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:

1) Determine if the child has been vaccinated or is incompletely vaccinated. If the child has not been vaccinated or is incompletely vaccinated, then the parent/guardian of the child who was fed the incorrect milk:

2) 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 nonimmunized 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:
4. Philip Spradling, CDC, email message to the NRC, May 12, 2010.