Best Practice Recommendations

Topic: Infection Prevention and Control Guidelines for the Handling of Expressed Breast Milk in Acute Care Facilities

Description of issue/problem addressed: The University of Alberta Hospital and Stollery Children’s Hospital submitted a memorandum to the Regional Infection Prevention and Control (RIPC) Core Committee. The memorandum identified the Medela™ breast pump accessories were purchased as a non sterile product which required sterilization in the CSD/SPD prior to patient distribution. A representative working group of Infection Control Practitioner (ICP) met to review present practice, standards and guidelines. The following concerns were identified.

- As of January 7, 2009 there were AHS user facilities that were not aware the breast pump accessories were received non sterile and required reprocessing before distribution to mothers. This has since been rectified.
- Medela is unable at this time to provide sterile products.
- At present there are no Regional IPC recommendations for the safe handling of expressed breast milk.

Prepared by: Sam Woolsey, Sue Glibride, Helen Purnell, Katherine Taylor, Gail Meara, Karin Fluet, Mary Kristel, Sue Lafferty

To: Acute Care Facilities

Date: February 15, 2009

Expressed Breast Milk (EBM) is considered a body fluid. All body fluids and blood / blood products should be handled with the same principles outlined in Routine Practices. EBM can be a source of transmission of blood borne infections such as HIV and Hepatitis B. To reduce or minimize the potential for transmission of microorganism the following practices should be followed by all health care workers, patients, family members or caregivers who handle breast milk.

Infection Control Routine Practices

- Hand hygiene should always be performed before and following handling of expressed breast milk.
- Mothers and caregivers should be taught the basic principles of asepsis as they apply to collection, storage and handling of breast milk.

Equipment

- Each mother is to receive sterilized breast pump accessories with instructions that their equipment is not to be shared with another person. Each accessory kit must be stored in a separate patient labeled container with written handling and washing instructions.
- Mothers and caregivers will be instructed that the accessories must be washed dried and stored appropriately between each use.
- The electronic breast pump must be cleaned with a low level disinfectant after each use and between patients.
- Breast shields are considered individual use items and are not to be reused between mothers.
- Breast pump tubing and membranes filters should be discarded if they come in contact with breast milk.
Expressed Breast Milk

- EBM must be collected and stored in sterile containers. Single use sterile bottles and lids should be used for each pumping session.

- Sterile containers with EBM should be labeled with the content, baby’s name, mothers’ name, hospital identifier numbers, date/time of pumping, date time of freezing and date and time of thawing.

- EBM must be double checked by a second person (RN, LPN, physician or parent) before administration using the original typewritten label. Milk must be checked at the infant’s bedside before preparations with additives and before administration. Both persons checking the milk will document correct identification.

- Unrefrigerated fresh EBM should be used within 4 hours. Freshly expressed breast milk that is refrigerated should be used within 48 hours.

- The temperature of the refrigerator should be maintained between 2-4°C. Daily refrigerator temperature monitoring should be performed and documented to ensure recommended temperatures range is maintained.

- Freshly expressed breast milk intended for freezing must be frozen as soon as possible. It may be kept frozen for 2-3 months in a freezer that maintains a temperature of minus 20°C. Daily freezer monitoring should be performed and documented to ensure recommended temperatures range is maintained.

- Frozen breast milk should be thawed in the refrigerator and used within 24 hours.

- Multi bottle warming baths should not be used.

- Maximum hang time for continuous enteral tube feeding should be 4 hours. Administration sets should be changed every 4 hours.

- EBM that has been fortified (includes additives such as vitamins or protein supplements) must be used within 24 hours of preparation.

References


