Purpose

In the event that an infant receives expressed human milk other than from the intended source (mother’s own milk or donor human milk), a thorough process is followed.

Definitions

Recipient Mother: The mother of the infant who received the incorrect breast milk.
Source Mother(s): The mother whose breast milk was given to the incorrect infant.

Policy Statement

Expressed human milk, either Mother’s Own Milk (MOM) or Donor Human Milk (DHM), is considered a body fluid. All body fluids should be handled with the same principles outlined in Routine Practices. Expressed mother’s own milk (MOM) can be a source of transmission of blood borne infections such as HIV and Hepatitis B. Expressed donor human milk (DHM) comes from mothers who are screened by blood testing for Hepatitis B, Hepatitis C, Human Immunodeficiency Virus (HIV 1 & 2), and Human T-Cell Lymphotropic Virus (HTLV 1 & 2). Before distribution for use, donated milk is also pasteurized. To this date there has never been a reported case of disease transmission through pasteurized donor human milk though this can never be absolutely assured. In the adverse event that an infant receives the incorrect milk, further investigation and follow-up is required.

Procedure

For ALL Infants whom Receive Inappropriate Human Milk

- In the event that an infant receives expressed prescreened donor human milk that has not been consented to or expressed mom’s milk that is not his/her mother’s, the RN will complete a Reporting and Learning report and notify the Nurse in Charge, and subsequently the most responsible Neonatologist/designate. The Unit Manager/designate will also be notified.

- The Unit Manager/designate and/or the Nurse in Charge will begin the follow up process immediately. Refer to corporate Policy No. III-40 – Disclosure of Adverse Events, Close Calls and Hazards.

- The recipient parents are to be informed by the Neonatologist/designate immediately and counseled regarding the possible risks from the exposure. The need to obtain blood work should be discussed and written consent for Blood Testing for Blood Borne viruses obtained.

- If the recipient mother declines investigation, it should be documented in the chart.
Infants whom Receive MOM Inappropriately

- The recipient mother and source mother are to have blood drawn as soon as possible for:
  - Cytomegalovirus (CMV)
  - Hepatitis B
  - Hepatitis C
  - Human Immunodeficiency Virus (HIV)
  - Human T-Cell Lymphotropic Virus (HTLV 1 & 2)

- If the source mother refuses to consent to testing, the recipient infant will be tested for CMV, HBV, HCV, HIV, HTLV I/II with the parent’s consent.

- Confidentiality of the source mother must be preserved. The Neonatologist/designate must include in their discussion with the source mother the need to release test results to the recipient parents. This discussion is to be documented in the chart.

- If the source mother is Hepatitis BsAg positive, the infant is to receive Hepatitis B immunoglobulin (HBIG) and Hepatitis B vaccine immediately as ordered by a Neonatologist/designate and consent has been obtained from the parent.

- If the source mother is positive for HIV, a decision needs to be made immediately regarding zidovudine (AZT) prophylaxis, as it should start within 1 – 2 hours after the exposure. The Neonatologist/designate will discuss with the recipients parents/caregiver prior to administration when possible.

Follow-Up Documentation:

- Disclosure of the event will be documented by Neonatologist/designate. Documentation will include the discussion with the parents, available test results and consent for blood work. Documentation must be completed on the source and recipient infants charts. The source mother’s Unique Lifetime Identifier (ULI) number is documented in the recipient chart.

- Place the laboratory reports of the test results on the appropriate patient charts.

- If source mother is not an inpatient, the source mother’s results will go on the source infant’s chart.

Infants whom Receive DHM Inappropriately

- The RN will add the recipient infant’s information to the Donor Human Milk Utilization Log.

- The recipient mother is to have blood drawn as soon as possible for:
  - Cytomegalovirus (CMV)
  - Hepatitis B
  - Hepatitis C
  - Human Immunodeficiency Virus (HIV)
• Human T-Cell Lymphotropic Virus (HTLV I & II)

• Information regarding the Breast Milk Bank and the process of screening their donor mothers, should be presented to the recipient parent in person and in writing.

Follow-Up Documentation:

• Disclosure of the event will be documented by the Neonatologist/designate. Documentation will include the discussion with the parents, available test results and consent for blood work. Documentation must be completed on the recipient infants chart. The expressed donor human milk batch number is included in the documentation.

• Place the laboratory reports of the test results on the appropriate patient chart.

Related Documents

Adapted with permission from Stollery Children’s Policy and Procedure Manual: Expressed Breast Milk - When Milk is Given to an Unintended Infant - AHS

RELATED POLICIES AND PROCEDURES

Enteral Feeding
Mom’s Own Milk
Donor Human Milk
Best Practice Recommendation: Infection Prevention & Control Guidelines for the Handling of Expressed Breast Milk in Acute Care Facilities
Disclosure of Adverse Events, Close Calls and Hazards – Corporate Policy No. III-40
www.compassionnet.ca/Policies/iii-40.pdf

References


Revisions

August, 1998
July 2005
February 2011
December 2015
Signing

**Original Signed**

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SENIOR DIRECTOR OPERATIONS  
MATERNAL, NEONATAL & CHILD HEALTH PROGRAMS  
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