

## **Breast Milk Management Competency**

Staff Member:	Job Title:
Start Date of	
Competency:	Unit:

This competency has been assigned to the staff member indicated above and must be completed as part of their assigned role. This competency may need to be renewed at a designated future date to ensure the staff member maintains their skill.

The **Staff Member** will discuss with their Preceptor on their previous experiences and skills in establishing a plan and goals for successfully demonstrating their ability to meet the performance elements of the competency.

The **Preceptor** will discuss with the Staff Member the best approach to ensure their success in meeting the performance requirements for this competency. The **Preceptor** will date and initial each performance element when they validate that the Staff Member **has met the requirement of the element and can deliver this aspect of care without direct supervision.** The Preceptor should indicate in the Notes column any areas that the Staff Members should focus on to gain greater proficiency as they continue to develop. If the **Preceptor** has any concerns regarding the Staff Member's ability to meet the performance elements and successfully complete this policy, they should document their concerns on the Notes column and contact their **Supervisor** for direction.

Applicable References & Policies:  • Human	Milk Storage Guidelines (cdc.gov)
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Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V - Verbalized	Date F Performance Element Met	Preceptor Initials	Notes
Knowledge				
Staff members will know:	DSTV			
Organizational policies and procedures regarding the handling of breast milk products.				
<ul> <li>Human Milk Storage Guidelines set forth by the CDC. These guidelines include:         <ul> <li>Storage locations, i.e.: countertop, refrigerator, and freezer.</li> <li>Temperatures for freshly expressed and thawed breastmilk.</li> <li>Discarding leftover breast milk.</li> </ul> </li> </ul>	DSTV			

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Applicable to the following Accreditation Programs: (X) Hospital (X) Critical Access Hospital (X) Behavioral Health (X) Ambulatory Care (X) Office Based Surgery () Disease Specific Certification () Staffing Certification

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Performance Elements	D– S	<b>(Ci</b> Dem – Sin <b>T</b> –	rcle)	rated ed	Date Performance Element Met	Preceptor Initials	Notes
Prior to working with the breast milk, the staff member performs hand hygiene.	D	S	Т	V			
Storage							
Utilizes breast milk storage bags for storage.	D	S	Т	V			
Labels milk with the date/time it was expressed and the baby and mother's identification labels.	D	S	т	V			
• Stores the milk in the refrigerator or freezer, not on the door of the freezer or refrigerator.	D	S	Т	V			
Refrigerates or freezes milk in small amounts, 2-4 ounces.	D	S	Т	V			
• When freezing, leaves a one-inch space above the bag as the breast milk will expand as it freezes.	D	S	Т	V			
<ul> <li>When not expecting to use the breast milk within 4 days – freeze it right away.</li> </ul>	D	S	Т	V			
Thawing							
Always uses the oldest milk first.	D	S	Т	V			
Thaws breast milk under running lukewarm water or overnight in the refrigerator.	D	S	Т	V			
Uses the thawed breast milk within 24 hours of being completely thawed.	D	S	Т	V			
Uses thawed breast milk within 2 hours of bringing it to room temperature or warming.	D	S	Т	V			
NEVER refreezes thawed milk.	D	S	Т	V			
Feeding	Feeding						
• Educates the mother on how to test the temperature of the breast milk before giving it to the baby. (Putting a few drops on the wrist, making sure it is not too hot).	D	S	Т	V			

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Performance Elements	Validation Method	Date	Preceptor	Notes
	(Circle)	Performance	Initials	
	D – Demonstrated S – Simulated T – Test V - Verbalized	Element Met		
• Swirls the breast milk to mix the fat, which may have separated.	DSTV			
If the baby does not finish the bottle, leftover milk is used within 2 hours.	DSTV			

I hereby attest that I have completed this assigned competency and feel confident in my ability to perform the listed performance elements. I understand that if I have any questions regarding my abilities to perform in my role that I am to contact my supervisor immediately.

Signature of Staff Member:	Date:
Signature of Preceptor:	Date:
Signature of Supervisor:	Date:
Notes:	

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