



## CHICA-CANADA POSITION STATEMENT

### HANDLING OF EXPRESSED BREAST MILK (EBM) IN ACUTE CARE FACILITIES

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Breast milk is an important source of nutrition and immunological protection for an infant. Since breast milk is a body fluid, many aspects of handling in hospital are guided by practices used for other body fluids, e.g. blood, blood transfusions. Breast milk can also be a source of infection. To minimize the risk of spreading infection in acute care facilities the principles for safe handling of expressed breast milk (EBM) listed below should be followed. Please note, each facility needs to adapt these practice statements based on what makes sense in their own facility with the resources they have.

- The mother should be taught the basic principles of asepsis as it applies to collection, storage and handling of breast milk.
- EBM must be collected in an aseptic container (single use sterile bottles and sterile lids should be used for every pumping session) and labeled to include contents, baby's name, mother's name, hospital identifier, date/time of pumping, date/time of freezing, and date/time of thawing.
- Freshly expressed breast milk should be used within 48 hours or otherwise frozen in a dedicated freezer. Unrefrigerated fresh breast milk should be used within four hours or discarded.
- Each mother should be assigned a dedicated labeled freezer container for her baby's milk.
- Frozen breast milk should be thawed in the refrigerator and used within 24 hours. Use of multi-bottle water baths should be discouraged; however if they are used care should be taken to protect the bottles from direct contact with the water to avoid contamination.
- EBM that has been fortified must be used within 24 hours of preparation. Details should be reviewed with the hospital formula room and/or

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dietitian.

- When administering EBM, principles of Routine Practices should be followed.
- At a minimum a double check mechanism should be used at the time of administration to avoid errors in administration. In facilities with large numbers of mothers who express milk, long term consideration should be given to automated systems such as bar coding to avoid errors in administration.
- A comprehensive written policy including disclosure and course of action should be available in the event of errors involving breast milk. Viral testing of “donor” and “recipient” mothers should occur as well as administration of post exposure prophylaxis if indicated.
- The maximum hang time for continuous feedings is four hours. The administration set should be changed every four hours.
- Because of the higher risk of environmental contamination and the potential for cross-contamination in the hospital environment , breast pump kits should be reprocessed after each use by a minimum of high level disinfection.
- Breast pump tubing and membrane filters can be difficult to clean adequately depending on the make of pump and facility reprocessing expertise. In general, they should be discarded if they come in contact with breast milk.
- The breast pump should be cleaned with a low level disinfectant after each use.
- Banked human milk is available by prescription and can be considered in selected circumstances from a reputable donor human milk bank where adherence to rigorous guidelines (e.g. Human Milk Banking Association of North America) occurs.

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