

BREAST MILK HANDLING AND STORAGE • 1/2

*Improperly collected or stored breast milk can become contaminated and cause sepsis
Staff must adhere to **local policies** on collection of human milk and hand washing*

ADMINISTRATION

- Ensure there is a dedicated fridge and freezer for milk storage on ward
- Add date and time bottles removed from freezer/opened to bottle label
- Ensure 2 person check before addition of additives and administration to baby

ADVICE TO MOTHERS

- See **Breast milk expression** guideline
- Advise mothers to bath/shower daily
- Do not wash breasts with bactericidal detergent or soap
- Before expressing milk, it is essential to wash hands thoroughly with soap and water and dry with a disposable towel
- Wipe breast pump with disinfectant wipe before use
- Emphasise to mothers the importance of washing all breast milk collecting equipment properly before sterilising
- Wash equipment with hot, soapy water using bottle brush (not shared) and rinse well before sterilising
- Discard bottle brushes on discharge
- Give all breastfeeding mothers:
 - information available from www.unicef.org.uk/babyfriendly
 - Small Wonders DVD

COLLECTION OF BREAST MILK

- Give mother sterile collection kit
- Provide parents with patient identification stickers to label milk. Before giving a mother the patient identification stickers, positive identification must be made at the cotside/bedside by 2 people
- Clearly label milk from individual mothers in individual patient labelled containers and store separately in fridge (individual containers must not hold bottles from >1 mother)
- Blood and other pigments can discolour milk causing appearance to vary considerably

STORAGE

Where

- Store in designated fridge at 4°C. Freshly expressed breast milk can be stored for 48 hr before freezing
- Breast milk can be stored for 3 months in designated freezer at -18°C without a defrost cycle (in hospital)
- If freezer has defrost cycle and milk appears frothy but does not smell rancid, it is safe to use
- Monitor fridge and freezer temperature daily using maximum/minimum thermometer that is calibrated every 6 months. This temperature should be recorded – date/time, temperature and signature

How

- Place milk in sterile container with airtight lid
- Ensure bottles labelled appropriately – see **Record keeping**
- Store labelled bottles in separate trays in designated fridge/freezer (individual containers must not hold bottles from >1 mother)
- Wash trays stored in fridge daily in warm soapy water, rinse well and dry thoroughly
- Clean trays between each use
- Shake milk container to mix milk before use
- refrigerated milk separates with hind milk forming top layer

DEFROSTING

- Use frozen milk in sequence of storage until enteral feeds established
- Thaw frozen milk in waterless warmer or in fridge (if warmer not available)
- If frozen milk needs to be thawed quickly (and warmer not available), hold bottle under cold or tepid water. Shake frequently and do not allow water to enter bottle via cap
- Discard thawed milk (stored in fridge at 4°C) after 24 hr

USE

- Once removed from fridge, fresh or defrosted milk must be used within 4 hr
- Fresh milk is preferable to thawed milk (when on full feeds)

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- Change continuous tube feeding (tubing between nasogastric tube and pump) every 4 hr
- To minimise fat loss, position syringe delivering feed in semi-upright position
- Bolus feeds – warm milk before giving using waterless warmer if available (to minimise fat loss)
- Additives to be added to breast milk as close to feed time as possible
- Only warm volume of milk required for feed. Store remainder in designated fridge

TRANSPORTATION OF MILK

Milk is often transported from:

- Mother's home to hospital
 - transport in insulated container that can be easily cleaned
 - encourage mother to use coolant block to maintain stable temperature
- Hospital-to-hospital
 - use rigid container for easy cleaning (e.g. cool box) and fill empty space with bubble wrap
 - use coolant block to maintain temperature and transfer to fridge as soon as possible on arrival in NNU/ward

PRECAUTIONS

- Wash hands thoroughly
- Cover cuts and abrasions and wear gloves if necessary

RECORD KEEPING

- Label all bottles/syringes with baby's printed hospital label containing:
 - name and hospital number
 - date and time of expression
- If mother expressing milk at home, provide her with a supply of printed hospital labels
- Before giving breast milk, carry out a 2 person check of the label and cross-reference with baby's identity bracelet to ensure milk is not given to wrong child
- If freezing MEBM label date and time frozen, and date and time of defrosting
- See **Breastfeeding** guideline

STORAGE FOLLOWING DISCHARGE

- Ensure parents take home all EBM in the fridge or freezer. If MEBM remains on unit and is in date, transfer from fridge to freezer immediately – inform parents to collect as soon as possible
- Give parents all EBM on discharge and ensure all milk is checked for correct baby details:
 - crosscheck labels on bottles with patient ID (second checker ideally mother)
 - if parents not present carry out 2 nurse check and document in patient notes
- Discard milk stored in NNU freezer 1 month after discharge