

<b>Preparation, Handling, Storage, Checking and Administration of Enteral Feeds on the Neonatal Units.</b>	
<b>Summary statement: How does the document support patient care?</b>	To provide the safe administration of all milk feeds to the correct Baby on the neonatal unit.
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<b>For use by:</b>	All staff handling and administering any enteral feeds on the Neonatal Unit/Beeding ward
<b>Purpose:</b>	Staff should understand their roles and responsibilities of preparation, storage, and handling, checking and administering enteral feeds to a baby on the neonatal unit.
<b>This document supports:</b> <i>Standards and legislation</i>	Care Quality commission NICE: Specialist Neonatal Care Quality tool kit Unicef: Baby Friendly standards International Code of Marketing of Breast-milk Substitutes Bliss Baby Charter Audit Tool
<b>Key related documents:</b>	Lactation and Breastfeeding on the Neonatal Unit Newborn Feeding Guideline. Alternate methods of Supplementation for Breastfeeding Babies Guideline. Nipple shield care plan Neonatal Infant feeding checklist Cleaning and storage of bottles, expressing kits and other accessories on the Neonatal units
<b>Approved by:</b> <i>Divisional Governance/Management Group</i>	Paediatrics
<b>Approval date:</b>	Enter the date that the Advisory/Divisional/Management/clinical group reviewed this document.
<b>Ratified by Board of Directors/ Committee of the Board of Directors</b>	For completion by the Compliance Team.
<b>Ratification Date:</b>	For completion by the Compliance Team.

<b>Expiry Date:</b>	June 2023
<b>Review date:</b>	Enter the review interval of the document (NB All strategies and policies will be reviewed after 3 years, unless clinical or legislative requirements indicates a more regular review).
<b>If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team</b>	
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## **1.0 Introduction**

It is essential that any baby on the neonatal unit should be given the optimal nutritional support to help them grow. As a Trust we should be supporting Mothers to breastfeeding and at the same time support them when they have decided to artificially feed via a bottle. Therefore it is important that a baby should receive the correct amount, and correct type of milk. It is recognised that it is important to correctly handle, prepare store and administer Expressed Breast Milk (EBM) within a hospital setting to prevent potential health risks (UNICEF). (Centres of Disease Control and Prevention (CDC), 2020). At the same time we should be following the advice of The Department of Health and UNICEF (2015) on the correct methods of sterilising and making up of feeds. This policy is to aid staff to correctly handle, store, prepare and administer any enteral milk feeds, and understand what is needed to be done if the incorrect breast milk is given to the wrong baby.

## **2.0 General Principles**

It is essential that the baby receives the correct type of milk, amount, frequency and in date to ensure optimum growth and reduce any complications. Aseptic non touch technique ANNT should be followed in all aspect of milk preparation and administration.

### **2.1 Storage**

- Each Unit has its own designated fridge and freezers for milk storage with a daily temperature check. There is a small separate fridge for any mother who is COVID positive for their EBM, frozen EBM should be stored at home and return to the COVID fridge when required. Fridges should maintain a temperature of 2-4oC and be cleaned weekly. Freezers should be maintained <20oC and defrosted every 2 months.
- Each individual syringe with purple bung or bottle must be labelled with baby's full name, time and date of expression for EBM or for formula when opened.
- All individual baby's feeds should be stored in a clean name labelled purple tray
- No other items should be stored in the milk fridge.
- Breast milk should not be stored in plastic bags and decanted to a bottle due to the risk of BDA, unless specific recommended for breast milk and BDA free. Advice should be given to parents on storage and labelling
- Fresh EBM can be stored up to 48 hrs in the fridge in a hospital setting from time of expression
- Frozen EBM may be kept in fridge up to 24 hrs once it is defrosted
- Frozen EBM may be kept in the freezer for three months from time of expression, when kept in a hospital freezer due to the number of times the door is opened.
- Donor Breast milk can be kept in fridge up to 24 hrs once it is defrosted.
- Frozen Donor milk cannot be used after its expiry date and should be discarded.
- Wherever possible, use breast milk in chronological order in the first 2 weeks to offer maximum protection of the gut. Then use fresh EBM over Frozen where possible.
- Formula milk may not be kept post it's expiry date on the container
- Once opened, prepacked formula may be kept up to 24 hrs in the fridge, but must be labelled for single patient use with the baby's name and date and time opened.
- To adhere to the international code of marketing of breast milk substitutes, Formula Milk should be decanted into clear bottles once opened a maternity baby label must be used with the date and time of expiry along with contents and volume clearly on the bottle or the lid.
- Some special milk's do only have a 12 hour limit once opened. Make sure you read the manufactures label to confirm how long the bottle can be opened for.
- Follow manufacture guidelines on powered milk, on storage.

## 2.2 Preparation

- Check the baby's feed required on mls/kg, frequency and type of feed required. If the baby has been weighed ensure the working weight is now corrected as appropriate.
- Perform hand hygiene upon entry into the preparation area, after sanitizing work surfaces, and between each individual patient feeding preparation including pump feeds
- Place on personal protective equipment, non-sterile gloves, apron and mask.
- Thaw milk if needed using commercial warmer or can be defrosted on the side or in the fridge. It should not be put into water to aid defrosting. Place an out of the freezer sticker to the bottle/syringe with date and date out of the freezer on it. If leaving on the side to defrost, make sure it is put into the freezer once it has defrosted.
- Perform a two-person double check of milk to be used at the fridge before drawing up, type of milk, baby's name and date of expiry of milk. Record on in and out chart.
- Measure appropriate volume of milk using measuring container with 1 mL graduations and place in a capped syringe, lidded bottle or a bottle with a teat covered.
- Add fortifiers to EBM, if required double checking with two nurses these from the drug chart and to the bottle of EBM. Clearly label with fortifier added. Fortifiers can only be used up to 6 hours in EBM. Only add as required and close to the feed as possible.
- When making up powered milk on the Neonatal Units, the UNICEF (2015) guide for making up of bottle feeds should be followed [https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2008/02/start4life\\_guide\\_to\\_bottle\\_feeding.pdf](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2008/02/start4life_guide_to_bottle_feeding.pdf)
- Label drawn up milk with prepared maternity milk labels with
  - Baby's name and hospital number
  - Type of Milk
  - Expiry date
- Any unused milk should be returned to the fridge as soon as possible.
- Decant no more than 4-h volumes for continuous enteral feeding
- At Worthing when using pump feeds only a 2 hourly volume should be drawn up in a syringe. It should be labelled with a purple enteral feed label obtained from pharmacy. The date and time of preparation should be added along with the patient's name and hospital number and the contents of the syringe and the ward. Place a purple bung on the end if not using immediately.
- Milk feeds should be warmed using the designated milk warmer only. Water must not be used to warm or defrost milk due to the risk of water-borne infections such as *Pseudomonas Aeruginosa* (DOH 2013)
- Each milk warmer insert should be labelled with baby's name and hospital number. The inserts should be changed of any visible milk residue and changed every 7 days.
- Parents can draw up their own milk but must be checked with their nurse looking after their baby that day. The checks should be the same and preparation guidance should be explained to parents to follow.

## 2.3 Administration

- Perform a two-person double check at the bedside of the warmed milk. The label should be checked against the cot card or the baby's wristband. Sign the administration form for EBM at the bedside or the formula milk administration form at the bedside
- Bottles or syringes must be gently agitated prior to using to prevent any fat residue adhering to the syringe or bottle.
- Monitor time for prepared feedings at room temperature.
  - Warmed milk feeds must be used within 1 hour and do not rewarm or returned to the fridge
  - Fresh EBM can stay out in the nursery for 4 hours but good practice is to use the EBM for the feed and place unused EBM into the fridge as soon as possible.
- For oral feeding, discard any milk remaining in the bottle 1 h after initiating feeding due to potential for

- bacterial contamination from oral flora that may colonize the milk remaining in the bottle
- Use appropriate guidelines for NGT feeding, breast or supplement feeding.
- At Worthing perform a two-person check of the 2 hourly feeding syringe if removed from the fridge or after making up. You should also then perform a two-person check at the cot-side against the cot card or the patients name bands if visible.
- Syringe feeds when pump feeding will only last for 2 hours and must be discarded once the running time is complete
- Use appropriate guidelines for attaching and programming pump feeds

## **2.4 Documentation**

- Ensure all paperwork is completed out for in and out freezer, fridge and at the bedside. Parents can sign this paperwork as well.
- Donor breastmilk batch numbers must be recorded in the baby's notes.
- Feeding paperwork should be completed for each feed on the fluid chart

## **2.5 Incorrect administration of feed**

In an event of milk error, please inform the nurse in charge immediately and the doctors. Complete a datix.

Parents must be informed.

If incorrect EBM is given:

- .1 Aspirate the milk out of the baby's stomach using NGT. You would need to place a NGT if they didn't have a one to aspirate.
- .2 Inform the nurse in charge and doctors.
- .3 Inform the parents
- .4 Follow the flow chart for dealing with the incorrect administration of breast milk see appendix 1
- .5 Ensure datix is completed.

If incorrect formula is given :

- .1 Aspirate the milk out of the baby's stomach using NGT. You would need to place a NGT if they didn't have one to aspirate.
- .2 Inform the nurse in charge and doctors.
- .3 Inform the parents
- .4 Follow the flow chart for dealing with the incorrect administration of formula milk see appendix 2
- .5 Ensure datix is completed.

## **3.0 Definitions**

EBM: human milk that has been expressed from a mother manually or mechanically via a breast pump

DEBM: milk expressed by a donor mother who has been screened for infections that could be transmitted via breast milk. The milk is also pasteurised before freezing. Consent from the mother of receiving baby is obtained before giving and ordering DEBM.

ANNT: Aseptic Non touch technique

## **Roles and Responsibilities**

Nurses, nursery nurses, student nurses and any health care professional have a responsibility to ensure women are given the correct and appropriate information about breastfeeding and the importance of it to the baby to allow the individual to make an informed choice about their feeding choice for their baby.

Nurses and nursery nurses are to provide appropriate education for parents on the safe storage and administration of their milk choice.

If there is a milk error, the senior nurse/ward manager and doctors will provide parents with an explanation about the giving of the wrong milk to a baby and follow the procedure for giving incorrect milk supply.

Individual Nurses are responsible for the correct documentation and reporting of any errors related to milk.

## Monitoring

Audits should be carried out to monitor compliance of the signing of the Administration of breast milk form  
Monitor Datix reports of incidents of administration errors  
Monitor the use of completed documentation on walk around audits

## References

International Code of Marketing of breast milk Substitutes [https://353ld710iigr2n4po7k4kgvv-wpengine.netdna-ssl.com/babyfriendly/wp-content/uploads/sites/2/2016/10/guide\\_int\\_code\\_health\\_professionals.pdf](https://353ld710iigr2n4po7k4kgvv-wpengine.netdna-ssl.com/babyfriendly/wp-content/uploads/sites/2/2016/10/guide_int_code_health_professionals.pdf). Accessed 30/06/2020

Department of Health (DOH)/UNICEF. 2015. *Guide to bottle feeding: How to prepare Infant formula and Sterilising Feeding Equipment to Minimise the Risk to your Baby*. London:DOH

[https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2008/02/start4life\\_guide\\_to\\_bottle\\_feeding.pdf](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2008/02/start4life_guide_to_bottle_feeding.pdf)

Department of Health (DOH), 2013. *Water Systems HTM 04-01: Addendum. Pseudomonas Aeruginosa- Advice for Augmented Care Areas*. London: DOH.

Royal College of Nursing (RCN). 2013. *Formula Feeds. RCN Guidance For Nurses Caring for Infants and Mothers*. London: RCN.

Centres for Disease Control and Prevention (CDC). 2020. *Breastfeeding. What to Do if an infant or child is mistakenly fed another mother's expressed breast milk*.

[https://www.cdc.gov/breastfeeding/recommendations/other\\_mothers\\_milk.htm](https://www.cdc.gov/breastfeeding/recommendations/other_mothers_milk.htm) Accessed 26/6/20

## Incorrect administration of breastmilk

Step 1	<ul style="list-style-type: none"><li>• Error noted .....</li><li>• Nurse in charge informed .....</li></ul>
Step 2	<ul style="list-style-type: none"><li>• Incorrect of feed given .....</li><li>• Aspirated feed from NGT .....</li><li>• Place NGT if required .....</li><li>• Correct feed given .....</li></ul>
Step 3	<ul style="list-style-type: none"><li>• Inform recipient parents .....by whom.....</li><li>• Consultant oncall informed .....</li><li>• Documented in medical notes .....</li><li>• Consent for bloods .....</li><li>• Bloods taken date/time .....by whom .....</li></ul>

## Incorrect administration of breastmilk

### Step 4

- Inform donor parents .....by whom.....
- Consultant on call informed .....
- Documented in medical notes .....
- Consent for bloods .....
- Bloods taken date/time ..... by whom .....

### Step 5

- Complete Datix Number .....
- Document Datix number in both infants notes
- Add both parents details in Datix

### Step 6

- Chase Bloods for recipient mother document results of the following:
- HIV, Hepatitis B, Hepatitis C, Syphilis, HTLV 1 and 2, CMV
- Seek advise if positive

## Incorrect administration of Formula

Step 1	<ul style="list-style-type: none"><li>• Error noted .....</li><li>• Nurse in charge informed .....</li></ul>
Step 2	<ul style="list-style-type: none"><li>• Incorrect feed given .....</li><li>• Aspirated feed from NGT .....</li><li>• Place NGT if required .....</li><li>• Correct feed given .....</li></ul>
Step 3	<ul style="list-style-type: none"><li>• Inform recipient parents .....by whom.....</li><li>• Consultant on call informed .....</li><li>• Documented in medical notes .....</li></ul>
Step 4	<ul style="list-style-type: none"><li>• Complete Datix Number .....</li><li>• Document Datix number in both infants notes</li><li>• Add both parents details in Datix</li></ul>

## EQUALITY IMPACT ASSESSMENT (EIA)

### PURPOSE OF EQUALITY IMPACT ASSESSMENT

The EIA should:

- Inform the Trust if any groups are, or could be, disadvantaged by a policy, service change or reconfiguration and if so clarify / propose action to mitigate that impact
- Enable the Trust to identify where policy changes may be needed to actively promote equality / inclusivity and eliminate inequality
- Remind all involved in delivering services of the determination to promote equality
- If advice is required in completing the EIA please contact an HR Advisor

### Section 1 – About the Policy, Service, Function, Proposal, Strategy or Consultation

<b>1.1 Name of Policy, Service, Function, Proposal, Strategy or Consultation</b>	
<b>1.2 Name of person completing this assessment (and role / department)</b>	
<b>1.3 Brief description of the aims of the policy, service, function, proposal, strategy or consultation?</b>  (include details of who is affected by, involved in and / or benefits from it)	
<b>1.4 Which department owns the policy, service, function, proposal, strategy or consultation?</b>	
<b>1.5 Is responsibility for implementation of this policy, service, function, proposal, strategy or consultation shared with another agency / department?</b>	<u><b>Yes</b></u> <u><b>No</b></u>  (If yes describe their involvement in this process, if a partner has conducted an EIA, please attach this information)

1.6 Does the policy, service, function, proposal, strategy or consultation have direct consequences or implications for service users and / or staff?	<p><u>Yes</u> <u>No</u></p> <p>(If no then it is not relevant to Equality Duties. Please complete statement in section 3 and send the completed form for approval to the Care Group Manager / Head of Service to sign off as shown. If yes, please also complete section 2)</p>

## Section 2 – Equality Impacts

2.1 Have you made sure that the views of stakeholders, including key people likely to face exclusion have been influential in the development of the policy, service, function, proposal, strategy? (please indicate which)

External	Partners	Internal
Service user interviews	Care Quality Commission	Staff event
Focus Groups	Multi Agency event	Staff interviews
Public events	Joint Working group	Staff workshop/focus groups
Patient experience surveys	Regional Minority network	Management Board
Voluntary organizations	Regional equality forum	Trust Executive Committee
Minority group events/forums	GP Practice groups	Diversity Matters Group
Carer Forum	Local/County Council	Staff side reps
LINKs	Equality and Human Rights Commission (EHRC)	Staff minority forums (e.g disability, BME, sexual orientation, religion/beliefs) (please state)
HOSC	Other NHS Trust (please identify below)	
On line forums		Trust Board
Local media		

## **Staff survey results**

**Published research  
into minority needs**

**Census data or other  
external  
demographic reports**

**Comments:**