

## RISK OF INFECTION FROM A BREAST MILK MISMANAGEMENT—STAFF INFORMATION

*This document is not meant to be used “as is” and is only being distributed as an example of the kind of handout you may wish to adapt for use in your facility. Because of different staff-related factors, there is no “one size fits all” informational handout related to mismanagement of breast milk.*

When a baby is fed another mother’s expressed breast milk (EBM), both staff and parents may be concerned about the risk of infection. Both staff and parents need adequate information to alleviate their fears, and parents must be assured that appropriate actions are being taken in response to the mismanagement. Staff may find the following information useful for themselves and for their interactions with patients.

### HIV Risk

HIV transmission is probably the most common concern that arises when breast milk mismanagement occurs. Since 1985, clinicians have been aware that HIV can be transmitted via human milk,<sup>1,2</sup> but the highest risk for transmission has been associated with a long duration of breastfeeding from a known HIV-positive milk source.<sup>3</sup> There have been no reports in the literature of HIV transmission due to a baby who is fed another mother’s EBM.<sup>1</sup> Prenatal screening for HIV is recommended by the American College of Obstetricians and Gynecologists<sup>1</sup> and the Centers for Disease Control and Prevention (CDC).<sup>3</sup> Testing remains voluntary but has resulted in early identification and treatment of HIV-positive mothers to prevent perinatal infection. HIV-positive mothers are urged not to breastfeed.<sup>1-3</sup> If the mother was not screened during the prenatal period, CDC recommends routine screening of the infant at birth.<sup>3</sup>

### HBV Risk

Infants are administered the hepatitis B virus (HBV) vaccine at birth. When a mother tests positive for the presence of hepatitis B surface antigen, the neonate is treated with immunoglobulin. Mothers who have HBV are encouraged to breastfeed their infants; despite the fact that particles of HBV have been found in human milk, there have been no reported cases of HBV transmission via breast milk.<sup>1</sup>

### HCV Risk

Hepatitis C virus (HCV) particles have been identified in breast milk from infected mothers. However, the transmission of HCV has not been documented in the literature. CDC’s guidelines do not list HCV as a contraindication to breastfeeding. Therefore, no testing is recommended.<sup>1</sup>

## Cytomegalovirus (CMV) Risk

CMV is widely prevalent and known to be transmitted to neonates in breast milk.<sup>4,5, 6</sup> Full-term infants are at minimal risk, probably due to the antibodies present in breast milk. Although freezing breast milk does not eliminate the virus,<sup>4,6,7</sup> it does significantly decrease the viral load.<sup>1</sup> There have been no reported cases of breast milk mismanagement causing a CMV infection. Given the limited exposure when an infant is fed another mother's EBM and the lack of potential treatment and interventions, routine testing for CMV is not recommended.<sup>1</sup>

## Notes

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3. Cibulka NJ. Mother-to-child transmission of HIV in the United States. *Am J Nurs* 2006 Jul;106(7):56-63.
4. American Academy of Pediatrics Policy Statement. Breastfeeding and the use of human milk. *Pediatrics* 2005 Feb;115(2):496-506.
5. Spatz D. State of the science: use of human milk and breast feeding for vulnerable infants. *J Perinat Neonatal Nurs* 2006 Jan-Mar;20(1):51-5.
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