

SESLHD GUIDELINE COVER SHEET



Health
South Eastern Sydney
Local Health District

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SUMMARY	This guides education and support to be provided to breastfeeding mothers who are expressing their breast milk within our facilities, as well as staff who are utilising breast milk to ensure consistent evidence-based practices are maintained.

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Expression and Safe Management of Expressed Breast Milk

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Section 1 - Background

There are various reasons why breastfeeding mothers need to express their breast milk. To ensure best practice and optimal parental education this guideline has been developed to meet their needs while an inpatient or when visiting community facilities for advice. The National Health and Medical Research Council recommends mothers breastfeed or provide breast milk to their babies exclusively in the first six months and then to continue to do so up to a year and beyond.

The aim of this guideline is to instruct hospital and community staff on how to support and educate breastfeeding mothers to express breast milk effectively and safely manage the storage and administration of breast milk.

Aboriginal women may require additional supports sometimes as an inpatient. This can include family, Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.

Non-English speaking culturally and linguistically diverse (CALD) women can be supported by offering appropriate interpreters using the Interpreter service:

[NSW Health PD2017_044 Interpreters - Standard Procedures for Working with Health Care Interpreters](#).

Section 2 - Principles

EXCLUSIONS

This guideline does not cover processes associated the Australian Red Cross Milk Bank pasteurised donor human milk (PDHM) within our nurseries.

- Correct methods of expressing, storage and dispensing will prevent contamination of expressed breast milk (EBM) by pathogens that could be harmful to the baby.
- Prior to hospital discharge all mothers are shown how to hand express their breast milk and provided with written information on how to express, store and use their EBM.
- Mothers of unwell or premature babies, who have not breastfed at birth, are to be supported to initiate and maintain their lactation through expression of breast milk, ideally within **2 hours** of birth (unless the mother is medically compromised, and in such cases, this is to be documented in the mother's medical record).
- If an unwell baby is admitted to the facility and unable to breastfeed, the mother is to be supported to express within 3 hours from her last expression/breastfeed and encouraged to express until baby is well and returns to normal feeding pattern.
- All breastfeeding mothers in contact with Child and Family Health Services are provided with written information and ongoing support on how to express, store, use and transport their expressed breast milk within the home setting.

Section 3 - Responsibilities

Nursing and midwifery staff are responsible for:


- Ensuring familiarity with this guideline and related local business rules, rules local operating procedures and Patient information factsheets.
- Completing appropriate orientation and education packages on supporting breastfeeding mothers, in line with the Baby Friendly Health Initiative developed by the Australian College of Midwives.

Service Line Managers are responsible for:

- Ensuring that staff are familiar with SESLHD policies and procedures and guidelines and are aware of the requirement to adhere to them.
- Undertake annual review of governance and compliance of above.

Section 4 - Process for expression and safe management of expressed breast milk

4.1 Expressing breast milk could be required in a range of situations such as:

<p>The baby is premature or unwell and is unable to latch and effectively breastfeed</p>	<p>If the mother has not breastfed at birth she is to be educated and supported to hand express ideally within 1-2 hours of birth.</p> <p>Then to hand express at least eight times, if able, in 24 hours including at least once overnight (when Prolactin is peaking), and after all breastfeed attempts and kangaroo care.</p> <p>It is usually more effective if the mother expresses for shorter sessions regularly, rather than long sessions less often.</p> <p>Provide mother with Appendix A – Expressing Breast Milk for Your Premature or Unwell Baby.</p> <p>Mothers may benefit from documenting the amounts expressed to review their progress and so can be offered Appendix F - Diary of Expressing.</p> <p>If supply is not increasing appropriately after 48 hours offer referral to Lactation Consultant for additional support /suggestions.</p>
<p>Breast is full or engorged and nipples have flattened, causing baby difficulty to latch</p>	<p>Hand express to soften areola. If no flow due to engorgement, perform reverse pressure softening. Ensure the mother is in a comfortable semi recumbent or flat position to elevate her breasts with cool compresses around breast, for at least 10mins. After 10 mins, show the mother how to place two straight fingers on each side of the nipple, press backwards into the breast for about 30 seconds. Move 1/4 turn and repeat process for two minutes.</p>  <p>Sit the mother up, leaning forward and hand express to initiate milk flow.</p>
<p>Milk supply is low and needs to be increased</p>	<p>Encourage the mother to express by hand and/or pump for 5-10 minutes after most feeds, even if no milk collected. Refer to SESLHDPD/287 - Domperidone use in low breast milk supply for additional strategies. Alternatively, if not increasing after 48 hours a thorough Lactation Consult should be recommended.</p>
<p>Resting and expressing for nipple pain and damage</p>	<p>After settling baby express (hand +/- pump) both breasts and store EBM to give to baby for the next feed. Ensure breasts are expressed after all feeds of EBM. Educate mother to initiate let down reflex by gentle breast massage</p>

	and hand expressing a few minutes before applying pump flange or additional hand expressing to encourage improved breast milk flow and breast drainage. Suggested return to breastfeeding by offering EBM first and then one breast per feed for 24 hours before returning to offering both breasts.
Weaning or suppression of Lactation	Abrupt weaning is not recommended. Gradually decrease the frequency of breastfeeds or expressing. May hand express to soften breast slightly for comfort only and apply cold compress. Provide mother with education on avoidance of blocked ducts and engorgement. Provide mother with fact sheet on Weaning or Suppressing lactation (see local business rule for Suppression of breastmilk).
Returning to work while breastfeeding	Breastfeed before going to work and after returning from work. Express at work around the time the baby would be normally feeding.
Storing breast milk for occasional use	Up to once a day after mid-morning feed express both breasts and freeze milk. Take care not to express too much over baby's needs.

4.2 Prior to birth

- Antenatal hand expression of breastmilk can be commenced if indicated, from 36 weeks' gestation, following individual assessment as per local guidelines.
- For antenatally admitted mothers, if it is known that the baby is likely to not feed at birth and be admitted to the nursery, the mother is to be educated prior to the birth as per the Antenatal Care Plan, on breastfeeding and the importance of early first expression.
- An expressing pack, which contains syringes, caps, expressed breast milk labels and an information sheet ([Appendix A](#)) is to be given and explained to the mother.

4.3 Prior to expressing breastmilk

- Educate all mothers on the importance of optimal hand hygiene prior to expression sessions and handling expressing equipment. Bacteria on hands can contaminate the milk and the pump equipment and reduce protein levels in the EBM.
- Provide written information on safe expressing, labelling and storage of breast milk and cleaning of infant feeding equipment
- Ensure all equipment required is clean or sterile, as per manufacturer's instructions.
- Privacy, reassurance and continued support are critical to ensure mothers are relaxed and confident.
- Offer pain relief, if required, as pain can inhibit lactation hormones to work effectively.
- Obtain consent to assist with any 'hands on' expressing and document accordingly.

4.4 Hand expression of breastmilk

- Mother to perform hand hygiene
- Ensure the mother is comfortable and, in a position, where she can lean forward slightly.
- Explain that hand expressing may take practice and that milk is not always seen with the first expression. Lots of reassurance can be given that this does not mean she does not have colostrum just that practice makes it easier to collect.

- Using a hands-off approach, utilising a model breast if available, show mothers how to gently massage their entire breasts towards the nipple to assist an oxytocin release for their milk to 'let down'. Featherlike stroking of the breast, or gently nipple rolls (between thumb and forefinger) may also help. At least a minute or two of this massage prior to hand expressing is usually most beneficial.
- To hand express the mother is to place her thumb and forefinger on either side of the nipple, about 2-3 cm back from nipple base. Holding this C shaped position, gently press finger and thumb backwards towards chest wall, compress together then relax fingers. Repeat rhythmically – *Press, compress, relax* - it may take several compressions for milk to be seen.
- Move fingers around the nipple and areola to express all parts of the breast. When milk flow slows, change and express the other breast. Swap back and forward each time milk flow slows/stops. This massage and hand expressing will probably take between 15-20 minutes in total.
- In the first few days after birth, colostrum can be expressed straight into the baby's mouth, onto a spoon or cup to be used immediately, or a syringe, if being stored for later use. If minimal amounts obtained make sure mother is comfortable and not in pain, encourage skin to skin contact with baby, consider warm pack to breasts, increase length of breast massage and commence electric pump on low for stimulation, followed by repeated hand expressing.
- As milk flow increases and sprays, wider brimmed containers are useful.

4.5 Using a hand or electric pump

- Prepare the breast as above in 4.4.
- Ensure the mother is comfortable and, in a position, where she can lean forward slightly.
- Until the milk supply is established, start with a gentle breast massage and the breast pump in the 'initiate phase' with gentle suction. On completion of pump, hand express both breasts for up to 5 minutes to further soften the breast to encourage optimal drainage.
- Centre the nipple in the funnel portion of the pump with good skin contact all around. Ensure correct size pump flange so nipple is pulled into funnel without touching the sides.
- Start with pump suction low and increase strength slowly until milk flow seen. Switch from breast to breast as the flow slows, for 20-30 minutes in total. Gently massaging and/or compressing the breast with both hands can increase the amount of milk expressed. Hand expressing post pump expressing should continue until milk flows freely and breasts soften using the pump or if supply is low.
- Double pumping (simultaneously pumping both breasts) may increase milk produced.
- Following individual assessment an electric or hand pump can be used to stimulate supply when lactation is not established, increase supply when it is low or to protract flat or inverted nipples.
- Disposable single user 'One-Day' pump kits utilised in hospital are to be washed and dried thoroughly after every use and disposed of after 24 hours or maximum 8 uses as per [SESLHDGL/063 - Care of Infant Feeding Equipment within SESLHD facilities](#).
- Mothers using a pump at home are to follow manufacturer's instructions.

4.6 Storage of expressed breast milk

- EBM for hospital use is labelled and stored as per [NSW Health Policy Directive PD2010_019 - Maternity-Breast Milk: Safe Management](#) and should be refrigerated at or below 4°C and only up to 48 hours. If frozen, once removed from freezer, EBM should be used within 24 hours.
- In our nurseries and the wards EBM brought in from home for an admitted baby should be checked for correct labelling, signed and placed into the milk fridge/freezer by two staff, or one staff and one parent if appropriate.
- Only milk from/for current inpatients is stored in the fridges or freezers.

- Milk awaiting collection by milk bank or family should be placed in a plastic bag and sealed with baby's ID label with clear instructions.
- On the wards mothers can express and immediately feed their well babies their EBM independently, if they have been previously shown how to do so and this education and supervised practice has been documented. This EBM does not need to be co-signed.
- For home storage see chart below and refer to SESLHD leaflet on 'Expressing and Storing Breast milk' or NSW Health 'Breastfeeding you Baby' for further information

Home Storage times and how to store below.

BREAST MILK	ROOM TEMP	FRIDGE	FREEZER
Freshly expressed into closed container	6-8 hours (26°C or lower)	No more than 72 hours	2 weeks in freezer compartment inside a fridge (-15°C)
	If refrigeration is available store there	(5°C or lower) Store at back, where it is coldest	3 months in freezer section of fridge with separate door (-18°C)
			6-12 months in deep freeze (-20°C) or lower
Previously frozen, thawed in fridge but not warmed	4 hours or less	24 hours	Do not refreeze
Thawed outside fridge in warm water	Until end of feed, throw out left over milk	4 hours	Do not refreeze
Infant has begun feeding	Until end of feed, throw out left over milk	Discard	Discard

4.7 Safe management of EBM in hospital setting

- All stored EBM must be administered as per local business rules.
- Episodes of EBM being given to the incorrect baby should be acted upon immediately as per [NSW Health Policy Directive PD2010 019 – Maternity - Breast Milk: Safe Management](#).
- Babies are to "room in" with their mothers unless clinically indicated. All clinical areas that manage EBM or where breast-fed babies are potentially separated from their mothers should implement the [PD2010 019](#), as well as these following additional strategies
- A member of staff should be allocated to check any fridge where EBM is stored, on each shift using the checklist in Appendix B and C.
- If the fridge temperature is in the red zone (+9 and above) discard milk if it feels warm (not milk only just placed in fridge) and recheck as in yellow zone. If the fridge has not alarmed at these temperatures take out of service and call maintenance. Record action.
- If fridge temperature is in the yellow zone and does not decrease in 30-40 minutes fridge may be overloaded or opened too often. Move some milk to a similar fridge and recheck. Record action.
- If the fridge temperature is too cold, check to see if the fridge needs defrosting. Call maintenance if continues to freeze milk. Record action.
- If the freezer is in the red zone, check all milk is still in a frozen state. If partially frozen remove from freezer and use within 24 hours. Do not refreeze partially frozen milk. If all milk is still frozen, recheck in 30mins to ensure temperature has returned to normal. Record action.
- If the freezer is in the yellow zone and does not decrease appropriately the freezer may be overloaded. Move some milk to another freezer and recheck. Record action.
- All staff to ensure the triple check below occurs and is signed PRIOR to feeding EBM to the infant.

Correct EBM:

Cross check the details identified on the EBM label or baby's feed label are a match with the baby's identification tags.

Correct feeding time and amount:

Cross check the details on the EBM label or baby's feed label with the baby's feed chart.

Correct baby:

Cross check the baby's identification tags and sign on the baby's feeding chart that this check is correct prior to the baby receiving EBM.

- Educate all parents of babies in the nurseries or Paediatric Ward who are handling EBM and provide parents with written information on the safe management of their EBM ([Appendix A](#)) Document in the integrated notes or pathway prior to the parents checking any EBM and feeding the EBM to the baby.
- If infant formula needs to be given at the same feed, it should not be mixed with the EBM. A separate syringe/bottle must be used.

4.8 Safe transportation of EBM

- Transport EBM in an insulated container or cool pack with a freezer bricks.
- If any of the frozen EBM thaws during transport it should be used within 24 hours. Do not refreeze it.

4.9 Breastfeeding/EBM – Intentional - from a nominated woman who is not the birth-mother of the baby.

- [NSW Health Policy Directive PD2010_019 – Maternity - Breast milk: Safe Management](#) states “Babies must only be fed breastmilk from their birth mother. Some circumstances such as adoption, same sex couples, child in foster care, surrogacy and conditions in which the biological mother cannot provide enough breastmilk or any breastmilk, parents may plan on giving their baby breastmilk from a woman who is not the biological mother. Local health services can make local arrangements for special circumstances”.
- Health care staff are obliged to provide evidence-based information of risks of unpasteurised donor human milk when there is disclosure of the mother's intent to allow another lactating woman to breastfeed or provide breastmilk for her baby. This discussion by a medical staff member should cover all aspects in the information sheet ([Appendix D](#)).
- Support and assistance should be given to the birth mother to breastfeed unless it is contraindicated.
- Antenatal discussion and plan of action should be documented in eMaternity
- Postnatal discussion should be documented in eMR.
- Parents are provided with:
 - Written information “Information about risks involved with giving a baby breastmilk from a non-birth mother” and harm minimisation strategies ([Appendix D](#)).
 - Written information on safe expressing and storage of breastmilk ([Appendix A](#) and /or SESLHD fact sheet).
- Document the discussion and resulting plan of action in the maternal integrated notes
- Obtain signature from parents for the use of unpasteurised donor milk ([Appendix E](#))

- Medical staff member providing the counselling must also provide their name, position and signature written clearly.
- EBM from the nominated woman who is not the birth mother should be labelled as the baby's EBM and stored as in section 4.7.

Section 5 - Documentation, References & Revision and Approval History

Documentation

Electronic medical records, including integrated clinical notes, neonatal and/or maternal pathways and SESLHD Antenatal Care Plan SES060.405

References

1. [Academy of Breastfeeding Medicine 2017 Clinical Protocol #8 Human Milk Storage Information for Home Use for Full-Term Infants, Revised 2017](#)
2. [Australian College of Midwives. 2020. Baby Friendly Health Initiative Handbook for Maternity Facilities](#)
3. [National Health and Medical Research Council 2012 – Eat for health – Infant Feeding Guidelines. Information for Health Workers.](#)
4. [NSW Ministry of Health Policy Directive PD2018 034 - Breastfeeding in NSW: Promotion, Protection and Support](#)
5. [NSW Ministry of Health Policy Directive PD2010 019 - Maternity Breast Milk: Safe Management](#)
6. [SESLHDPD/251 – Breastfeeding Women: Support in Non-Maternity Facilities in SESLHD](#)

Revision and Approval History

Date	Revision no:	Author and approval
31 January 2020	DRAFT	Draft approved by Executive Sponsor for progression to the Draft for Comment page.
February 2020	DRAFT	Draft for comment period.
April 2020	DRAFT	Final version approved by Executive Sponsor and tabled at May 2020 Clinical and Quality Council for approval.
May 2020	1	Approved at May 2020 Clinical and Quality Council. Published by Executive Services.
May 2023	2	SESLHD Lactation Group – Minor review. Approved by Executive Sponsor.
31 May 2023	2.1	Appendix A replaced with PDF version of same handout.

Appendix A:

Expressing Breast Milk for Your Premature or Unwell Baby

Your breast milk is perfect for your baby and has important short and long term health benefits for them.

Human breast milk is the perfect food for your baby. It has the right nutrition to support their growth and development and changes as they grow. The nutrition in both colostrum and mature breastmilk is easy for your baby to digest and absorb. Breast milk contains many protective factors that support your baby's immune system and helps prevent infections. Babies receiving breast milk have fewer digestive issues, ear and lung infections, and are at a lower risk of developing diabetes and obesity later in life.

Expressing

When a mother and baby are separated at birth, it is important for a mother to commence expressing her breasts within 1-2 hours of the birth. Short, frequent expressing is more effective than long marathon sessions. Express gently to avoid pain and discomfort. Your midwife is able to help you with this.

When you express it helps to think of your baby, look at their picture, smell an article of their clothing or a scent cloth, or hold a cuddly toy belonging to them. If you relax, it helps your milk to flow. Some mothers find listening to music can help. In the nursery you are welcome to express by your baby.

- Always wash your hands with soap and warm water or use a hand sanitizer prior to expressing. Bacteria on your hands can contaminate your milk and your expressing equipment.
- It is important that you express 7-8 times in 24 hours (including once overnight).

Hand expressing

The first breast milk you produce is called colostrum. Hand expressing is the easiest way to collect your colostrum, as normally there is a small amount, which has a thick, rich consistency.

Steps to hand expressing:

- It is easier if you can sit up in bed, or in a chair and lean forward slightly.
- Start with a gentle breast massage, stroking from the top of the breast towards the nipple to facilitate the let-down reflex.
- Forming a C shape place your thumb and forefinger on opposite side of your nipple, about 2-3cm back from the nipple base. (Diagram A) Gently press finger and thumb pads back towards your chest, press gently together behind the nipple, and hold for 1-2 seconds, then relax your fingers. (Diagram B) Repeat this motion. It may take several attempts before milk is seen (Diagram C).
- Move your fingers around your nipple so you express all parts of the breast.
- When milk flow slows, switch to the other breast. Swap back and forward each time milk flow slows/stops. This will take approximately 20-30 minutes in total.
- In the first day or two you may see a glisten of milk, or obtain 1 drop to 1 ml each expression. It is important to continue regular expressing, as this will help improve your milk supply.
- Your expressed breast milk (EBM) should be placed into a clean container, with a label on it with your baby's name, medical record number and the date and time that you commenced expressing. This EBM should be refrigerated or taken to the nursery. Ask your midwife/nurse for containers and labels.
- In the nursery, we will show you how to 'check in' your EBM to our storage fridge. This will ensure only your EBM is placed into the basket of milk for your baby.
- This link explains how to hand express and shows a mother hand expressing:

<https://globalhealthmedia.org/portfolio-items/expressing-the-first-milk/>

Introducing a breast pump

Between 24–36 hours after the birth, changes will be made to the way you express. A combination of massage, hand express and an electric breast pump (supplied by the hospital while you are a patient) will be introduced. This style of expressing will continue till your milk supply is flowing well.

1. Start with a gentle breast massage, then hand express going back and forward between your breasts. This allows you to collect your breast milk so it can be given to your baby.
2. Next you will use the breast pump for approximately 15 mins each breast, as this provides extra stimulation and helps to establish your milk supply.
3. Centre your nipple in the funnel portion of the expressing kit, ensuring good skin contact all around. Start the suction on gentle and when/if able slowly increase it. If it hurts turn it down. If it continues to hurt, please ask for a review by your midwife or lactation consultant. Many women do not obtain milk when they first use a breast pump, so don't worry if this is you. At this stage the breast pump is for stimulate of your breast.
 - Gently massage and breast compressions may increase the amount of milk expressed.
 - Commence by expressing one breast at a time (single pumping). When you are comfortable with this, you may express both at the same time (double pump).

This link shows a mother using a breast pump and how to use your hands to increase your milk flow:

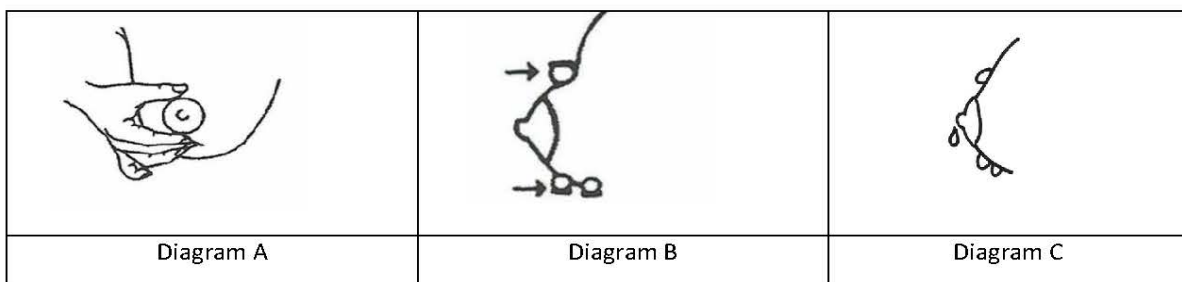
<https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>

How much milk should you get?

For the first expression some mothers will see a glisten of milk, or obtain 1 drop to 1 ml. Towards the end of the first week, as your colostrum (early breast milk) changes to more mature milk, the amount increases to 50–70mls at each expression. Milk volumes do vary between women. If you are concerned about your milk supply talk with your midwife or lactation consultant.

Helpful Hints

- Hand expressing as soon after birth as possible (within 1-2 hours) has shown to improve a mother's milk supply.
- The use of gentle breast massage and nipple stimulation will encourage the release of oxytocin, a hormone which helps your milk to flow (let-down reflex).
- Expressing frequently for short periods (15 mins) is more effective in stimulating your milk supply, rather than long sessions.
- Kangaroo care – holding your baby skin to skin feels good and can help your milk supply.
- Thinking of your baby, sitting with them, using relaxation techniques when you express may help your milk supply
- Expressing should not be painful.
- If you find your supply is not increasing or you need assistance, please talk to your midwife or Lactation Consultants.



Factsheet Acknowledgment - P Everitt CMC Lactation Inpatient Newborn Care Centre RHW

Appendix B: Milk Fridge Checks – Name of Fridge

	Date																					
A= day shift P= Afternoon N= Night shift		A	P	N	A	P	N	A	P	N	A	P	N	A	P	N	A	P	N	A	P	N
	Time																					
See below	+15 check logger																					
	+9 A/A																					
See below	+8																					
recheck in	+7																					
30 min (2)	+6																					
	+5																					
Ideal	+4																					
temp(1)	+3																					
Plot current	+2																					
temp	+1 too cold																					
See below	0																					
milk may	-1																					
freeze, reconsider use by time/date																						
Reset temp (tick)																						
All Milk in labelled baskets																						
All milks labelled correctly, name, date* and time* (2 sign EBM)																						
current inpatient milk only #																						
Actions(see reverse)																						
Staff initials																						

*previously frozen milk discard after 24hours. *Fresh milk discard after 48 hours, * formula discarded 24 hours after opening/making (neonatal units only)

Only current inpatient milks in fridge

Check milk is cool to touch, discard milk if it has been in the fridge and feels warm (not milk only just placed in fridge) recheck as in yellow zone. If the fridge has not alarmed at these temperatures (monitored fridges), take out of service, and call maintenance.

Fridge too cold check to see if need defrosting. Call maintenance if continues to freeze milk

Acknowledgement to SWSLHD for the use of their Milk Fridge check list

If fridge temp in yellow zone and does not decrease in 30-40 min Fridge is probably overloaded or opened too often, move some milk to another fridge and re-check. Record action overleaf.
References: NHMRC guidelines 2012 (1) ANZ food standards 2014 3.2 (2) AIFST (NSW Branch) (1997), Foodborne Microorganisms of Public Health Significance, Food Microbiology Group.

Action taken when fridge out of range

Fridge name.....Hospital.....

Date/Time	Action/Comments	Sign and Print Name

Appendix C: Milk Freezer Checks – Name of Freezer

	Date																							
A= day shift P= Afternoon shift N= Night shift		A	P	N	A	P	N	A	P	N	A	P	N	A	P	N	A	P	N	A	P	N	A	P
Time																								
See below	-13																							
	-14																							
See below	-15																							
Recheck	-16																							
in 30 min	-17																							
Ideal	-18																							
temp (1)	-19																							
Plot current temp	-20																							
	-21																							
Lower temps OK	-22																							
Reset temp (tick)																								
Isolated PDHM? Y/N (NICU only)																								
All Milk in correctly labelled baskets/shelves																								
Current babies milk only (unless bagged)																								
Milk for collection bagged and labelled correctly																								
Action taken (tick and see over leaf)																								
Staff sign																								

If the freezer temp is in the red zone Check all milk is in a frozen state if partially frozen remove from freezer and use within 24 hours. Do not refreeze partially defrosted milk. If all milk frozen recheck in 30 min to ensure temp has returned to normal (same as yellow zone). If the freezer has not alarmed at these temperatures, take out of service, and call maintenance

Milk awaiting collection by milk bank or family should be placed in a plastic bag and sealed with babies ID label with clear instructions

If freezer temp in yellow zone and does not decrease in 30 min Freezer is probably overloaded. Move some milk to another freezer and recheck

References: NHMRC guidelines 2012 (1) ANZ food standards 2014 3.2 (2) AIFST (NSW Branch) (1997), Foodborne Microorganisms of Public Health Significance, Food Microbiology Group.

Acknowledgement to SWSLHD for the use of their Milk Freezer check list

Action taken when freezer is out of range

Freezer name.....Hospital.....

Date/Time	Action/Comments	Sign and Print Name

Appendix D

Information for Parents Regarding the Risks when Giving a Baby Breastmilk from a Woman Who is Not the Birth Mother

Breastmilk from the baby's own mother is the ideal nourishment for babies. Breastmilk has the potential for the possible transmission of infectious pathogens. The risk is low but is possible. Some medications including alcohol and illicit drugs can be transmitted to the baby via breastmilk. While some medications are considered safe in breastfeeding, others are not.

A premature baby is at greater risk of infection, and we recommend they only receive breast milk from their birth mother or pasteurised human donor milk.

If you wish to give your baby breastmilk from a woman who is not the birth mother, it is important to be aware of the risks involved before you make this decision. It is also important that you minimise these risks.

Infection risk:

There is a small but possible risk of transmission of infection through breastmilk. A number of viruses have been found in breast milk and some can be transmitted to the baby.

- Human Immunodeficiency Virus (HIV) can be transmitted through breastmilk. In the absence of serological results, the risk of being HIV positive is increased in women with history injecting drug use, birthplace or previous residence or travel in a country with high prevalence of HIV, tattoo or piercing, history of syphilis, blood transfusion, unprotected sex with a partner who has or is at risk of having a blood borne virus.
- Cytomegalovirus (CMV): can be transmitted through breastmilk but is more usually transmitted through other sources.
- Hepatitis B and C: low risk of transmission unless there is blood in the breastmilk, or the nipples are damaged.
- Herpes Simplex Virus Type 1 and 2 and Syphilis: transmission is more likely if the woman has clinical features or lesions on the breast.

It is recommended that the woman who is providing the expressed milk or breastfeeding your baby be tested for: Rubella, Syphilis, HCV antibodies, HBV antibodies, HIV antibodies, Human T-cell Lymphotropic Virus (HTLV) and CMV prior to providing milk for / or breastfeeding your baby. If this is not possible, we would recommend that the breastmilk not be used.

Using an optimal technique for expressing and storing expressed breastmilk and optimal technique for feeding expressed milk to your baby will reduce the risk of infection from the breastmilk. Please ensure you and the donor mother always wash and dry your hands before expressing or handling breastmilk, use clean equipment and correct storage techniques. See the handout "Expressing and Storing Breastmilk".

Medications and Lifestyle: Please ensure you discuss with the staff any medications the donor mother is taking including their nicotine and alcohol use so this can be reviewed for safety with breastfeeding. You can also call Mother Safe, Medications in Pregnancy and Lactation Service (phone 9382 6539 or 1800 647 848) for advice about medication safety in breastfeeding.

Appendix E:

Parental Consent for Milk Sharing Within SESLHD Facilities

- ☐ I wish to give my baby breast milk expressed by _____
- ☐ I plan to allow _____ to breastfeed my baby.

It has been explained to me that:

- ☐ I am aware that breast milk has the potential for the transmission of infectious pathogens. A number of viruses have been found in breast milk and some can be transmitted to the baby.
- ☐ It is recommended that the woman who is providing the expressed milk or breastfeeding my baby be tested for: rubella, syphilis, HCV antibodies, HBV antibodies, HIV antibodies, HTLV and CMV prior to providing milk for / or breastfeeding my baby.
- ☐ I am aware that medications, alcohol and nicotine can be passed through breast milk and I have discussed this with the donor mother and staff / Mother Safe.
- ☐ SESLHD does not recommend that I give my baby breast milk from a woman other than the birth mother or allow my baby to be breastfed by a woman other than the birth mother.

I have been given the information sheets:

- ☐ Information Sheet for Parents Regarding the Risks when Giving a Baby Breastmilk from a Woman Who is Not the Birth Mother.
- ☐ Expressing and storing breast milk.

Parent Name:

Signature:

Date:

Interpreter used: Yes ☐ No ☐. Language:

Appendix F:

Diary of Expressing (EBM Diary)/Kangaroo Care/Early Breastfeed

Date / /			Date / /			Date / /			Date / /			Date / /		
Time	Volume	KC/ BF	Time	Volume	KC/ BF	Time	Volume	KC/ BF	Time	Volume	KC/ BF	Time	Volume	KC/ BF
Day Total			Day Total			Day Total			Day Total			Day Total		

If you would like additional support or strategies, ask to speak with one of our Lactation Consultants

Date / /			Date / /			Date / /			Date / /			Date / /		
Time	Volume	KC/ BF	Time	Volume	KC/ BF	Time	Volume	KC/ BF	Time	Volume	KC/ BF	Time	Volume	KC/ BF
Day Total			Day Total			Day Total			Day Total			Day Total		

Date / /			Date / /			Date / /			Date / /			Date / /		
Time	Volume	KC/ BF	Time	Volume	KC/ BF	Time	Volume	KC/ BF	Time	Volume	KC/ BF	Time	Volume	KC/ BF
Day Total			Day Total			Day Total			Day Total			Day Total		