Accidental Feeding of Breast Milk to Another Mother’s Child

The purpose of this document is to provide guidance on how to handle a situation where breast milk is accidentally given to another mother’s child. This information was obtained from Caring for Our Children and the Centers for Disease Control.

Breast milk is often provided by mothers for their child while in child care. If the proper labeling requirements are followed, the risk of giving a child the wrong bottle of breast milk should be minimal. In the event that a child has been mistakenly fed another child’s bottle of breast milk, there is a risk of possible exposure to HIV and other infectious diseases, such as hepatitis B and C. This situation should be treated as if an accidental exposure to other body fluids had occurred. Child care providers should follow these guidelines:

1. Inform the mother who expressed the breast milk that her milk was accidentally fed to the wrong infant and ask:
   a. When was the breast milk expressed and how was it handled prior to being delivered to the facility?
   b. Has she ever had a blood test for hepatitis B, hepatitis C, or HIV? If she is unsure whether she has been tested, would she be willing to contact her physician and find out? If she has never been tested, would she be willing to have one completed?
   c. Would she be willing to share any of this information about her health status with the family of the exposed infant?

2. Contact the parents of the child who was given the wrong milk and:
   a. Inform them that their child was given another child’s bottle of expressed breast milk and the date it was given.
   b. Inform them that the risk of an infectious disease transmission is low.
   c. Encourage the parents to notify the child’s physician of the exposure.
   d. Provide the family with the information given by the mother who expressed the breast milk.
   e. Inform the parents that their child may soon need to undergo a baseline blood test for hepatitis B, hepatitis C, and HIV. The following information can be used and provided to the parents for assessing and handling the transmission risk specific for hepatitis B:
      i. If the breast milk given mistakenly to a child is from a woman who does not know her hepatitis B status, the provider should determine if the child has received the complete hepatitis B vaccine series. For children who have not
been vaccinated or vaccinations are incomplete, the parent should seek vaccination to complete series as soon as possible.

ii. If breast milk from a hepatitis B-positive woman is given mistakenly to an unimmunized child, the child may receive Hepatitis B Immune Globulin (HBIG) as soon as possible within seven days, but it is not necessary because of the low risk of transmission. The childhood hepatitis B vaccine series should be initiated and completed as soon as possible.

3. Assess why the event occurred and develop a prevention plan to be shared with the parents and facility staff.

The risk of hepatitis B, hepatitis C, or 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.
- In the United States, women with high hepatitis C antiviral loads or who have cracked or bleeding nipples are advised to refrain from breastfeeding.
- Chemicals present in human milk, combined with the time and cold temperature requirements for storage, are capable of destroying HIV if present in expressed breast milk.
- There have been no documented cases of HIV transmission from a single breast milk exposure.

References