

Policy
Compliance
Procedure



HNEkidshealth
Children, Young People & Families



Health
Hunter New England
Local Health District

Expressed Breast Milk (EBM) Management

Sites where Clinical Guideline applies	All Maternity, Newborn and Paediatrics sites in HNELHD
This Clinical Guideline applies to:	
1. Adults	Yes
2. Children up to 16 years	Yes
3. Neonates – less than 29 days	Yes
Target audience	All clinicians and providers of health care that involves use of expressed breast milk
Description	Provides information for clinicians regarding handling, storage and checking procedures for breast milk

[Hyperlink to Guideline](#)

Keywords	Breast milk, expressed, storage, handling, checking, IIMS, NICU, SCU, Maternity, Newborn, EBM, Paediatrics
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Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:	
<ul style="list-style-type: none"> • NSW Health Policy Directive PD2010_019 Maternity – Breast Milk Safe Management • NSW Health Policy Directive PD2018_034 Breastfeeding in NSW –Promotion, Protection and Support • NSW Health Policy Directive PD2017_013 Infection Prevention and Control Policy 	
Position responsible for Clinical Guideline Governance and authorised by	Dr Paul Craven, Executive Director, Children, Young People and Families Services
Clinical Guideline contact officer	Jo Davis, CNC Newborn Services, HNELHD Siubhan McCaffery, CMC Maternity Services, Northern HNELHD
Contact details	Jo.davis1@health.nsw.gov.au or Siubhan.McCaffery@health.nsw.gov.au
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PURPOSE AND RISKS

This document has been developed to provide instruction to the health clinician and to ensure that the risks of harm to the child associated with storage, checking and administering breast milk are prevented, identified and managed.

The risks are:

- Contamination of breast milk
- Exposure of body fluids to clinicians
- Incorrect breast milk administered to infant

The risks are minimised by:

- Clinicians following universal precautions and wearing PPE when handling breast milk
- Clinicians seeking further assistance if the checking of breast milk is outside their scope of practice
- Following the instructions set out in the clinical procedure for storage and handling of breast milk to minimize contamination
- Thorough identification and documentation by checking of the infant against the breast milk label

Any unplanned event resulting in, or with the potential for injury, damage or other loss to infants/staff/family as a result of this procedure must be reported through the Incident Information Management System (IIMS) and managed in accordance with the Ministry of Health Policy Directive: Incident management PD2007_061. This would include unintended injury that results in disability, death or prolonged hospital stay.

Risk Category: Clinical Care & Patient Safety

CLINICAL PROCEDURE SAFETY LEVEL

Every clinician involved in the procedure is responsible for ensuring the processes for clinical procedure safety are followed. The following level applies to this procedure (click on the link for more information):

[Level 1 procedure](#)

Staff Preparation

It is mandatory for staff to follow relevant: "Five moments of hand hygiene", infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for patient/carer communication: **H**and hygiene **A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation, **T**hank you or closing comment.

OUTCOMES

1	Mothers will be given appropriate and consistent advice on the safe expression, freezing and storage of breast milk
2	Expressed breast milk will be correctly labelled and stored
3	Expressed breast milk will always be co-checked as per policy prior to administration
4	The "Five moments of hand hygiene" will be observed to minimise contamination
5	PPE will be used at all times during the checking and administration of expressed breast milk

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GUIDELINE

While not requiring mandatory compliance, staff must have sound reasons for not implementing standards or practices set out within guidelines issued by HNE Health, or for measuring consistent variance in practice.

Rationale

The importance of newborn infants receiving breast milk is well supported, however it is also important to remember that breast milk is a body fluid and has the potential for possible transmission of infectious pathogens and/or be given to the wrong infant. Potential also exists for babies to receive incorrect breast milk when mothers and babies are separated and/or expressed breast milk is dispensed. For this reason it is important to have an effective process in place to check breast milk and to ensure that infants receive the correct expressed breast milk.

Patient Identification

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There must be 2 identification bands on the infant (either arm/s or leg/s) at all times.

Identification information must include:

- **Full name of infant (if neonate full name of baby's mother)**
- **Patients MRN**
- **Date of birth**
- **Sex of the infant**

Always replace missing identification with second staff member.

Encourage families to report the loss of any identification tags/bands to staff.

Expression of Breast Milk

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The best place for babies to be is with their mother, and they must not be separated from their mothers without a compelling reason. There are times where they are separated or the baby requires support with feeding or admission to a Neonatal Care Unit (NICU or SCU). In these instances, to support the mothers wish to breastfeed, expression of breast milk should occur. Please see HNELHD Maternity & Newborn – Breastfeeding Promotion, Protection and Support for Version One February 2020 Page 3

more information. In Paediatric settings, families may need continued support with expressing and feeding while their infant is admitted to acute services.

Labelling of Breast Milk

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All expressed breast milk containers, including those brought from home, should be consistently, correctly and clearly labelled using moisture resistant ink, with the following information:

- The infants MRN
- The infant and mother's names
- The infants date of birth
- Date and time expressed
- Date and time milk will expire after removal from freezer (if applicable)
- Date and time fortifier has been added if ordered (if applicable)
- An additional additives label is to be used if necessary

Labels for expressed breast milk are available in all units, and mothers should be given a supply of printed labels. Please check daily with mothers to ensure they have an adequate supply of labels.

Milk Labels

When labelling breast milk in Maternity and Paediatrics the pink sticker in Figure 1, should be utilised with a printed identification label placed onto the pink sticker. Neonatal units are exempt from the use of this sticker, and have site specific labels.

EXPRESSED BREASTMILK			
Baby Surname:	_____	MRN:	_____
Baby Given Name:	_____		
Baby DOB:	___/___/20___	Baby Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Mother's Name:	_____		
EBM:	_____ mL	Additive/s:	_____
Expressed:	date ___/___/20___	time	____:____
Defrosted:	date ___/___/20___	time	____:____
Expires:	date ___/___/20___	time	____:____
Sign:	_____	Sign:	_____
NH601049 17/02/15			

Figure 1: Pink Expressed Breast Milk Label HNELHD (NH601049)

- When the expressed breastmilk is put into the fridge it should first be identified with the mother and signed by her and a staff member or in certain circumstances by two staff members.
- When receiving EBM from a woman, clinicians need to ensure EBM has been expressed, stored and transported correctly and that the EBM was expressed no more than 48 hours prior, unless frozen.
- When defrosting the expressed breast milk, the mother and staff member need to ensure that the date and time is completed and an initial is completed on the right hand side of the time section.
- The new expiry date and time would also need to be completed and initialled on the right hand side next to the time section.

Storage of Breast Milk

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- Expressed breast milk is best when used fresh. If this is not possible, the expressed breast milk can be stored in a refrigerator or freezer in appropriate sterilised containers.
- Each infant should have an allocated area and a labelled storage basket/container for the expressed breast milk containers in the fridge/freezer.
- Each shift a staff member should check the refrigerator to ensure all expressed breast milk is correctly labelled and stored and that only EBM of current inpatients is stored or that current arrangements for collection have been made.
- Expressed breast milk stock should be rotated by placing the new expressed breast milk behind the supply of existing expressed breast milk already stored in the fridge/freezer.
- If there are two infants with a similar name staff need to ensure a 'same or similar name' sticker is placed on the storage basket/container of both infants. Avoid grouping the expressed breast milk containers of infants with the same or similar names together.
- Mothers must be advised by staff to always express their breast milk into a clean, sterile container, this may include one of the following:
 - A syringe
 - Breastmilk storage bag
 - Packaged bottle (hospital supply)
 - Suitably sterilised plastic container
- Fresh expressed breast milk can be stored in the main part of the refrigerator for up to **48 hours**.
- If expressed breast milk is not going to be used within 48 hours, then freeze. **Note:** Do not fill containers completely to the lid to allow a gap for expansion upon freezing.
- Expressed breast milk brought from home should be labelled by the mother at home. Once brought into hospital it must be checked in to the milk fridge/freezer by two staff, or one staff and one parent if appropriate. Once checked; both staff, or a staff member and parent must sign the label.
- If there is any thawing of frozen breast milk brought in from home, it then needs to be stored in the fridge.

EBM must be stored in a refrigerator at a temperature of 4° Celsius

Defrosting of Breast Milk

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There are different methods of defrosting breast milk including, slow defrosting via fridge, milk warmers or standing in warm/cold water. Never use a microwave to defrost EBM.

Defrosting via the fridge

- Thaw frozen breast milk by moving it from the freezer to the fridge for slow thawing over 24 hours.
- Document date and time milk will expire on the label.
- The 'use by' time is **strictly 48 hours** after removal from freezer.
- Once fully thawed EBM should be used within 24 hours.
- Expressed breast milk is only to be considered thawed if, upon gentle shaking, the container has no ice within. Do not open container until milk is ready to use.

- Following defrosting of expressed breast milk, gently mix expressed breast milk prior to use.
- Never refreeze or reheat expressed breast milk.
- **Do not** put expressed breast milk in the microwave oven to warm or defrost. Microwaves destroy the vitamin content in the milk. In addition, there is the potential to burn the infant.
- If press seal plastic bags for freezing are used, stand the frozen bag in a second container in the refrigerator. Label the container with time and date milk will expire after removal from the freezer.

Defrosting via warm/cold water (Maternity units only)

- Thaw EBM by standing the container in warm/cold water.
- Ensure water level does not breach EBM container seal.
- If defrosting outside the fridge in warm water, EBM must be used within 4 hours.

Defrosting via the Medela Calesca Milk Warmer (NICU/SCU)

- Thaw frozen breast milk by moving it from the freezer to the Medela Calesca milk warmer. Follow instructions for length of time required to defrost as per the manufacturer's guideline.
- Date and time on the container when breast milk will expire.
- The 'use by' time is **strictly 24 hours** after defrosting in the milk warmer.
- Press seal plastic bags **cannot** be used in the Medela Calesca milk warmer. Always follow manufacturer's guidelines when using milk warmers.

Do not use partially defrosted expressed breast milk for a feed,
As some of the nutrients will be missing.

Administration of Breast Milk

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Refrigerated breast milk separates, always vigorously shake the milk container prior to preparing a feed for the baby. Suitable PPE must be used at all times when handling expressed breast milk, this includes safety goggles and gloves.

Dispensing and checking expressed breast milk prior to feed

- All expressed breast milk is to be co-checked by appropriate methods that includes:
 - 2 RNs/RMs
 - 1 RN/RM and an EEN
 - 1 RN/RM and the mother of the baby
- **The MRN, DOB and name** are to be checked as the 3 primary reference points, and should be checked against:
 - The labelled breast milk
 - The fluid/feeding order
 - The baby identification labels
- Ensure you have the correct feeding time and amount (by checking infants feeding and fluid chart) and the correct infant (by checking infants ID bands).
- If a feed is delayed, expressed breast milk should be discarded and not left at the bedside.

Paediatric Units:

Follow the described processes above.

Maternity Units Considerations:

All breast milk being dispensed and/or stored in fridge or freezer must be recorded on the mother's individual "Expressed breast milk record" form (HNE037410 Appendix 3).

Neonatal Units (NICU/SCU) Considerations:

- Co-signing on the infant's flow/fluid chart indicates that this check is correct prior to the infant receiving the expressed breast milk. All expressed breast milk delivered by syringe pump or kangaroo pump should be correctly labelled, including date and time feed commenced and co-signed.
- Any decanted EBM is to be correctly labelled and co-signed with appropriate identification methods as above.
- When adding extra calories such as human milk fortifiers, the milk must be correctly labelled including the time and date the fortifier was added and co-signed by staff only, either:
 - 2 RNs/RMs
 - 1 RN/RM and an EEN

Information for Families

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Initially mothers should be advised that they might only express very small amounts of colostrum or breast milk. These small amounts are precious and will be used for their baby and to please keep them. Mothers with infants in the SCU or NICU are encouraged to express as soon as possible after delivery. They will be educated on hand expressing as a requirement of BFHI. Mothers can also start expressing using the electric breast pump from this time. Evidence now demonstrates the benefits of pumping within the first hour post birth on both mother's milk supply and breastfeeding duration. All parents must be provided with appropriate information regarding the collection, labelling and storage of EBM.

Management of EBM following infant discharged:

- All stored expressed breast milk is to be taken by a parent when the infant is discharged.
- All expressed breast milk for the discharged mother and baby remaining in the fridge/freezer must be checked and packed by one staff member and one parent together in a suitable location. Then sealed and labelled.
- Families who are unable to transport all stored EBM on the day of discharge, they should pack milk with the staff member, seal and label with name and agreed collection date. If not collected by the collection date, the parents are to be contacted to discuss options to collect or discard expressed breast milk.
- Advise families not to put breast milk in the microwave to warm or defrost. Microwaves destroy the vitamin content in the milk.
- Advise families to defrost EBM at home in the fridge, and once thawed it can be used for up to 48 hours post removal time from the freezer.
- If mothers use expressed breast milk for their baby at home, whatever expressed breast milk is left in the bottles after the infant's feed must be thrown away.
- Ensure parents have been provided with the factsheet "Storing and Transporting of Breastmilk at Home" (Appendix 4).

Storage of EBM at home:

- Recommend to mothers that suitable plastic or glass containers are used when storing in EBM in refrigerator, and the containers must be washed and sterilised prior to use.

- Staff should advise families to use plastic containers (ideally BPA and polyethylene free) to freeze EBM, glass containers are not recommended for freezing.

Frozen EBM can be stored for:

- 6 months in a separate free standing deep freezer unit.
- 3 month in the freezer compartment of a single unit 2 door refrigerator/freezer.
- 2 weeks in a single door refrigerator with a freezer compartment inside the refrigerator, e.g. a bar fridge or small caravan fridge.

Transportation of Breast Milk

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- Transport expressed breast milk in a clean, insulated container, such as an esky with a freezer brick.
- Frozen expressed breast milk must be maintained in a completely frozen state, if some thawing has occurred continue the slow thaw process in the fridge and once completely thawed use EBM within 24 hours – **do not refreeze.**
- Always ensure the expressed breast milk is correctly labelled prior to placing in the refrigerator or freezer.
- Expressed breast milk brought from home should be checked into the fridge/freezer by two staff or one staff and the mother of the baby.
- Place the expressed breast milk in the appropriate unit refrigerator or freezer immediately upon arrival in the storage basket/container checking that it is labelled correctly.

Milk Fridge Maintenance and Monitoring

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It is the responsibility of all staff to ensure that the fridge and freezer are kept clean and tidy at all times. Check the fridge for any spillages. The fridge surface should be cleaned using suitable wipes as per Infection Prevention Services recommendation.

Cleaning of Fridge/s and Freezer/s

- Fridges/Freezers should be cleaned externally at a minimum daily.
- Cleaning the internal space of the fridge/s is required weekly (responsibility to be determined at local sites).
- Freezer/s should be defrosted and cleaned every 2 months.
- A maintenance schedule for the fridge/s and freezer/s needs to be completed every 6 months.

Milk Fridge Monitoring

All Fridge/s and Freezer/s storing EBM in health care facilities must have a temperature monitoring and alarm system to notify staff if fridge/s or freezer/s temperature moves outside of the above ranges. These temperatures must be recorded for auditing purposes on a twice daily basis. Local managers are responsible for determining both, where to record temperatures and who should complete the recording.

Refrigerator temperature range:

- Ideal; 2°C to 4°C
- Acceptable; 2°C to 8°C

Freezer temperature range:

- Ideal; -15°C to -20°C

Breaching of Temperatures

Feeds may need to be discarded if operational temperatures are not within the recommended range for a prolonged period of time.

In the event the freezer temperatures are breached for a prolonged period of time and thawing has occurred the EBM must be transferred to the fridge and must be used within 24 hours once fully thawed. The local manager should also be notified.

If the fridge temperatures are breached the following management is required:

FRIDGE TEMPERATURE	EBM USE
≥ 10°C for less than 8 hours	EBM may continue to be used
≤ 2°C for more than 1 hour	EBM must be used within a 24 hour period from this identification period
≥ 10°C for more than 8 hours	<p>EBM use is not recommended</p> <p>The following actions are required:</p> <ul style="list-style-type: none"> • Notify appropriate mother/s • Discuss with lead medical staff • Remove and discard the EBM • Complete IIMS • Notify local manager

Discarding of Expressed Breast Milk[Top](#)

- Discard breast milk using a designated sink (not a hand basin) and flush with greater quantities of water. Alternatively dispose of breast milk via the hospital's clinical waste system.
- Any breastmilk discarded should be documented as per local processes.
- Used and empty breastmilk containers should be discarded as clinical waste or recycled (if available) as per local processes.

Staff Education[Top](#)

All staff managing breast milk/EBM must comply with this directive and receive biannual education/updates on this issue. This includes all casual and pool/relieving staff who are working in Maternity, Neonatal or Paediatric areas.

Breast Milk Incidents[Top](#)

All incidents are to be reported immediately to/via:

- The Unit Manager or Team Leader
- The Medical Officer on service/duty
- The local Infection Prevention Service and
- The Incident Information Management System (IIMS)

Staff must ensure timely notification via open disclosure, and counselling of the biological mother/parents and source mother that a breast milk incident has occurred.

Each incident requires an individual assessment of clinical risk factors to identify the appropriate screening and follow up pathology tests that should be obtained (PD 2010_019). This will include obtaining informed consent from the source mother.

The parents of the involved infant are fully informed about the pathology results, appropriate follow up and/or treatments required for their baby, and are offered counselling and support.

IMPLEMENTATION PLAN

The clinical guideline will be:

- Circulated to General Managers and Sector Managers.
- Circulated to the clinicians via Tiered Neonatal Network/Newborn Services and Children Young People and Families Services, and the Women's Health and Maternity Network.
- Made available on the intranet (PPG) and HNEKidshealth website.
- Presented at facility units meetings and tabled for staff to action.

MONITORING AND AUDITING PLAN

- The person or leadership team who has approved the clinical guideline is responsible for ensuring timely and effective review of the guideline.
- Evaluation will require a review of the most current evidence as well as consideration of the experience of HNELHD staff in the implementation of the clinical guideline.
- Data derived from monitoring and evaluation should inform the review of the clinical guideline either as required or scheduled.
- Implementation, education support and monitoring compliance be completed by local Clinical Educators and Managers.
- Amendments to the guideline will be ratified by the Manager and Head of Newborn Services and WHaM Networks prior to final sign off by the Children, Young People and Families Services.

CONSULTATION WITH KEY STAKEHOLDERS

AUTHORS:	Jo Davis, CNC Newborn Services, NICU JHCH Siubhan McCaffery, CMC Maternity Services, Northern HNELHD Richard Leighton, Maternity Service Manager, Tamworth Hospital
REVIEWERS:	Dr Jo McIntosh, Neonatologist, NICU JHCH Julie Gregory, Clinical Nurse Educator, NICU JHCH Justine Parsons, Nurse Educator, NICU JHCH Child and Family Health Network Clinical Lead Group Child and Family Health Lactation Consultants Group Mandy Hunter, CMC, Maternity Services JHH WHaM Breastfeeding Advisory Group
CONSULTATION:	Tiered Neonatal Network/Newborn Services HNELHD Women's Health and Maternity Services Network Child and Family Health Network Clinical Lead Group Child and Family Health Lactation Consultants Group Paediatric Services across HNELHD Children, Young People and Family Services
APPROVED BY:	Sinead Redman, Manager Newborn Services, NICU JHCH Dr Larissa Korostenski, Head of Newborn Services, NICU JHCH Mandy Hunter, Acting WHAM Network Manager & Midwifery Advisor Dr Paul Craven, Executive Director, CYPFS

OTHER USEFUL LINKS

[NSW Health Policy Directive PD2017_032 Clinical Procedure Safety](#)
[HNELHD PCP PD2011_042: PCP 1 Maternity and Newborn – Breastfeeding Promotion, Protection and Support](#)
[NSW Health Policy Directive PD2014_028 Open Disclosure Policy](#)

APPENDICES

1. Abbreviations & Glossary
2. Expressed breast milk record – Maternity Services
3. Storing and Transporting of breast milk at Home – Parent fact sheet

REFERENCES

1. Hoffman, C. & Zabik, M 1985, Effects of microwave cooking/reheating on nutrient and food systems: A review of recent studies, *Continuing Education*, vol. 85, no. 8, pp. 922-926.
2. Joanna Briggs Institute, 2006, Breastfeeding: Storage / Thawing. Recommended practice.
3. Lawrence, R 1999, Storage of human milk and the influence of procedures on immunological components of human milk, *ACTA Paediatric Supplement*, vol. 88, no. 430, pp. 14-18.
4. NHMRC 2011, Food for Health: Dietary Guidelines for Children and Adolescents Incorporating the Infant Feeding Guidelines for Health Workers, *Commonwealth*. AGPS.
5. Silvestre, D., Lopez, M.C., Plaza, A. & Martinez-Costa, C 2006, Bactericidal activity of human milk: stability during storage, *British Journal of Biomedical Science*, vol. 63, no. 2, pp. 59-62.
6. Slutzah, M., Codipilly, C.N., Potak, D., Clark, & R.M., Schanler, R.J 2010, Refrigerator storage of Expressed Human Milk in the Neonatal Intensive Care Unit. *Journal of Pediatrics*, vol. 156, pp. 26-28.
7. Yip, E., Lee, J. & Sheey, Y 1996, Breast-feeding in Neonatal Intensive Care, *Journal Paediatrics and Child Health*, vol. 32, pp. 296-298.
8. Academy of Breastfeeding Medicine 2017 Clinical Protocol: Human Milk Storage Information for Home Use for Full-Term Infants.
9. Pittard WB 3rd, Geddes KM, Brown S, et al 1991, Bacterial contamination of human milk: Container type and method of expression, *American Journal of Perinatology*, vol. 81, pp. 25-27.
10. Gilks J, Price E, Hately P, Gould D, Weaver G 2012, Pros, cons and potential risks of on-site decontamination methods used on neonatal units for articles indirectly associated with infant feeding, including breast pump collection and neonatal dummies, *Journal of Infection Prevention*, vol. 13, no. 1, pp. 16-20.
11. Jones F 2011 (3rd Ed), Best practice for expressing, storing and handling human milk in hospitals, homes, and child care settings. Human Milk Banking Association of North America.
12. National Health and Medical Research Council 2012, Infant Feeding Guidelines. NHMRC, Canberra, p 59.

FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.

APPENDIX 1

ABBREVIATIONS & GLOSSARY

Acronym or Term	Definition
BFHI	Baby Friendly Health Initiative
CYPFS	Children, Young People and Families Services
DOB	Date of birth
EBM	Expressed Breast Milk
EEN	Endorsed Enrolled Nurse
HNELHD	Hunter New England Local Health District
IIMS	Incident Information Management System
JHCH	John Hunter Children's Hospital
MRN	Medical Record Number
NICU	Neonatal Intensive Care Unit
PPE	Personal Protective Equipment
RN	Registered Nurse
RM	Registered Midwife
SCU	Special Care Unit
WHaM	Women's Health and Maternity Services

APPENDIX 2

EXPRESSED BREAST MILK RECORD – MATERNITY SERVICES

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

Facility: _____

EXPRESSED BREAST MILK RECORD

EXPRESSED BREAST MILK RECORD

Family Name: _____ MRN: _____

Given Name: _____ MALE FEMALE

D.O.B. ____/____/____ M.O. _____

Address: _____

Location / Ward: _____

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Baby MRN: _____

Removing EBM from refrigerator
Midwife and woman, or two RM's are to verify EBM label with ID on this form and document volume present.
If there is any discrepancy with identification labels or between volume present at previous sign in and volume present at sign out the milk must not be fed to the baby.

Checking of EBM prior to feeding
Checking of EBM must be treated the same as checking medications prior to administration. The same midwife and woman, or two RMs. must cross check the baby's MRN and D.O.B on the EBM label with baby's identification bands.

Storage of EBM

1. Ensure that EBM is placed in mother's own container labelled with the mother's full name, Baby's MRN (postnatal)and/ or mother's MRN (Antenatal EBM)
2. All EBM containers must be consistently, correctly and clearly labelled with the baby's and mother's names, baby's MRN, date and time expressed and date and time thawed.
3. EBM must be stored and labelled in fridge/ freezer as per Maternity-Breast Milk: Safe Management PD2010_019.
4. Document volume stored on this form.

Education: Sign and date the following when attended		Mother's signature	Date
Have a rectangular container with the appropriate labels to store your breastmilk. Ensure the container is labelled with your name and Medical record number and your baby's MRN and date of birth (if applicable)			
Education on how to label express breast milk in a: cup/ syringe			
I have been provided with information on how to safely store breastmilk in hospital and at home			
I understand how to hand express.			
I understand how to use an express pump (if applicable)			
I understand how to clean and sterilise expressing equipment.			

Date	Time	Sign In (mls)	Sign Out (mls)	Correct EBM	Baby ID bands OR NICU		Signature/ Designation	Witness/ Designation
				<input type="checkbox"/>	Baby ID	NICU		
				<input type="checkbox"/>	Baby ID	NICU		
				<input type="checkbox"/>	Baby ID	NICU		
				<input type="checkbox"/>	Baby ID	NICU		
				<input type="checkbox"/>	Baby ID	NICU		
				<input type="checkbox"/>	Baby ID	NICU		
				<input type="checkbox"/>	Baby ID	NICU		
				<input type="checkbox"/>	Baby ID	NICU		

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BINDING MARGIN – DO NOT WRITE

HNE037410

EXPRESSED BREAST MILK RECORD

Maternity


APPENDIX 3

STORING & TRANSPORTING PARENT FACT SHEET

FACT SHEET

Storing and Transporting of Breastmilk at Home

Revised: April 2017



Storage of breast milk for babies at home

Breast milk may be stored in glass or plastic containers or sealable breast milk bags. Breast milk may also be frozen for use later.

Refrigerated milk separates into layers, with hind milk as the top layer. Shake container vigorously to mix the milk before feeding your baby.


- If not using breastmilk immediately refrigerate or freeze milk after expressing.
- Use fresh milk whenever possible.
- If you are going to freeze this milk you must freeze it within 2 days of expressing it (only ¾ fill container).
- Use oldest milk first (label milk with date and time of collection).

To defrost breast milk

Breast milk may be defrosted by thawing in fridge. The defrosted breastmilk may then be kept at room temperature up to 4 hours or stored in fridge up to 24 hours. **DO NOT RE-FREEZE.**

Breast milk may also be defrosted by placing the container of frozen breastmilk in warm water.

Discard left over milk from the feed – do not return to fridge or refreeze.



Using expressed breast milk

Warm defrosted / fresh breast milk by placing container of breast milk in warm – not boiling water.

Do not heat/warm breastmilk in the microwave*

Test of breastmilk on inside of wrist – the milk should be around body temperature.

Warmed breastmilk should be used within an hour of heating.

Do not re-warm milk – if not used discard.

Do not re-freeze defrosted breastmilk.

Transporting breast milk

- Transport frozen breastmilk in an insulated container (an esky with a freezer brick).
- If some milk has thawed it should be used within 4 hours of thawing. Do not re-freeze it.
- Place the labelled milk in the refrigerator, or freezer if still frozen immediately upon arrival of your destination.

Table 5.6: Length of time breast milk can be stored

Breast milk status	Storage at room temperature (26°C or lower)	Storage in refrigerator (5°C or lower)	Storage in freezer
Freshly expressed into sterile container	6-8 hours If refrigeration is available store milk there	No more than 72 hours Store at back, where it is coldest	2 weeks in freezer compartment inside refrigerator (-15°C) 3 months in freezer section of refrigerator with separate door (-18°C) 6-12 months in deep freeze (-20°C)*
Previously frozen (thawed)	4 hours or less - that is, the next feeding	24 hours	Do not refreeze
Thawed outside refrigerator in warm water	For completion of feeding	4 hours or until next feeding	Do not refreeze
Infant has begun feeding	Only for completion of feeding Discard after feed	Discard	Discard

* Chest or upright manual defrost deep freezer that is opened infrequently and maintains ideal temperature.
Sources: Lawrence & Lawrence 2005,¹⁶ ABM 2004,¹⁷ Slutah et al 2010,¹⁸ NZ Ministry of Health,¹⁹

Resources

Australian Breastfeeding Association
www.breastfeeding.asn.au
 Ph: 1800 686 2 686

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