



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: MANAGEMENT OF EXPOSURE TO WRONG BREAST MILK

POLICY NO. 340B

CATEGORY: Provision of Care	EFFECTIVE DATE: 6/19
POLICY CONTACT: Virender Rehan, MD	UPDATE/REVISION DATE:
REVIEWED BY COMMITTEE(S): NICU Steering Committee	

PURPOSE:

This policy outlines the steps to be taken in case an infant is fed, or allegedly fed, breast milk from another mother.

POLICY:

In the event there is inadvertent administration of the wrong breast milk to an infant, the nurses and physicians shall follow the procedures below.

PROCEDURE:

A. The nurse recognizing the situation will:

1. Immediately notify the Attending Physician and the Charge Nurse.
2. Place any available source mother's breast milk in a securely capped, fully-labeled syringe in a clear plastic bag and place it in the designated refrigerator (this is done in case any testing on the milk needs to be performed).
 - a. After all testing is complete as verified by the care team, no further testing is needed, and after discussion with the Attending physician, the stored source mother's milk will be discarded.
3. Enter a Safety Intelligence (SI) event report on the intranet and notify the Infection Prevention and Control (IPC) Department.
4. Contact Social Services and Risk Management within four hours of the incident.

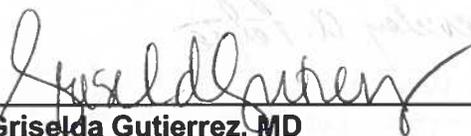
B. The Attending physician and/or Fellow of record has the responsibility to:

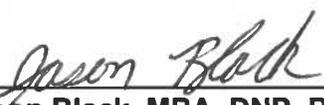
1. Contact the breast milk donor mother (the woman from whom the breast milk came), explain the situation, and request consent to test her blood for immediate **HIV antigen/antibody screening, anti-hepatitis B core antibody, hepatitis B surface antigen, and anti-hepatitis C antibody.**
2. Document the consent of the source mother in a progress note, but do not place consent in the patient's (exposed baby's) chart.

REVISED: 4/22

REVIEWED: 6/19, 4/22

APPROVED BY: 
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- a. Labs are to be done regardless of any previous lab tests that were performed. If the mother refuses, contact Social Services and Risk Management.
3. Contact the parent(s) of the infant who received the wrong breast milk and explain the situation. Do not disclose the name of the source mother.
 - a. Inform the parent(s) that the risk of transmission of HIV infection via this exposure is low and that transmission of HIV from a single human milk exposure has never been documented.
 - b. Request permission to test the infant that has received the wrong breast milk including the tests noted above, if deemed necessary. Document the consent in the recipient infant's medical record.
4. The issue of HIV prophylaxis should be discussed, with the recommendation that it is not warranted unless information on the donor milk testing indicates otherwise. In the event that HIV prophylaxis is warranted and is agreed to by the parent(s), consult the Pediatric Infectious Disease service for specific drug and dosing recommendations.
5. Notify the recipient infant's parent(s) and the source mother of the respective lab results. Do not disclose the name of the source mother to the parent(s) of the infant, and do not note the name in the infant's medical record.
6. Arrange for follow-up serology testing, if necessary, of the recipient infant in consultation with the Pediatric Infectious Disease service.
7. If the infant is discharged from the inpatient setting prior to the above-scheduled labs, notify Risk Management to arrange for lab draws on an outpatient basis.
8. Further testing of the infant's mother may be recommended by IPC or the Pediatric Infectious Disease service.

REFERENCES:

1. American Academy of Pediatrics. Human Milk. In Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Red Book: 2018 Report of the Committee on Infectious Diseases, ELK Grove Village, IL: American Academy of Pediatrics; 2018: p.115-21.
2. CDC: What To Do If An Infant Or Child Is Mistakenly Fed Another Woman's Expressed Breast Milk, 10/20/2009; http://www.cdc.gov/breastfeeding/recommendations/other_mothers_milk.htm
3. Hospital Policy #318 - Consent for HIV Testing in the Healthcare Setting.

REVIEWED BY:

Infection Prevention & Control Dept.
NICU Steering Committee – September 15, 2021

Reviewed and approved by:
Medical Executive Committee 04/2022

Beverley A. Petrie, M.D.
President, Professional Staff Association