

Expressing and Handling Breast Milk (EBM) Within Milton Keynes Hospital

Classification:	Guideline		
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Authors Division:	Women's and Children's		
Departments/Group this Document applies to:	All areas of the Trust where babies may receive EBM		
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Guideline to be followed by (target staff): All staff working in areas of the Trust where babies may receive EBM			
To be read in conjunction with the following documents: Newborn Feeding Policy, UNICEF guidance, WHO guidance, NICE guidance			
Are there any eCARE implications? No			
CQC Fundamental standards: Regulation 9 – person centred care Regulation 10 – dignity and respect Regulation 12 – safe care and treatment Regulation 14 – meeting nutritional and hydration needs Regulation 17 – good governance Regulation 18 – staffing Regulation 19 – fit and proper			

Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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Guideline Statement

This guideline has been developed to ensure that the Breastfeeding Dyad is protected, and breastfeeding or breast milk feeds can continue wherever possible. The guideline outlines processes and procedures that will ensure expressed breast milk (EBM) is collected and administered in a safe manner. There are adaptations to this guideline for:

- Babies being cared for as inpatients in the Neonatal Unit (NNU) and Paediatric Wards
- Babies being cared for as inpatients in the Maternity Wards with their mother
- Lactating mothers who are inpatients in other wards in the hospital

Breast milk is classified as a body fluid and MUST be handled at all times by 2 Health Care Professionals (HCPs) who have been assessed as competent in accordance with the hospital standard. As a minimum, one of these should be a registered nurse / midwife who is a member of staff in that area. EBM is a two-person checking procedure at all steps of the process.

Throughout this document this is what is meant by 2 healthcare professionals.

Mothers will be given written and verbal instructions on expressing and safe handling of their expressed breast milk (EBM) where appropriate.

BRIDGE Milk Management

This is a system on eCare to provide labels for expressed breast milk to register milk on eCare per bottle with appropriate expiry date depending on milk status (fresh/frozen/thawed). It also provides a system to scan baby and milk to ensure EBM is given to the correct baby.

Executive Summary

Breastfeeding & breast milk reduces a baby's risk of:

- Gastroenteritis
- Respiratory infections requiring hospitalisation
- High blood pressure and blood cholesterol in adulthood
- Type 1 & 2 diabetes
- Obesity
- Heart disease
- Necrotising Enterocolitis (NEC)
- Retinopathy of prematurity

Breastfeeding reduces a mother's risk of:

- Breast cancer
- Ovarian cancer

If a baby is born prematurely, a mother may not be able to breastfeed her baby initially and will be encouraged to express her milk to ensure their health outcomes are optimised. They will be supported by the maternity and neonatal staff to start expressing their breast milk, preferably within two hours after birth. Mothers should continue to express milk 8 to 10 times in 24 hours, including at least once at night. This should initiate and maintain a good breast milk supply for their baby
(UNICEF, 2016)

Key messages

UNICEF and the World Health Organisation (WHO) recommend exclusive breastfeeding for 6 months and continued breastfeeding along with appropriate complementary foods up to two years of age or beyond (WHO 2020).

Lactating mothers who have been admitted to other wards in the hospital should be supported to continue to breastfeed their child or at least continue to supply breast milk for them if they are separated. This guideline will act as a resource for nursing staff in these areas to understand their role.

1.0 Roles and responsibilities

NNU Matron / Senior Sisters of All Wards / Operational Manager

It is the responsibility of the Matrons, Infant Feeding Lead Midwife and Senior Sisters of all wards to ensure that all staff are made aware of this guideline. All Midwifery, Paediatric and NNU staff will receive training on this guideline during their induction period.

Medical Staff

All medical staff should ensure that they are familiar with this guideline. Medical staff of Registrar level or above who are responsible for the supervision and training of junior doctors should ensure that junior medical staff are aware of their role and that they understand how to use this guideline to deliver safe and effective care.

All Clinical Staff

All clinical staff who are assisting mothers and babies with EBM **MUST** ensure they are confident and competent to do so. They **MUST** adhere to the recommendations within this guideline. It is the responsibility of every registered nurse, midwife and support staff to ensure this guideline is adhered to when caring for mothers and babies. All staff should report any incidents arising from use of this guideline via the Radar Incident Management route. The lead for that area should be informed of any incident.

Infant Feeding Midwifery Team and Neonatal Infant Feeding Nurse

They are responsible for training all clinical staff to teach mothers to hand express their breast milk in accordance with the Maternity Baby Friendly Initiative (BFI) Standards (see Newborn Feeding Policy).

Midwives, Neonatal Nurses, Paediatric Nurses, Nursery Nurses, Maternity Care Assistants and Healthcare Assistants **must** ensure they are competent in expressing and handling techniques, as outlined within this guideline.

Temporary, Bank or Agency staff

All staff employed on a temporary basis (including Bank and Agency staff) **must** have an orientation to the guideline, with the Infant Feeding Lead Midwife, or Practice Educator prior to handling EBM. They will then be signed off as competent by the Infant Feeding Lead Midwife, or Practice Educator once the criteria within the EBM Competency (appendix 7) have been met.

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All clinical staff who are assisting mothers and babies with EBM **MUST** ensure they remain confident and competent to do so. They **MUST** adhere to the recommendations within this guideline. It is the responsibility of every HCP to ensure this guideline is adhered to when caring for mothers and babies.

Risk Management

The Clinical Risk Management Department will record on the Trust database all incidents reported through the risk reporting route. This data will be included in the monthly reports to the Heads of Departments and discussed at the Paediatric and Maternity CSU Risk Management meetings. All untreated risks will be reported to the Trusts Risk Management Committee which reports to the Trust Clinical Governance Committee.

Staff from wards other than Neonatal Unit, Paediatrics and Maternity who do not routinely handle expressed breast milk or support nursing mothers will be expected to seek advice as appropriate and follow the relevant section of this guideline.

2.0 Implementation and dissemination of document

The guideline will be accessible from the Trust's intranet. Staff will be made aware of the guideline in their induction period. Staff will then be expected to refresh their knowledge and competence on annually.

3.0 Processes and procedures

3.1 Expressing Milk in Maternity, Neonatal and Paediatric Wards

All staff **MUST** be appropriately trained to support mothers and work in accordance with the BFI guidance in these areas. Training will be provided by the Trust and an assessment of competence will be carried out.

3.1.1 Methods of Expressing Milk

In the Maternity, Neonatal and Paediatric units there are two methods recommended to express breast milk: hand expressing, and the use of a hospital grade pump.

3.1.2 Hand Expressing

This method is appropriate for a mother who has recently given birth when they are expressing colostrum. Mothers should be encouraged to hand express within 2 hours of birth. When hand expressing, if syringes are easily filled with colostrum, the mother can begin to use the pump.

3.1.3 Hospital Grade Pump

These are available on the Maternity, Neonatal and Paediatric wards. Instructions for use are attached to every pump. Any new member of staff on these wards **must** be trained to use this equipment during their induction. If pumps are not available on the wards, these can be sourced from the equipment library.

The mother will be shown how to clean the breast pump (in accordance with Trust Infection Prevention and Control policy) before and after each use.

3.1.4 Breast Pump Kits

The pump kits are single patient use only and can be cleaned by the mother using the instructions given (appendix 3). The kits are supplied with a 24mm breast shield, but other sizes are available on request. It is vital the breast shield fits the mother's breast, and they are shown how to assemble the kit and use the pump comfortably.

3.1.5 Cleaning Instructions

See appendix 3.

3.2 EBM Labelling

In Maternity, mother's wristband/name band is scanned. In NNU and paediatrics, baby's name band is scanned in order to print labels for EBM. These labels are given to mother to label milk. Mother to document date and time milk is expressed, and also to add tamper-proof seal. When the labels are first printed, a print storage label should also be printed.

Once EBM has date and time added to the label, it is the HCP's responsibility to receive the milk into the BRIDGE milk management system.

This is done either by scanning the storage label or the baby. If milk is divided or combined, new labels need to be produced. If milk is frozen/thawed, new labels **must** be printed with new expiry dates. If fortifier is added, new labels **must** be printed.

Labels and tamper proof seals should be completed and applied by mother at time of expression. The HCP receiving the EBM from the parent **must** check that the baby's details are correct (name/MRN), date and time expressed and a tamper-proof seal has been applied.

When EBM is required by baby, staff should visually identify EBM from the fridge, 2 HCPs to go to the baby then identify the baby by scanning the FIN number on the wristband, then scan the EBM to ensure it's the correct baby and milk.

3.3 EBM Storage

3.3.1 Storage on Maternity, Neonatal and Paediatric Wards

- Expressed breast milk may be kept at room temperature for up to 4 hours.
- Expressed breast milk may be stored in the fridge for 96 hours, which equals 4 days. Excess EBM should be frozen within this timeframe.
- EBM should be stored in a fridge designated for this purpose in a locked room or a locked, designated Milk Fridge.
- It **must** be kept in the body of the refrigerator, in a container labelled with the baby's name and MRN, until it is required. It **must** not be stored on the door shelves.
- The temperature of the fridge **must** be kept between 2°C to 4°C, and the temperature should be checked and recorded daily. This is the responsibility of all staff.
- The Nurse/Midwife in charge should be notified of any concerns regarding the temperature of the fridge. **If the fridge alarms are triggered, the Estates Team must be informed immediately to allow a repair to take place. All EBM should be removed from the fridge and stored in an alternative breast milk fridge while the repair takes place.** (EBM fridges are found on Ward 9, NNU and Paediatrics)
- Once EBM has been removed from the fridge it **must** be used within 1 hour if pre-warmed.
- Ensure EBM is rotated by the baby's named nurse daily, using the freshest milk first.

3.3.2 Frozen EBM

- It will be stored frozen at -18°C. A daily record of freezer temperature will be kept in line with Trust requirements.
- It is recommended that for sick preterm infants EBM should only be frozen for a maximum of 3 months.
- To minimise risk, all parents of babies on the neonatal unit will be advised to use their frozen EBM within 3 months of expressing.
- All other new-borns' frozen EBM can be kept for a maximum of 6 months.
- When this frozen milk is required, it should be left to defrost in the milk refrigerator. If rapid defrosting is required, the bottle should be placed in the warmer (located on NNU) set to defrost.
- **Once the EBM has been defrosted, the EBM MUST be used within 24 hours. It is essential that wastage is kept to a minimum.**
- If frozen colostrum has been brought in from home, it should be stored in the freezer.
- Remember if milk is defrosted, new label with new expiry date should be added to EBM.

3.3.3 Donor Milk

Donor breast milk is sometimes required for the extremely premature neonate. The neonatal consultant will discuss the need for donor milk with the parents and gain their consent and documented in eCare. Donor breast milk can be acquired from the Oxford University Hospital Milk bank.

This milk can be stored in the freezer at -18°C and once defrosted **must** be used within 24 hours. Arrangements to get donor milk are made through the Neonatal Unit.

Please follow the agreed process in appendix 6. Document the use of donor EBM on the appropriate sheet. These records **must** be kept, to provide an audit trail of the Donor EBM use.

Donor milk should be received and administered via BRIDGE milk management.

3.4 Mothers Expressing Milk Who Are Inpatients in Other Ward Areas

Mothers may be admitted into a service other than Maternity, Neonatal or Paediatrics whilst still breast feeding their baby. If the admission is planned, they should be encouraged to express some breast milk prior to admission, but they may be able to continue to breastfeed their baby or at least express their milk while they are an in-patient. Please refer mothers to the Feeding your Baby During a Hospital Admission patient information leaflet.

<https://mkuhcloud.sharepoint.com/u:/r/sites/TrustDocumentation/Trust%20Documentation%20%20Opolicies%20guidelines%20patient/Paediatrics/Neonatal%20Patient%20Information/Feeding%20your%20baby%20during%20hospital%20admission.aspx?csf=1&web=1&e=uj8THJ>

3.4.1 Breast Pumps

If the mother wishes to use a pump, contact Infant Feeding Team on extension 86523 or if unavailable/out of hours, please bleep 1440.

It is not the responsibility of the staff on these wards to handle or store the mother's EBM. If storage is required, please bleep 1440 or 1136 for advice and support.

3.5 Handling of EBM

Breast milk is classified as a body fluid therefore apron and gloves should be worn at all times when handling EBM. **EBM is a two HCP checking procedure at all steps of the process.**

- The bottle containing EBM should be opened once only and all the milk decanted at that time into smaller amounts for use, to prevent contamination of the EBM.
- If EBM needs to be amalgamated from several bottles to make one feed, this should be carried out using ANTT to prevent contamination of the EBM, and new labels printed.

3.51 Neonatal Unit

On the Neonatal Unit the nursing staff will be responsible for ensuring that their babies' requirement of EBM is divided on a shift basis, using the freshest milk first. This is always a 2 HCP procedure.

3.5.2 Handling EBM Using Aseptic Non-Touch Technique

- Wash your hands as per Trust guidance.
- Put on a blue apron (or white in Maternity)
- Clean surface area and tray with soap and water and dry your tray with a paper towel or Wipe the tray over with a detergent wipe.
- Allow tray to dry for 1 minute.
- Assemble equipment as required e.g., sterile oral syringes, sterile occlusion caps, sterile EBM bottle, freshly expressed milk and labels.
- 2 HCPs at the cotside, **must verify that the milk is for the correct baby by scanning the name band on the baby and then scanning the milk and confirm with parent if present.**
- Pre-warm milk if necessary. Once pre-warmed this **must** be used within 1 hour.

3.5.3 Spillage or Splashing of Breast milk to the HCP

If breast milk comes into contact with the HCPs skin or mucus membranes i.e., eyes, mouth or any areas of broken skin, the area should be washed thoroughly with soapy water (except eyes) and dried.

If the milk enters the eyes The Health and Safety Executive (HSE) Compact Eyewash First Aid Kit is available in the Milk Kitchen. The Staff Health and Wellbeing department **must** be contacted for advice on 85255 within office hours or Emergency Department out of hours. An Incident Report **must** be made using the Radar system.

3.6 Handling Fresh / Frozen EBM on Admission

Mothers should be given BRIDGE EBM labels to stick on to the bottles of expressed breast milk.

EBM can be brought in from home, the postnatal ward or transferred in from another hospital.

If there is an excess of EBM, then this should be taken home by the parents to be stored at home in their freezer.

On receipt of EBM 2 HCPs must:

- Ensure each syringe/bottle of fresh EBM has the correct label attached. If this is not in place, assist mother to complete maternal breast milk labels at the baby's bed side.
- If another hospital's labels are in situ, BRIDGE EBM labels should be applied and then milk should be batch-received into eCare. The mother's details can be found on the Badgernet summary for cross-referencing. This **must** then be documented on the baby's admission sheet by 2 HCPs and signed for.
- Ensure a tamper-proof seal is applied to the lid and body of each bottle.
- Place the fresh EBM bottles in a patient specific tray in the body of the appropriate fridge with the baby's label attached for easy identification. Use the freshest milk first.
- Place the frozen EBM in a designated area in the freezer for that baby, when space is limited place the milk into a plastic bag within the freezer drawer. Encourage parents to take home excess stock.

3.7 Fortification of EBM in Paediatric and Neonatal Wards

Adding fortifier is a two-HCP process. This is not a role for a Band 2 HCA.

If the medical team and dietitian feel that the breast milk contains insufficient calories for growth, a breast milk fortifier (BMF) can be added to the expressed breast milk.

Please refer to fortification of breast milk in premature infant guideline.

If fortifier is added to EBM, reprint labels with new expiry date.

If a mother is breastfeeding and there is a need to fortify her breast milk, BMF can be given pre-breastfeed as a concentrate. This should be carried out under the guidance of the dietitian. Concentrated BMF should not be given during or after a feed.

If staff are not involved in preparing or administering BMF then no staff checks/ signatures are required. This applies to the MEWS rooms only. Parents **must** continue to label their milk with name, MRN, date and time the milk was expressed, in case staff become involved in the process in any way. When BMF and EBM **must** be checked, this **must** be completed by 2 HCPs and a parent and documented on the feed chart.

3.8 Handling EBM in the MEWS

If a mother is expressing and storing her milk in the fridge in the MEWS room, then staff **must** request this milk labelled appropriately using the maternal breast milk labels. The mother is responsible for this EBM. Please ensure a tamper-proof seal is applied to all bottles.

3.9 Handling EBM on Discharge from Maternity, Paediatrics or Neonatal Unit

- Check the ward milk fridge/freezer for EBM for the relevant baby.
 - Check on BRIDGE eCare whether there is EBM on the system. If milk present, discharge the milk on eCare back to mother with 2 HCPs.
- **Parental Check:** Each individual bottle **MUST** be checked with the parent as a final identity check and the parent be asked to sign on the discharge paperwork for receipt of their EBM.
- Place the EBM in cool bag/container with ice/cool packs for transport home/to another hospital.
- Advise parent to ensure that the milk is placed in a fridge/freezer within a 2-hour time period.
- If EBM is left in fridge after baby discharge, contact Mother to see if she would like to collect milk if not discard milk on Bridge system

3.10 Adverse Incidents

If a baby is given the incorrect EBM, it is essential that this is treated as a time critical event and there MUST be no unnecessary delays in acting to reduce the risk to the affected baby.

Any incident where a baby may have received the incorrect EBM staff should refer to the adverse incident flowchart (Appendix 5) to guide staff as to the immediate actions that are to be taken.

Staff are then required to complete the EBM Adverse Incident Checklist (Appendix 4).

3.10.1 Management of the Incident

Please refer to EBM Adverse Incident Flowchart (Appendix 5) and EBM Adverse Incident Checklist (Appendix 4)

- **If the error is discovered early, the ingested EBM should be immediately aspirated from the stomach. This may involve introducing a nasogastric tube if the baby is being fed EBM by bottle.**
- Inform the nurse in charge, Matron or Paediatric Divisional Bleep Holder on bleep 1136, Maternity bleep holder 1440 and the relevant senior medical staff immediately.
- Both the donor mother and the mother of the recipient baby **must** be informed of the incident, in an appropriate manner by someone who has understanding of the consequences of this event. The mothers should not be told each other's names.
- Document the episode in the medical notes on eCare and record **JUST** the donor's hospital number in the recipient's medical records, as it would breach confidentiality rules to record the donor mother's name or that of her baby.
- A Radar **MUST** be completed within 4 hours of the incident, and the EBM Adverse Incident Flowchart (appendix 5) **MUST** be followed, and an EBM Adverse incident Checklist (appendix 4) **must** be completed.
- The major concern relates to possible transmission of infection - therefore:
 - Liaise with the Infection Control and Prevention Department.
 - Test the hepatitis B and C, CMV and HIV status of the donor mother (this relies on the donor mother consenting to testing). If the donor mother declines any of the above tests, consider retesting the recipient baby in 3 months.
 - Test and document the hepatitis B and C, CMV and HIV status of the recipient baby.
 - 3 month follow up for affected baby **MUST** be organised.
- The members of staff involved **must** be supported by the senior nurse to write a statement of the event. The members of staff may need referral to the Paediatric Clinical Facilitator and Neonatal Practice Educator for education and support.

4.0 Statement of evidence/references

References:

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5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
4	April 2018		Reviewed and updated
5	April 2020	MDT	Reviewed and updated
6	October 2020	Maternity & Paediatrics	Updates in line with guidance
7	October 2023	Lisa Viola, Michelle Hancock	Reviewed and updated

5.2 Consultation History

Stakeholders Name / Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes / No
Sent to all maternity and Neonatal staff	Maternity and Neonatal	September 2023		No comments received	n/a

5.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Monitor staff knowledge and adherence to best practice.	NNU Perfect Ward	Sister NNU	Weekly	PIG/CIG
Monitor staff knowledge and adherence to best practice.	Maternity Radar reporting	Michelle Hancock	As required	Mat/Neo Quality Board

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5.4 Equality Impact Assessment

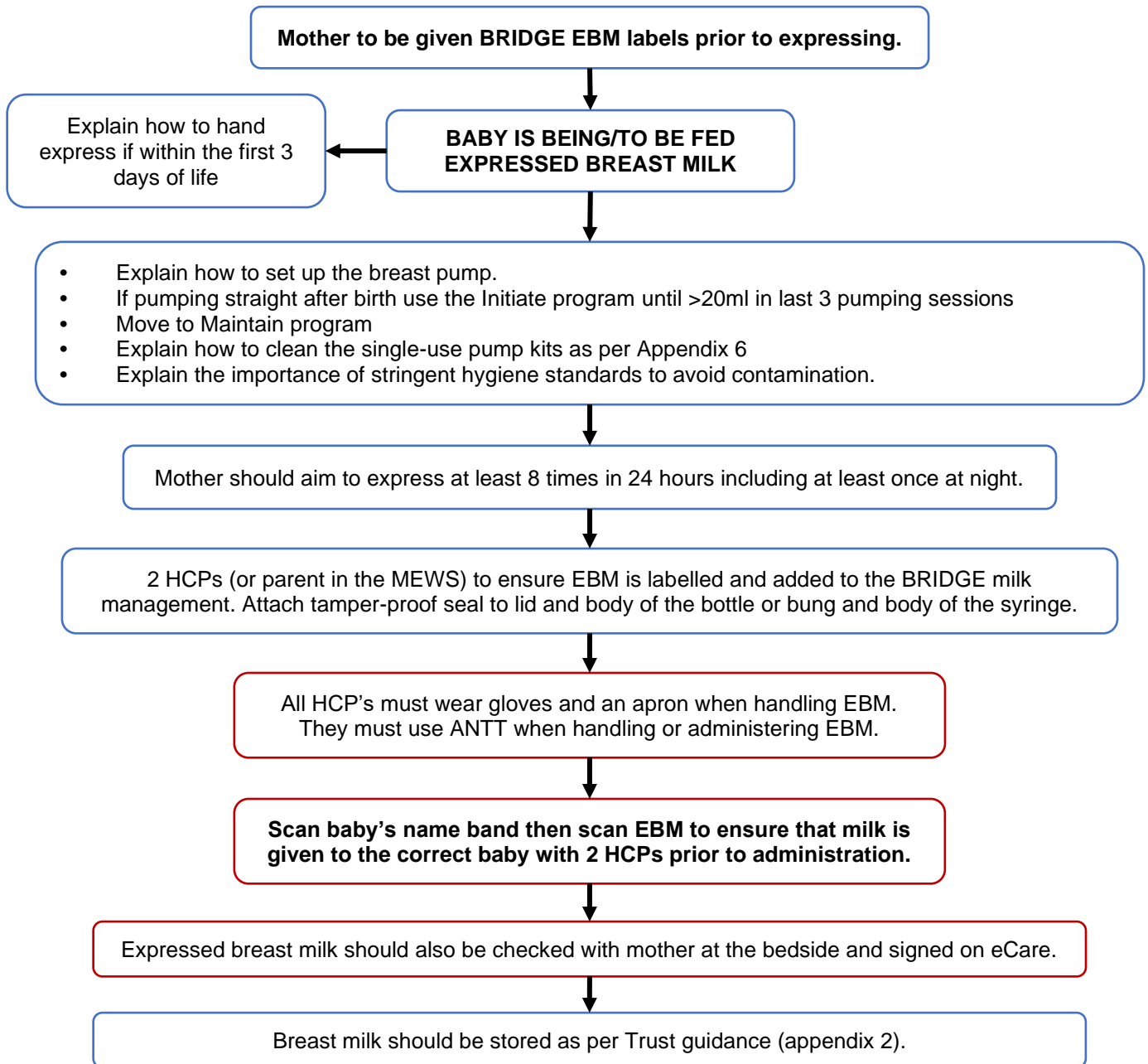
As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible, remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Women and children	Department	Maternity/Paediatrics
Person completing the EqlA	Quality Lead Pediatrics	Contact No.	Ext 87156
Others involved:	Midwifery Audit & guideline Lead	Date of assessment:	11/03/2024
Existing policy/service	Yes	New policy/service	NO
Will patients, carers, the public or staff be affected by the policy / service?			
If staff, how many/which groups will be affected?			
Protected characteristic	Any impact?	Comments	
Age	NO		
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	NO		
Race	NO		
Religion or belief	NO		
Sex	NO		
Sexual orientation	NO		
What consultation method(s) have you carried out?		Paediatric CIG	
How are the changes / amendments to the policies / services communicated?		Include E-care BRIDGE information	
Review date of EqlA		October 2026	

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Appendix 1: Flowchart for Inpatient Babies in Maternity, NNU, Paediatric Wards



Appendix 2: Storage of Breast Milk in Hospital

Type of milk	Place	Maximum time scale
Fresh breast milk including colostrum	Normal room temperature	4 hours
	Fridge 2-4 degrees or lower (in body of fridge)	4 days (96 hours)
If fridge temperature rises above 4 degrees, use within 4 hours or discard		
Frozen breast milk	Freezer – 18 degrees or lower	3 months for babies in NNU 6 months for all other newborns
Defrosting breast milk	Defrosting in the fridge	24 hours
	Defrosting outside the fridge	1 hour
If it is known that breast milk will not be used within 4 days, please freeze as soon as possible.		
If plentiful supplies, please consider sending some home with parents to reduce storage capacity issues on the unit.		
Breast milk can be transported within the safe storage times above, providing that the correct temperatures are maintained.		

Appendix 3: Cleaning and Storing the Single Patient Use Pump Kits

HOW TO WASH SINGLE USE BREAST MILK COLLECTION SET

1. Wash your hands
2. Only items that come in contact with breast milk will need washing
3. These items do not need washing
4. Rise items in cold water to remove the breast milk protein
5. Fill a cardboard washing bowl with warm water and add a small squeeze of detergent
6. Thoroughly wash each piece
7. Leave to drain on a piece of hand towel
8. Empty the cardboard washing bowl, line with fresh hand towels and place the clean items in the bowl
9. When you have returned to your bedside lay out the clean items to dry on a clean hand towel
10. Store your dry items in the zip lock bag provided (if you need a new bag just ask your midwife / nurse)



You will keep this one kit for the time you are with us. If you require another bottle or bag, just ask your midwife / nurse.

If using non-sterile pack, wash before first use.

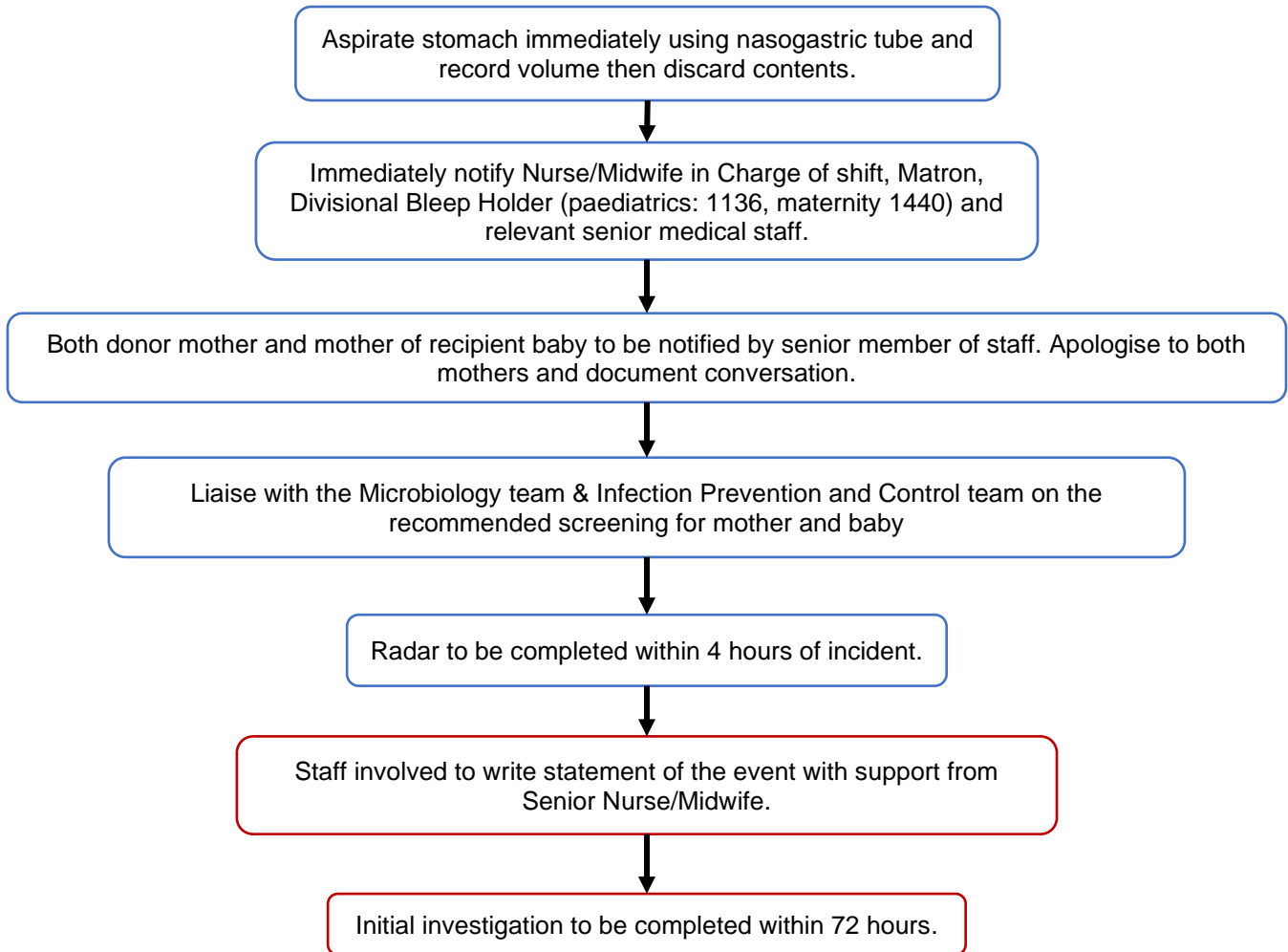
Appendix 4: EBM Adverse Incident Checklist

Actions to take following adverse incident (Must be completed as soon after the incident has happened as is possible – reasons for delay must be recorded) Copy x1 in baby's notes; copy x1 to Matron for Children's Services/NUU	Completed Time / Date	Signed	N/A
EBM should be aspirated from the stomach via NGT (see guidance in policy). This is a time critical procedure.			
Inform: <ul style="list-style-type: none"> • Nurse / Midwife in charge of the shift • Matron or Divisional Bleep Holder (Paediatrics: 1136, Maternity: 1440) • Relevant senior medical staff Name of Nurse in Charge: Name of Relevant Bleep Holder / Matron: Name of Consultant Paediatrician:			
Donor Mother Informed: <input type="checkbox"/> Name of Healthcare Professionals who informed them:			
Recipient Mother Informed: <input type="checkbox"/> Name of Healthcare Professional who informed them:			
Interpreter requested to discuss incident with parents <input type="checkbox"/>			
Incident documented in medical notes (see guidance on confidentiality) <input type="checkbox"/>			
A Radar must be completed within 4 hours of incident Radar no: Serious Incident: Yes <input type="checkbox"/> No <input type="checkbox"/> 72-hour report required: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Liaise with Microbiology Department and the Infection Prevention and Control Department Test the hepatitis B and C, CMV and HIV status of the donor mother (if consent obtained) <input type="checkbox"/> <ul style="list-style-type: none"> • Test and document the hepatitis B and C, CMV and HIV status of the recipient baby <input type="checkbox"/> • 3 month follow up required for affected baby <input type="checkbox"/> 			
Names of staff involved (Please request statements) Name Name			

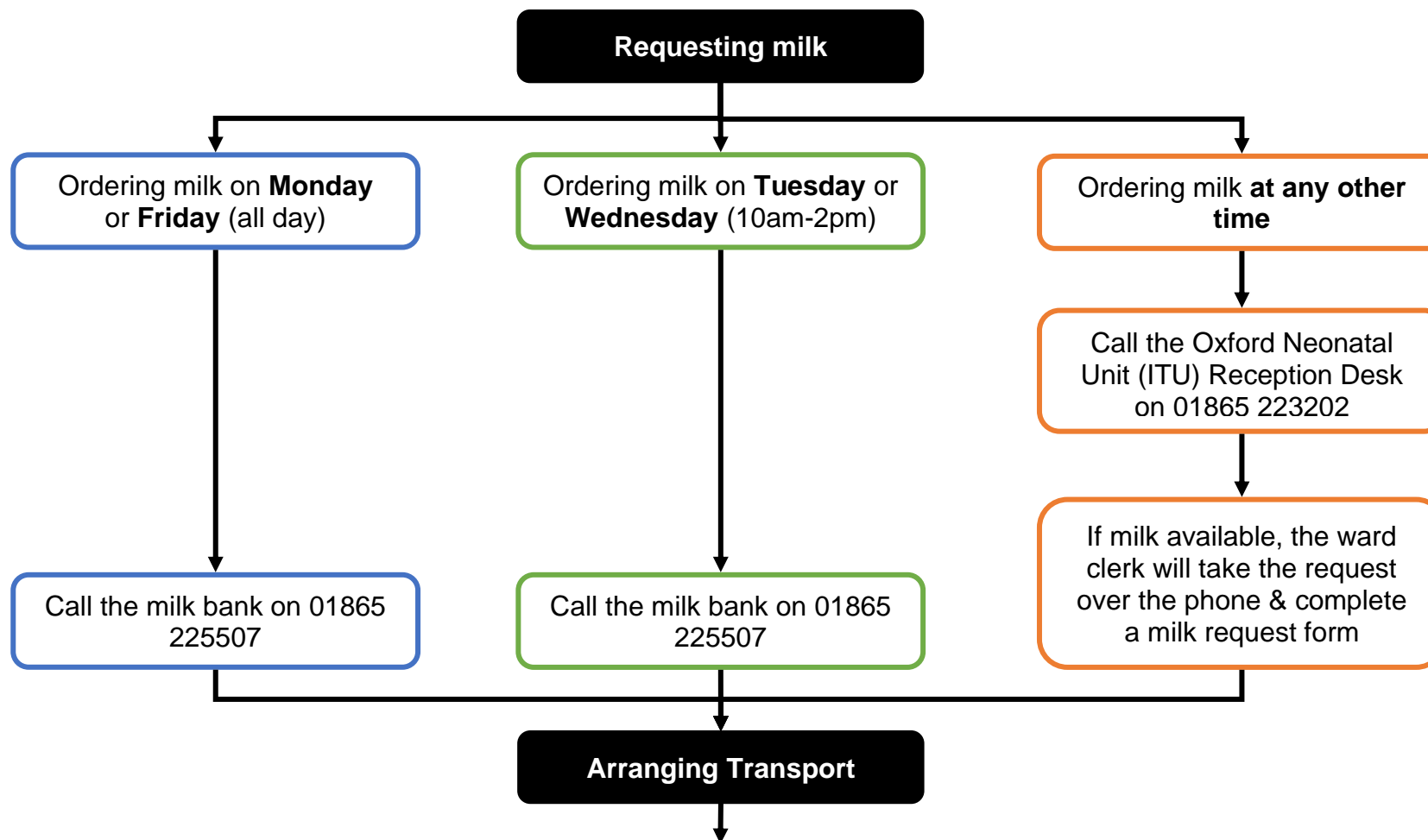
Please note this checklist must be used in collaboration with the Policy for "The Handling and Storage of Expressed Breast Milk"

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Appendix 5: EBM Adverse Incident Flowchart



Appendix 6: Ordering Process for Donor EBM Flowchart



Email SERV OBN via donormilk.obn@serv.org.uk to ask for them to transport the milk, preferably with 24-48 hours' notice if possible.

NOTE: Milk can be requested in 30ml, 50ml and 100ml volumes. Please note the minimum order is 1 litre.

NOTE: Batch receive donor milk into BRIDGE milk management.

Appendix 7: EBM Competency Document

The Safe Handling and Storage of Expressed Milk / Formula Milk within Milton Keynes University Hospital

Each individual member of staff must be able to demonstrate their knowledge and skills in the safe storage and handling of expressed breast milk and formula milk within this hospital. The member of staff must have read and understood the guideline, and adhere to it in practice at all times, to ensure that each baby receives the correct milk.

Staff Name: _____

Position: _____

Band: _____

I have read and understood the Expressing and Handling Breast milk (EBM) Guideline.

Signature: _____

Date: _____

The member of staff is able to demonstrate knowledge that:

The Baby Friendly Initiative ethos is to ensure that all mothers will be supported in their chosen method of feeding their baby.

Mothers who wish to breastfeed will be given a Hand Expressing Pack with written information and practical support within 2 hours of the birth of their baby.

The parent will be given Breast milk Labels, temper proof foil strips and their baby's MRN, and advised about how to complete the milk labels to ensure that their baby receives the correct breast milk.

The member of staff accepting expressed breast milk from a parent or carer will check that the milk container has a tamper proof seal applied and that the milk label has the baby's name, MRN and the date and time the milk was expressed clearly written on the label.

The staff will put the bottle of EBM in the baby's named milk container, which is stored within the body of the milk fridge.

The member of staff can demonstrate the correct procedure for accepting and documenting receipt of Colostrum / EBM from another service within the hospital, completing the correct documentation when this milk is used or discarded.

The member of staff knows that:

EBM can remain at room temperature for a maximum of 4 hours. EBM can be stored in the fridge (2-4 degrees centigrade) for 4 days.

Once defrosted, EMB must be used within 24 hours from the defrost date and time.

EBM can be stored within a freezer (-18°C) for 3 months.

If EBM is mixed with breast milk fortifier it must be used as soon as possible but within a maximum of 12 hours.

If there is not an adequate supply of breast milk and some formula milk is required to supplement nutrition, these feeds are prepared in separate labelled bottles. The EBM is administered first, with the formula feed 2nd. Both components of the feed are documented and signed for separately.

The member of staff can demonstrate making up feeds.

The member of staff will wash hands and wear an apron, will prepare a tray, clean the tray with the Clinell wipe and allow the tray to dry.

Equipment, syringes, bottles and feeding labels are gathered.

Remove the correct milk container from the fridge and select the milk checking the expiry dates.

Scan Storage label then scan EBM if milk needs to be combined or divided or if milk state needs to be changed (E.g. Frozen, thaw , fresh) and if fortifier needs to be added with the 2nd HCP,

Wash hands and apply gloves and use ANTT to prepare the milk feed. Apply the correct label and tamper proof foil to the bottle of milk and place it in the correct container and return it to the body of the fridge.

If milk needs to be warmed, the Calesa warmer (NNU only) can be used if available, otherwise the milk may be allowed to stand in a jug of hot water for 2-3 minutes.

The temperature of the milk can be checked by holding the bottle against the skin of the inner wrist of the HCP, to ensure that it is not too hot.

Before leaving the milk kitchen:

Discard any rubbish, clean the tray and return it to storage. Wipe down the surfaces and leave the area clean and tidy.

Remove the apron and gloves. Wash hands before leaving the milk kitchen.

The member of staff knows how to check the EBM/formula in accordance with the hospital policy, to ensure that the correct baby receives the correct feed.

Before giving the milk to the baby, it must be checked by 2 HCPs and the parent (if present) at the baby's cot side.

Two HCP will scan baby then scan EMB label, also verbally checking baby's name with parent if present say aloud the patient's name to check correct baby

Both HCPs will sign eCare feeding assessment indicating that the correct milk has been given to the correct patient.

The member of staff knows how to check out EBM to home or upon baby's discharge.

Staff must encourage parents to take excess EBM home to be stored in their own freezer when possible.

Prior to discharge, parents are asked to bring a cool bag to take their EBM home. 2 HCPs must check each bottle/syringe of frozen milk to ensure the parent receives the correct milk and discharge on Bridge Milk Management

The HCPs must also check the expiry date on the EBM.

Both HCPs must sign in the baby's records that the milk has been checked and taken home by the parent.

The member of staff knows what to do in the instance of adverse incident.

This is a time critical incident. If the baby has been given the wrong milk, a NGT is passed to remove as much of the milk as possible.

The nurse in charge of the shift must be informed, as will the lead nurse, matron and duty hospital manager and complete a Radar.

The consultant must also be informed, who will liaise with the microbiologist and make arrangements to take the necessary blood specimens.

The family(s) will be kept fully informed and supported.

The staff involved in the incident will need support and will need to write statements about the incident.

All staff will know to refer to the EBM Guideline to guide their actions.

This is applicable for all staff working on NNU ONLY.

The member of staff can demonstrate the correct procedure for accepting and documenting the receipt of frozen Donor Expressed Breast Milk.

The milk must be checked-in by 2 HCPs, and each bottle of milk's unique code number and expiry date is entered on to the Bridge Milk management on Ecare , ensuring this is signed by both HCPs.

The frozen milk will be grouped by expiry date into a sealed plastic bag which has a label attached which clearly states the expiry date. The number of bottles will be added to the form attached to the outside of the freezer.

The member of staff will be able to demonstrate the correct procedure to be followed when DEBM is removed from the freezer to be used or discarded and the documentation which needs to be completed.

I have assessed: _____

and certify that he/she is confident and competent to safely store, prepare and administer milk feeds.

Assessor: _____ Date: _____

HCP: _____ Date: _____

Appendix 8: Mother Expressing Breast Milk

