

Expressed Breast Milk Safe Management and Administration in SA 2018 Clinical Directive

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Expressed Breast Milk Safe Management and Administration in SA 2018

1. Policy Statement

This clinical directive has been developed to guide SA Health employees in safe practice(s) when managing the handling and administration of expressed breast milk (EBM) within SA Health services including hospitals, and community settings that may include the woman's home.

This clinical directive has been developed in accordance with contemporary professional quality and safety standards and establishes the minimum clinical practices when handling and administering EBM in South Australian public health services.

Given the infection control risks, SA Health does not support wet nursing or the administration of unregulated donor EBM, i.e. donor EBM which has not been obtained from a recognised milk bank

It upholds the SA Health Strategic Plan 2017 - 2020 themes of Lead, Partner and Deliver through the use of evidence, translating research into practice and involving consumers in its development, ensuring safe management of EBM in SA Health services.

2. Roles and Responsibility

SA Health employees working in an area/person's home where EBM is collected, stored or administered should:

- > undertake appropriate education that is relevant to the role before handling or assisting with the collection or administration EBM. The employee's local health unit will determine the frequency this education should be completed. The EBM education should include:
 - safe work practices relevant to EBM,
 - expressing,
 - the immunological and infectious risks associated with wet nursing or cross nursing that is not supported by SA Health,
 - reprocessing,
 - labelling,
 - storage and
 - administration.
- > optimise the opportunity for every infant to receive their birth mother's breast milk.
- > adhere to safe work practices to reduce the potential for EBM coming into contact with the mucous membranes or non-intact skin of any person, including any healthcare worker.
- > minimise the risk of the infant inadvertently/accidentally receiving incorrect EBM by:
 - supporting 'rooming in' practices, and unless clinically indicated, ensuring infants are not unnecessarily separated from their mothers
 - ensuring adequate patient identification is in place
 - strictly adhering to infant ID checking procedures as per the SA Health Policy Guideline Patient Identification¹
 - strictly adhering to correct labelling, storage, dispensing and checking processes for EBM.

3. Background

Breastfeeding or feeding an infant with EBM is beneficial to both the infant and mother in the short and long term. Breastfeeding mothers may need to express their breast milk for a variety of reasons. Except in rare circumstances, breastfeeding or feeding with EBM is encouraged and supported in SA Health services.

The process of expressing breast milk and the administration of EBM is not a sterile procedure. There is a small risk of transmission of infection to the infant, healthcare workers or others through breast milk and thus the importance of appropriate procedures for infection prevention and control to minimise this risk. The potential for an infant to receive incorrect EBM, (i.e. EBM other than from their birth mother), increases when the mother and the infant are separated².

There is a low risk of transmission of pathogens to an infant who ingests breast milk that derives from a non-birth mother. This situation may arise when:

- > an infant inadvertently receives EBM from a woman other than their birth mother
- > a woman breastfeeds an infant other than her biological infant.

Breast milk is not sterile and the safe handling and storage of EBM is important to minimise multiplication of pathogens and the transmission of infection³.

Comments regarding the risks of breast feeding or exposure to EBM for selected infectious diseases are contained within Table 1. Further input from an infectious diseases consultant may also be required.

Table 1: Recommendations for selected infectious diseases regarding breastfeeding and use of EBM

Pathogen	Comments and recommendations
Cytomegalovirus (CMV)	CMV may be present in breast milk. Breastfeeding and use of EBM is recommended in well term infants, as infants who acquire CMV postnatally usually do not develop disease. Breastfeeding and EBM recommendations for premature infants should be discussed with the treating doctor.
Hepatitis B virus	All infants born in Australia should be vaccinated against hepatitis B within 24 hours of birth. Infants born to mothers who are hepatitis B surface antigen positive should receive hepatitis B immunoglobulin on the day of birth. Breastfeeding (and use of EBM) can commence immediately after birth and does not need to be delayed until vaccine or immunoglobulin is received.
Hepatitis C virus	Breastfeeding and use of EBM is recommended as there is no evidence of an association between breastfeeding and transmission of hepatitis C. However, when the mother has cracked or bleeding nipples, there should be temporary avoidance of breastfeeding and temporary avoidance of collection of EBM for infant use.
Herpes simplex virus 1	Breastfeeding and use of EBM is recommended in mothers with cold sores, however there should be particular emphasis on hand hygiene and avoidance of hand contact with face. However, if there are active lesions on the mother's breast, breast feeding should be avoided, but use of EBM can continue.

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Human immunodeficiency virus (HIV)	In Australia, due to the risk of transmission of HIV to the infant via breast milk, women with HIV are advised against breastfeeding and use of EBM, except when the mother and or infant are receiving appropriate HIV care and support including antivirals (ARVs)
Human T lymphotropic virus (HTLV) types 1 and 2	HTLV-1 and HTLV-2 can be transmitted through breast milk. In mothers known to be carriers of HTLV-1 or HTLV-2, breast feeding and EBM should be avoided if artificial feeding is acceptable, feasible, affordable, sustainable and safe
Tuberculosis	Breastfeeding and use of EBM should be avoided whilst the mother has sputum positive pulmonary tuberculosis, active tuberculous breast lesion or tuberculous mastitis
Syphilis (recently acquired, < 2 years)	Breastfeeding and use of EBM should be avoided but can recommence when the mother has received 24 hours of appropriate antibiotics, provided there are no breast or nipple lesions
Varicella-zoster chickenpox and shingles)	Varicella-zoster virus is not shed in breast milk. Breastfeeding and use of EBM can continue whilst the mother has chickenpox or shingles. Varicella-zoster immune globulin is advised in neonates whose mother's develop chickenpox within 5 days prior to or 2 days after birth.

Further information on specific infectious diseases is available from the South Australian Perinatal Practice Guidelines: www.sahealth.sa.gov.au/perinatal⁴

4. Outcome Statement

EBM collected, stored or administered in SA Health services should not interfere with the safety and health outcomes for the woman, the infant or that of any SA Health employee

5. Policy Requirements

SA Health employees working in an area/person's home where EBM is collected, stored or administered should:

- > undertake appropriate education that is relevant to the role before handling or assisting with the collection or administration EBM. The employee's local health unit will determine the frequency this education should be completed. The EBM education should include:
 - safe work practices relevant to EBM,
 - expressing,
 - the immunological and infectious risks associated with wet nursing or cross nursing,
 - reprocessing,
 - labelling,
 - storage, and
 - administration.
- > optimise the opportunity for every infant to receive their birth mother's breast milk.
- > adhere to safe work practices to reduce the potential for EBM coming into contact with the mucous membranes or non-intact skin of any person, including any healthcare worker.

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- > minimise the risk of the infant inadvertently/accidentally receiving incorrect EBM by:
 - supporting 'rooming in' practices, and unless clinically indicated, ensuring infants are not unnecessarily separated from their mothers
 - ensuring adequate patient identification is in place
 - strictly adhering to infant ID checking procedures as per the SA Health Policy Guideline *Patient Identification*
 - strictly adhering to correct labelling, storage, dispensing and checking processes for EBM.

5.1 Clinical practices relevant to EBM

Notably, equipment which comes into contact with mucous membranes or non-intact skin but does not penetrate soft tissue is categorised 'semi critical' in the risk of transmitting infection. Subsequently, it has been determined that reusable equipment used for the collection, storage or administration of EBM should receive a high level disinfection treatment as the minimum level of processing between mothers to reduce the transmission of infection.

All SA health services where employees collect, store or administer EBM will have local formal documented clinical practices/procedures/protocols which guide staff in the management of infection prevention and control of EBM for themselves and the mother and family of the infant receiving EBM.

All women and their family administering EBM to their infant should;

- > receive a copy of the SA Health Patient information Brochure: "Infection Prevention & Control of Expressed Breast Milk".
- > be provided with information regarding the infectious risks associated with administering unpasteurised human donor milk or wet nursing.
- > receive education on effective hand hygiene that should be undertaken before and after every breast expression.
- > receive explicit instruction(s) on the cleaning of breast expression equipment.

Discarding Unused EBM

All women and their family administering EBM to their infant should discard small amounts (i.e. less than 10mls) of unused EBM via the sewage system, but large volumes (i.e. greater than 10mls) of unused EBM should be discarded as clinical waste when in a health facility. It is important that unused EBM is not discarded in any wash basin that has been identified for hand washing.

5.1.1 EBM equipment:

SA Health employees working in an area where EBM is collected, stored or administered and all women (and their family) providing EBM for their infant should ensure the following:

- > EBM equipment is handled with strict adherence to hand hygiene and standard precautions, when collecting, storing or administering EBM.
- > 'Single patient use only' equipment is managed as per the manufacturer's instructions. Used by one patient only for 24 hours then discarded and must not be shared between women and,
 - the equipment should be thoroughly washed with detergent and hot water followed by a rinse with hot water, and
 - then stored in a clean, closed container (e.g. self-sealing plastic bag or clean plastic container with a lid) until the next use.
- > Only hospital grade electric breast pumps should be used in health facilities and these are cleaned between patient use with detergent or detergent/disinfectant as per the manufacturer's instructions.

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- > EBM equipment identified as 'reusable' is thermally disinfected between patients, in accordance with manufacturer's instructions.
- > Empty syringes/bottles that have been used for EBM are discarded in general waste.
- > Adherence to the National Safety and Quality Health Service Standard 7; *Blood and Blood Products*⁵ when EBM comes into contact with a healthcare worker's mucous membranes.

5.1.2 Labelling EBM processes when EBM is administered (in SA health facility)

- > All storage containers used for EBM, at all stages (including storage, thawing, warming and administration), within hospital settings are clearly identifiable with a computer generated patient identification label.
- > EBM stored in SA Health community based settings (i.e. SA Health - Torrens' House or Helen Mayo House) should be clearly labelled as above with a computer generated patient identification label where possible, or alternatively labelled as above with a waterproof marker.
- > EBM container labels should include all the following information:
 - the infant's names
 - infant's medical record number
 - contents (i.e. EBM)
 - any additives
 - date and time expressed, and
 - date and time thawed (if applicable).

5.1.3 Identification of the infant being administered EBM (in SA health facility)

- > Two (2) computer generated identification tags should be secured on two (2) body sites (ideally two ankles) of the infant at all times.
- > The absence of the identification tag(s) is reported immediately to a staff member in the SA Health facility, and the subsequent prompt replacement of the identification tag(s) is undertaken.

5.1.4 Cross check identification process of the EBM prior to storage and administration of the EBM (in SA health facility)

- > Two (2) SA Health employees or alternatively, one (1) SA Health employee and the mother of the infant receiving the EBM should cross check the EBM, which should include;
 - the infant's names
 - infant's medical record number
 - contents (i.e. EBM)
 - any additives ie. if fortified
 - date and time expressed
 - date and time thawed.
 - correct administration time
 - correct amount to be administered.
- > SA Health employees must not store or administer EBM that does not comply with the cross check procedure; including the time frames of use.
- > SA Health employees must document in the infant's feeding chart that the cross check procedure is correct prior to the infant receiving the EBM.

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- > SA Health employees must not proceed to store or administer donor EBM if there is doubt the EBM derives from the infant's birth mother. The follow up process in this regard should include:
 - counsel the infant's mother and family regarding infection prevention and control.
 - returning the EBM in question to the mother/family member for disposal or as agreed with the mother/family member; discarded as per *Discarding Unused EBM* section
 - SA Health employee should document the incident and subsequent management of the situation in the Infant's Medical Record. An 'incident notification', as per local health unit risk management protocol should also be undertaken.

5.1.5 Thawing EBM safely

- > The frozen container of EBM should be placed into:
 - the refrigerator $\leq 4^{\circ}\text{C}$ for slow thawing over 24 hours, or
 - another larger container containing cool water. Care must be taken to ensure the capped tip of the feeding syringe, bottle top or teat is not immersed in the water.

5.1.6 Warming thawed single EBM feeds

- > EBM is safely warmed by placing the container of EBM:
 - in a zip locked bag and then warm by;
 - running warm tap water, or
 - placed into another larger container containing warm tap water, or
 - in a commercial bottle warmer.

Please ensure the capped tip of the feeding syringe, bottle top or teat is not immersed in the water.
- > EBM must never be refrozen or reheated.
- > The small amounts (ie <10mls) of unused EBM per *Discarding Unused EBM* section.
- > EBM is never thawed or warmed using a microwave oven.

5.1.7 Administration of EBM

- > Any thawed EBM bought in from the home must be used within 4 hours.
- > Any EBM bought in from home that is partially thawed must be administered to the birth mother's infant within 24 hours from the time it was removed from the home freezer.
- > Any EBM (fresh and thawed) that has been prepared for administration to the infant must be used within 1 hour of its preparation or removal from the refrigerator/freezer.
- > Any EBM decanted into dispensing containers must be used within 48 hours from the time of the preparation.
- > EBM must be used in 'tube feeds' for a maximum of 4 hours. A lesser time period may be determined for premature or immunocompromised infants – this will be noted in the infant's medical record.
- > Fortified EBM must be used within 24 hours of preparation.
- > Fresh EBM is not combined in the same container with refrigerated or frozen EBM.

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5.1.8 Refrigerating/freezing EBM

- > All SA health services where EBM is stored should have a dedicated refrigerator(s) and freezer(s) to store EBM that is not accessible to the general public. This will optimise storage temperatures and avoid tampering and reduce contamination. These refrigerators/freezers should
 - have a documented regular, formal cleaning
 - be maintained in a clean and hygienic state
 - have a daily, temperature monitoring and recording. (Refrigerator temperature should remain at 5°C or below. Freezer should remain at minus 16°C or below. Deep freezer temperatures should remain at minus 18°C or below).
 - have a documented procedure dictating the actions to be taken if the refrigerator/freezer is not operating at an acceptable temperature.
 - only be accessed by SA Health employees.
 - have a documented formal cross check process whereby any EBM incorrectly stored, or where storage record is uncertain the EBM must be discarded.

Table 2: Length of time breast milk can be stored

Breast milk status	Storage at room temperature (26°C or lower)	Storage in refrigerator (5°C or lower)	Storage in freezer
Freshly expressed into sterile container	6-8 hours If refrigeration is available store milk there	No more than 72 hours Store at back, where it is coldest	2 weeks in freezer compartment inside refrigerator (-15°C) 3 months in freezer section of refrigerator with separate door (minus 18°C) 6-12 months in deep freeze (minus 20°C)
Previously frozen (thawed)	4 hours or less – that is, the next feeding	24 hours	Do not refreeze
Thawed outside refrigerator in warm water	For completion of feeding	4 hours or until next feeding	Do not refreeze
Infant has begun feeding	Only for completion of feeding Discard after feed	Discard	Discard

- > EBM should be stored in sterile or a clean food grade hard plastic, oral feeding syringes or glass containers to optimise the nutritional and immunological properties of EBM, Containers should have their lid secured at all times. Discard EBM stored in a container with a loose or no lid.
- > Multiple EBM containers for each infant should be stored together and positioned in a designated area, in a basket or similar that is labelled with a patient computer generated patient identification label.
- > Stored colostrum must be easily identified and administered first, followed by fresh EBM, and then thawed, previously frozen EBM.
- > Only frozen EBM transported from the home and that has remained completely frozen is to be accepted at the SA Health facility for storage in the SA Health facility freezer.

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- > An infant's EBM that is stored in a patient's home or in the community setting, must be positioned in a designated area in the refrigerator/freezer located at the rear of the unit. EBM should not be stored on the door of the refrigerator/freezer unit as there are more fluctuations in temperature in this area. The parents/family members must be provided with appropriate advice regarding storage/cleaning and the temperature maintenance of the refrigerator/freezer used to store EBM.

5.1.9 Duration of safe storage of EBM

- > Stored EBM in SA health facilities must not exceed the safe storage time as indicated in Table 2 'Length of time breast milk can be stored'
- > The infant's mother/family storing EBM at home must be advised of the same safe storage time periods for EBM.

5.2 Management of the infant accidentally exposed to breast milk from a non-birth mother

- > SA Health employees comply with the;
 - SA Health Hazard and Incident reporting system⁶
 - SA Health Policy; Incident Management Policy Guideline Incorporating Open Disclosure Response⁷,
 - SA Health Policy Guideline, Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline⁸.
- > The incident management includes:
 - immediate aspiration of stomach contents ONLY if the infant has an appropriately sized nasogastric tube already in situ. The stomach can be aspirated for up to 30 minutes via the nasogastric tube. (A nasogastric tube should not be inserted for this purpose)
 - reporting the incident to the appropriate medical, nursing/midwifery and infection control personnel immediately
 - reporting the incident through the SA Health Safety Learning System - incident reporting system.
 - ensuring the confidentiality for all parties concerned.
 - the SA Health employee undertaking blood testing of both the 'EBM source' (non-birth woman) and the birth mother of the infant (with informed consent), for:
 - HIV (HIV antibody test)
 - Hepatitis C (Hepatitis C antibody test)
 - Hepatitis B (Hepatitis B surface antigen HBsAg), and
 - Hepatitis B (surface antibody), and
 - at 3 months post exposure repeat the HIV serology
 - Hepatitis C serology, and
 - with consent test the infant's blood or urine for CMV, and if the infant is < 1 month of age or has an underlying immune deficiency illness, test the source mother's EBM for CMV (nucleic antigen test)
 - considering additional assistance/assessment from an infectious diseases specialist for post exposure prophylaxis and appropriate follow-up screening.
 - ensuring counselling is provided to the source of the EBM i.e. mother/parents, the exposed infant's mother/parents and the healthcare workers involved. Provide information regarding the risks associated with a single EBM feed from a non-birth mother and the limitations of the risk assessment should be provided.
 - ensuring all relevant parties receive a copy of the patient information brochure: 'SA Health Policy: Infection Prevention & Control of Expressed Breast Milk'

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6. Implementation and Monitoring

SA Health employee should document the management of the EBM in the infant's Medical Record. Any 'incident notification', should be documented as per local health unit risk management protocol.

7. National Safety and Quality Health Service Standards

 National Standard 1 Clinical Governance	 National Standard 2 Partnering with Consumers	 National Standard 3 Preventing & Controlling Healthcare-Associated Infection	 National Standard 4 Medication Safety	 National Standard 5 Comprehensive Care	 National Standard 6 Communicating for Safety	 National Standard 7 Blood Management	 National Standard 8 Recognising & Responding to Acute Deterioration
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8. Definitions

AS/NZS	Standards Australia and Standards New Zealand ¹
Breast milk	Human milk, including colostrum, given either directly during breastfeeding or indirectly via an alternative feeding method.
Breast milk equipment	Apparatus used for expression and delivery of expressed breast milk to the infant, including bottles, teats, breast expression kits, breast pump tubing, nipple shields, milk collection bowls, syringes and supply lines.
CMV	Cytomegalovirus.
Colostrum	Is milk produced by the mammary glands, which contains antibodies to protect the newborn against disease; it is lower in fat and higher in protein than mature milk.
Disinfection	Disinfection is a process that inactivates non-sporing infectious agents, using either thermal (moist or dry heat) or chemical means. Items need to be cleaned before being disinfected.
Donor milk	Human breast milk from other than the infant's mother.
Expressed breast milk (EBM)	Human milk, including colostrum, administered to an infant by a means other than directly from the breast.
Facility	Hospital or health centre.
Fortifiers	A commercially produced product available in powder or fluid form, that contains extra protein, carbohydrate, vitamins and minerals, which is added to breast milk to help support the infant's growth and development.
Fresh breast milk	Breast milk that has not been refrigerated or frozen.
Infant	A neonate, baby or child of any age who receives breast milk.
Healthcare worker	A professional or non-professional person working, volunteering or studying within the health care system.
HIV	Human immunodeficiency virus.

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HTLV-1	Human T-cell lymphotropic virus type 1.
HTLV-2	Human T-cell lymphotropic virus type 2.
Low birth weight (LBW)	Infant weighing less than 2500 grams.
Maple syrup disease	Genetic disorder of metabolism in which the body cannot break down certain amino acids (protein subunits). This leads to a build-up of these amino acids and by-products in the blood that can cause intellectual disability. Urine in persons with this condition can smell like maple syrup.
Mucous membrane	A membrane lining a body cavity or canal that secretes a fluid (mucous) for example, the mouth and eyes.
NICU	Neonatal Intensive Care Unit.
NHMRC	National Health and Medical Research Council ² .
Pathogen	An infectious agent with the potential to cause disease in the host.
Raw milk	Unpasteurised human expressed breast milk.
Regulated milk bank	a service which collects, screens, processes, and dispenses by prescription human milk donated by nursing mothers who are not biologically related to the recipient infant and has formal protocols for soliciting donors, collecting, processing and distributing the milk in accordance with relevant regulatory, legal and ethical standards.
Reusable	Equipment / product designed for repeated use or multiple use with the proviso it is appropriately cleaned and reprocessed between uses and between different patients following the manufacturer's instructions.
Rooming in	The practice of keeping a newborn infant in a crib near the mother's bed during the hospital stay instead of in a nursery.
Single patient use	Equipment / product designed for more than one use when used by the same patient with the proviso it is appropriately cleaned and reprocessed between uses following the manufacturer's instructions ³ .
Single use	Equipment / product designed for once only use and then to be discarded. Not for reuse ³ .
Semi critical site	Infection control practice term used to describe any intact mucosa or non-intact skin ³ .
Sterile	Equipment / product that is free of all micro-organisms ³ .
Sterilisation	Sterilisation destroys all microorganisms on the surface of an instrument or device, to prevent disease transmission associated with the use of that item. Methods of sterilisation include: steam under pressure (moist heat), dry heat, ethylene oxide, automated environmentally sealed low-temperature peracetic acid, hydrogen peroxide plasma and other chemical sterilants and irradiation ³ .
Thermal disinfection	A process of using heat and water, at temperatures that destroy infectious agents. It is appropriate for items that are heat and moisture resistant and do not require sterilisation. Thermal disinfection, is the simplest, most efficient and cost-effective method of disinfection. It can be achieved in an automated thermal washer-disinfector by choosing the appropriate cycle ³ .
Wet nursing	Breast feeding from a woman other than the infant's birth mother. This is also termed cross nursing.
WHO	World Health Organization ⁴ .

9. Associated Resources

1. Australian Guidelines for the Prevention and Control of Infection in Healthcare 2010: www.nhmrc.gov.au/guidelines-publications/cd33
2. Australian New Zealand Standards; www.saiglobal.com
3. Australian/New Zealand Standards: Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities (AS/NZS 4187:2014).
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8. National Health & Medical Research Council 2013 Infant Feeding Guidelines, www.nhmrc.gov.au/guidelines-publications/n56
9. National Safety and Quality Health Service Standards: www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/
10. WHO Guidelines On HIV and Infant Feeding 2010 cited http://apps.who.int/iris/bitstream/10665/75152/1/FWC_MCA_12.1_eng.pdf?ua=1
11. World Health Organization cited www.who.int/nutrition/topics/infantfeeding_recommendation/en/

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4. SA Perinatal Practice Guidelines; www.sahealth.sa.gov.au/perinatal
5. National Safety and Quality Health Service Standard; standard 7 blood and blood products www.safetyandquality.gov.au/publications/safety-and-quality-improvement-guide-standard-7-blood-and-blood-products-october-2012/
6. SA Health Policy; Work Health & Safety; Safety Learning System (WHS SLS) Hazard and Incident Reporting Guide, www.sahealth.sa.gov.au
7. SA Health Policy; Incident Management Policy Guideline Incorporating Open Disclosure Response, www.sahealth.sa.gov.au
8. SA Health Policy Guideline, Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline, www.sahealth.sa.gov.au

11. Acknowledgements

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