

Human Milk Errors and Mix-Ups

Guidelines for Child Care Facilities

If a child has been mistakenly fed another child's bottle of expressed breast milk, the possible exposure to HIV or other infectious diseases, like hepatitis B or hepatitis C, should be treated just as if an accidental exposure to other body fluids had occurred. Decide in advance who is responsible for the various steps in providing care and resolving the situation.

If the baby receives another mother's milk in error, the following steps should be taken in a timely manner:

1. Inform the mother who expressed the breast milk of the bottle switch, and ask
 - When the breast milk was expressed and how it was handled prior to being delivered to the caretaker or facility
 - Whether she has ever had a hepatitis B, hepatitis C, HTLV (human T lymphoma virus) or HIV blood test and, if so, would she be willing to share the results with the parents of the child given the incorrect milk
 - If she does not know whether she has ever been tested for hepatitis B, hepatitis C, HTLV or HIV, would she be willing to contact her physician and find out if she has been tested
 - If she has never had a test for hepatitis B, hepatitis C, HTLV or HIV, would she be willing to have one and share the results with the parents of the other child
2. Discuss the mistaken milk with the parents of the child who was given the wrong bottle
 - Inform them that their child was given another child's bottle of expressed breast milk
 - Inform them that the risk of transmission of hepatitis B, hepatitis C, HTLV or HIV and other infectious diseases is very small
 - Encourage the parents to notify the child's physician of the exposure
 - Provide the family with information on when the milk was expressed and how the milk was handled prior to its being delivered to the caretaker so that the parents may inform their own physician
 - Inform the parents that their child should soon undergo a baseline test for hepatitis B, hepatitis C, HTLV and HIV

The risk of HIV transmission from expressed breast milk consumed by another child is believed to be low because

- In the United States, women who are HIV positive and aware of that fact are advised NOT to breastfeed their infants
- Chemicals present in breast milk act, together with time and cold temperatures, to destroy the HIV present in expressed breast milk
- Transmission of HIV from a single breast milk exposure has never been documented

The information provided in this handout is from the following resources. Please utilize the following resources for more information regarding human milk errors and mix-ups.

- Division of Nutrition, Physical Activity and Obesity, National Center for Chronic Disease Prevention and Health Promotion. "What To Do if An Infant Or Child Is Mistakenly Fed Another Woman's Expressed Breast Milk." www.cdc.gov/breastfeeding/recommendations/other_mothers_milk.htm
- Human Milk Banking Association of North America "Best Practice for Expressing, Storing and Handling Human Milk in Hospitals, Homes and Child Care Settings, 3rd Ed. 2011" www.hmbana.org/publications-buy-online
- Caring for Our Children: National Health and Safety Performance Standards: http://nrckids.org/CFOC3PDFVersionpreventing_obesity.pdf



This information and project have been adapted from the "Breastfeeding-Friendly Child Care Initiative" of the Carolina Global Breastfeeding Institute /UNC Gillings School of Public Health and the Wisconsin Department of Health Services, *Ten Steps to Breastfeeding-Friendly Child Care Centers Resource Kit*.

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