

## **SAMPLE POLICY FOR MISMANAGEMENT OF EXPRESSED BREAST MILK**

*This document is not meant to be used “as is” and is only being distributed as an example of the kind of policy you may wish to implement in your facility. Because different types of facilities have different requirements and staffing, there is no “one size fits all” policy statement related to mismanagement of breast milk. Policies that suggest a standardized treatment require medical review appropriate for the population involved and condition being treated. Consultation with the neonatologist, infectious disease practitioner, obstetrician, and clinical manager, along with your facility’s legal counsel, is indicated in developing this policy or procedure.*

### **Purpose**

To provide comprehensive management of patient care after an infant has received another mother’s expressed breast milk.

### **Definitions**

Biological infant: The infant born to the biological mother.

Biological mother: A mother whose infant was inadvertently given another mother’s expressed breast milk.

Expressed breast milk (EBM): This is breast milk a mother either expresses or pumps for infant feedings.

Hepatitis B virus (HBV): A disease caused by a virus that attacks the liver. The virus can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

Hepatitis B immunoglobulin (HBIG): This contains antibodies that can prevent infection from developing in a person who has been exposed to the hepatitis B virus.

Hepatitis B surface antigen (HBsAg): Individuals infected with HBV, either acutely or chronically, will have detectable levels of HBsAg in their blood.

Human immunodeficiency virus (HIV): A retrovirus that causes acquired immunodeficiency syndrome, a condition in humans in which the immune system begins to fail, leading to life-threatening opportunistic infections.

Informed consent for HIV testing: During this process, the physician explains the test, its purpose, limitations, meaning, and the intended use of the results. In addition, the physician provides an opportunity for pretest counseling, including HIV prevention, exposure, and treatment according to the facility’s HIV testing policy, and using the required form.

Pennsylvania's Confidentiality of HIV-Related Information Act (Act 148) — authorization for disclosure: During this process, the physician discusses the release of HIV test results following the facility's policy and documents appropriately.

Recipient infant: The infant who receives another mother's EBM.

Source mother: A mother whose EBM was inadvertently given to another infant.

### **Interventions When an EBM Mismanagement Occurs**

1. The nurse who discovered the event notifies the infant's physician and the charge nurse.
2. The infant's physician and/or nurse notify both the source and biological mothers of the mismanagement as soon as it is discovered.
3. The physician(s) and/or nurse(s) caring for the mothers advise them of the protocol to be followed after an EBM mismanagement has occurred.
4. The nurse caring for the infant documents the EBM mismanagement in the medical record of the infant who received the milk. The documentation for the infant includes who was notified (i.e., charge nurse/supervisor, physician), as well as the amount of EBM ingested and the infant's nursing assessment.

The nurse(s) caring for the mothers documents the EBM mismanagement in their medical records. The documentation includes who was notified (i.e., physician, charge nurse/supervisor).

5. The nurse who discovered the event completes a safety report.
6. The nurse(s) caring for the mothers provides both of them with the "Risk of Infection from Breast Milk Mismanagement—Parent Information."
7. The attending physician(s) seeks informed written consent to review the prenatal and/or obstetrical laboratory records of both the source and biological mother and follows the facility's policy and procedures (according to Act 148), including authorization for disclosure of results.
8. If consent is obtained, the attending physician(s) evaluates the prenatal and/or obstetrical laboratory records for HIV and HBsAg status of both mothers.
  - a. HIV status
    - 1) If the prenatal test was HIV positive, there will probably be ongoing antiretroviral therapy for the identified mother and prophylaxis for her infant.

- 2) Since breastfeeding is contraindicated for HIV-positive mothers, verify that no EBM is stored for any HIV-positive mother.
- 3) If the source mother is positive, obtain HIV testing for both the recipient infant of the EBM and the biological infant of this mother. Additionally obtain an infectious disease consult for both infants.
- 4) If the biological mother is positive, obtain HIV testing for her infant and an infectious disease consult.
- 5) If the prenatal HIV test for both mothers is negative, the physician determines the need for further testing.
- 6) If the physician determines there is no need for HIV retesting in a previously negative source and biological mother, then provide standard nursery care for both infants.
- 7) Retesting either mother may be done at the time of the EBM mismanagement if the risk of exposure has changed or a significant amount of time has lapsed between prenatal testing and the mistake. If either mother is identified as HIV positive, test her infant and the recipient infant. Obtain an infectious disease consult to determine treatment and/or prophylaxis.
- 8) If either mother's HIV status is unknown or she refuses testing, then treat as positive and provide care to infant as noted above.

b. Hepatitis B status

- 1) If the prenatal test for the source mother was HBsAg-positive, verify that both infants have been given the HBV vaccine. Additionally, give hepatitis B immunoglobulin (HBIG ) to both infants. If the prenatal test for the biological mother was positive, verify that her infant has been given the HBV vaccine and HBIG.
- 2) If the physician determines there is no need for HBsAg retesting in a previously negative source and biological mother, then provide standard nursery care for both infants.
- 3) Retesting may be indicated for either mother at the time of the EBM mismanagement. If the source mother tests positive, confirm that both infants have received HBV vaccine and administer HBIG as noted above. If the biological mother tests positive, confirm that her infant has received HBV vaccine and administer HBIG. If both mothers test negative, provide standard nursery care to both infants.
- 4) If either mother refuses testing, treat as positive (see Step b[3]).