Source: Chapter 4: Nutrition and Food Service, page 167, Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Settings. Third Edition, 2011. The National Resource Center for Health and Safety in Child Care

STANDARD 4.3.1.4: Feeding Human Milk to Another Mother's Child

If a child has been mistakenly fed another child's bottle of expressed human milk, the possible exposure to hepatitis B, hepatitis C, or HIV should be treated as if an exposure to other body fluids had occurred. For possible exposure to hepatitis B, hepatitis C, or HIV, the caregiver/teacher should:

Inform the mother who expressed the human milk about the mistake and when the bottle switch occurred, and ask: 1) When the human milk was expressed and how it was handled prior to being delivered to the caregiver/teacher or facility;

2) Whether she has ever had a hepatitis B, hepatitis C, or HIV blood test and, if so, the date of the test and would she be willing to share the results with the parents/guardians of the child who was fed the incorrect milk;

3) If she does not know whether she has ever been tested for hepatitis B, hepatitis C, or HIV, would she be willing to contact her primary care provider and find out if she has been tested;

4) If she has never been tested for hepatitis B, hepatitis C, or HIV, would she be willing to be tested and share the results with the parents/ guardians of the other child;

Discuss the mistake of giving the wrong milk with the parents/guardians of the child who was fed the wrong bottle: 1) Inform them that their child was given another child's bottle of expressed human milk and the date it was given;

2) Inform them that the risk of transmission of hepatitis B, hepatitis C, or HIV and other infectious diseases is low;

3) Encourage the parents/guardians to notify the child's primary care provider of the exposure;

4) Provide the family with information including the time at which the milk was expressed and how the milk was handled prior to its being delivered to the caregiver/teacher so that the parents/guardians may inform the child's primary care provider;

5) Inform the parents/guardians that, depending upon the results from the mother whose milk was given mistakenly (1), their child may soon need to undergo a baseline blood test for hepatitis B (also see below), hepatitis C, or HIV;

Assess why the wrong milk was given and develop a prevention plan to be shared with the parents/ guardians as well as the staff in the facility.

If the human milk given mistakenly to a child is from a woman who does not know her hepatitis B status, the caregiver/teacher should determine if the child has received the complete hepatitis B vaccine series. If the child has not been vaccinated or is incompletely vaccinated, then the parent/guardian of the child who received the milk should seek vaccination of the child. The child should complete the recommended childhood hepatitis B vaccine series as soon as possible. If human milk from a hepatitis B-positive woman is given mistakenly to a an unimmunized child, the child may receive HBIG (Hepatitis B Immune Globulin) as soon as possible within seven days, but it is not necessary because of the low risk of transmission (3). The hepatitis B vaccine series should be initiated and completed as soon as possible.

RATIONALE: The risk of hepatitis B, hepatitis C, or HIV transmission from expressed human 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 and therefore the potential for exposure to milk from an HIV-positive woman is low;

In the United States, women with high hepatitis C antiviral loads or who have cracked or bleeding nipples might transmit the infection through breastfeeding. Therefore, they are advised to refrain from breastfeeding (3,4);

Chemicals present in human milk act, together with time and cold temperatures, to destroy the HIV present in expressed human milk;

Transmission of HIV from a single human milk exposure has never been documented (1).

Because parents/guardians may express concern about the likelihood of transmitting these diseases through human milk, this issue is addressed in detail to assure there is a very small risk of such transmission occurring.

Among known HIV-positive women in Africa (where HIV-positive women are still advised to breastfeed only if they are located in areas where the water supply is unreliable), a study found that the transmission rate among infants who were fed infected human milk exclusively for several months was found to be 4%; thirteen infants out of 324 (2).

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

RELATED STANDARDS:
Standard 4.3.1.3: Preparing, Feeding, and Storing Human Milk

REFERENCES:
1. Centers for Disease Control and Prevention. What to do if an infant or child is mistakenly fed another woman's expressed breast milk. http://www.cdc.gov/breastfeeding/recommendations/other_mothers_milk.htm.
2. Becquet, R., D. K. Ekouevi, H. Menan, C. Amani-Bosse, L. Bequet, I. Viho, F. Dabis, M. Timite-Konan, V. Leroy. 2008. Early mixed feeding and breastfeeding beyond 6 months increase the risk of postnatal HIV transmission. *Prev Med* 47:27-33.
3. Pickering, L. K., C. J. Baker, D. W. Kimberlin, S. J. Long, eds. 2009. *Red book: 2009 report of the Committee on Infectious Diseases*. Elk Grove Village, IL: American Academy of Pediatrics.
4. Philip Spradling, CDC, email message to the NRC, May 12, 2010.