EXPRESSED BREAST MILK: SAFE MANAGEMENT

PURPOSE
- To facilitate the safe management of expressed breast milk within Alberta Health Services settings.

POLICY STATEMENT
- Breast milk is a body fluid and processes must be in place to support the intended infant receiving the intended breast milk.
- There may be a risk of human immunodeficiency virus (HIV), Hepatitis B, and/or other pathogen transmission if expressed breast milk is given to the unintended infant.
- All persons handling expressed breast milk in Alberta Health Services must adhere to the required policy and procedures.

APPLICABILITY
Compliance with this policy 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 services providers as necessary). This policy does not limit any legal rights to which you may otherwise be entitled.

POLICY ELEMENTS
- Expressed breast milk shall be collected, stored, retrieved, verified and fed to the infant(s) in accordance with the safe practices identified in the Alberta Health Services Expressed Breast Milk: Safe Management Procedure.
1. **Verification of Identity**

   1.1 Verification of the identity of the expressed breast milk shall be carried out at all four stages of the process, (i.e. collection and labelling, storage, retrieval, and verification and feeding) in accordance with the safe practices identified in the Alberta Health Services *Expressed Breast Milk: Safe Management* Procedure.

   1.2 If there is any discrepancy in the verification of the identity of the patient or accuracy of the information on the expressed breast milk label, the expressed breast milk must be discarded.

2. **Human Donor Milk**

   2.1 Pasteurized human donor milk obtained from an approved source (i.e., milk bank), according to the Human Milk Banking Association of North America (HMBANA) guidelines, shall only be dispensed for administration/feeding following a written prescription or order from the infant’s **most responsible health practitioner** and written consent from a parent or guardian.

   2.2 If a parent/guardian chooses to procure banked donor milk for the purpose of feeding their infant, the parent/guardian is responsible to provide documentation from an approved source (i.e. milk bank), as per the HMBANA guidelines, indicating that the milk has been properly collected, stored, pasteurized and cultured in accordance with the Canadian Food Inspection Agency.

      a) If the documentation related to the source is not available, **health care providers** and/or the infant’s most responsible health practitioner shall first present information to the parent/guardian regarding the potential risks of viral transmission and harm to the infant.

      b) If the parent/guardian chooses to use the undocumented procured human milk after being informed of the potential risks, Alberta Health Services assumes no responsibility for associated risks.

      c) The health care provider or most responsible health practitioner who discussed the risks and presented information to the parent/guardian will document the exchange of information and discussion of the risks in the infant’s **health record**.

      d) Health care providers will not administer expressed breast milk that is not HMBANA approved.

3. **Enteral Feeding Equipment and Supplies**

   3.1 Parenteral syringes shall not be used to prepare, measure or administer expressed breast milk intended for oral and enteral route. Pumps and supplies, including single use syringes and extension tubing, designated specifically for enteral administration only must be used for enteral feeds.
4. Parent/Guardian Participation

4.1 Alberta Health Services is committed to ensuring that parents/guardians are partners in the processes of care which includes the safe management and handling of expressed breast milk.

5. Co-signer

5.1 The signature of a parent/guardian obtained for the purposes of verifying the label of expressed breast milk with the infant’s identification band does not transfer liability from Alberta Health Services to the parent/guardian for any adverse events as a result of the verification process.

6. Education

6.1 Health care providers caring for breastfeeding infants and/or handling expressed breast milk must be provided education on safe management of expressed breast milk.

6.2 The education of parents/guardians regarding safe management of expressed breast milk should, whenever possible, occur upon admission and orientation to the care unit.

6.3 Education for both the health care provider(s) and the parents/guardians shall include:

   a) the role and responsibilities of the parent/guardian as a partner on the health care team related to safe expressed breast milk management;

   b) the requirements and process for an independent double check of the expressed breast milk label with the infant’s identification band by two (2) health care providers if medication has been added to the expressed breast milk;

   c) the process and requirement for a health care provider and one of the following: a second health care provider, or infant’s parent/guardian to act as a co-signer, as identified in the safe practices of the Alberta Health Services Expressed Breast Milk: Safe Management Procedure;

   Note: The signature of a parent/guardian does not confirm that the expressed breast milk in the container is the expressed breast milk of the infant’s mother; rather it acknowledges that the patient identification on the expressed breast milk container matches the patient identification on the infant’s identification band.

   d) information about the risk of viral and other pathogen transmission, and the procedures to follow to ensure the safe management and handling of expressed breast milk during the infant’s stay-(safe management includes
adherence to Infection Prevention and Control (IPC) routine practices and hand hygiene protocols); and

e) sensitivity to cultural, language and literacy differences and related challenges.

6.4 Health care providers on a leave of absence, or otherwise away from their workplace for a time period extending 12 months shall be provided education on safe management of expressed breast milk as part of orientation at the time of their return to work.

7. Documentation

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

8. Adverse Events

8.1 If an infant receives, or the potential exists for the infant to receive, unintended expressed breast milk from a source other than his/her own mother or banked donor milk that is not designated for that infant, then this is deemed a reportable adverse event.

8.2 If the Infant receives unintended expressed breast milk:

a) the charge nurse and the most responsible health practitioner shall be notified immediately and the Alberta Health Services Procedure: Expressed Breast Milk: When Milk is Given to the Unintended Infant must be followed; and

b) both the source mother and the infant’s parent/guardian must be notified of the adverse event following the process outlined in the Alberta Health Services Procedure: Expressed Breast Milk: When Milk is Given to the Unintended Infant, the Disclosure of Harm Policy and the Disclosure of Harm Procedure.

8.3 The parent/guardian and/or the health care provider who identifies the administration or near miss with the administration of unintended expressed breast milk should immediately notify the charge nurse.

8.4 Once notified of a close call or the administration of unintended expressed breast milk, the charge nurse, associated health care professionals and the most responsible health practitioner will enter into a discussion about next steps and reporting the incident in the Reporting Learning System (RLS).

9. Audit

9.1 Audits of practices related to safe expressed breast milk management and results reported should be conducted as per site protocol or at least every six (6) months.
DEFINITIONS

**Co-signer** means health care provider’s signature and one of the following: a second health care provider, or infant’s parent or guardian is necessary as one of the double signatures required in the *Expressed Breast Milk: Safe Management* Procedure.

**Guardian** means where applicable

For a minor:

a) as defined in the *family law act*;

b) as per agreement or appointment authorized by legislation (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 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.

**Health care provider** means any person acting on behalf of Alberta Health Services who is providing a good or a service 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 Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

**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 he or she expects the second health care professional to see, which would create bias and reduce the visibility of an error.

**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.

**Parent** means the adult guardian of a child in accordance with the Alberta *Family Law Act* (see Appendix A – *Overview of the Definition of “Guardian” as set out in Section 20 of the Family Law Act*).

**Patient** means all persons who receive or have requested health care or services from Alberta Health Services and its health care providers and also means, where applicable:
a) a co-decision-maker with the person; or
b) an alternate decision-maker on behalf of the person.

**Reportable adverse event** means an unexpected occurrence that reaches the patient and must be reported to the designated charge nurse and the most responsible physician for action.

**Source mother** means the mother whose expressed breast milk was unintentionally given to an infant other than her own.

**REFERENCES**

- Appendix A - *Overview of the Definition of “Guardian” as Set Out in Section 20 of the Family Law Act*
- Alberta Health Services, *Consent to Treatment/Procedure(s) Minors/Mature Minors* PRR-01-03
- *Alberta Health Services Expressed Breast Milk: Safe Management Procedure*
- *Alberta Health Services Expressed Breast Milk: When Milk is Given to the Wrong Infant Procedure*
- *Family Law Act Alberta*

**REVISIONS**

N/A
APPENDIX A

Overview of the Definition of “Guardian” as Set Out in Section 20 of the Family Law Act

A guardian is a parent if:

1. The parent has acknowledged that he or she is the parent of the child; AND
2. Has demonstrated an intention (see guidelines below) to assume the responsibility of a guardian in respect of the child within one year of either becoming aware of the pregnancy or becoming aware of the birth.

Parentage (who is a parent):
There are three combinations of parent-child relationships recognized under the Family Law Act:

<table>
<thead>
<tr>
<th>Children conceived without assisted reproduction:</th>
<th>Children conceived with assisted reproduction and whose birth mother is the intended parent:</th>
<th>Children who were conceived with assisted reproduction and whose birth mother is a surrogate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth mother and biological father are the parents, except in the case of adoption where one would refer to the adoption Court Order. If adoption is in progress, contact Clinical Legal Services.</td>
<td>The birth mother will be considered to be one parent.</td>
<td>Until there is a Court Order declaring parentage, the surrogate remains the only legal parent.</td>
</tr>
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*see below for who is presumed to be the biological father.*

The other parent will depend on how the Embryo was created:
1. If the embryo was created from the intended male parent’s sperm, then the other legal parent is the intended male parent.
2. If the embryo was created from donated sperm, then the person who was married to or in a conjugal relationship with the birth

Once the surrogate has relinquished her parental rights, a Court Order will declare the proper legal parents.
mother AND consented to be a parent at the time of conception is the other parent.

If there is a dispute over parentage, a court order may be sought to declare that someone is or is not a parent of a particular child. For Adoptions, a Court Order will be provided.

**INTENTION**

*May be shown by any of the following:*

1. Being married to the other parent at the time of the birth of the child;
2. Being married to the other parent after the birth of the child;
3. Being married to the other parent that, within 300 days before the birth of the child ended by death, decree of nullity or judgment of divorce;
4. Being an adult Interdependent partner of the other parent at the time of birth of the child;
5. Being an adult Interdependent partner with the other parent after the birth of the child;
6. Having cohabitated with the other parent for at least 12 consecutive months during which time the child was born;
7. Having entered into an agreement with the other parent to be a guardian under the *Family Law Act*;
8. Having carried the pregnancy to term (for the birth mother);
9. Where the other parent is the birth mother, voluntarily providing or offering to provide support for the birth mother during or after her pregnancy, not by court order;
10. Voluntarily providing or offering to provide reasonable direct or indirect financial support for the child;
11. Court Order (Court may find other evidence to be that of Intention);
12. Where the child is born as a result of assisted reproduction, being a parent of the child under section 8.1 (see middle column under Parentage above).
**BIOLOGICAL FATHER**

The following will be presumed to be the biological father where the child was born without assisted reproduction (see first column under Parentage above):

The male person who:

1. Was married to the birth mother at the time of the child’s birth;
2. Was married to the birth mother by a marriage that within 300 days before the birth of the child ended by: death; decree of nullity; or judgment of divorce;
3. Married to the birth mother after the child’s birth and has acknowledged that he is the father;
4. Cohabitated with the birth mother for at least 12 consecutive months during which time the child was born and he has acknowledged that he is the father;
5. Cohabitated with the birth mother for at least 12 consecutive months and the period of cohabitation ended less than 300 days before the birth of the child;
6. Is registered as the parent of the child at the joint request of himself and the birth mother under the *Vital Statistics Act*, or under similar legislation in a province or territory other than Alberta;
7. Has been found by a court of competent jurisdiction in Canada to be the father of the child for any purpose.

**Note:** Two people cannot be presumed to be the biological father. If that is the case, then no one will be presumed to be the biological father.