

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*

ADMINISTRATION

- Ensure there is a dedicated fridge and freezer for milk storage on ward
- Add date and time bottles removed from freezer/opened to bottle label
Ensure 2 person 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 tamper evident sterile bottles
- Provide parents with patient identification stickers to label milk. Before giving a mother the patient identification stickers, positive identification must be made at the cotside/bedside by 2 people
- Clearly label milk from individual mothers and store in individual patient labelled containers and in a dedicated breast milk fridge (individual containers must not hold bottles from >1 mother)
- 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 -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 sterile container with airtight lid
- Ensure bottles labelled appropriately – see **Record keeping**
- Store labelled bottles in separate 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 milk container to mix milk before use

- refrigerated milk separates with fat globules forming top layer
- [Ensure stock rotation so milk is used in most economical order.](#)

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)
- 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, position syringe delivering feed in semi-upright position [and also discourage the use of bags.](#)
- 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, carry out a **2** person check of the label and cross-reference with baby's identity bracelet to ensure milk is not given to wrong child

TRANSPORTATION OF MILK

Milk is often transported from:

- Mother's home to hospital:
 - transport in insulated container that can be easily cleaned
 - encourage mother to use coolant block to maintain stable temperature
- 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

PRECAUTIONS

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

Covid19 suspected/positive

- Wash hand thoroughly
- Cover cuts and abrasions and wear gloves when handling breast milk
- Wipe down the outside surface of **ALL** individual milk containers using universal disinfectant already in place at hospital
- Set wiped containers in rack or on tray to dry (wet to dry ensures time for viricidal effect) before storing in refrigerator or freezer
- Store in expressed breast milk fridge, in an individual, named box with lid
- Use expressed breast milk within 48 hr of expression and place in expressed breast milk freezer if not used within allotted time

RECORD KEEPING

- Label all bottles/syringes with:
 - baby's name, hospital number and date of birth date and time of expression

- If mother is expressing milk at home, provide her with a supply of labels instructing her to add date and time expressed to each bottle
- If freezing MEBM label date and time frozen, and date and time of defrosting
- See **Breastfeeding** guideline

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 **each bottle of** milk is checked for correct baby details:
 - crosscheck labels on bottles with patient ID (second checker ideally mother)
 - if parents not present carry out 2 nurse check and document in patient notes
- Discard milk stored in **NNU** freezer 1 month after discharge or as per local policy, **and also when expired**.
- Discuss with parents the opportunity of donating any unwanted MEBM to local donor milk bank