

Management of Breast Milk Incident in Neonatal Intensive Care Unit (NICU)

Protocol Responsibilities and Authorisation

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Target Audience	NICU staff
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Protocol Review History

Version	Updated by	Date Updated	Description of Changes
3	Robyn Hills	3 August 2016	Additional instructions
4	Alana Cumberpatch	Nov 2019	Amended blood testing to align with donor milk protocol

Management of Breast Milk Incident in Neonatal Intensive Care Unit (NICU)

1. Overview

1.1 Purpose

Management of an event when breast milk is fed to an infant in error from a woman other than their biological mother. This protocol is to provide guidance 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.

1.2 Scope

Staff working in the Neonatal Intensive Care Unit.

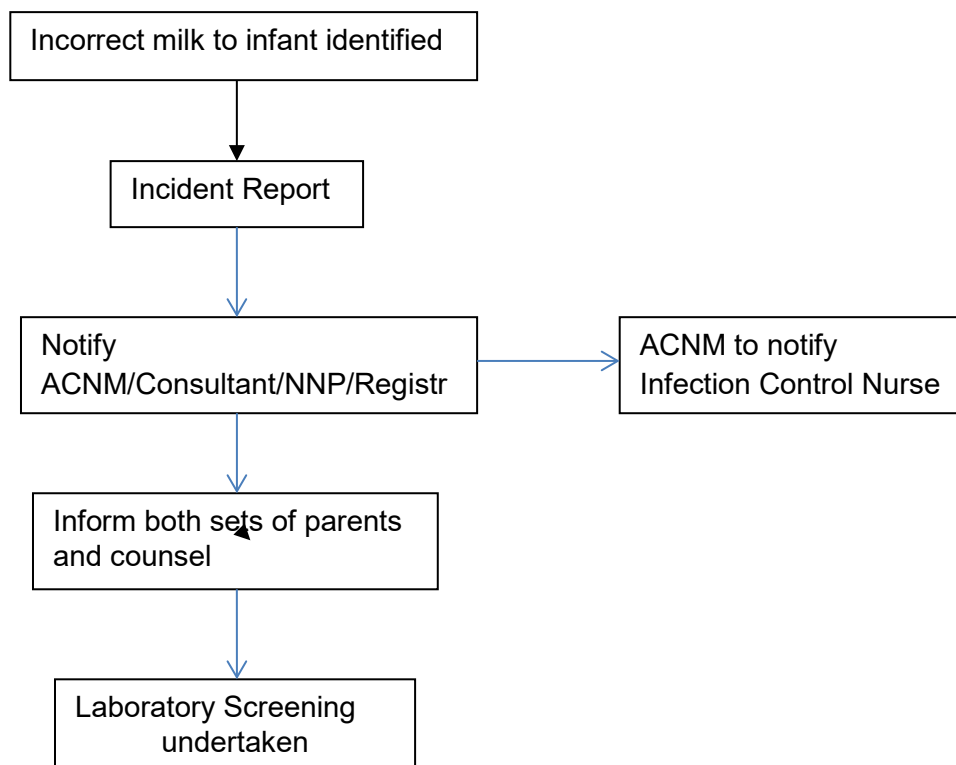
1.3 Patient / client group

Neonates in NICU.

2. Clinical Management

2.1 Procedure:

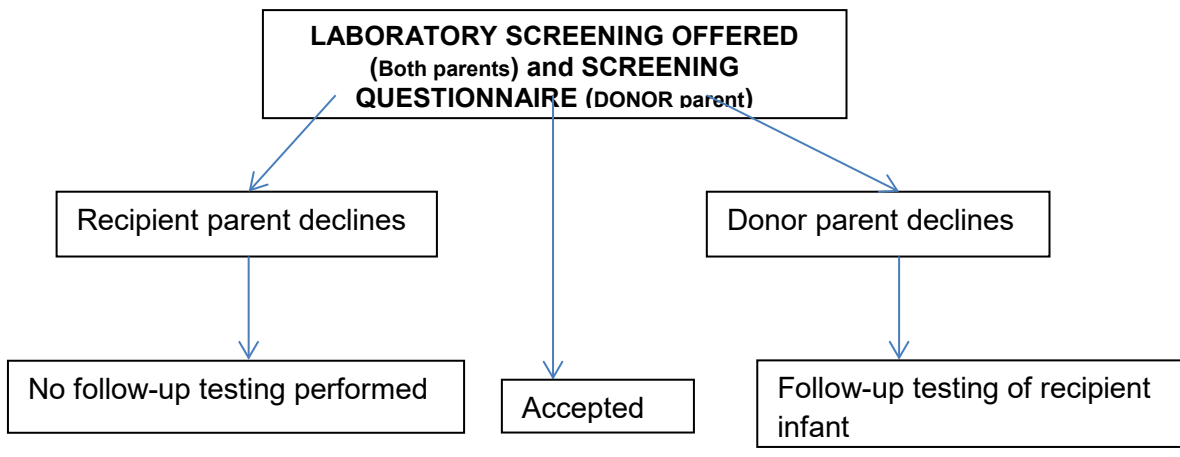
If an error is discovered the following steps must be followed:



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2.2 At the time of exposure

Arrange for notification and counselling by senior medical/nursing staff for parents of affected infant as soon as possible. The senior nurse /doctor should explain the event to the baby's mother and to the mother whose milk was inadvertently administered. Identity of the donor mother whose milk has been inadvertently administered must not be disclosed. Parents of both babies are counselled/informed about the risks and need for screening.



Collect blood from 'donor' mother (or baby) and 'recipient' mother and screen for:

- HIV1 and 2 antibodies
- Human T cell Lymphotropic Virus 1 and 2 antibodies.
- Hepatitis C antibody
- Hepatitis B core antibody
- Syphilis antibody
- Cytomegalovirus

2.3 Ask 'donor' mother screening questions:

- 'Donor' mother medical history (W0854HWF)

2.4 Results of investigation

- Forwarded and discussed with Neonatal Consultant (who will liaise with Infectious Disease Consultant, if indicated) and decide if any need for further follow-up.
- Documented in clinical notes.
- Completion and follow-up of incident to be facilitated by NICU lactation consultant team.

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3. Audit

3.1 Indicators

- The procedure in 2.1 is followed in all cases where a newborn ingests incorrect milk.
- Blood taken from the source mother and mother of exposed infant is tested as per 2.2

4. Evidence Base

4.1 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

4.2 External standards

- https://www.cdc.gov/breastfeeding/recommendations/other_mothers_milk.htm
- <https://www.starship.org.nz/guidelines/breastfeeding-expressing/>

4.3 Associated Waikato DHB documents

- NICU Nursing Procedure: [Labelling, handling, storage, transport and administration of human milk in Newborn Intensive Care Unit](#) (Ref. 2771)
- NICU Medical Procedure: [Use of Donor Breastmilk in the Neonatal Intensive Care Unit \(NICU\)](#) (Ref. 5926)

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