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

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Policy Statement

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

Scope of Policy

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

Aim of Policy

To reduce the risk of babies receiving incorrect breastmilk.

Objectives

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.

Definition

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

Breast milk 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' breast milk 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).

Mother may need to express their breast milk 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.

Breast milk 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).

Where babies are separated from their mother:

- Babies should not be separated from their mother for any length of time unless clinically indicated.
- On return to their mother, identification of both mother and baby should be checked prior to breastfeeding.
- When babies and mothers are separated, for example, when babies are in-patients on the Neonatal Unit, ensure the “Safe Management of Breast Milk” policy is followed at all times.

Identification of babies:

- Ensure that all babies have secure identification in place on two sites at all times e.g. leg and arm, according to ABMU 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 babies 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:

Expressed breast milk should be consumed by the baby as soon as possible after expression but it is often necessary for EBM to be stored.

- All fridges and freezers to be kept locked at all times

- Each baby should have an allocated area and a labelled storage basket/container for the EBM in the fridge/freezer. This prevents drips of milk contaminating bottles from another mother (UKAMB, 2001).

- These baskets / containers should be washed in hot soapy water, rinsed and thoroughly dried daily.

- Verify correct basket/container and bottle and then place newly labelled bottle in refrigerator/freezer in baby's designated container.

- Nursing/Midwifery staff to place their EBM in the correct container.

- All EBM containers should be consistently, correctly and clearly labelled using addressograph labels, with the following information.
    - The baby's mane and mother's name
    - Baby's hospital number
    - Date and time expressed
    - How many mls expressed.

Additional or new patient identification labels can be obtained from the Maternity/Neonatal Receptionists.

- 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.
- **Do not** place a patient identification label on **donor EBM.** Donor EBM can be used by more than one baby.
- Store all **donor EBM** in a separate basket/container in the fridge/freezer.

It is the responsibility of every member of staff handling breast milk to check the fridge/freezer for all of the above.

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 breast milk can be left 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 –20 °C for a maximum of 3 months.
- Defrosted EBM whether it is donor or mothers' own should be stored in the fridge for 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 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).

- 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/parent at time of dispensing, the feed chart should be signed by 2 nurses/midwife/parent.

- An enteral syringe is to be used for oro /nasogastric feeds.

- All EBM must be drawn up and checked at the cot/incubator side as above and the feed chart signed by 2 nurses/parent.

- 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 –** when retrieving breast milk from the fridge, 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 ABMU 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.

- Receiving EBM staff should place EBM in a newly labelled basket/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 bottle have been verified with the receiving unit.

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”. This information is available to all parents on 113 of BUMP Baby and Beyond (Health Challenge Wales)

- 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 Discharge Check.

- 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 change 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.

- A 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.

- ABMU'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 Neonatal /Maternity policy on "Safe Management of Breast milk on Maternity / Neonatal UNITs".

- Dissemination of policy changes relating to breastfeeding/EBM are communicated with staff through appropriate formal in-service education processes e.g. protected teaching, Neonatal/Maternity Risk & Unit 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 breast milk.

References:

1. 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.
2. NSW Department of Health (2006) Breast Milk – Safe Management, Policy Directive PD2006-088.
3. NSW Department of Health Newsletter (2004) *Safety Advocate.* Issue 7 July 2004.
4. La Leche League (2003). *L Leche League Answer Book 3rd Edition.* La Leche League International Inc. USA.
5. Riordan, J., Auerbach, K., (1998). *Breastfeeding and Human Lactation 2nd Edition.* Jones and Bartlett Publishers: London. 453 – 463.
6. 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.

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Further Modification to link Maternity and Neonatal policy 15/7/2017 Carol Jones (ABMU ULHB-Maternity)

Checklist for Clinical Guidelines approved by Maternity Services

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