



**CLINICAL PRACTICE GUIDELINE**

Guideline coverage includes NICU KEMH, NICU PMH and NETS WA

# Milk Room Protocol

This document should be read in conjunction with the [Disclaimer](#)

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## iSOFT Clinical Manager Milk Room Orders

Milk type, milk volume and all other information about enteral feeds is entered in the green section on right side of the iSOFT ICM Nursing Chart Handover **DIET** - scroll down to find **MILK ROOM** and enter details in the lower green box.

Please be concise:

- Write the date changes commence or cease.
- Check the progress notes if you are unsure of orders.
- Avoid writing 'today' or 'tomorrow', write the actual date.
- Avoid the use of non-standard abbreviations or 'x' for 'number of times' as this is confusing.
- Avoid deleting important information that Neobase may need.
- Only write PDHM unless you have seen the completed consent form.

## Labelling and Checking of Expressed Breast Milk (EBM)

To ensure that infants receive their own mother's expressed breast milk (EBM) requires adherence to strict guideline to prevent the risk of administration of an incorrect donor's breast milk and related potential risk of infection.

**Containers of incorrectly labelled EBM should not be accepted by NCCU staff for infant feeds.**

### **Procedure**

- On completion of expressing, mothers must clearly label each container of EBM with the infant's last name, infant's UMRN, date and time of expression.
- Prior to commencing handling EBM, the milk room nurse must ensure that it has been labelled correctly and stored appropriately. When decanting EBM, two staff members (one must be RN) must confirm that the infant's name and UMRN on the labelled containers for that infant match.
- Prior to handling EBM, the infant formula room nurse must ensure that it has been labelled correctly and stored appropriately. When decanting EBM, the staff member hand-writes a new label and confirms that the infant's name and UMRN on the label of the original container matches the new handwritten label.
- When decanting EBM, two staff members (one must be RN) must check the infant's name and UMRN on the label of the original container against the infant's identification band. Following checking, both staff members must immediately document the date, time and their initials on a label that is immediately placed on the container/continuous milk infusion syringe.
- If the milk has been fortified in the SCN milk room/PMH formula room, it must be used within 24 hours.
- If the EBM has been provided directly from the mother, staff must check that it has been at room temperature for less than 4 hours, or stored in a refrigerator for less than 48 hours and that it is properly labelled.
- If EBM is to be decanted for feeds due on the following shift, the milk should be decanted and checked by the nurses allocated to the infant at shift hand-over.

### **Handling, Storage and Transport of Expressed Breast Milk (EBM)**

**For information on expression and storage of breast milk, establishing lactation, breastfeeding the well term infant, breastfeeding challenges or suppression of lactation refer to [O&G Clinical Guidelines Section B: Newborn Feeding](#).**

It is essential to ensure that expressed breast milk (EBM) is handled, stored and transported using methods that preserve its immunological benefits and discourages the risk of contamination and bacterial growth.

- Breast milk contains immunological properties that can be reduced or lost through incorrect storage.
- Contamination of breast milk can occur at the expressing, handling, transport, storage or preparation stages, and may result in infection of feeds. This has been identified as a potential hazard to hospitalized infants in the NICU.
- Adherence to strict control measures at all these points are critical when dealing with infant feed preparation. Both EBM and powdered BMS are non-sterile products that have been linked to late onset sepsis in infants.

## Collection/Storage Containers

EBM is to be collected and stored in hygienically clean containers. Mothers can obtain bottles used for milk collection and storage from the milk fridge within each nursery (6B and SCN).

Breast milk expression equipment that comes in contact with breast milk requires decontamination through rinsing with cold water first, then washing with hot soapy water, rinsing thoroughly with hot water, and air drying or drying with a clean paper towel. The equipment is to be stored in a clean sealed container.

## Delivery of EBM to the Nursery

EBM is to be transported in an insulated container, with an ice brick, and placed in the milk fridge (or freezer if milk is frozen) on arrival to the nursery.

Mothers may deliver labelled containers of EBM to the following locations:

- **SCN** Milk Room between the hours of 0700hrs-1100hrs. After 1100hrs in the black collection box (situated in the bottom of the milk fridge) in each nursery. If frozen milk is available in the SCN milk freezer, the SCN Milk Room Nurse will indicate on iCM Milk Room “FROZEN EBM AVAILABLE.”
- **6B** Milk fridge on the ward (collected and delivered to the Infant Formula Room at 1100hrs and 1400hrs).

## Storage of EBM

Storage requirements for EBM that is to be used for hospitalised sick and preterm infants is more stringent than that required for healthy babies in the home setting. The following table outlines storage guidelines for use within the hospital setting. There is a limit to the amount the hospital can store.

EBM status	Nursery Room T°	Fridge < 4°C	Freezer – 18°C
Freshly expressed	4 hours	48 hours	3 months (12 months in deep freezer)
Defrosted in fridge	4 hours	24 hours	Do not refreeze
Defrosted in water < 37°	For completion of feeding	24 hours	Do not refreeze
Feed has been started e.g. Bottle feed EBM	For completion of feeding	Discard	Discard

## Transport of EBM

EBM is to be kept chilled during transport by transporting it in an insulated container e.g. packed with ice bricks in a small Esky when taking EBM on an inter-hospital transfer.

Frozen EBM must remain frozen during transport - dry ice may be used on long distance transports to achieve this. If milk arrives partially defrosted, it will be defrosted and used within 24 hours.

## Collection of Breast Milk from Milk Room

To ensure the correct EBM is collected from the Milk Room and ingested by the correct infant. Adherence to the guidelines for labelling and transport of EBM should also ensure the correct milk is ingested by the correct infant.

### Procedure

- Where possible, enough EBM should be ordered for the next 24 hours eliminating the need to access the milk room out of hours.
- Ascertain how much extra milk is required until the milk room is next open.
- Take a sticker from the infant - double check with a colleague the correct name/UMRN.
- At milk room take required amount from fridge/freezer. Use milk expressed in the first 2 weeks first (in date order) then the freshest milk.
- On arrival back to the nursery double check the correct name/UMRN/amount taken. Store/defrost as per guidelines.
- Document on the Observation chart (MR489/491) the time and amount of EBM taken.
- Inform Milk room nurse of amount/time taken at the earliest opportunity.
- If EBM is being collected by a mother after her infant has been discharged: the collected EBM should be checked by 2 staff members and the mother prior to her taking the milk home.

### Electric Breast Pump Hire and Return

- Collect 7 addressograph stickers from the infant.
- Key for Milk Room is kept in PCA Room, page PCA to get the key.
- The equipment, form and booklet are all kept in the 'Out of Hours Cupboard' which is straight in front of you on entering the Milk Room. This cupboard is not locked.
- Get a 'HIRE OF BREAST PUMP - MILK ROOM' form and verbally go through the **conditions of loan agreement** and complete all boxes as per example attached to the cupboard (**NB** triplicate form, 3 stickers required). Also document the pump's registration code (on the yellow sticker) under 'Equipment No':

KING EDWARD MEMORIAL HOSP 1234567	Yellow registration sticker
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- Take a breast pump and a new LACTASET, this comes with a size 24 cup. If a larger size cup is needed, also take a 'personal fit' size 27(L), 30(XL) or 36(XXL).
- Place an addressograph sticker on the pump near the yellow registration sticker.
- Blue copy of the contract to be given to client. White and pink copy retained by Milk Room.
- Place contract together with the 3 spare addressograph stickers on the bench by the computer.

- Give parent a booklet 'Expressing Breast Milk for Your Baby in NCCU' (kept in 'Out of Hours Cupboard'). Give bottles/yellow stickers and go through page 4, **expressing and storage**.
- Inform parent of the Milk Room Talk for more detailed instructions on expressing, cleaning equipment and storage. Held Monday, Wednesday and Saturday 1200-1300hrs.
- Lock Milk Room and give key back to PCA.

### **Return of Electric Breast Pumps out of Hours**

- Write the date and print your name on a piece of paper and attach to the pump.
- Leave the addressograph sticker on the pump.
- Leave the pump at reception if reception staffed or place in the Milk Room on the bench. Key for Milk Room is kept in PCA Room, page PCA to get the key.

### **PDHM Consent, Combining Both EBM/PDHM for Feeding**

Breast milk is the preferred feed. To obtain PDHM consent after medically ordered:

- **SCN** Page PREM Bank lactation consultant on pg. 3543 for all PDHM consent request during normal hours. On weekends please continue to page the SCN LC (pg. 3462) as first point of call if PDHM consent is required. Outside normal working hours (8am-4pm) Senior Registrar or Consultant will be required to obtain consent from parents.
- **6B** During normal hours contact 6B CNC or Senior Registrar or Consultant will be required to obtain consent from parents. Outside normal working hours (8am-4pm) Senior Registrar or Consultant will be required to obtain consent from parents.

If infants are on a combination of EBM and PDHM, always use EBM first before the PDHM. For further information refer to NCCU Clinical Guidelines Section 6 Nutrition, Options for Milk Feeding for Newborn Infants at KEMH or PMH (Ward 6B) and Perron Rotary Expressed Milk Bank (PREM).

### **Incorrect Breast Milk Administered to a Baby**

Refer to Infection Prevention Policy Manual – [Incorrect Breast Milk Administered to a Baby](#)






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3. W. Brodribb (Ed). Breastfeeding Management, 4th Edition 2012.
4. R. Lawrence, R. Lawrence. Breastfeeding: A Guide for the Medical Profession 7th Edition, 2010
5. [WNHS Infection Control Manual](#)

## Related WNHS policies, procedures and guidelines

[O&G Clinical Guidelines Section B: Newborn Feeding](#)

Infection Prevention Policy Manual – [Incorrect Breast Milk Administered to a Baby](#)

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