NSW HEALTH

Safety Advocate

A NSW Department of Health Newsletter *Issue 7, July 2004*

This *Safety Advocate* aims to raise the awareness of the importance of preventing adverse breast milk incidents and to provide information to Area Health Services (AHSs) on the management of these incidents. This work will be further supported by the revision of the NSW Health policy, *Breast milk* 93/75.

In the development of this *Safety Advocate*, a small working party was established to:

- review the literature for best practice
- identify quality processes and controls including audit
- develop strategies for prevention
- develop a safety advocate
- review the NSW Health policy on Breast milk 93/75.

Implications associated with adverse breast milk incidents include:

- Inconvenience and distress to those concerned and particularly parents, babies and staff 3 6
- Potential risk of transmission of pathogens eg Hepatitis B 6
- Costs to the health system particularly relating to pathological surveillance

Examples of Reported Incidents:

- Incorrect baby taken to mother for breastfeeding
- Incorrect expressed breast milk given to baby by staff or parent
- Baby fed with previously used bottle.

Safe management of breast milk

The importance of babies receiving breast milk is well documented in the literature and highlighted in the NHMRC Infant Feeding Guidelines for Health Workers (2003)[1]. This is further supported by the NSW Health policy on Breast milk (93/75)[2] that states that babies must only be fed breast milk from their biological mother.

NSW Health has been notified of a small number of incidents that relate to babies receiving the incorrect breast milk. These occurrences are Reportable Incidents[3]. Breast milk is very important for the nutrition of babies. However, as breast milk is a body fluid it has the potential for the possible transmission of infectious pathogens if contaminated and/or given to the wrong infant. Risk of transmission of disease by this route is low but not zero.

Reported incidents involving exposure to breast milk have occurred across a range of clinical areas including neonatal intensive care units, special care nurseries and post natal wards. It is important to note that there is the potential for babies to receive incorrect breast milk in any clinical area where mothers and babies are separated and/or expressed breast milk (EBM) is dispensed, if adequate processes and controls are not in place to prevent this occurrence.

Factors that may lead to babies receiving the incorrect breast milk

A review of the literature and recent Root Cause Analyses (RCA) of the NSW incidents have identified that there are inter-related contributing factors which may lead to babies receiving incorrect breast milk [4 5 6]. These include:

Separation of mothers and babies

- Those babies that are unwell or who require special/neonatal intensive care
- Where babies do not consistently room in with their mothers

Identification

Inadequate processes and controls to ensure that the correct EBM is given to the correct baby every time. Additional contributing factors are:

- Incorrect/deficient labelling of EBM
- Removal of identification tags from babies for clinical procedures such as cannulation or venipuncture, without their immediate replacement
- Inconsistent or inadequate checking procedures during EBM selection and/or prior to baby receiving the EBM
- Staff workload and busy units where processes are interrupted
- Casual and/or inexperienced staff unfamiliar with checking procedures
- A perception that breastfeeding is a natural process which has been identified as a contributing factor to a lack of surveillance that can confound the checking process [4 5]

Storage of EBM

The absence of, or inadequate systems and processes to manage the fridge/freezer environment where EBM is stored.

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Management of incidents where babies receive the incorrect breast milk

NSW Health's updated policy on breast milk, will encompass the contents of this Safety Advocate and be issued in the next three months. In anticipation of this new policy, all units should develop processes to manage adverse incidents relating to breast milk to ensure that:

- All incidents are reported to the appropriate medical, nursing/midwifery and infection control personnel as soon as possible. Guidelines for reporting to the Department of Health are set out in NSW Health Policy 2003/88.
- Timely notification and counselling of the biological mother/parents and source mother that this incident has occurred.
- Each incident will require an individual assessment of clinical risk factors to identify the appropriate screening and follow up pathology tests that should be obtained. This will include obtaining informed consent from the source mother.
- The parents of the affected baby are fully informed about the pathology results, appropriate follow up and/or treatment required for their baby, and are offered counselling and support.
- There are adequate processes to check and audit these incidents for causation and that local procedures for the management of breast milk are amended as required and staff advised as appropriate.

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Contributing factors are:

- Lack of dedicated space or system to manage EBM containers
- Overcrowding in the fridge/freezer
- Lack of containers with appropriate labels to record information specifically for EBM
- Inadequate labelling including inconsistent, insufficient or illegible information being recorded on EBM containers
- EBM containers for babies with the same/similar names

Dispensing of EBM

- EBM is dispensed into another container/syringe and not correctly labelled

Strategies to reduce the risk of babies receiving incorrect breast milk

All clinical areas that manage EBM or where breast-fed babies are potentially separated from their mothers should consider the following strategies:

Where babies are separated from their mothers

- Where possible unless clinically indicated babies should not be separated from their mothers for any length of time
- When babies are separated, a process should be implemented to ensure the correct identification of these babies at all times
- On return identification of both mother and baby should be checked prior to breastfeeding

Identification of babies

- Ensure that all babies have secure identification in place on two sites at all times eg. leg and arm
- Identification tags to be replaced immediately if removed
- Always check name of baby using the identification tags on the baby
- Be aware of babies with similar or the same names and have a system for managing this occurrence
- Communicate to parents the importance of ensuring that babies have appropriate identification tags at all times

Storage fridge/freezer environment

- Appropriately sized fridges/freezers should be available for the storage of EBM to avoid overcrowding
- Each baby should have an allocated area and a labelled storage basket/ container for the EBM in the fridge/freezer
- All EBM containers should be consistently, correctly and clearly labelled using moisture-resistant ink, with the following information:
  - the baby's and mother's names
  - baby's medical record number
  - milk type
  - any additives
  - date and time expressed
  - date and time thawed
- A specific label is recommended if existing EBM container labels are unable to accommodate this information

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References

1. National Health and Medical Research Council (2003). *Food for Health: Dietary Guidelines for Children and Adolescents Incorporating the Infant Feeding Guidelines for Health Workers*. Commonwealth. AGPS.
2. NSW Health Department (1993). Breast milk. *Circular 93/75*.
3. NSW Health Department (2003). Reportable Incident Briefs to the NSW Department of Health. *Circular 2003/88*.
4. Barry, C. & Lennox, K. (1998). *Management of Expressed Breast Milk, Is the right breast milk being fed to infants?* Canadian Journal of Infection Control. Spring, 16-19.
5. Dougherty, D. & Giles, V. (2000). *From Breast to Baby: Quality assurance for breast milk management*. Neonatal Network. 19:7. 21-25.
6. Warner, B. & Sapsford, A. (2004). *Misappropriated Human Milk: Fantasy, fear and fact regarding infectious risk.* Newborn and Infant Nursing Reviews. 4:1. 56-61.

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This publication is available on the NSW Health website at www.health.nsw.gov.au/quality/

- Avoid grouping together of EBM containers with the same or similar names on their labels
- The allocation of a member of staff to check the fridge for all the above using a check sheet each shift

Dispensing of EBM

- EBM that is dispensed into another container/syringe should be correctly labelled and signed following checking with the original EBM container at time of dispensing

Checking of EBM prior to feed

The checking of EBM should be treated as similar to the administration of medications and infant formula to ensure the:

- Correct EBM, by checking the container label to ensure the details identified on the label are a match with the baby's records
- Correct feeding time and amount, by checking the EBM with the baby's feed chart
- Correct baby, by checking all of the above with the baby's identification tags and signing off that this check is correct prior to the baby receiving the EBM

Education/ Communication

- All staff managing breast milk/EBM should read this Safety Advocate, and be reminded of it at regular intervals
- A process should be developed where any policy changes relating to breastfeeding/EBM are communicated with staff through appropriate formal inservice education processes eg seminars, ward talks
- A process should be developed to ensure that all casual and pool/relieving staff who are working in these areas are aware of current policy and practice in relation to the safe management of breast milk
- All parents are provided with appropriate information regarding the collection, labelling, storage and checking processes for the management of EBM
    - Parents in postnatal wards are made aware that the safest place for their baby is next to their own bed.

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