brought from home to the Maternity / Neonatal Unit.
- Any colostrum / EBM being placed in the fridge must be recorded in the ward EBM Record Book which must be signed by both staff.
- Do not place a patient identification label on donor EBM. Donor EBM can be used by more than one baby.
- Store and use any donor EBM in accordance with the health board's Guideline for Use of Donor Milk (CTMUHB, 2020).

It is the responsibility of every member of staff handling expressed breastmilk to check the fridge / freezer for compliance with all of the above. The stock in the EBM fridge is to be checked against the EBM Record Book at each shift.

Storage of Milk in the Maternity / Neonatal Unit:

EBM should be kept at room temperature for as short a time as possible and refrigerated as soon as possible.

Freshly expressed, labelled colostrum / breastmilk can be left with the mother at room temperature for up to 4 hours.

- Fresh EBM can be stored up to 48 hours in a refrigerator at 2 – 4 °C if it is to be used within 48 hours.
- Fresh EBM which has not been used before 48 hours should be stored frozen at -18°C or lower for a maximum of 3 months.
- Defrosted EBM whether it is donor or mothers' own should be stored in the fridge for no more than 24 hours and discarded after use (UKAMB, 2001).
- EBM when removed from the freezer for use should have a date and time thawed label completed and attached to the container.
- EBM when removed from the freezer for use should be defrosted in the Calesca milk warmer according to Calesca guidelines, have a 'date and time defrosted' label completed and attached to the container and be stored immediately in the EBM fridge.

Dispensing of EBM:

All personnel should wash their hands prior to handling EBM to prevent contamination of the milk. EBM is a living fluid and should be treated as such (Meier, Brown & Hurst, 1999).

- Removal of colostrum / EBM from the ward fridge is a two person procedure.

- Only one mother's container of colostrum / EBM should be removed from the fridge / freezer at a time to avoid identification error. Do not take out milk for more than one baby at the same time.
- When EBM is removed from a freezer to thaw, ensure that a date, and time thawed label is placed on the container.
- If fortifier is to be added ensure this is written on the label.
- EBM that is dispensed / decanted into a second or third container / syringe should be correctly labelled using a patient identification label, checked with the original EBM container, the baby's armbands and signed by two members of staff or staff and parent at the time of dispensing; the feeding chart should be signed by 2 nurses / midwife / parent.
- An oral syringe is to be used for oral feeding of colostrum
- An enteral syringe is to be used for nasogastric feeds.
- All EBM must be checked at the cot / incubator side as above and the baby's postnatal / neonatal record must be signed by both a staff member and the parent to confirm it has been checked.
- Never leave unlabelled EBM at the cot / incubator side.

Checking of EBM prior to feeding a baby:

The checking of EBM should be treated the same as the administration of medication and infant formula to ensure the following:

- Correct EBM – as described above, two staff must check when retrieving breast milk from the fridge, and the label must be checked with the mother. If the mother is not able to check the label, then it must be checked with another health professional.
- Ensure the details identified on the label are a match with the baby's record
- Ensure it is the correct baby, by checking with the baby's identification tags with a second nurse / parent.
- Unlabelled milk is never given to a baby (Riordan & Auerback, 1998).

EBM fortifiers must be prescribed on the patient medication chart and checked in accordance with CTMUHB policy prior to adding to EBM.

Any breast milk fortifiers prescribed must be added immediately before the feed is used.

Verify EBM upon transfer:

When a mother is expressing at home, the milk should be brought to the unit in a cool bag, no longer than 24 hours after expressing. If this is not possible, then the milk should be frozen.

It is advised to keep bottles of EBM either frozen or as cool as possible by carrying them in an insulated container, which can be easily cleaned, using coolant blocks in the container (UKAMB, 2001). If EBM has begun to defrost during transfer from home to hospital freezer, it should not be refrozen and should be used within 24 hrs.

- When transferring or receiving EBM, staff should verify each one of the infant's bottles, ensuring they are correctly labelled.
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- Receiving EBM staff should place EBM in a newly labelled container in the unit's refrigerator / freezer.
- Transferring staff must document on the Transfer Record with a second member of staff that the EBM is correct for transfer. Transferring staff must document that all bottles have been verified with the receiving unit.

*IMPORTANT NOTE: During the Covid 19 crisis, please refer to specific health board guidance for transferring the EBM of any mother who has suspected Covid virus symptoms.

Verify Breast Milk at discharge:

At discharge, mothers must be provided with information regarding the storage of breast milk at home. For Infants discharged from the neonatal unit information can be found in the Bliss leaflet "The Best Start".

- Remove bottle from the refrigerator / freezer; take to the infant's bedside; read aloud while the mother/family member verifies that the label is correct.
- Place each bottle in the transportation vessel provided by the mother / family member.

- Upon completion of verification, document on the appropriate Postnatal / Neonatal / Discharge record .
- If the process is completed prior to discharge day, document in the patient notes that EBM has been taken home.

Management of incidents where babies receive the incorrect Breast Milk:

All incidents are reported to the appropriate medical, nursing / midwifery and infection control personnel immediately.

- The nurse / midwife in charge of the Maternity / Neonatal Unit must be made aware of the incident and will notify the medical staff and the Consultant that a baby has received breast milk from the wrong mother.
- An Incident Report Form is completed and a record of this incident is documented in the patient notes.
- Timely notification and counselling of the biological mother / parents and source mother that this incident has occurred.
- Each incident will require an individual assessment of clinical risk factors to identify the appropriate screening and follow up pathology tests that should be obtained. This will include obtaining informed consent from the source mother.
- The parents of the affected baby are fully informed about the pathology results, appropriate follow up and/or treatments required for their baby, and are offered counselling and support.
- CTMUHB's leaflet "How to Make a Complaint" should be given to the parents.
- Ensure there are adequate processes in place to check and audit these incidents for causation and that local procedures for the management of breast milk are amended as required and staff advised as appropriate.
- All staff managing / handling breast milk / EBM should read the "Guidelines for the Safe Management of Expressed Breastmilk on Maternity / Neonatal Unit" (CTMUHB, 2020).
- Dissemination of policy changes relating to breastfeeding / EBM are communicated with staff through appropriate formal in-service education processes e.g. protected teaching, Maternity / Neonatal Risk & Forum Meetings.

- All bank / relieving staff and students on placements who are working on the Maternity / Neonatal Unit are aware of current policy and practice in relation to the safe management of breastmilk.

References:

Drenckpohl, D., Bowers, L., and Cooper, H. (2007) Use of the Six Sigma Methodology to Reduce Incidence of Breast Milk Administration Errors in the Nicu. Neonatal Network, Vol.26. No. 3. 161 – 166.

NSW Department of Health (2006) Breast Milk – Safe Management, Policy Directive PD2006-088.

NSW Department of Health Newsletter (2004) Safety Advocate. Issue 7 July 2004.

Riordan, J., Auerbach, K., (1998). Breastfeeding and Human Lactation 2nd Edition. Jones and Bartlett Publishers: London. 453 – 463.

United Kingdom Association for Milk Banking (2001) Guidelines for the Collection, Storage and Handling of Mother's Milk to be fed to her own baby in a Neonatal Unit. UKAMB: London

Guideline for Use of Donor Milk, Cwm Taf Morgannwg UHB (2020)

Title of Policy:

Policy for the Safe Management of Expressed Breast Milk on the Maternity and Neonatal Unit

Name(s) of Author:

Infant Feeding Team

Chair of Group or Committee supporting submission:

Postnatal Forum Group

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Managers / representatives from team midwives and postnatal Forum

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(mandatory if drugs involved):

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*to be completed by author and submitted with document for ratification to Clinical Governance Facilitator

