**PURPOSE:**

The use of expressed human milk for nutrition of sick, premature, and recuperating neonates and infants in the hospital setting has become commonplace. Although rare, the potential for infection through human milk exists and must be examined in the context of the prevalence of HIV in women of childbearing age, the low incidence of breastfeeding in populations with the highest incidence of HIV infection, and the known general benefits of human milk.

The present policy outlines the steps to be taken in the case of an infant or child is mistakenly fed another woman’s expressed human milk.

**DEFINITIONS:**

1. Source Mother: The woman whose expressed milk was fed mistakenly to the recipient infant or child
2. Recipient patient: The patient who was mistakenly fed the source mother’s milk also known as the exposed patient
3. Recipient Mother: The mother of the recipient infant or child

**PROCEDURE:**

1. The Healthcare provider (HCP)recognizing the situation is to immediately notify the attending physician of record for the exposed patient, the clinical manager of the unit, the nurse of the recipient infant or child, and the unit charge nurse. The recipient patient’s provider should then do the following:
   1. Discuss with the attending physician of record for the exposed patient if stomach contents should be aspirated. Insert a NG tube if needed to aspirate the stomach contents, if there are no contraindications to a NG.
   2. Instruct source mother to visit the Admitting department on 1st floor Gateway Building to create an MRN and encounter for conducting lab tests on the source mother. Use the form in IC 235.2 for instructions and to identify the information needed to create the mother’s registration account.
      * 1. The hospital admitting department is available 7 days a week from 0800 to 0000. If an exposure occurs between 0000 and 0800, the mother will need to wait to register until 0800 when the hospital admitting department reopens.
   3. Notify Infection Prevention and Control by calling ext. 15510 or by emailing at [InfectionPreventionAndControl@chla.usc.edu](mailto:InfectionPreventionAndControl@chla.usc.edu). Infection Prevention will follow up on the lab results of the source mother on the next business day.
   4. Every effort should be made to ensure testing of the source mother is done prior to the discharge of the source mother’s infant from CHLA
2. The attending physician of record for the exposed patient, unit quality physician champion, and/or nurse manager of the unit will coordinate notification and testing of the source mother, recipient mother, and/or recipient infant or child..The **attending physician of record for the exposed patient** has the responsibility to:
   1. Contact the human milk “source” mother and explain the situation. Request consent to review prenatal and obstetrical laboratory test results and to test the source mother’s blood for Hepatitis B and HIV as soon as possible about no later than 24 hours from the date of notification.
      * 1. If the source mother refuses, proceed with follow up care for infants exposed to source positive human milk.
        2. Explain to the Source mother that testing will be done free of charge at the hospital laboratory and that a special account and record number will be set up for her at the lab. The testing must be completed as soon as possible but no later than 24 hours from the date of notification.
        3. Bloodwork should be collected for the source mother at the outpatient lab. If the human milk exposure occurred on nights, weekends, or holidays when the outpatient lab is not open, the Vascular Access Team may be contacted to draw the source mother’s blood.
        4. Once the source mother’s account has been created, the attending physician must place the future order for HIV 1/2 Ab/Ag and Hepatitis B surface antigen testing (HBsAg) on the source mother’s blood.
        5. v. If the lab results of the source mother are positive, the attending physician of record for the exposed patient must notify the source mother of the test results and refer the source mother to her primary care physician for follow up.
   2. Contact the parent(s) of the exposed infant and explain the situation. Do not disclose the name of the source mother.
      * 1. Request consent to review prenatal and obstetrical laboratory test results of the recipient mother and to test the recipient mother’s blood for Hepatitis B and HIV if needed.
           1. Request information (if not already available) on the Hepatitis B vaccination status of the recipient infant. If the source mother is positive for Hepatitis B and recipient infant has not been vaccinated for Hepatitis B, instruct the parent to bring the infant to the emergency department for administration of Hepatitis B vaccine and Hepatitis B immune globulin (HBIG)
        2. Request permission to test the recipient infant if indicated based upon the source mother’s test results. Inform the family that the risk of transmission of HIV is very small and that transmission of HIV from a single human milk exposure has never been documented. The issue of HIV prophylaxis should be discussed at this time with the recommendation that it is not warranted (unless information on the donor of the human milk warrants a recommendation).
        3. In the event that HIV prophylaxis is warranted and is agreed to by the parent(s), the attending *physician of record* must immediately contact Clinical Immunology and Allergy (CIA) by phone and request an urgent consultation. The attending physician of record must also order a referral to Clinical Immunology and Allergy.
   3. Notify the recipient's mothers and the source mother of the respective lab results when they become available. Do not disclose the name of the source mother to the parent of the recipient infant, and do not note the name in the recipient’s medical record.
   4. The exposed patient’s mother does not need to be tested initially. This testing will need to be ordered later only if the source mother’s lab tests are positive. In this case, the recipient mother should be tested for HIV and Hepatitis B. If testing of the recipient mother is needed, follow the same instructions outlined in IC 235.2 to create amedical record number for the recipient mother.
   5. Patient/Family Services should be contacted as needed to support the family

**REFERENCES:**

1. American Academy of Pediatrics. Human Milk. In Peter G, ed. 2003 Red Book: Report of the Committee on Infectious Diseases. p.118-120. 24th ed. ELK Grove Village, IL
2. Centers for Disease Control and Prevention. What to do if an infant or child is mistakenly fed another woman’s expressed breast milk. October 20, 2009.
3. Pennsylvania Patient Safety Authority (2007). Mismanagement of Expressed Breast Milk. PA-PSRS Patient Safety Advisory. June 2007. Vol4, No.2.

**ATTACHMENTS:**

* 1. [IC – 235.2 Process of Events for human milk source mother’s STARS Account Online](https://secure.compliance360.com/ext/b6IaZQxmT90cXEUg-tksMw==)

**POLICY OWNER:**

*Manager, Infection Prevention and Control*