1.0 Title:  
**Expressed Breast Milk (EBM) – Safe Management**

2.0 Purpose  
Correct handling and storage of EBM is vital to prevent illnesses in infants, as is cleansing storage containers and equipment.\(^1\)\(^2\) It is important for preserving the nutritional content of the EBM and decreasing the risk of contamination. An effective, appropriate storage and EBM administration procedure will lead to the reduction of the serious event of misappropriation of EBM.\(^3\)\(^4\) This procedure provides written documentation to Northern NSW Local Health District (NNSW LHD) facilities to safely manage and store expressed breast milk (EBM).

3.0 Background.  
- Breast milk has the potential to transmit infectious pathogens if contaminated and/or given to the wrong infant. The risk of transmission of disease by this route is low but is possible.  
- Factors that may lead to infants receiving the incorrect breast milk include the separation of mothers and infants; inadequate identification processes; and the absence of systems to manage safe storage and dispensing of EBM.  
- To facilitate an effective checking process for breast milk it is necessary that all infants have secure identification in place on two sites at all times as per PD2014_024 [Patient Identification Bands](https://www.nsw.gov.au/health/policy-and-guidance/patient-identification).

4.0 Procedure  

4.1 Labelling of Expressed Breast Milk Containers  
NSW Health Expressed Breast Milk labels meet labelling recommendations (see Appendix A).
• Expressed breast milk labels are available in the Special Care Nursery (SCN) and mothers who are expressing should be given a supply of labels. Please check regularly with mothers to ensure they have an adequate supply of labels.

• **All** EBM containers should be consistently, correctly and clearly labelled using moisture-resistant ink, with the following information:
  o the infant’s and mother’s names
  o infant medical record number
  o contents (eg. EBM)
  o any additives
  o date and time expressed and
  o date and time removed from freezer.

A member of staff must check the EBM is correctly labelled before it is placed into storage.

4.2 **Storage of Expressed Breast Milk**
• Each infant should have an individually allocated and labelled storage container for the EBM containers in the fridge/freezer *(Appendix B)*.

• A member of staff should be allocated to check the refrigerator each shift to ensure all EBM is correctly labelled and stored *(PD2010_019 Maternity - Breast Milk: Safe Management)*.

• The EBM stock should be rotated by placing the new EBM behind the existing supply already stored.

• If there are two infants with a similar name staff must ensure a ‘same or similar’ name sticker is placed on the storage basket/container of both infants. **Avoid grouping the EBM containers of infants with the same or similar names together.**

4.3 **Checking Expressed Breast Milk Before Feeding an Infant**
• All EBM is to be checked by two registered members of staff (RM, RN), or one registered member of staff (RM, RN) and either an EEN or a parent of the infant if appropriate *(PD2010_019 Maternity - Breast Milk: Safe Management)*.

• All EBM that is dispensed into a second or third container/EBM syringe should be checked against the original EBM container at that time. It should be correctly labelled and signed by two RM/RNs or one RM/RM and either an EEN or a parent of the infant if appropriate.

• EBM should be treated with the same stringent checking process as administration of medications. Ensure you have the correct feeding time and amount (by checking infants feeding and fluid chart) and the correct infant (by checking infant ID bands). Signing the infants flow chart indicates that these checks are correct prior to the infant receiving the EBM.

• The MRN and name are to be checked as the primary reference points.

• If a feed is delayed, EBM should not be left at the bedside.
4.4 EBM Brought from Home
Women expressing EBM at home must be provided with the guide to expressing and storing of breast milk for home use (NHMRC 2012) Appendix C.<sup>6,7</sup>

- EBM brought in from home must be labelled and checked in to the milk fridge/freezer by two registered members of staff (RM, RN), or one registered member of staff (RM, RN) and either an EEN or a parent of the infant if appropriate as per PD2010_019 Maternity - Breast Milk: Safe Management.
- The EBM should be placed in the refrigerator (or in the freezer if it is still frozen) immediately upon arrival.
- The EBM stock should be rotated by placing the new EBM behind the existing supply already stored.

4.5 Frozen Expressed Breast Milk

- Frozen breast milk can be stored in the freezer section of a refrigerator with a separate door (minus 18°C) or removed from the freezer and stored in at 4°C in a fridge and used within 24 hours if thawed.
- Frozen EBM should be rotated using the older dated milk first before the newer dated milk.
- EBM frozen for longer than 6 months should not be used.
- When defrosting EBM for next feed, the frozen milk should be taken out of the freezer and stood in either cool or warm water as per PD2010_019 Maternity - Breast Milk: Safe Management. Check to ensure the identification labels do not become loose. Any unused EBM must be discarded.
- If defrosting EBM for use later, thaw frozen breast milk by moving it from the freezer to the fridge for slow thawing. Document date and time EBM is removed from the freezer to the fridge.
- EBM is considered thawed if upon gentle shaking, the container has no ice within. Do not open container until milk is ready to use.
- Once thawed, EBM should be discarded 24 hours after being taken from the freezer.
- Do not use partially defrosted expressed milk for a feed as some of the nutrients will be missing.
- Never refreeze expressed breast milk.

Practice note: Pasteurised donor human milk (PDHM) once fully defrosted needs to be given to the infant within the next 24 hours.
5.0 Management of Expressed Breast Milk following Infant Discharge
- All stored EBM is to be removed from the fridge/freezer and ID verified with RN and the parent, placed in a pre-chilled thermal container and given to parent when the infant is discharged.
- Infants transferred to another hospital will have EBM packaged in ice for transfer with the infant.
- Storage of EBM for discharged infants is only to be for a short period to enable parents to collect it.
- For EBM of discharged infants stored beyond the agreed collection date, the parents are to be contacted to discuss options to collect or discard EBM.

6.0 Management of Neonatal Exposure to Breast Milk from Non-birth Mother
There is a small but possible risk of transmission of infectious agents from the ingestion of breast milk. The exposure of a baby or neonate to breast milk from a non-birth mother may arise if:
- EBM from one mother is given to another mother’s infant in error; or
- A mother breastfeeds an infant other than her own.

All incidents are to be reported immediately to the Midwifery Unit Manager or Clinical Midwifery Specialist in charge, the Medical Officer on duty and then the Infection Control Manager.
- Complete an incident notification in the Incident Information Management System (IIMS).
- Ensure timely notification and counselling of the biological mother/parents and source mother as per PD2014_028 Open Disclosure.

Please refer to Section 5: Management of Neonatal Exposure to Breast milk from a Non-Birth Mother PD2010_019 Maternity - Breast Milk: Safe Management for more information.

7.0 Required Knowledge and Assessment to Perform this Procedure

8.0 Monitoring and Evaluation
- All incidents relating to EBM including patients who receive the incorrect milk, incorrect labelling, storage or incorrectly prepared milk are to be
reported in the IIMS as per PD2014_004 Incident Management Policy and PD2010_019 Maternity – Breast Milk: Safe Management.

- All incidents will be reviewed by the Maternity Services Committee.
- Midwifery and Special Care Nursery Unit Managers are responsible for ensuring compliance with this procedure.

9.0 References


4. PD2010_019 Maternity - Breast Milk: Safe Management


10.0 Appendices

Appendix A: NSW Health Expressed Breast Milk label.
Appendix B: EBM Milk Fridge storage example.
Appendix C: Storing breastmilk for home use.
NSW Health Expressed Breast Milk label

EXPRESSED BREASTMILK

Baby Surname: ___________________________ MRN: ___________________________
Baby Given Name: ___________________________
Baby DOB: ___/___/20___ Baby Sex □ M □ F
Mother’s Name: ___________________________

EBM: ___________mL Additive(s): ___________________________
Expressed: date ___/___/20___ time ___:___
Defrosted: date ___/___/20___ time ___:___
Expires: date ___/___/20___ time ___:___
Sign: ___________________________ Sign: ___________________________

NH601049 17/02/15
Appendix B

EBM Milk Fridge storage example
## Storing breastmilk for home use

<table>
<thead>
<tr>
<th>Breastmilk status</th>
<th>Room temperature (25°C or lower)</th>
<th>Refrigerator (4°C or lower)</th>
<th>Freezer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshly expressed into sterile container</td>
<td>6–8 hours if refrigeration is available store milk there</td>
<td>No more than 72 hours</td>
<td>2 weeks in freezer compartment inside refrigerator (-15°C)</td>
</tr>
<tr>
<td>Previously frozen – thawed in refrigerator but not warmed</td>
<td>4 hours or less – that is, the next feeding</td>
<td>24 hours</td>
<td>3 months in freezer section of refrigerator with separate door (-18°C)</td>
</tr>
<tr>
<td>Thawed outside refrigerator in warm water</td>
<td>For completion of feeding</td>
<td>4 hours or until next feeding</td>
<td>6–12 months in deep-freeze (-20°C)*</td>
</tr>
<tr>
<td>Infant has begun feeding</td>
<td>Only for completion Discard after feed</td>
<td>Discard</td>
<td>Discard</td>
</tr>
</tbody>
</table>

*Chest or upright manual defrost deep freezer that is opened infrequently and maintains ideal temperature

## 11.0 NNSW LHD Clinical Procedure Cover Sheet

<table>
<thead>
<tr>
<th>COVER SHEET</th>
<th></th>
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<tbody>
<tr>
<td><strong>NSW Local Health District CLINICAL Policy Framework</strong></td>
<td><strong>Health NSW Local Health District</strong></td>
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<table>
<thead>
<tr>
<th>Name Of Document</th>
<th>Expressed Breast Milk (EBM) – Safe Management</th>
</tr>
</thead>
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<td>Type of Document</td>
<td>Procedure</td>
</tr>
<tr>
<td>Document Number</td>
<td>NNSW-LHD-PRO-0480-19</td>
</tr>
<tr>
<td>Superseded Document</td>
<td>NC-NNSW-PRO-7700-16</td>
</tr>
<tr>
<td>Sites/Services where compliance with this procedure is mandatory.</td>
<td>All NNSW sites</td>
</tr>
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</table>

### Related Ministry of Health PDs, LHD Documents or Australian Standards:

- PD2010 _019 [Breast milk - safe management](#)
- PD2018 _034 [Breastfeeding in NSW - Promotion, Protection and Support](#)
- PD2009 _003 [Maternity Clinical Risk Management Program](#)
- PD2014 _024 [Patient Identification Bands](#)
- PD2014 _028 [Open Disclosure](#)
- PD2017 _013 [Infection Prevention and Control](#)
- PD2017 _032 [Clinical Procedure Safety](#)
- NC-NNSW-PRO-7611-15 [Standard Precautions Procedure](#)
- NC-NNSW-PRO-7549-15 [Aseptic Technique Procedure](#)

### Risk Management

This procedure provides written documentation to Northern NSW Local Health District (NNSW LHD) facilities to safely manage and store expressed breast milk (EBM).

### Current Risk Rating

M – Moderate / Possible

### Targeted Risk Rating

X – Minimal / Unlikely

### Date Created

April 2016

### Date of Publication

13 February 2019

### Next Review Date

13 February 2024

### Aboriginal Health Advisory Committee Registration Number

CG/2016/32

### Author

Shannon Morris CMC NNSW (2016)
Reviewed and updated by Sarah Neve RM (2018)
Expressed Breast Milk, EBM, storage

NNSW LHD adopts the NSW Kids and Families Health PD2010_019 Maternity - Breast Milk: Safe Management for NNSW LHD Health staff as its overarching framework for the safe management and storage of expressed breast milk (EBM).

13 February 2019

Wayne Jones