

Fact Sheet

Expressing breastmilk for your baby in the nursery

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Breastfeeding is the best for all babies, especially those born prematurely or sick.

If your baby is sick or has been born early, your breast milk helps your baby to fight infection and grow. This also reduces the risk of gut problems i.e. necrotising enterocolitis.

Only you can provide your milk for your baby.

Checklist for getting started

Start expressing as soon as you can, within 6 hours after the birth of your baby

Aim to express at least 7- 8 times a day, including overnight. This will help you to make more milk to meet your baby's needs

Encourage milk flow by:

- having a photo of the baby or expressing next to your baby or with your baby skin to skin
- gentle breast massage
- relax your shoulders and deep breathing
- some women find applying warmth to their breasts helps.

Express 15 - 20 minutes on each breast

Expressing can be done by hand or by pump (hand or electric)

Look after yourself

- eat a balanced diet include a wide variety of fruit and vegetables
- drink to thirst (your urine should be clear)
- rest – aim for one to two rests a day

Kangaroo Care is awesome!

Once your baby is stable, you will be encouraged to have skin to skin contact with your baby. Research supports mothers having skin to skin contact (kangaroo care) as this promotes bonding and helps stimulate mothering hormones that help you to produce breast milk. This is special for you and your baby.

Research also shows that your baby is less stressed and will gain weight more quickly. The baby's temperature, breathing and heart rate are more stable. The skin to skin contact provides comfort and security. It also helps the mother and baby to get to know each other. This helps with breastfeeding.

For parents, it helps them to gain confidence and feel closer to their baby.



Breast massage

Gentle breast massaging before and while expressing will help your milk to flow, increase the amount of milk you make and increase the fat content in your milk. This may help your baby to gain weight.

The milk flow (milk ejection reflex or let down) occurs with the release of the hormone oxytocin. You produce oxytocin when you feed your baby, think about or touch your baby, massage your breasts or express your milk.

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How to express

Wash your hands with soap and water.

Massage your breasts in a gentle circular motion from the outer area working towards the nipple.

Put your thumb and finger opposite each other on the outer edge of your areola. This is the darkened area around your nipple.

- Gently squeeze the breast (not the nipple) between your thumb and finger together repeating in a rhythmic action (about once a second). This may feel uncomfortable but should not be painful.
- In the first day or two, most women will express 1 drop – ½ ml – 2mls at an expression. However the more you express in the first couple of days the more milk you will make over the next 3 – 6 days. Colostrum (the first milk) is important as it helps to mature your baby's gut, protect against infection and provides essential nutrients. Even one to two drops (which is normal) will help your baby
- When the flow stops you may move your finger and thumb to another position on the areola and repeat above steps.

Collect your milk in the container provided.

Some women may not be able to express any milk at first as it may take longer for the early milk to flow

- It is important to continue expressing to help the milk flow. This may take time i.e. a day or two.
- Ask your midwife or nurse to observe and guide your next expression as this is a skill that takes time to learn.
- We encourage you to express for 15 to 20 minutes on each breast. If your breast becomes uncomfortable or your hand tires swap to the other breast and use the other hand.

The important thing is that both your breasts are stimulated each time you express.

Prolactin is the main hormone involved in making milk. It takes 30 minutes of either breastfeeding or expressing for it to reach optimal levels and this helps to bring your milk in and helps to keep your supply up.

Link to hand expressing video clip via Global Health Media:

<https://globalhealthmedia.org/portfolio-items/expressing-the-first-milk/>

The more you express or feed today, the more milk you will make tomorrow.

Studies show that your breasts make more milk when you express or feed at least 7- 8 times per day, including once overnight in order to maintain your milk supply. Prolactin levels are higher at night and this helps to keep your supply of milk high.

Example times:

4am	7am	10am	
1pm	4pm	7pm	10pm

At first, you may need to express by hand until your milk supply increases usually between the 3rd – 6th day. This is because you will be expressing small amounts and it's easier to collect. As your milk flow increases you may find using a pump easier.

We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:

WSLHD-Get_Involved@health.nsw.gov.au

womensnewbornhealth.com.au

Using electric and hand pumps:

- While it is good to start hand expressing, some women find it easier to use the electric pump even from the first day.
- Your midwife or neonatal nurse is available to show you how to use the pump.
- Wash your hands and then gently massage your breasts to stimulate the milk flow
- Place the breast cup over the nipple.
- If an electrical pump is being used, turning the power on starting on a lower pressure setting.
- Increasing the pressure, as your supply increases, be guided by how it feels.
- If it's hurting, the pressure may be too high or the breast cup is too small.
- The breast cup is available in larger sizes. Most chemists stock these.
- If you are using an electric / hand pump, you will be encouraged to also hand express as well.
- Once you are comfortable with expressing, expressing both breasts at the same time is possible (this is called double pumping).
- If you are using a pump, please ask the staff to help with assembly if needed.

Choosing a breast pump: Manual or Electric?

Manual hand pumps are portable and usually cost less than an electric pump. Many types are available and should be used according to the instructions.

Electric breast pumps can be bought or hired from the Australian Breastfeeding Association or some chemists. Pump Hire Costs will include a refundable deposit and weekly hire. The breast pump kit to use with the pump is purchased separately. For long term expressing, most women find it cheaper to buy an electric pump.

Electric breast pumps are also available for use on the Postnatal Ward and the Neonatal Nursery.

Care of the equipment

- After every use the pump kit must be rinsed, then washed in warm soapy water, rinsed well again and stored in a clean bag or container.
- Some hospitals recommend sterilizing the kit every time you use it.
- Expressing equipment must not be shared between mothers for the safety of your baby.

Expressing at home

- Your breast milk must be put into the fridge after each expression. This is to ensure that your milk remains cold.

Collection and storage of breast milk

- all breast milk containers must be labelled with a hospital sticker with mother's and baby's name, baby's medical record number, date & time of expressions
- your early breast milk will be given in the order it is expressed as the colostrum changes to suit your baby's maturing gut and then your freshly expressed milk will be given to your baby
- breast milk can be safely stored in syringes or sealed containers
- it is good to bring your milk in every day. If not your milk will need to be frozen. Discuss this with the nurse caring for your baby.

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Transporting breast milk

- bring your labelled milk (fresh or frozen) in an insulated container, such as an esky with a frozen freezer brick or gel pack
- frozen water (ice) is not cold enough to transport frozen breast milk
- give your labelled milk to staff immediately upon arrival in the unit to be placed in the appropriate fridge or freezer
- thawed or partially thawed milk cannot be refrozen and therefore must be fed to your baby or discarded within 24 hours
- if you are having a problem with transporting your milk, please talk to the nurse/midwife caring for your baby

For information on storing your breast milk, see Table 1 on page 6.

Breastfeeding your baby

In our neonatal nurseries we encourage all babies that are receiving breast milk to have their first sucking feed at the breast. Research has shown that breastfeeding is less stressful than bottle feeding and, where possible, all sucking feeds should be from the breast.

At first, your baby may only be able to have one breast feed a day and may not suck strongly or for very long. All other feeds may be from a tube. As your baby's sucking ability improves, the number of sucking feeds per day will increase.

Non-nutritive sucking

This is where your baby may suckle at your breast after you have expressed. Non-nutritive sucking helps your baby's gut to mature.

How will you know that your baby is getting enough breast milk?

- your baby will have a suck – suck – pause – suck pattern. The pause reflects the time to swallow milk and breathe
- your baby will settle following the feed. The time the baby sleeps following a breast feed may be different from the time after a tube feed as the baby only takes from the breast what he/she needs
- wet and dirty nappies. At least 6 soaked wet nappies per day after a week of age. In the first few weeks at home your baby will normally poo at least once a day
- weight gain. There are other reasons a premature or sick baby may be slow to gain weight
- your breasts may feel a little softer after the feed
- as a guide, when your baby attaches and sucks well (following the above pattern) for at least 10 – 15 minutes then falls asleep at the breast
- when the baby sucks for 10 minutes you can estimate the baby has received at least as much as you would express in the same time.

Smoking, alcohol and other drugs

- Nicotine passes through the breast milk, therefore, get help to try and stop smoking. Avoid areas where others are smoking at least an hour prior to and during breast feeding/expressing. Smoking can also reduce your milk supply.
- Alcohol passes into breast milk, therefore, avoid alcohol especially if you are expressing for a baby that is unwell.
- Illicit drugs will transfer into your milk and may affect your baby, it is important to discuss this with the medical, nursing or midwifery staff caring for you and your baby.

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Medications

Medications you require for your wellbeing may pass into your breast milk in different levels. Please check with the Midwife on the ward, the Nurse or the Doctor looking after your baby about the safety of these medications.

Other issues

Mastitis

Mastitis is inflammation of the breast. The breast or parts of the breast become tender, painful, reddened and hard. It may or may not be infected. The most common cause is a blocked milk duct.

It is important to continue to express or breastfeed your baby to assist in clearing the blockage. If not resolving, please talk to staff, Child & Family Health Nurse, Australian Breastfeeding Association 1800 6862686 or see your GP.

Low milk supply

There are two concerns

Not enough milk comes in: the most common reason for a delay in milk coming in is not expressing regularly in the first 2-3 days. It is important to express at least 7- 8 times every day including at least once during the night

Decreasing supply of milk: the most common reason your supply has dropped is longer gaps between expressions. There is a hormone in the milk that tells the breast to reduce the amount its making if expressing is delayed.

Simply go back to expressing at least 7- 8 times in 24 hours and at least 15 minutes on each side. There is also medication (Motilium) that your doctor can prescribe that helps if you are expressing or breastfeeding the baby and your supply is low. Ask your nurse or midwife for the handout about this medication.

Also:

- hold a baby blanket or baby clothes next to your face and smell your baby while you express
- look at a photo of your baby (with you if possible) while you express
- find a private relaxing place to express
- try to express while with your baby or after Kangaroo Care

KEY POINTS

- **massage, then express 7-8 times per 24 hours. This includes at night**
- **hold your baby skin to skin as much as you can (at least daily)**
- **ask the staff for help and information if you need it**
- **look after yourself**

If you have any questions please ask the midwives, the nurses in the nursery and/or-

**Australian Breastfeeding Association
Ph.1800 686 2 686
www.breastfeeding.asn.au**

Mothersafe – medications in pregnancy and lactation service 93826539 or 1800 647848 for information about your medications or other drugs in relation to breastfeeding and your baby.

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Table 1 Storing your breast milk

Breast Milk	Room Temperature (26 degrees Celcius or lower)	Refrigerator (4 degrees Celcius or lower)	Freezer
Freshly expressed into a closed container	When expressing for your baby in the hospital, your milk needs to be refrigerated within an hour of completing the expression	When your baby is in hospital 48 hours. Store in the back of the fridge, where it is coolest.	2 weeks in freezer compartment inside refrigerator (-15°C). 3 months in freezer section of refrigerator with separate door (-18°C) 6 to 12 months in a chest or manual defrost deep freezer that is opened infrequently and maintains ideal temperature (-20°C)
Previously frozen thawed in refrigerator but not warmed	4 hours or less	Use within 24 hours	Do not refreeze
Thawed outside refrigerator in warm water	Use straight away do not store	4 hours or until next feeding	Do not refreeze
Baby has begun feeding	Discard when the feed is finished	Discard	Discard

Transporting breast milk

- store your milk in an insulated container, such as an esky with a frozen ice brick or gel pack
- if you are transporting frozen milk, do not use frozen water (ice) as it is not cold enough to use breast milk which is thawed or partially thawed cannot be refrozen and therefore must be fed to your baby or thrown out within 24 hours.

References

West, D. Morasco L. (2009) The Breastfeeding Mother's Guide to Making More Milk McGraw Hill

Walker, M. (2011) Breastfeeding Management for the clinician. Using the Evidence.

[http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Care-](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Care-Pathways/Breastfeeding2/Birth/)

[Pathways/Breastfeeding2/Birth/](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Care-Pathways/Breastfeeding2/Birth/)<Accessed 24 November 2014>

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