

SESLHD GUIDELINE COVER SHEET



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KEY TERMS	Breast milk, expressing, breast pumps, pumping, hand expressing, storage; expressed breastmilk; separated breastfeeding babies; milk sharing
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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SESLHDGL/081 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.

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 1 hour of birth or at least within 6 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 leaflets
- 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 these;
- Undertake annual review of governance and compliance

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

5.1 Expressing breast milk could be required in varying situations:

<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 express ideally within 1-2 hours of birth.</p> <p>Express at least eight times 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>Some mothers may benefit from documenting the amounts expressed to review their progress and so can be offered Appendix E - EBM Diary</p> <p>If supply 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 SESLHD Domperidone for Low Milk supply for additional strategies.</p>
<p>Resting and expressing for nipple pain and damage</p>	<p>After settling baby express 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 breast massage and hand expressing a few minutes before applying pump flange or additional hand expressing to encourage improved breast milk flow and breast drainage</p>

	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 written information/fact sheet on Weaning or Suppressing lactation (see local business rule or Local operating procedures 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	Once a day after mid-morning feed express both breasts and freeze milk

5.2 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 gentle 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.

5.3 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 as pain can inhibit lactation hormones to work effectively.
- Obtain consent to assist with any 'hands on' expressing and document accordingly.

5.4 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 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.

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

- 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 onto a spoon or a cup to be used immediately, or 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.

5.5 Using a hand or electric pump

- Prepare the breast as above in 5.4.
- 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 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 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 SESLHD Guideline - Care of infant feeding equipment.
- Mothers using a pump at home are to follow manufacturer's instructions.

5.6 Storage of expressed breast milk

- EBM for hospital use is labelled and stored as per NSW Health PD2010_019 Maternity-Breast Milk: Safe Management EBM 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 as below

BREAST MILK	ROOM TEMP	FRIDGE	FREEZER
Freshly expressed into closed container	6-8 hours (26°C or lower) If refrigeration is available store there	No more than 72 hours (5°C or lower) Store at back, where it is coldest	2 weeks in freezer compartment inside a fridge (-15°C) 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

5.7 Safe management of EBM in hospital setting

- All stored EBM must be administered as per local business rules and local operating procedures
- Episodes of EBM being given to the incorrect baby should be acted upon immediately as per NSW Health 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 above PD 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 30-40minutes 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

<p>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.</p>
<p>Correct feeding time and amount: Cross check the details on the EBM label or baby’s feed label with the baby’s feed chart.</p>

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.

5.8 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.

5.9 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.
- 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 C)
- 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 (see Appendix C)
 - 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 D)
- 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 5.7.

Section 5

Documentation

Integrated clinical notes, or neonatal or maternal pathways

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. 2016. 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 PD2018_034 – Breastfeeding in NSW – Promotion, Protection and Support;
5. NSW Ministry of Health Policy PD 2010_019 – Maternity – Breast Milk: Safe Management;
6. SESLHDPD/251 – Breastfeeding Women: Support in Non-Maternity Facilities in SESLHD

Revision and Approval History

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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.

Appendix A:

Expressing Breast Milk for Your Premature or Unwell Baby

Your breast milk is perfect for your baby and even the smallest amount is of benefit to them. Now the prospect of expressing your breasts may seem overwhelming at first, but giving your breast milk to your baby is something special, something only you can do. Expressing is a learnt skill and like any new skill it takes time to develop. Your midwife is there to help and guide you.

Breast milk is especially important for babies who are premature, or unwell and will make a difference to both their short and long term health.

We recommend you start hand expressing soon after birth (within 1-6 hours), then express 8 times each 24 hours, (including at least once overnight). In the first 2 weeks, the more frequently you express your breasts, the better your milk supply will be. Short, frequent expressing is more effective than long marathon sessions. Let your nurse/midwife know if you would like one of our Expressing Diaries.

When you express it helps to think about your baby, look at a picture of them, smell an article of their clothing or a scent cloth, or hold a cuddly toy belonging to them. When you relax, it helps your milk to flow. Some mothers find listening to music helps. When in the Nursery/Newborn Care Centre you are welcome to express by your baby's bed.

Hand expressing

Hand expressing usually works best to remove your colostrum – your first milk, as there is normally a small amount which has a thick, rich consistency and this is very beneficial to your baby.

Steps to hand expressing:

- It is important to 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 the pump equipment.
- It is easier if you can sit up in bed, or in a chair and lean forward slightly.
- Start with a gentle breast massage, then stroke your breasts starting from the top of the breast to the nipple, then from the sides of the breast to the nipple and apply gentle nipple stimulation.
- Place your thumb and forefinger on either side of the nipple about 2-3cm back from the nipple base (Diagram A). Holding this C shape position, gently press finger and thumb pads (not your fingertips) back towards your chest, squeeze them together then relax your fingers (Diagram B). Repeat this motion. It may take several attempts before milk is seen (Diagram C).
- Move your fingers around the breast so you express all parts of the breast. When milk flow slows, switch to the other breast and express that side. Swap back and forward each time milk flow slows/stops. This will probably take between 25 – 30 minutes in total.
- This link shows a mother hand expressing:
<https://globalhealthmedia.org/portfolio-items/expressing-the-first-milk/>
- When you finish expressing place your breast milk into a clean container e.g. syringe. The staff will show you how to fill out the label with your name or your baby's name, medical record number and the date and time that you commenced expressing.
- In the nursery, we will show you how we 'check in' your EBM to our storage fridge. This will ensure only your EBM is placed into the basket of milk for your baby.

- Our staff may also ask you to check the EBM out of the fridge prior to us giving it to your baby. Two staff will check it this way when you are not here. We will ask you to ‘check out’ your breastmilk three ways.
 - That it is your correctly labelled EBM
 - That it is your baby by checking the baby’s ID tag
 - That it is your baby’s chart, which we will get you to initial PRIOR TO FEEDING YOUR BABY the milk.
- Please take these checks seriously and don’t hesitate to ask the staff any further questions regarding the safety of your breastmilk.

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 pump (supplied by the hospital) will be introduced. This style of expressing will continue till your milk is flowing well. It is important that you continue to express 8 times in 24 hours (including once overnight).

3 Steps when a breast pump is introduced:

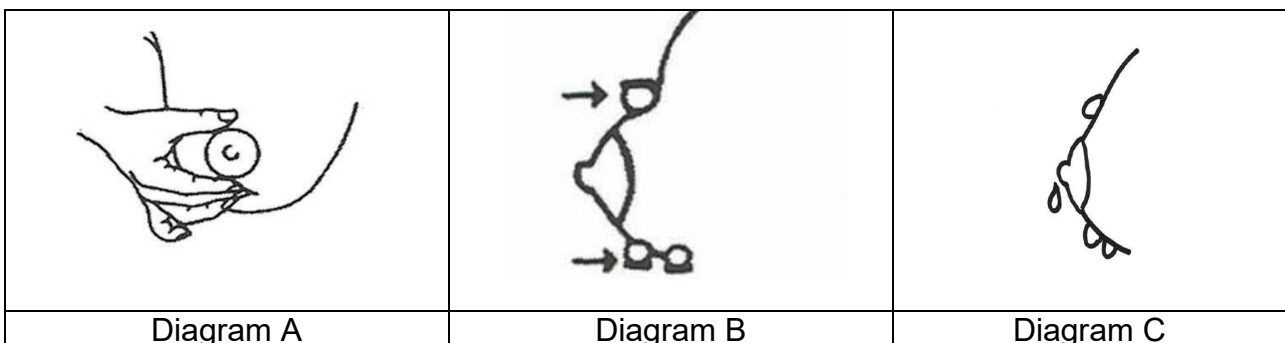
- Massage both breasts gently then hand express going back and forward between your breasts. This allows you to collect you expressed breast milk so it can be given to your baby.
- Next you will use the breast pump for approximately 5-10 mins per breast, depending on your milk volume, as this provides extra stimulation and helps to establish your milk supply.
- Centre your nipple in the funnel portion of the pump with good skin contact all around. Start with gentle suction and switch from breast to breast as the flow of your breast milk slows, or after 6 mins. (Many women do not obtain milk when they first start using a breast pump, so don’t worry if this is you.)
- Gently massaging and compressing the breast while using the breast pump can increase the amount of milk expressed.
- Now hand express both breasts for 1-2 minutes to obtain the last of your milk. When you are comfortable expressing your breasts with a single pump, you may like to consider a 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>

Suggestions

- The use of gentle massage, stroking and nipple stimulation will encourage the release of oxytocin, a hormone which helps your milk to flow.
- Expressing frequently throughout a 24 hours period (including overnight), rather than for a long period of time in one sitting, is more effective in stimulating your milk supply.
- Kangaroo care – having a cuddle with your baby skin to skin feels good and can help your milk supply.
- If you find your supply is not increasing or you need assistance, please talk to your midwife or one of our Lactation Consultants.



Handout Acknowledgment - P Everitt CMC Lactation RHW

Appendix B:

Milk Fridge Checks - Name of Fridge:

Date		A			P			N			A			P			N			A			P			N		
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	A	P	N	A	P	N
	Time																											
See below	+15 check logger																											
	+9 A/A																											
See below recheck in 30 min (2)	+8																											
	+7																											
	+6																											
	+5																											
Ideal temp(1) Plot current temp	+4																											
	+3																											
	+2																											
See below milk may freeze, reconsider use by time/date	+1 too cold																											
	0																											
	-1																											
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 Recheck in 30 min	-15																							
	-16																							
	-17																							
Ideal temp (1) Plot current temp	-18																							
	-19																							
	-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

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

Date/Time	Action/Comments	Sign and Print Name

Appendix D:

Information Sheet 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 should 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/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		

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		