

TITLE

BREASTMILK SAFE MANAGEMENT

SCOPE

Provincial: Acute Care

DOCUMENT

PS-16

APPROVAL AUTHORITY

Alberta Health Services Executive Team

INITIAL EFFECTIVE DATE

June 3, 2013

SPONSOR

Vice President, People, Health Professions & Information Technology

REVISION EFFECTIVE DATE

March 31, 2022

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

March 31, 2025

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To facilitate the safe management of **breastmilk** from a **birth parent** in Alberta Health Services (AHS) Acute Care settings.

PRINCIPLES

Guardian and Infant Well-Being: **Health care providers** should aim to promote the well-being and health of infants and their **guardian(s)**, based on the best available evidence, and subject to the preferences and values of the guardian(s).

Patient and Family Centred Care: Health care providers should strive to keep the **patient** and family needs and perspectives at the heart of the health care encounter, contributing to systems and processes that try to prioritize the needs of the patient.

Informed Feeding Decisions: A guardian's **informed feeding decision** occurs following consultation and information provision from **health care professionals**. Breastmilk is the healthiest option for infant feeding, when available. AHS health care providers should promote the use of breastmilk for infants when feasible and within an informed feeding decision perspective. It is important to approach this issue with sensitivity as some guardians may wish to provide breastmilk but may be unable to do so.

Collaboration: AHS is committed to working in partnership with the infant's guardian(s) to ensure the safe management of breastmilk.

Safety: Since breastmilk is a body fluid, processes must be in place to outline the safe management of breastmilk. There may be a risk of viral transmission, including but not limited

to, human immunodeficiency virus (HIV), hepatitis B, and hepatitis C, if an infant unintentionally receives the incorrect breastmilk.

Diversity and Inclusion: While the AHS *Breastmilk Safe Management* Policy Suite uses the term 'breastmilk', health care providers should be aware that some guardians may prefer more inclusive terms such as 'human milk' or 'chest milk'. In all circumstances, health care providers shall use a patient and family-centred care approach to be responsive to the particular context, self-identified gender, pronouns, and preferred terminology of the guardians and families they support.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

- 1.1 For the safe management of **donor human milk**, health care providers shall follow the AHS *Pasteurized Donor Human Milk* Procedure.
- 1.2 Health care providers shall collect, label, store, retrieve, verify, and feed breastmilk to the infant in accordance with the safe management practices identified in the AHS *Breastmilk Safe Management* Procedure.
- 1.3 To ensure the safe management of breastmilk during the infant's stay, adherence to the AHS *Breastmilk Safe Management* Procedure, AHS *Infection Prevention and Control (IPC) Routine Practices* and the AHS *Hand Hygiene* Policy and Procedure shall be followed.

2. Verifying the Identity of Breastmilk

- 2.1 Health care providers shall verify the identity of breastmilk at all stages of the handling process (i.e., collection, labelling, storage, retrieval, and feeding), in accordance with the safe practices identified in the AHS *Breastmilk Safe Management* Procedure.
- 2.2 A **double-check** shall occur prior to every feeding of breastmilk, in accordance with the safe practices identified in the AHS *Breastmilk Safe Management* Procedure.
- 2.3 If there is any discrepancy in the verification of the identification of the infant and the information on the label of the breastmilk container, the health care provider shall discard the breastmilk.

3. Breastmilk with Additives

- 3.1 An **independent double-check** with two (2) health care professionals shall occur if additives are mixed in breastmilk, as per the AHS *Independent Double-Check* Guideline and in accordance with the safe practices identified in the AHS *Breastmilk Safe Management* Procedure.

4. Enteral Feeding Equipment and Supplies

- 4.1 Health care providers shall not use parenteral syringes to prepare, measure, or administer breastmilk intended for the oral and enteral route.
- 4.2 Enteral pumps and supplies, including **single-use medical devices** such as syringes and extension tubing designated specifically for enteral administration, shall be used for enteral feeds (in accordance with the AHS *Invasive Infusion Line and Tubing Verification* Policy and the AHS *Breastmilk Safe Management* Procedure).

5. Education

- 5.1 Education on the safe management of breastmilk shall be provided to health care providers caring for breastfeeding infants and/or handling breastmilk.
- a) Health care providers on a leave of absence, or otherwise away from their workplace for a time period of 12 months or more, shall be provided with education on the safe management of breastmilk as part of their return-to-work orientation.
- 5.2 Education on the safe management of breastmilk shall be provided to the infant's guardian(s), whenever practical, upon admission and orientation to the care unit, and continue throughout the hospital stay.
- a) Health care providers shall be sensitive and aware of potential challenges to family care related to cultural, language, and literacy differences.
- 5.3 Education for health care providers and guardians shall include:
- a) the role and responsibilities of the guardian(s) as a partner on the health care team related to the safe management of breastmilk;
- b) information about the risk of viral transmission; and
- c) practices to follow to ensure the safe management of breastmilk during the infant's stay.

6. Clinical Adverse Events or Close Calls

- 6.1 For **clinical adverse events** or **close calls** related to breastmilk, the health care provider shall refer to the AHS *Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events* Policy Suite.

- a) For clinical adverse events related to when an infant unintentionally receives incorrect breastmilk, the health care provider shall refer to the *AHS Breastmilk Safe Management: When an Infant Unintentionally Receives Incorrect Breastmilk Procedure*.

7. Documentation

- 7.1 All processes, interventions, and guardian teaching shall be documented in the patient's **health record**.
- 7.2 The most appropriate health care professional may submit a report in the Reporting and Learning System (RLS) for Patient Safety for both breastmilk-related clinical adverse events and close calls, as per the *AHS Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events Policy Suite*.

8. Audit

- 8.1 Audits of practices related to safe breastmilk management should be conducted and results reviewed as per local/site processes or at least every six (6) months.

DEFINITIONS

Birth parent means the individual who gave birth to the infant and produces breastmilk that is given to the infant.

Breastmilk means breastmilk coming from the infant's birth parent; this includes antenatal colostrum (colostrum that is expressed and collected during pregnancy).

Clinical adverse event (CAE) means an event that reasonably could or does result in an unintended injury or complications arising from health care management, with outcomes that may range from (but are not limited to) death or disability to dissatisfaction with health care management, or require a change in patient care.

Close call means an event that has potential for harm and is intercepted or corrected prior to reaching the patient.

Donor human milk (DHM) means human milk that is pasteurized and cultured post pasteurization by a Human Milk Banking Association of North America (HMBANA) approved milk bank to ensure safety after collection from a lactating individual who has met rigid screening criteria, including a medical and lifestyle history, blood testing for HIV, HTLV I and II, hepatitis B and C, and syphilis. The pasteurized donor human milk is frozen for storage and transported as per HMBANA guidelines.

Double-check means a verification process to ensure the infant is fed the correct breastmilk. It occurs prior to feeding breastmilk to an infant, whereby a health care professional, at the infant's bedside, matches two (2) or more patient identifiers (as per the *AHS Patient Identification Policy*) on the breastmilk container label with the information on the infant's patient identification band, with another health care professional, a health care provider, or the bar code scanning system.

Guardian means where applicable:

For a minor: a guardian as defined by the *Family Law Act* (Alberta), a divorced parent with custody of the minor, or a person appointed pursuant to a will, personal directive, court order, agreement or by authorization of legislation (e.g., *Child, Youth and Family Enhancement Act* [Alberta]).

For an adult: an individual appointed by the Court in accordance with the *Adult Guardianship and Trusteeship Act* (Alberta) to make decisions on behalf of the adult patient when the adult patient lacks capacity.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Professions Act* (Alberta), and who practises within scope and role.

Health care provider means any person who, within their role, provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

Independent double-check means a verification process whereby a second health care professional conducts a verification of another health care professional's completed task. The most critical aspect is to maximize the independence of the double-check by ensuring that the first health care professional does not communicate what they expect the second health care professional to see, which would create bias and reduce the visibility of an error.

Informed feeding decision means a feeding decision that takes place when a guardian decides how to feed their child. Informed feeding decisions are influenced by various caregivers and supporters who contribute to the decision-making process. However, decisions regarding breastfeeding shift the decision-making power into the sphere of the individual whose body is required to breastfeed or to express their milk. The guardian is enabled to make an informed feeding decision when:

- they have information about the feeding options, their health benefits, safety issues, health risks, and relevant contextual factors;
- they have the opportunity to express relevant values, preferences and circumstances for themselves and their family; and
- the information provided is responsive and sensitive to the context of the guardian and their infant/child, is evidence-informed and objective.

Patient means all persons, inclusive of residents and clients, who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

- a) a co-decision-maker with the person; or
- b) an alternate decision-maker on behalf of the person.

Single-use medical device means a critical or semi-critical medical device designated by the manufacturer for single-use only and may be indicated by, but not limited to, the following terms used for labelling by the manufacturer:

- a) disposable;
- b) consumable;
- c) not for reuse or do not reuse;
- d) discard after single use;
- e) do not use twice; or
- f) a symbol such as: ③

REFERENCES

- Alberta Health Services Governance Documents:
 - *Breastmilk Safe Management Procedure* (#PS-16-01)
 - *Breastmilk Safe Management: When an Infant Unintentionally Receives Incorrect Breastmilk Procedure* (#PS-16-02)
 - *Critical and Semi-Critical Single-Use Medical Devices Policy* (#PS-07)
 - *Hand Hygiene Policy* (#PS-02)
 - *Hand Hygiene Procedure* (#PS-02-01)
 - *Independent Double-Check Guideline* (#PS-60-01)
 - *Invasive Infusion Line and Tubing Verification Policy* (#PS-15)
 - *Pasteurized Donor Human Milk Procedure* (#HCS-294-01)
 - *Patient Identification Policy* (#PS-06)
 - *Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events Policy Suite* (#PS-95)
- Alberta Health Services Resources:
 - *Routine Practices* (Infection Prevention and Control)
 - *Single-Use Medical Device List of Approved Exceptions*
- Non-Alberta Health Services Documents:
 - *Family Law Act* (Alberta)
 - Human Milk Banking Association of North America (HMBANA) website

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