

CPP0204 – Breastmilk – Incorrect Breastmilk Administered to a Baby Appendix 3 – Serology results and subsequent management				
	Birth Mother Negative	Birth Mother Positive	Source Mother Negative	Source Mother Positive
Hepatitis B	No action required if source mother negative	<ul style="list-style-type: none"> Compare results with antenatal screening. If antenatal results were negative and are now positive, treat the same as source mother positive and consult with ID physician. 	No action required if birth mother negative	<ul style="list-style-type: none"> Consult with RCH ID physician Administer Hepatitis B Immunoglobulin to the baby ideally within 24 hours of the exposure event (even if first dose of Hep B vaccine has been given). Administer Hepatitis B vaccine to the baby if birth dose has not been administered. Repeat Hepatitis B vaccine at 2,4 and 6 months after the exposure event. Arrange follow up serology for six months after exposure event (HBs Ag antibodies) Counsel the recipient's parents using Appendix 1. Information about infections and breastfeeding.
Hepatitis C	No action required if source mother negative	<ul style="list-style-type: none"> Compare results with antenatal screening. If antenatal results were negative and are now positive, treat the same as source mother positive and consult with ID physician. 	No action required if birth mother negative	<ul style="list-style-type: none"> Consult with RCH ID physician. Hepatitis C serology performed on recipient baby at 1 month, 6 weeks, 3 months and 6 months after the event. Counsel the recipient's parents using Appendix 1. Information about infections and breastfeeding.

Human Immunodeficiency Virus (HIV)	Arrange for serology screening of recipient baby at 3 months	<ul style="list-style-type: none"> Compare results with antenatal screening. If antenatal results were negative and are now positive, treat the same as source mother positive and consult with ID physician. 	Arrange for repeat serology screening of recipient baby at 3 months.	<ul style="list-style-type: none"> Urgent consultation with RCH ID physician regarding retroviral prophylaxis – should commence within 1-4 hours after the exposure –see risk assessment appendix... Arrange repeat HIV antibody serology for the recipient baby for 1 month & 3 months. If retroviral therapy commenced, repeat serology should be done at 1 month, 3 months and 6 months as therapy may delay seroconversion. Counsel the recipient's parents using Appendix 1. Information about infections and breastfeeding.
Cytomegalovirus (CMV)	No action required if source mother negative	<ul style="list-style-type: none"> Compare results with antenatal screening. If antenatal results were negative and are now positive, treat the same as source mother positive and consult with ID physician. 	No action required if birth mother negative	<ul style="list-style-type: none"> Consult with paediatrician and RCH ID physician Arrange follow up monitoring to observe the baby for symptoms of clinical disease and manage accordingly. Counsel the recipient's parents using Appendix 1. Information about infections and breastfeeding.
Human T-cell Lymphotropic virus I/II (HTLV I/II)	No action required if source mother negative	<ul style="list-style-type: none"> Compare results with antenatal screening. If antenatal results were negative and are now positive, treat the same as source mother positive and consult with ID physician. 	No action required if birth mother negative	<ul style="list-style-type: none"> Consult with RCH ID physician Counsel the recipient's parents using Appendix 1. Information about infections and breastfeeding.

Reviewed April 2022