

BREAST MILK HANDLING AND STORAGE

Improperly collected or stored breast milk can become contaminated and cause sepsis. Staff must adhere to local policies on collection of human milk and hand washing

PRECAUTIONS

- Wash hands thoroughly
- Cover cuts and abrasions and wear gloves when handling breast milk

Confirmed/suspected maternal infections

- Wash hands thoroughly before and after each pump session
- Ensure mother has a dedicated expressing pump, and disinfect after each use
- Use aseptic milk transfer technique to safely transfer milk to new storage container

ADMINISTRATION

- Ensure there is a dedicated breast milk fridge and freezer for storage on ward and this is accessed according to local policy
- Add date and time to bottle label when bottles placed into, and removed from, freezer/when additives added
- Ensure two persons check before administration to baby and/or addition of additives

ADVICE TO MOTHERS

- See **Breast milk expression** guideline
- Advise mothers to bath/shower daily
- Do not wash breasts with bactericidal detergent or soap
- Before expressing milk, it is essential to wash hands thoroughly with soap and water and dry with a disposable towel
- Wipe breast pump with disinfectant wipe before use
- Emphasise to mothers the importance of washing all breast milk collecting equipment properly before sterilising
- Wash equipment with hot, soapy water using bottle brush (not shared), rinse well and dry thoroughly with paper towels promptly after use. Sterilise before use. Discard bottle brushes on discharge
- Give all breastfeeding mothers information available from www.unicef.org.uk/babyfriendly and www.bestbeginnings.org.uk/watch-small-wonders-online

COLLECTION OF BREAST MILK

- Give mother collection kit (sterilise before use) and sterile bottles
- Provide parents with identification stickers to label milk (which include patient). Before giving a mother the patient identification stickers, positive identification must be made at the cot side/bedside by two people – can be between staff/parent
- Clearly label milk from individual mothers, adding baby's name, hospital number, date of birth and date and time expressed to the label
- Store in individual patient labelled containers in a dedicated breast milk fridge (individual containers must not hold bottles from >1 mother)
- Be aware blood and other pigments can discolour milk causing appearance to vary considerably

STORAGE

Where

- Store in designated fridge at 2–4°C. Freshly expressed breast milk can be stored for 48 hr before freezing
- Breast milk can be stored for 3 months at -20°C in designated freezer without a defrost cycle (in hospital)

- Freeze breast milk in small volumes with early expression so less milk requires defrosting and potentially less waste when establishing feeds
- Add date and time milk transferred to freezer to label
- Monitor fridge and freezer temperature twice daily using an indwelling maximum/minimum thermometer that is calibrated every 6 months. This temperature should be recorded – date/time, temperature and signature

How

- Place milk in an **upright** bottle/sterile container with airtight lid
- Ensure bottles labelled appropriately
- Store labelled bottles in individually labelled tray in designated breast milk fridge/freezer (individual containers must not hold bottles from >1 mother)
- Wash trays stored in fridge daily in warm soapy water, rinse well and dry thoroughly
- Clean trays between each use
- Gently agitate (**do not shake**) milk container to mix milk, then warm before use as refrigerated milk separates with fat globules forming top layer

DEFROSTING

- Use frozen milk in sequence of storage until enteral feeds established
- Thaw frozen milk in waterless warmer or in fridge (if warmer not available)
- Add date and time bottles removed from freezer/opened to bottle label
- If frozen milk needs to be thawed quickly (and warmer not available), hold bottle under cold or tepid water. Gently agitate and do not allow water to enter bottle via cap
- Discard any unused thawed milk (stored in fridge at 2–4°C) after 24 hr if defrosted in fridge or 12 hr if accelerated defrost

USE

- Once removed from fridge, fresh or defrosted milk must be used within 2–4 hr (2 hr preferable)
- Fresh milk is preferable to thawed milk
- Change continuous tube feeding (tubing between nasogastric tube and pump) every 4 hr
- To minimise fat loss, if using an enteral syringe driver position syringe delivering feed in semi-upright position
- Bolus feeds – warm milk before giving using waterless warmer if available (to minimise fat loss)
- Additives to be added to breast milk as close to feed time as possible
- Only warm volume of milk required for feed. Store remainder in designated fridge
- Before giving breast milk, conduct a two-person check of the label and cross-reference with baby's identity bracelet to ensure milk is not given to wrong baby

TRANSPORTATION OF MILK

Milk is often transported from:

- Mother's home to hospital:
 - if mother expressing milk at home, provide supply of labels (instruct to add date and time expressed to each bottle)
 - transport in insulated container that can be easily cleaned
 - encourage mother to use coolant block to maintain stable temperature
- On arrival at hospital, store in fridge/freezer at earliest opportunity, ensuring any frozen milk has not defrosted en-route
- Hospital-to-hospital:
 - use rigid container for easy cleaning (e.g. cool box) and fill empty space with bubble wrap
 - use coolant block to maintain temperature. Transfer to fridge/freezer if frozen as soon as possible on arrival in NNU/ward
 - document amount of milk both fresh and frozen, to ensure any milk defrosted in transit is not refrozen on arrival

STORAGE FOLLOWING DISCHARGE

- Ensure parents take home all MEBM in the fridge or freezer. If some MEBM is left on unit and is in date, transfer from fridge to freezer immediately – inform parents to collect as soon as possible
- Give parents all MEBM on discharge and ensure all milk is checked for correct baby details:
 - crosscheck labels on bottles with patient ID (second checker ideally mother)
 - if parents are not present conduct two nurse check and document in patient notes
- Discard milk stored in NNU freezer 1 month after discharge or as per local policy
- Discuss with parents the opportunity of donating any unwanted MEBM to local donor milk bank