

SESLHD GUIDELINE COVER SHEET

NAME OF DOCUMENT	Care of infant feeding equipment within SESLHD facilities
TYPE OF DOCUMENT	Guideline
DOCUMENT NUMBER	SESLHDGL/063
DATE OF PUBLICATION	November 2024
RISK RATING	Medium
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Standard 1 - Clinical Governance Standard 3 - Preventing and Controlling Healthcare - Associated Infection NSW Health Policy Directive PD2018_034 - Breastfeeding in NSW: Promotion, Protection and Support
REVIEW DATE	November 2027
FORMER REFERENCE(S)	Nil
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Clinical Stream Director, Women's Health and Neonatal
AUTHOR	SESLHD Lactation Group CMC Lactation St George Hospital
POSITION RESPONSIBLE FOR DOCUMENT	CMC Women's and Children's Clinical Stream Alison.Brown3@health.nsw.gov.au
FUNCTIONAL GROUP(S)	Women and Babies Health
KEY TERMS	Bottle, teat, infant, feeding, pumping, nipple shields
SUMMARY	This guideline outlines care of infant feeding equipment while mother or infant are inpatients in SESLHD facilities to ensure consistent evidence-based practices are maintained.

THIS DOCUMENT IS A GUIDE FOR BEST PRACTICE
This Guideline is intellectual property of South Eastern Sydney Local Health District.
Guideline content cannot be duplicated.
 Feedback about this document can be sent to SESLHD-Policy@health.gov.au

Care of Infant Feeding Equipment

Section 1 - Background	3
Section 2 - Definitions	4
Section 3 - Principles.....	5
Section 4 - Responsibilities	10
Nursing and midwifery staff are responsible for:	10
Service line managers are responsible for:	10
Section 5 - Documentation, References and Revision and Approval History	11
Documentation	11
References	11
Version and Approval History	11
Section 6 - Appendix	12
Appendix A: Care of Infant Feeding Equipment.....	12

Section 1 - Background

All families are to be supported in their chosen method of infant feeding. To ensure best practice and optimal parental education this guideline has been developed to meet the needs of the varied equipment currently being used within the wards and nurseries. The National Health and Medical Research Council recommends infant feeding equipment be sterilised during the infants first year.

The aim of this guideline is to instruct hospital staff on care of and cleaning of infant feeding equipment during the patients stay. Infant feeding equipment are part of the food delivery chain and facilities need to ensure milk is not contaminated to decrease the risk of the infant ingesting pathogenic organisms such as Cronobacter sakazakii.

Section 2 - Definitions

Infant feeding equipment: includes feeding bottles, lids, caps, teats, breast pump equipment, nipple shields and dummies.

Single use: is equipment that is used for one use and then discarded. It is not cleaned or reprocessed.

Reusable: reusable equipment can be used more than once. Staff are to follow the manufacturer's instructions regarding the cleaning and care of reusable equipment.

Cleaning: the removal of foreign material (e.g. organic material) from objects and is normally accomplished using water with detergents or enzymatic products.

Disinfection: (thermal or chemical) is the reduction of the number of viable microorganisms on a product or item to a level previously specified as appropriate for its intended further use, using heat or a chemical disinfecting product.

Sterilisation: A validated process used to render a product free from viable microorganisms.

Section 3 - Principles

What is outside the scope of these guidelines?

These guidelines do not cover the use of parent's own sterilising equipment at home after hospital discharge, or any specialised equipment that has specific documented manufacturer's instructions for cleaning and /or disinfection that is not covered below.

3.1 Health Care Workers (HCW) and Parental Education

- All HCWs caring for infants and new parents are to be scheduled for infant feeding education as soon as possible after commencing employment and complete the education within 6 months, as per [NSW Health Policy Directive PD2018_034 - Breastfeeding in NSW – Promotion, Protection and Support](#) based on the framework of the [Baby Friendly Health Initiative](#).
- Parents or caregivers are to be shown and supervised in the care of their infant feeding equipment as soon as possible after birth or admission to the facility. This is to be documented in the pathways or clinical notes.
- There is to be no group teaching for parents learning to care for their infant feeding equipment.
- Where possible, a designated area is to be used to wash and dry infant feeding equipment. This is not to be a general hand washing sink in patient rooms. If this is not available, the parents are given and instructed how to use a single patient use bucket for the length of their stay.
- A neutral detergent or washing up liquid and single use lint free cloths are to be freely available for use when washing infant feeding equipment.
- Utilise interpreter services for families as required.
- The guidelines below may be an additional requirement over the manufacturer's instructions for products. This is due to being within a health care facility where there may be compromised mothers and/or infants.

3.2 Single use spoon, syringe or medicine cups

- These can be used for spoon feeding, cup feeding or finger feeding.
- They are all discarded after single use.
- Storage of expressed breastmilk is covered in [NSW Health Guideline GL2023_021 – Breast Milk: Safe Management](#).
- All parents/caregivers are taught through demonstration, followed by supervision, if they choose to independently feed the infant in these methods. Refer to hospital guidelines for specific instructions.

3.3 Sterile Single use disposable bottles and teats

- These can be used for bottle feeding babies while in hospital.
- The parent is to receive a bottle-feeding demonstration or supervised practice prior to use.

- After the feed is completed, the teat is to be discarded. The bottle and cap are to be rinsed and placed in the plastics recycling bin.
- At no time are these bottles to be washed, chemically disinfected or sterilised and reused.
- Bottles with teats are never to be taken home by parents.

3.4 Reusable bottles and teats

- Before use by another baby, reusable baby bottles, teats and caps must be cleaned and thermally disinfected in accordance with the manufacturer's instruction for use.
- After each use, the bottle and teat are to be rinsed in cool running water and then submerged and washed in warm soapy water.
- A bottle brush is to be used to wash the bottle and the teat.
- Warm soapy water is to be pushed through the teat hole.
- Rinse all parts under warm running water followed by cool running water, prior to disinfecting.
- Place bottles and teats in a washer disinfector machine to thermally disinfect or place in a container for disinfection at the Sterilising Services Department (SSD).
- If a washer disinfector machine is used within a clinical setting, follow local procedure.
- Wash the bottle brush with detergent and water and rinse with running water, and dry with single use cloth.
- Discard bottle or teat if any signs of wear and tear.
- At no time are these reusable bottles with teats to be taken home by parents.

3.5 Nipple shields

- Ensure nipple shield is sterile prior to first use and used as per manufacturer's instructions.
- The shield is stored in a single patient covered container during the length of their stay.
- After each use the mother is to rinse the shield in cool running water and then submerge and wash in warm soapy water. Rinse well under warm running water followed by cool running water, and dry thoroughly with a single use cloth.
- The shield is to be stored clean and dry in covered container at room temperature. Discard shield if any signs of wear and tear.

3.6 Shared hospital owned electric breast pump machine

- These instructions refer to cleaning and disinfection of breast pump machine unit and not the breast pump expressing equipment. Refer to Section 3.8 for cleaning instruction of single patient expressing equipment.
- A laminated sign is to be attached to each pump with instructions on how to clean the pump.
- Before and after use, the mother or HCW is to wipe over entire pump surface using a detergent-containing wipe.
- If the mother or baby has an infectious disease/ organism or a multidrug-resistant organism e.g. Norovirus or Methicillin-resistant Staphylococcus Aureus, isolate and ensure the pump is only used by mother until discharge or disease has resolved. If the pump cannot be isolated, thorough cleaning and disinfection must occur. This

consists of a two-staged process; using a neutral detergent followed by a chemical disinfectant as per facility requirements and manufacturer's instructions cleaning and disinfection of the breast pump machine.

- After cleaning, the pump is to be covered before storage. The cover shows that it is clean and ready to use for the next patient.

3.7 Disposable single patient use expressing equipment 24-72 hour kits

- Follow manufacturer's instructions.
- Explanation of the importance and demonstration of washing, drying and storing as below, is to be discussed with all women when they are given a pump kit.
- A labelled bucket for storage is given for entire length of stay, along with single use lint free cloths and washing up liquid.
- After each use, the mother is to wash hands prior to washing kit.
- Preferably the mother, or a gloved HCW, is to disassemble all parts prior to washing.
- Remove the tubing and cap and membrane from the pump flange and set aside.
- Tubing does not need to be washed. Discard if milk is in tubing. If condensation is in tubing, take flange end off tubing and run pump for several minutes until tubing is dry. If not drying, discard.
- Rinse all flange pieces under cool running water and then submerge and wash in supplied bucket of warm soapy water using a single use cloth. Rinse well under warm running water followed by cool running water to ensure all traces of milk and soap have been removed.
- Dry thoroughly with single use cloth. Do not air dry.
- Rinse and dry bucket thoroughly with single use cloth and store kit in covered bucket
- Label to be placed on lid of bucket showing date and time kit opened. The kit can be used for 24 hours, or for a maximum of eight uses. The label is to be checked off after each use, and the kit should be discarded as per manufacturer's instructions.
- After single patient use, dispose of breast flange in recycling bin and the remaining parts in the general waste.
- Discard kit sooner if the kit loses suction or ceases working effectively.

3.8 Hospital reusable single patient use expressing equipment

- Follow manufacturer's instructions.
- Explanation of the importance and demonstration of washing, drying and storing as below is to be discussed with all women when they are given a pump kit.
- A labelled bucket is given for storage for entire length of stay along with single use lint free cloths and washing up liquid.
- After each use, the mother is to wash hands prior to washing kit.
- Preferably the mother, or gloved HCW, to disassemble all parts prior to washing
- Remove the tubing and cap and membrane from the pump flange and set aside.
- Rinse all flange pieces under cool running water and then submerge and wash in supplied bucket of warm soapy water using a single use cloth. Rinse well under warm running water followed by cool running water to ensure all traces of milk and soap have been removed.
- Dry thoroughly with single use cloth.
- Rinse and dry bucket thoroughly and store kit in lidded bucket for 24 hours at room temperature.

- Hospital reusable single patient use kits are to be sent to SSD to sterilise every 24 hours, including the tubing, cap and membrane, at a locally agreed upon time.
- Alternatively, if dishwasher present wash and follow local procedure as per 3.4.

3.9 Dummies

- Each infant using a hospital dummy is given a covered container with a dated label.
- Discard container and dummy after one week.
- Between use, the parent or gloved HCW to rinse the dummy under cool running water and then submerge and wash in supplied bucket of warm soapy water using a single use cloth. Rinse well under warm running water followed by cool running water to ensure all traces of milk, saliva and soap have been removed.
- Dry thoroughly with a lint free cloth.
- Store clean and dry in a covered container at room temperature.
- Alternatively, if washer disinfector present, once per day HCW to collect all dummies and wash and disinfect as per instructions; discard after 3 months or sooner if shows signs of deterioration.
- If dummy has been purchased, parents are to follow manufacturer's instructions. At no time are hospital dummies to be taken home by parents.

3.10 Single patient use milk warmer bags

- Follow manufacturer's instructions for use and when to discard.
- Between uses store the milk warmer bag in a clean and dry sealed bag labelled with patient name, time and date.

3.11 Supply line of syringe and nasogastric tubing

- Single use and discard after use in general waste bin.

3.12 Specialised slow flow teats or cleft bottles and teats

- Follow manufacturer's instructions for use.
- Each mother to have enough bottles available and teats to be returned to SSD after each feed.
- After use, rinse under cool running water and then submerge and wash in supplied bucket of warm soapy water using a bottle brush. Rinse well under warm running water, followed by cool running water to ensure all traces of milk, saliva and soap have been removed.
- Dry thoroughly and place in SSD pick up container.
- Facilities to contact their SSD to confirm correct process.
- Single patient use bottle brush, is to be washed, rinsed well and squeezed dry with a single use cloth, and stored clean and dry.

3.13 Mother's own bottles, teats and breast pump kits

- If mothers bring their own bottles and teats for use prior to discharge, they are to bring them in already sterilised. Sterilisation of bottles, teats and pumps using commercial steam packs in hospital is discouraged.
- Prior to transit from home, place sterilised equipment in an insulated container with ice bricks to reduce the risk of bacteria from multiplying within the bottle, teats or kit components.

- The sterilised bottles and teats are to be stored in the mother's own tray in the fridge for up to 24 hours, at own risk.
- Unused equipment to be resterilised every 24 hours at home.
- Home methods of sterilising of bottles, teats and breast pump kits are to be discussed at length with parents, but ultimately the parents are responsible for sterilisation and should follow their manufacturer's instructions.
- Written information is to be made available, and parents are encouraged to review sterilising options and information on [The Australian Parenting Website](#).

Section 4 - Responsibilities

Nursing and midwifery staff are responsible for:

- Ensuring familiarity with this guideline and any related local business rules.
- Completing appropriate orientation and education packages on supporting parents with their chosen method of infant feeding in line with the [Baby Friendly Health Initiative](#) developed by the Australian College of Midwives.

Service line managers are responsible for:

- Ensuring that staff are familiar with SESLHD policies and procedures and guidelines and are aware of the requirement to adhere to these.
- Undertaking periodic review of governance and compliance.

ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the ongoing reviews of this policy.
- When clinical risks are identified for a Aboriginal or Torres Strait Islander woman or their families, they may require additional supports. This may include family, Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.

CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours.

If the woman is from a non-English speaking background, call the interpreter service:
[NSW Health Policy Directive PD2017_044 - Interpreters Standard Procedures for Working with Health Care Interpreters.](#)

Section 5 - Documentation, References and Revision and Approval History

Documentation

- Integrated clinical notes, or neonatal or maternal pathways.

References





1. [Australian College of Midwives 2021 - Baby Friendly Health Initiative Handbook for Maternity Facilities](#)
2. [The Australian Parenting Website](#)
3. [National Health and Medical Research Council 2012 - Eat for Health - Infant Feeding Guidelines: Information for health care workers](#)
4. [National Safety and Quality Health Service Standards 2nd edition 2021](#)
5. [NSW Health Policy Directive PD2022_028 - Aboriginal Cultural Training - Respecting the Difference](#)
6. [NSW Health Policy Directive PD2018_034 - Breastfeeding in NSW- Promotion, Protection and Support](#)
7. [NSW Health Guideline GL2023_021 - Breastmilk: Safe Management](#)
8. [NSW Health Guidelines for Food Service to Vulnerable Persons 2015](#)
9. [NSW Health CEC Infection Prevention and Control Practice Handbook 2020](#)
10. [NSW Health Policy Directive PD2017_044 - Interpreters Standard Procedures for Working with Health Care Interpreters](#)
11. [SESLHDPD/251 - Breastfeeding Women: Support in Non-Maternity Facilities in SESLHD](#)
12. [SESLHDGL 029 - Infection Prevention and Control: Cleaning \(Shared\) Patient Care Equipment](#)


Version and Approval History




Date	Version no:	Author and approval notes
August 2018	Draft	Kirstin Lock, Chair SESLHD Lactation Group
September 2018	Draft	Draft for Comment period. Final version endorsed by Executive Sponsor.
November 2018	Draft	Submitted to Clinical and Quality Council for endorsement.
November 2018	0	Approved by Clinical and Quality Council.
November 2018	0	Published by Executive Services.
December 2021	1	Minor update to Sections 3.4 and 3.9 and references updated. Approved by Executive Sponsor.
20 November 2024	1.1	Minor review by SESLHD Lactation Group and Infection Prevention and Control CMC. Links and references updated. Aboriginal Health Impact Statement and Cultural Supports paragraphs added.


Section 6 - Appendix

Appendix A: Care of Infant Feeding Equipment

<p>24hr single patient use disposable breast pump kits</p>		<ul style="list-style-type: none"> • A labelled bucket with infant feeding equipment is given for use and storage for the length of stay. This is to be stored on a bench or table top.
<p>Cleansing of equipment immediately after use to avoid dried milk residue</p>		<ul style="list-style-type: none"> • Wash hands prior to disassembling and washing of kit • Gloves are to be worn by Staff if cleaning patient's equipment • Fill bucket with warm soapy water and set aside
<p>Disassemble kit</p>		<ul style="list-style-type: none"> • Keep tubing and cap/membrane clean and dry • If milk or water get into the tubing, discard. • Store EBM in bottle or discard bottle in recycling • Disassemble flange into three parts
<p>Washing of infant feeding equipment</p>		<ul style="list-style-type: none"> • Rinse three parts in cool running water and then submerge in warm soapy water • Wash parts well in bucket using a new single use lint free cloth • Rinse well with cool running water followed by warm running water

<p>Drying and storage of cleaned equipment</p>		<ul style="list-style-type: none"> • Dry equipment thoroughly with a new single use lint free cloth • Wash bucket, rinse well and dry thoroughly with new single use lint free cloth • Store kit in covered labelled bucket • Record after each use on the lid • Cross off box after each use on lid • Discard and replace kit after 24hrs or eight uses
--	---	--

<p>Nipple Shields or Dummies (For premature babies in SCN)</p>		<ul style="list-style-type: none"> • A labelled bucket dated, with infant feeding equipment, is given for use and storage for length of stay • Nipple shields are sterile prior to first use • Dummies for premature babies in Special Care Nursery are sterile prior to first use
<p>Cleansing of equipment after use</p>		<ul style="list-style-type: none"> • Wash hands prior to washing of Nipple Shield or Dummy • Gloves are to be worn by Staff if cleaning patient's equipment • Fill small container with warm soapy water to cover equipment and set aside
<p>Washing of equipment</p>		<ul style="list-style-type: none"> • Rinse in cool running water and then submerge and wash in warm soapy water with single use lint free cloth • Rinse well under warm running water, followed by cool running water • This ensures all traces of milk, saliva and soap are removed

<p>Drying and storing of equipment</p>		<ul style="list-style-type: none">• Wash and rinse bucket well and dry thoroughly with new single use lint free cloth• Store Shield or Dummy in lidded, labelled and dated container
--	---	---

The Sutherland Hospital Maternity Service SESLHD is acknowledged as the source of this document 2018.