

Management of Breast Milk Incident in NICU

Protocol Responsibilities and Authorisation

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Protocol Review History

Version	Updated by	Date Updated	Description of Changes
3	Robyn Hills	3 August 2016	Additional instructions

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1. Overview

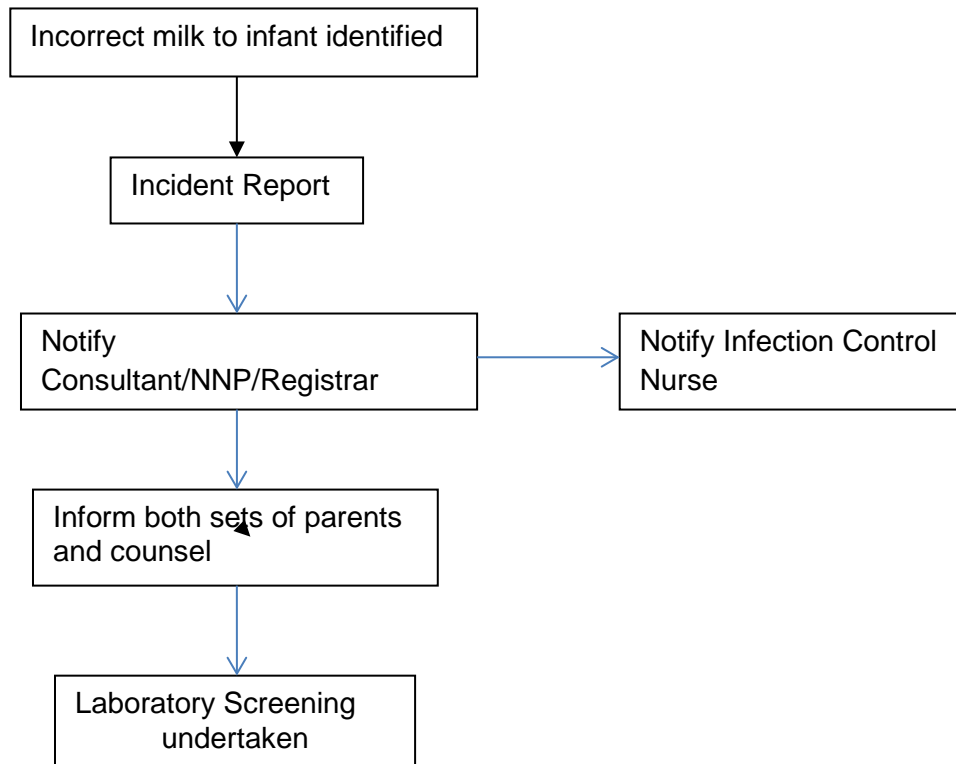
1.1 Purpose

Management of an event when breast milk is fed to an infant from a woman other than the biological mother. This protocol is to provide guidelines for assessing the possibility of a blood borne pathogen being transmitted to an infant through the ingestion/administration of breast milk from another infant's mother.

Goal is for zero tolerance for breast milk errors. Breast milk is a body fluid and its management requires the same care as the management of blood products.

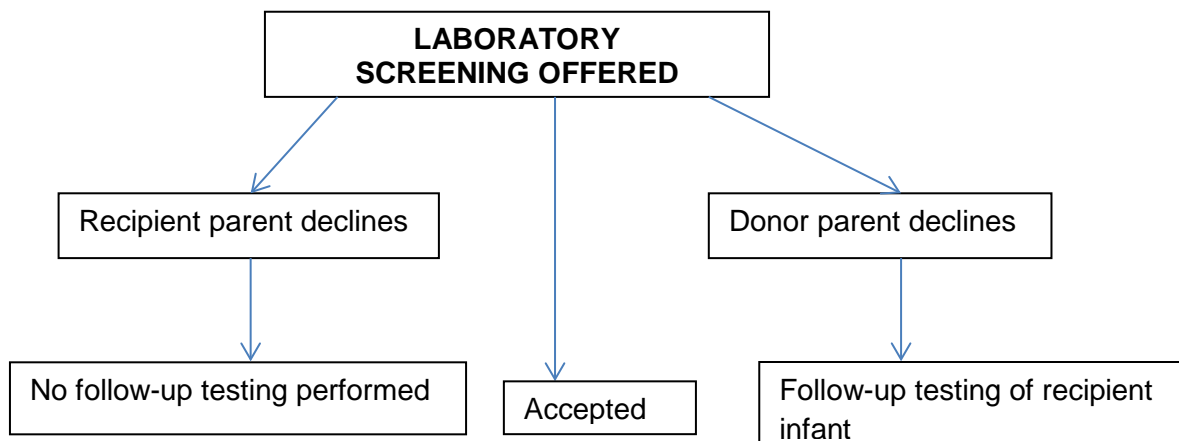
2. Procedure:

If an error is discovered the following steps will be followed:



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AT TIME OF EXPOSURE



- Collect blood from source mother and mother of exposed infant
- HIV antigen (p24)
- HIV serology (anti-HIV)
- Hepatitis C serology (anti-HCV)
- Hepatitis B surface antigen
- Anti-HTLV-1 (if immigrant mother, non-European)
- Cytomegalovirus (CMV) antibodies IgM and IgG

3 months post exposure to the newborn:

Repeat the following blood tests on both mothers

(laboratory form to be issued to mother) requesting the following:

- HIV serology
- Hepatitis C serology

Results of investigation

- Forwarded and discussed with Neonatal Consultant (who will liaise with Infectious Disease Consultant, if indicated).
- Documented in clinical notes.
- Completion and follow-up of incident report to take place.

3. References

- The Canadian Journal of Infection Control, 1998
- Journal of Pediatrics and Child Health, 2001, 37; 576-82.
- MMWR, 2001, 50 RR11 1-42.
- AAP Red Book, 2000, p 98-104

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