Purpose

To provide and ensure:
- Consistent defined practices which are essential to ensure quality and safe care for hospitalized infants.
- Correct administrative practices to support the correct human milk being fed to the correct infant.
- Mother’s Own Milk (MOM) is collected, labelled, stored and administered safely.

Safe management of human milk is necessary to ensure that the feeding of human milk is encouraged.

Policy Statement

Mother’s milk is the preferred milk to feed babies. In addition to providing nutrition designed for a human infant, it contains many bioactive and immune factors that provide antimicrobial and anti-inflammatory protection against infection and modulate the infant’s immune system. The goal is to ensure all infants whom parents wish to have human milk, is supported and encouraged while in hospital and post discharge.

Applicability

All Covenant Health Employees

Procedure

1. Collection

Perform hand hygiene. If there is a potential for contact with mother’s own milk, the nurse dons technique gloves. Instruct mothers to perform hand hygiene before pumping or hand expression.

1.1 Equipment

a) Gather equipment and supplies and provide mother with privacy for pumping. Breastmilk collection containers are sterile.
b) Breast shields, valves, membranes, and tubing (pumping kit) are assigned to a single user. Each mother is provided with an individual breast pumping set.
c) Assemble pump and pumping kit and instruct mother on operation of the pump according to the manufacturer’s instructions.
d) If the mother is hand expressing her milk, instruct and support the mother as required. Hand expression into a small container is recommended for colostrum expression for all mothers in first 24 hours.
e) When hand expression or pumping is complete, place lid on milk container.
f) Wipe the outside of the container with a hospital grade disinfectant wipe if contaminated with spilled milk.

1.2 Labelling

a) Confirm with the mother that the infant’s hospital generated label is accurate and place the label on the container.
b) If the mother is pumping for multiple infants identify her milk with each infant’s label.
c) Patient specific labels contain the infant’s first and last name, birth date and his/her
hospital identification number and unique lifetime identifier (ULI).

d) Write the date and time of the expression or pumping or thawing of MOM milk on
the infant labels located on the container.

2. Cleaning the Equipment

   a) Between uses, families are taught to clean the pieces of the pumping kit (shield, membranes
and valves) that come in contact with human milk. These pieces are placed in a clean dish
or container. They are rinsed with cool water to remove the residue of milk, washed with
warm soapy water (use liquid dish detergent), rinsed thoroughly and drip dried on a clean
towel. The equipment is stored in a clean container or bag until the next use.

   b) Instruction is given on periodic sterilization of pumping equipment with a microwave bag.

   c) Clean storage bins with hot water and liquid detergent and wipe off human milk spills with
hospital grade disinfectant wipes before use by another mother.

3. Storage

   3.1 Check the label on the milk container to ensure it contains accurate, legible, and complete
information.

   3.2 Discard any unlabelled, mislabelled or expired human milk in the biohazard bin.

   3.3 Use Mother’s own milk left at room temperature within 4 hours or discard it.

   3.4 Refrigerate or freeze fresh human milk immediately after expression. If freezing the milk, fill
the container ¾ full. If not feeding mother’s milk four hours after expression, place the milk
container in the designated refrigerator or freezer in the labelled storage container. Human
milk is stored in refrigerators and freezers identified for this purpose. NOTE: Wherever
possible designated storage areas are locked or located in restricted areas, therefore a
Health Care Provider with access to the cooling device will need to store and retrieve
human milk.

   3.5 Use designated refrigerators and freezers exclusively for storage of human milk. Mother’s
Own Milk (MOM) has a separate designated freezing area in the freezer from Donor Human
Milk (DHM) until the DHM is decanted and labelled with the recipient label.

   3.6 Place the MOM container in the refrigerator or freezer in a storage bin identified with infant
identification label.

   3.7 Do not store MOM in the door shelves of the refrigerator as the temperature is more stable in
the interior.

   3.8 Refrigerator and freezer temperatures are monitored electronically. An audible alarm
sounds for any alarm conditions. Report any discrepancies immediately. RLS incidents of
alarm condition.
### Storage Requirements and Usage of Breast Milk in Hospital

<table>
<thead>
<tr>
<th>TYPE</th>
<th>Location</th>
<th>Storage Temperature</th>
<th>Duration of Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh Mother's Own Milk</td>
<td>Room Temperature</td>
<td>15°C-20°C</td>
<td>Discard after 4 hours (time after pumping or removal from refrigerator)</td>
</tr>
<tr>
<td>Fresh Mother's Own Milk</td>
<td>Refrigerator</td>
<td>0°C-4°C</td>
<td>Discard after 48 hours</td>
</tr>
<tr>
<td>Fresh Mother's Own Milk</td>
<td>Insulated cooler bag</td>
<td>-4 to -15°C</td>
<td>Discard after 24 hours</td>
</tr>
<tr>
<td>Mother’s Own Milk with additives</td>
<td>Room temperature</td>
<td>15°C-20°C</td>
<td>Discard after 2 hours (time after pumping or removal from refrigerator)</td>
</tr>
<tr>
<td>Mother’s Own Milk with additives</td>
<td>Refrigerator</td>
<td>0°C-4°C</td>
<td>Discard after 24 hours</td>
</tr>
<tr>
<td>Thawed Mother’s Own Milk</td>
<td>Refrigerator</td>
<td>0°C-4°C</td>
<td>Discard after 24 hours</td>
</tr>
<tr>
<td>Frozen Mother’s Own Milk</td>
<td>Freezer within a refrigerator</td>
<td>Less than 0°C</td>
<td>Discard after two weeks</td>
</tr>
<tr>
<td>Frozen Mother’s Own Milk</td>
<td>Two door unit (One Freezer and one refrigerator)</td>
<td>Less than 0°C</td>
<td>Discard after 3-4 months</td>
</tr>
<tr>
<td>Frozen Mother’s Own Milk</td>
<td>Freezer unit</td>
<td>-18°C to -20°C</td>
<td>Milk may be stored up to 12 months</td>
</tr>
</tbody>
</table>

### 4. Retrieval, Verification, and Feeding

4.1 In preparation for feeding, or at the request of the family, retrieve identified human milk from:
   a) storage bin in the refrigerator. Check the patient specific identification labels using two patient identifiers and verify expiry date and time
   b) storage bin in the freezer. Check the patient specific identification labels on the container, utilizing two patient identifiers and verifying expiry date.

4.3 The amount of human milk for each infant feeding is determined by reference to the guidelines established in the patient care orders by the health care team.

4.4 Do NOT warm MOM in a microwave.

4.5 Mother’s Own Milk can be slowly thawed at room temperature and must be refrigerated before it is completely thawed, while ice crystals are still present.

4.6 Frozen Mother’s Own Milk may be gradually thawed in the refrigerator or warmed using a device designed to warm MOM/ DHM

4.7 Add additional information regarding the date and time of thawing to the existing label or on a separate label on the bottle.
4.8 Parenteral syringes shall not be used to prepare, measure, or administer MOM intended for oral and enteral routes. Supplies, including single use syringes and extension tubing, designated specifically for enteral administration only must be used for enteral feeds.

4.9 If feeding MOM via a feeding tube or syringe pump, label the bag/syringe with patient name, identification number and contents. Trace the tubing from the breast milk container to the point of entry into the patient to ensure appropriate route.

4.10 When an infant has been feeding from a bottle, the container of remaining MOM not used in its entirety is discarded at the end of the feeding.

5. Addition of Breast Milk Fortifiers/Additives

5.1 Clean preparation area with hospital grade disinfectant. MOM is prepared at a feed station or at the infant's bedside.

5.2 Verify the correct additives in the MOM by using the infant health record and Most Responsible Health Practitioner’s orders. Handle fortifier, additive powder and/or medications with aseptic technique.

5.3 Add fortifiers to MOM at room temperature.

5.4 When adding fortifiers or any other additives to donor human milk, there must be separate containers for each individual infant appropriately labelled with the correct infant’s name, birth date, hospital number and expiry date and time placed on the container as well as a label with the following information:
   a) Type of fortifier/additive or medication and amount
   b) Date and time prepared
   c) Date and time of expiry
   d) Initials of one Health Care Provider and either a second Health Care Provider or parent/primary caregiver performing the independent double check.

   NOTE: If medication is added, an independent double check is required according to medication administration policy and documented on the patients health record

5.6 If at any time, MOM is transferred from the original container to a new container the identification of the human milk is double checked by a Health Care Provider and another Health Care Provider or parent/primary care giver. Their initials are added to the label.

5.7 When combining multiple bottles of human milk in preparation for the addition of fortifiers and/or medications, each bottle is independently double checked by a Health Care Provider and either another Health Care Provider or parent/primary caregiver to ensure the milk is for the same infant. A new identification label is then placed on the bottle holding the combined contents and the initials of the t are documented on the label.

5.8 Once the fortifier/additive is added to the human milk swirl the bottle to ensure it is mixed.

6. Education for both the Health Care Provider(s) and the parents/primary caregivers shall include:

6.1 Provide parents/primary caregivers with verbal and written information regarding human milk including:
The importance of providing human milk whenever possible for the infant’s health

How to collect, store, retrieve, and feed expressed human milk while their infant is in the hospital

The requirements and process for an Independent Double Check of human milk label with the infant’s identification band to verify the appropriate human milk is fed to their infant and if medication / additives have been added to the MOM

Information about the risk of viral and other pathogen transmission, and the procedures to follow to ensure the safe management and handling of human milk during the infant’s stay. Safe management includes adherence to Infection Prevention and Control (IPC) Routine Practices and Hand Hygiene Protocols.

Provide parents/primary caregivers with verbal education and ongoing opportunities for conversation; augment this education with the parent handouts. Education should be sensitive to cultural, language and literacy differences.

Health Care Providers on a leave of absence, or otherwise away from their workplace for a time period extending 12 months must be provided education on safe management of human milk as part of orientation at the time of their return to work.

7. Documentation

Document the following in the infant health record:

a) Verification of match between MOM container and infant identification band including two Health Services Providers or one Health Services Provider and parent/primary caregiver or designated family involved in bedside verification

b) The addition of additives/fortifiers including double signatures of the Health Care Providers or parent/primary caregivers that performed the independent double check of the additives/fortifiers.

c) All parent/primary caregiver education including reading materials provided and related follow-up if required.

d) Any adverse events related to MOM management and practices.

All processes, interventions and family/guardian teaching shall be documented in the Patient’s health record.

8. Adverse Events

If an infant receives or a near miss is noted i.e. two patients with same last name receiving human milk, this is deemed a Reportable Adverse Event.

Refer to the policy Human Milk Misappropriation to address adverse events that may occur related to MOM
**Definitions**

**Co-Signer:** means a Health Care Provider’s signature and one of following: a second Health Care Provider, or infant’s mother, father, or primary caregiver is necessary as one of the double signatures required in the Human Milk Management Procedure.

**Family:** Refers to one or more individuals identified by the parent/primary caregiver as an important support and who the parent/primary caregiver wishes to be included in any encounters with the health care system, including but not limited to other family members, friends and informal caregivers.

**Guardian/Primary Caregiver** means where applicable:

For a minor:

a) As defined in the Family Law Act

b) As per agreement or appointment authorized by legislations (obtain copy of the agreement and verify it qualifies under legislation e.g. agreement between the Director of Child and Family Services Authority and foster parent(s) under the Child, Youth and Family Enhancement Act or agreement between parents under the Family Law Act; or as set out in the Child, Youth and Family Enhancement Act regarding Guardians of the child to be adopted once the designated form is signed);

c) As appointed under a will (obtain a copy of the will, also obtain Grant of Probate, if possible);

d) As appointed in accordance with a personal directive (obtain copy of personal directive);

e) As appointed by a court order (obtain copy of court order) (e.g. order according to the Child, Youth and Family Enhancement Act); and

f) A divorced parent who has custody of the Minor.

For an Adult:

a) An individual appointed by the Court to make to make decisions on behalf of the Adult Patient when the Adult Patient lacks Capacity

**Health Care Provider** includes all Covenant Health and Alberta Health Services employees, members of the medical and midwifery staff, students, volunteers and other persons acting on behalf of or in conjunction with Covenant Health or Alberta Health Services within or as support to a Covenant Health or Alberta Health Services setting.

**Independent Double Check:** means a second practitioner, Health Care Provider, parent or primary caregiver in the presence or absence of the first practitioner or Health Care Provider individually performs preparatory calculations or verification of identity checks and arrives at his/her own.

**Most Responsible Health Practitioner:** means the Health Practitioner who has responsibility and accountability for the specific Treatment/Procedure(s) provided to a Patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a Treatment/Procedure(s) within the scope of his/her practice.

**Related Documents**

Adapted with permission from Stollery Children’s Policy and Procedure Manual: Human Milk Management, July 2012

**RELATED POLICIES AND PROCEDURES**

Human Milk

Human Milk Misappropriation

Covenant Health Disclosure of Adverse Event, Close Calls and Hazards: Policy No. III-40

**Revisions:**

December 2015
Signing

Original Signed

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 WOMEN’S & CHILD HEALTH
 COVENANT HEALTH
 GREY NUNS & MISERICORDIA HOSPITALS

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