



Frequently Asked Question

How do we deal with concerns that breastmilk is a potential route of infection transmission at a drop-in?

Background

There is overwhelming evidence that breastfeeding protects babies and their mothers against a wide range of illnesses.

It saves the NHS millions of pounds per year. Artificial feeding increases the risk of babies falling ill. It also causes significant environmental damage. Despite this, breastfeeding rates in the UK are among the lowest in Europe.

Artificially-fed babies are at greater risk of: gastro-intestinal infection, respiratory infections, necrotising enterocolitis, urinary tract infections, ear infections, allergic disease (eczema, asthma and wheezing), insulin-dependent diabetes mellitus.

Women who breastfeed are at lower risk of: breast cancer, ovarian cancer, hip fractures and bone density.¹

It is therefore vital that breastfeeding is promoted, protected and supported; and one recommended intervention to improve breastfeeding duration rates is the delivery of a health professional-led drop-in service.²

Baby Café standards

The Baby Café model offers a regulated service with established processes in place to mitigate risk.³

These include:

- Being led by a qualified health professional;
- Rigorous application and annual renewal process for each drop in - with the licence to practice using the Baby Café name withdrawn when necessary, e.g. where health and safety is being compromised;
- Annual audit and regular monitoring;
- Established policies and procedures which all drop-in staff are required to implement.

Risk assessment re: breastmilk as a route of infection transmission

Baby Café staff are expected to carry out risk assessments and take steps to protect people as 'reasonably practical'⁴ and in line with the Principles of Sensible Risk Assessment (see below).⁵

It is acknowledged that breastmilk is a bodily fluid which can contain blood-borne viruses (BBVs) such as cytomegalovirus, hepatitis B, HTLV-1 and HIV.

The Health and Safety Executive advise that, 'BBVs are transmitted through entry of blood or other body fluids containing virus into the body of a susceptible person.

The efficiencies of transmission of HIV, HBV and HCV differ by each of the routes listed:

- Sexual intercourse - common for HBV & HIV; inefficient for HCV;
- Sharing injecting equipment;
- Skin puncture by blood-contaminated sharp objects, e.g. needles, instruments or glass;
- Childbirth, i.e. the mother infects the child either before or during birth or through breast-feeding - very common for HBV; 20% for HIV; 3% for HCV although the risks for HBV and HIV can be dramatically reduced by appropriate intervention.

Less common means of transmission are:

- Contamination of open wounds, e.g. blood injuries during sporting activities;
- Contamination of skin lesions, e.g. eczema;
- Splashing of the mucous membranes of the eye, nose or mouth;

- Human bites when blood is drawn; this may be more of a problem in certain occupations, e.g. prison and police service, where front line workers may be exposed to violent behaviour.⁶

Practical implications

Within a drop-in environment the risk of an adult, child or baby (other than the mother's own children) becoming infected with BBV contaminated breastmilk is very low but the potential seriousness is high.

With other infections, e.g. candida albicans which can thrive in warm, moist conditions outside the body, the risk of infection with contaminated breastmilk is low-medium and the potential seriousness is also low.

A Baby Café drop-in service is delivered within a non-clinical, community environment and so steps to protect people as 'reasonably practical' might include:

- Cleaning soft furnishings/ equipment when necessary, e.g. a mother/ baby with an outbreak of candida albicans have been contact with them or where breastmilk has dripped onto a surface – if a mother is *known* to be infected then the latest recommendations re: temperature at which to launder should be followed; in cases of a large spillage of a bodily fluid that is *known* to be contaminated, soft furnishings may need to be incinerated;
- Cleaning toys that children have been mouthing;
- Ensuring nappy changing and hand washing facilities are provided in a separate area;
- Ensuring that any breast pump hire includes sterile collection kits which are not shared between mothers;
- Staff protecting all breaks in exposed skin with waterproof dressings;
- Staff applying good, basic hygiene practices including hand-washing and avoiding hand-to-mouth/eye contact;
- Mothers informing staff when breastmilk has come into contact with shared furnishings/ equipment.

If you want a safe drop-in make sure it's a Baby Café

¹ Unicef UK Baby Friendly Initiative http://www.babyfriendly.org.uk/items/item_detail.asp?item=482

² Good practice and innovation in breastfeeding, DH, 2004

³ www.thebabycafe.org

⁴ Health & Safety Executive, 2006 <http://www.hse.gov.uk/pubns/indg163.pdf>

⁵ Health and Safety Commission, August 2006 <http://www.hse.gov.uk/risk/principlespoints.htm>

⁶ Consultation document 2008, Advisory Committee on Dangerous Pathogens Protection against blood-borne infections in the workplace: HIV and Hepatitis, Health & Safety Executive <http://www.hse.gov.uk/biosafety/diseases/bbv.pdf>

Principles of Sensible Risk Assessment (Health and Safety Commission, August 2006)

Sensible risk management **is** about:

- Ensuring that workers and the public are properly protected;
- Providing overall benefit to society by balancing benefits and risks, with a focus on reducing real risks – both those which arise more often and those with serious consequences;
- Enabling innovation and learning not stifling them;
- Ensuring that those who create risks manage them responsibly and understand that failure to manage real risks responsibly is likely to lead to robust action;
- Enabling individuals to understand that as well as the right to protection, they also have to exercise responsibility.

Sensible risk management **is not** about:

- Creating a totally risk free society;
- Generating useless paperwork mountains;
- Scaring people by exaggerating or publicising trivial risks;
- Stopping important recreational and learning activities for individuals where the risks are managed;
- Reducing protection of people from risks that cause real harm and suffering.