**Misadministration of Human Milk Occurrence 5/2020**

**PROCESS:**

* 1. Notification Process:
     1. **Notify Nurse Manager, Nursing Supervisor, and infection control nurse**.
        1. After hours or weekends: notify Nursing Supervisor and CSN/Charge Nurse.
        2. Have supervisor bring the packet for employee blood borne pathogen procedure to the unit.
     2. **Notify physician/NP/PA**. The physician/NP/PA should discuss HIV, Hepatitis, and CMV transmission risks with the parents of the infant who inadvertently received the wrong breast milk.
        1. Risks of HIV are believed to be very low, because:
           1. In North America, identification of HIV status during pregnancy is quite thorough. Women who are HIV positive are advised NOT to breastfeed their infants.
           2. Over time, the components of the human milk immune system coupled with cold storage temperatures destroy HIV present in breast milk.
           3. Transmission of HIV from a single breast milk exposure has never been documented.
     3. **Notify parents of the infant who received the wrong breast milk** as soon as possible.
        1. Inform parents that their infant may need to undergo testing dependent upon the donor mother’s lab values or if the donor mother refuses to participate with lab testing.
     4. **Notify mother of the infant from whom the breast milk was expressed** (donor mother) as soon as possible.
        1. Ask donor mother if she would be willing to be tested and allow results to be used by the medical team to determine if a further course of treatment of the baby who received the incorrect milk is needed.
  2. **Lab work needed and actions depending upon results**:
     1. **Labs needed from donor mother**: Check donor mother’s antenatal labs for Hepatitis B surface antigen (HBsAg) Hepatitis C antibody and HIV 1/2 antibody + p24 antigen.
     2. CMV PCR on donor mother’s breastmilk.
        1. **If donor mother’s lab work is negative-** no further testing on receiving infant is needed
        2. **If donor mothers lab work is positive-** follow-up testing on the receiving infant is needed.
        3. **If the donor mother refuses to have blood drawn-** receiving infant needs to have the following blood work drawn: Hepatitis B surface antigen (HBsAg), Hepatitis C antibody, and HIV 1/2 antibody + p24 antigen. In this circumstance, repeat testing on the infant may be needed and can be discussed with the Infectious Diseases team.
  3. **Steps to Collect the Blood**:
     1. **Obtain requisition** for blood work from the packet “blood borne pathogen procedure” Complete the requisition titled SOURCE. Need to complete mother’s information in the top box, check boxes for the lab work needed: HIV, Hepatitis B panel, Hepatitis C. Handwrite at bottom- “Charge to 1601 and email results “Beth. Lamkin@ssmhealth.com”. You can change the email to another name if there is someone who will follow up with lab regarding this. Follow up with lab. There will be nowhere to report the lab results in EPIC.
     2. **Obtain Lab Tubes from Lab:**  3 big red top tubes and one 4 ml purple top tube
     3. **Obtain Blank Labels:** Write on labels: Mother’s name, Mother’s Date of Birth, Today’s Date, Tests to be done on the blood, Initials of person drawing blood.
     4. **Draw blood from mom**
        1. Any RN in the unit or lab drawer can draw the blood.
        2. Fill all three 6 ml tubes with blood. Fill the 4ml tube with 2-4 mls of blood
        3. Label each tube with label. ( Purple top is for the HIV test)
        4. Complete the Date/Time/Initials on the requisition.
        5. Send to lab: Labeled tubes, requisition
        6. Keep a record of Mother’s information in case there is an issue with the blood in lab.

**DOCUMENTATION: Incident Report must be completed**