AU Medical Center
Policy Library

Human Milk Misadministration Management Policy

Policy Owner: Epidemiology

POLICY STATEMENT
All AUMC employees administering human milk will follow the Human Milk Storage and Handling policy to prevent misadministration. The following provisions will be followed should an incident of misadministration occur.

AFFECTED STAKEHOLDERS
*Indicate all entities and persons within the Enterprise that are affected by this policy:

- [□] Administrative Services
- [☑] Hired Staff
- [☑] Housestaff/Residents & Clinical Fellows
- [☑] Leased staff
- [☑] Medical Staff (includes Physicians, PAs, APNs)
- [☑] Patient Care Services (Nursing, PCT’s, Unit Clerks)
- [□] Professional Services (Laboratory, Radiology, Respiratory, Pharmacy; etc.)
- [□] Vendors/Contractors
- [□] Other:

DEFINITIONS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Donor Milk</td>
<td>Human milk which has been pasteurized to decrease the number of microorganisms and tested for infectious diseases</td>
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<td>Gavage</td>
<td>Feeding in a way to provide breast milk or formula directly into the infant’s stomach.</td>
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<td>HBIG</td>
<td>Hepatitis B Immune globulin; drug used for post-exposure prophylaxis to prevent those at risk from developing Hepatitis B.</td>
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<td>HBsAG</td>
<td>Hepatitis B surface antigen; part of the outer surface of the Hepatitis Be virus. Detection of this antigen in the blood is the earliest predictor of active Hepatitis B infection.</td>
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<tr>
<th>Term</th>
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<tbody>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus;</td>
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<td>Human Milk</td>
<td>Milk expressed by human mothers for infant consumption; may be used immediately or stored for later consumption.</td>
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<td>Misadministration</td>
<td>Delivery of therapy (human milk) to infant in which the milk was unintended.</td>
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<td>Pasteurization</td>
<td>The process of heating a beverage or other food, such as milk, to a specific temperature for a specific period of time in order to kill microorganisms that could cause undesired fermentation, spoilage, or disease.</td>
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<td>Recipient Parent/Guardian</td>
<td>Parent/guardian of the infant who received the incorrect human milk.</td>
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<tr>
<td>Recipient Patient</td>
<td>Infant who received the incorrect human milk.</td>
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<tr>
<td>Source Mother</td>
<td>Mother whom expressed human milk which was misadministered.</td>
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**PROCESS & PROCEDURES**

- Upon discovery of the misadministration of human milk, the nurse will:
  - Immediately notify the infant’s physician and Charge nurse;
  - Follow the medical center’s policy on adverse event reporting; and
  - Document the misadministration in the infant’s medical record. The documentation includes who was notified (i.e., charge nurse/supervisor, physician), as well as the amount and type (fresh, refrigerated, thawed), method of feeding (e.g., gavage, bottle, cup), the duration of the feeding if breastfed or the amount of milk ingested if bottle-fed, and the infant’s nursing assessment.

- If the mis-administered milk was donor milk, the physician will inform the parents/guardian that donor milk has been pasteurized and has already been tested for infectious diseases and bacteria. Testing of the donor milk is not necessary.

- If the mis-administered milk was NOT pasteurized donor milk, the infant’s physician will:
  - Obtain an Infectious Disease consult and/or treatment.
o Notify both the source mother and the recipient parent/guardian of the misadministration as soon as it is discovered and provide the protocol to be followed after a misadministration has occurred.

o Inform the recipient patient’s parent/guardian of:
  ▪ Minimal risk of HIV transmission due to factors that may be present in human milk which can act together with time and cold temperatures to destroy HIV; and
  ▪ Lack of documented cases of HIV transmission from a single human milk exposure.

o Encourage the parents to notify the infant’s primary care physician of the exposure.

o Request permission to perform a baseline HIV test on their infant.

o Ask the source mother when the breast milk was expressed and how it was handled prior to being delivered to the caretaker or facility and share information with the infant’s parents.

o Request permission to contact the source mother’s physician to determine her current HIV status and obtain consent to be tested should the status be unknown.

o Obtain informed, written consent to review the prenatal and/or obstetrical records of both the source mother and the recipient patient’s biological mother (if possible) to evaluate HIV and HBsAg status of both mothers.
  ▪ If the biological mother’s HIV and/or HBsAg status is unknown, obtain informed consent for testing.

o Request permission to share the results of the source mother’s HIV and HBsAg test results with the recipient parent/guardian.
  ▪ If the source mother’s prenatal HIV test is:
    o Negative, the physician consults with Infectious Disease to determine the need for further testing.
    o Unknown or if testing is declined, then treat as positive.
    o Positive, consult with Infectious Disease regarding appropriate prophylaxis.
  ▪ If the source’s mother’s prenatal HBsAg test is positive, verify that both infants have been given the HBV vaccine. Additionally, give
hepatitis B immunoglobulin (HBIG) to both infants. If mother refuses testing, treat as positive for the exposed infant.

- After notification by the physician and the appropriate testing complete, the nurse will provide the “RISK OF INFECTION FROM BREAST MILK MISMANAGEMENT—PARENT INFORMATION” handout to the source mother and recipient parent/guardian.

REFERENCES, SUPPORTING DOCUMENTS, AND TOOLS


Risk of Infection from Breast Milk Mismanagement

RELATED POLICIES
Patient Safety Event Reporting

APPROVED BY
Chief Executive Officer, AU Medical Center Date: 06/06/2016