

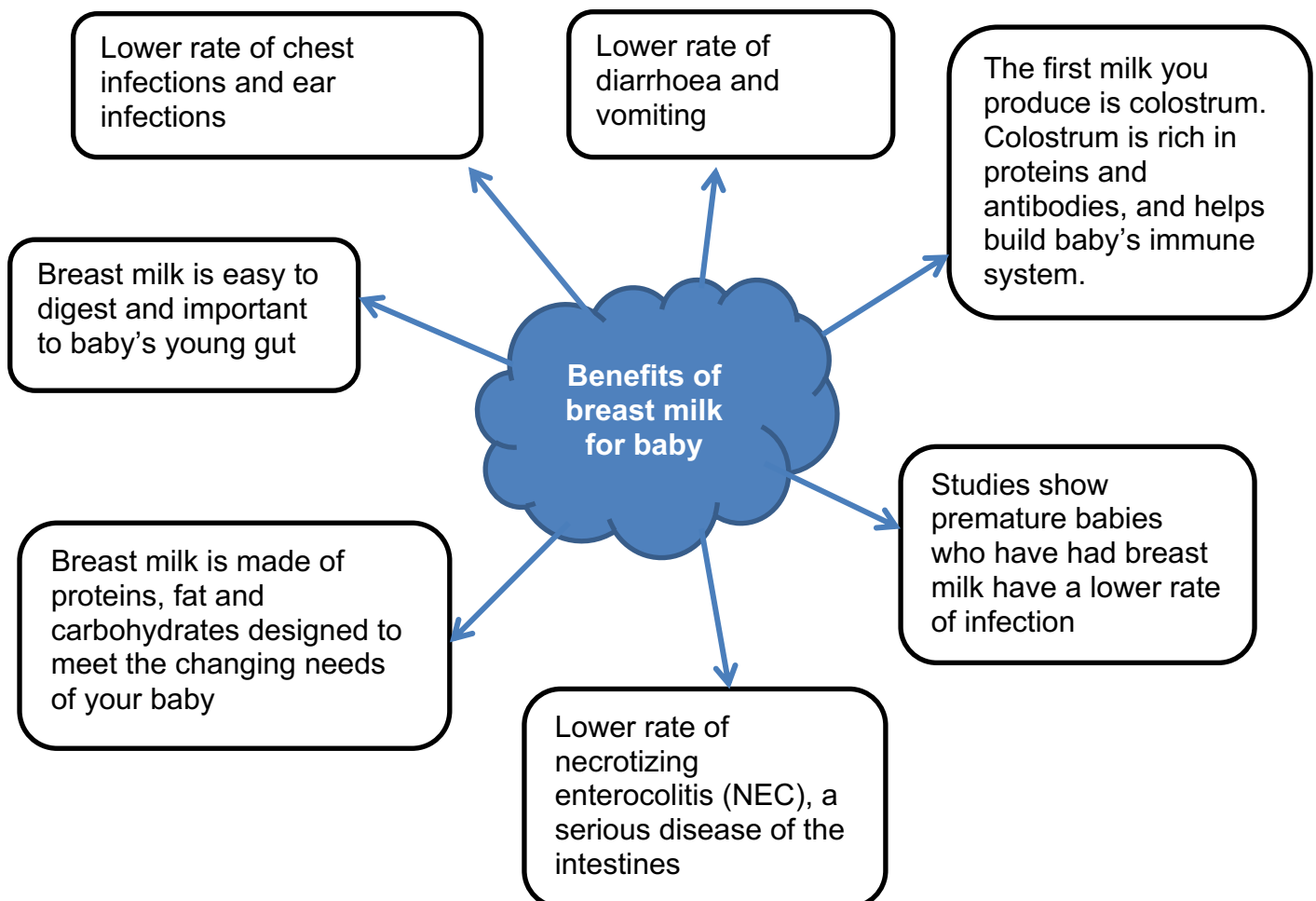
Breastfeeding, expressing and storage of EBM (expressed breast milk)

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at ndht.pals@nhs.net.

What are the benefits of breast milk?

Mum's milk gives your baby all the nutrients he or she needs for around the first six months of life and beyond. It helps to protect your baby from infections and other diseases, and as a mum, it also reduces your chances of getting some illnesses later in life.



Benefits of breastfeeding:

- Breastfeeding helps you and your baby to bond – physically and emotionally. So while you are feeding your baby, the bond between you grows stronger.
- It lowers the risk of mum getting breast cancer and may reduce your risk of getting ovarian cancer
- It naturally uses up about 500 extra calories a day
- It saves money – breast milk is free



I have decided not to breast feed my baby. Why am I being asked to express my breast milk?

To make sure your baby benefits from the infection-fighting components of your breast milk, we ask you to express and let your baby have some breastmilk at the beginning of their life. You can still decide to stop expressing at any time, we just want to help you give your baby the best start.

Getting started

What do I need to do?

Please express some of your milk as soon after delivery of your baby as possible, within **2 hours** if you can.

Don't expect to get a full container of milk the first few times you express. It can take several days before your milk comes in completely. Be patient, keep to the recommended number of expressing sessions. Keep in mind that stress, discomfort and fatigue can cause a slow start to milk production.

Tips and information to help you get a positive start

- Start expressing as soon as possible after giving birth, within **2 hours** if you can
- You will only see a few drops of milk during the first few sessions. Your first milk is called colostrum.
- **Express at least 8 to 10 times per day (in a 24-hour period).** This will build a long-lasting milk supply.
- **Express at least once during the night.**
- Express for at least 15 minutes per session.
- Over the next several days, the amount of milk will increase and grow over time.
- Expressing while your baby is in Special Care Baby Unit (SCBU) takes dedication. Don't give up. If you have any problems or concerns, talk to your lactation consultant or your baby's nurse.



How do I do this?

1. You can hand express. Staff will show you how and then you can remind yourself with the instructions below. You will be given an expressing pack containing instructions, an expressing log and an oral syringe/container.
2. You can use a breast pump. These are available in Delivery Suite, SCBU and Bassett Ward. Please sterilise your expressing sets before use- Staff will show you how to use this.

How to express milk by hand

1. Have a clean sterilised container to hand before you start.
2. Cup your breast and place your thumb and finger about 2-3cm from the base of the nipple.
3. Using your thumb and the rest of your fingers in a C shape, gently squeeze this area – this shouldn't hurt.
4. Release the pressure and then repeat again and again, building up a rhythm. Avoid sliding your fingers over the skin. At first, only drops will appear, but just keep going as it will help build up your supply. With practice and a little more time, milk will flow freely.
5. When the flow slows down, move your fingers round to try a different section of your breast and repeat. When this happens again, swap to the other breast. Keep changing breasts until the milk is dripping very slowly or stops altogether.
6. If the milk doesn't flow, try moving your fingers slightly towards the nipple or further away, and try a gentle breast massage.
7. Draw up any milk expressed using the syringe.
8. Label your milk. (The midwife/nurses will show you how and give you information.)
9. Fill in your expressing log.



What happens to my milk?

The milk (it will only be a very tiny amount at first) is either given to your baby as soon as possible or it is refrigerated (to be used later) or frozen. Not a drop is wasted.

How often do I need to do this?

Please express at least 8 times in a 24 hour period to encourage your milk to be produced.

Try not to leave a gap of longer than five hours between expressions. However you do not need to do it strictly 3 hourly, it may suit you to express in clusters e.g. 2-3 times in a 4hour period, followed by a gap may work best for you.

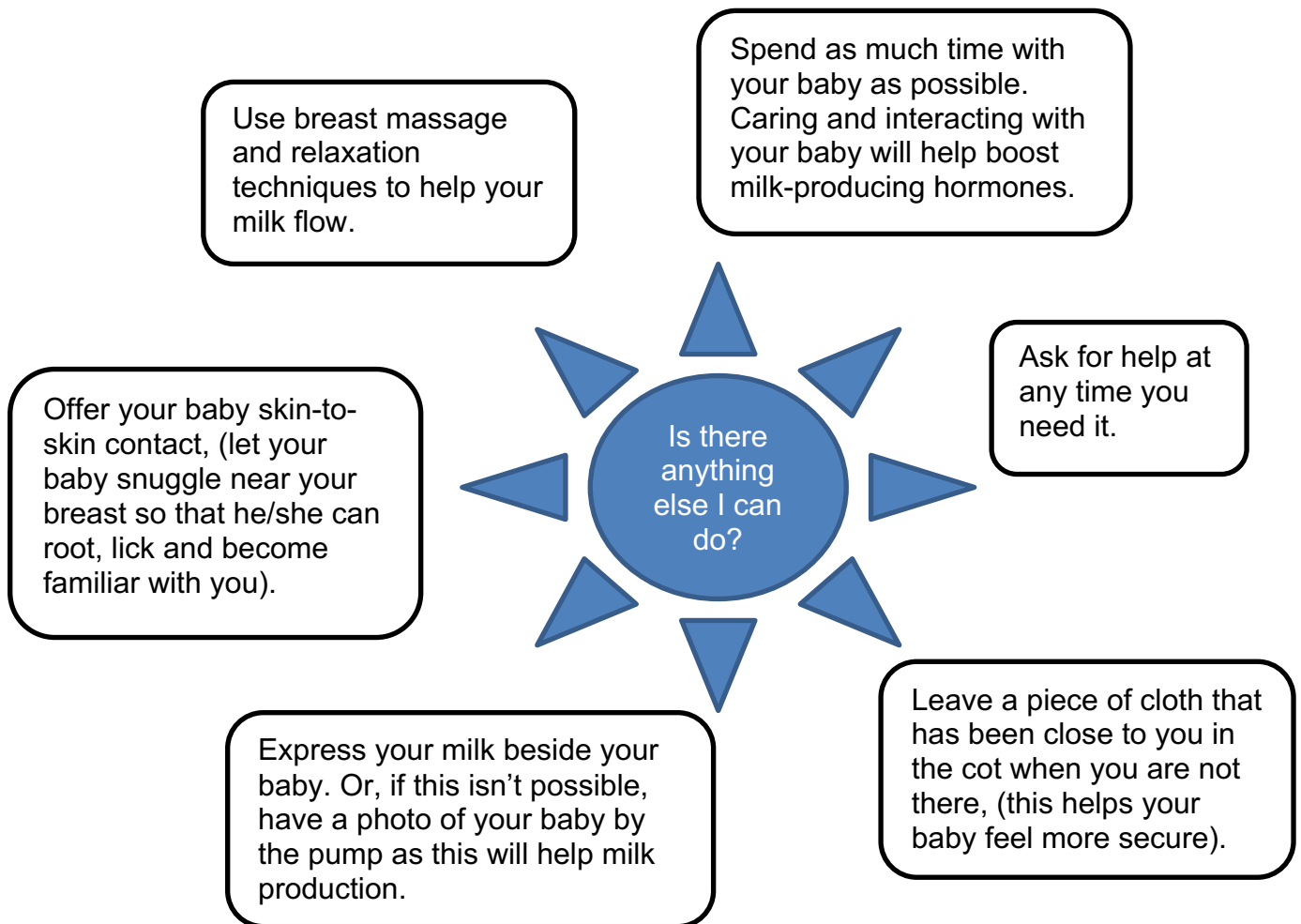
Fill in your expressing log, which will help staff give you advice and will show how well the milk supply is improving.

Keeping an expressing log

- It helps identify potential problem areas before milk supply becomes an issue.
- It provides you with useful information and a place to write your thoughts.

Please find a log and expressing assessment for you to write in on the last page of this leaflet. You will find more expressing logs in your pack.

Is there anything else I can do?



How do I use the Medela breast pumps?

1. Select the correct size breast shield (the part of the pump that is shaped like a funnel) for your breast. The breast shield should closely surround your nipple but leave enough space so that your nipple does not rub against the wall of the shield and can move freely back and forth. Medela provides breast shields in different sizes.
2. The key for successful breast milk expression is stimulating your let-down reflex. Massage your breasts before and occasionally during pumping to encourage your let-down and milk flow. Discomfort or pain will hamper your let-down – speak to a nurse if it is painful/ uncomfortable.

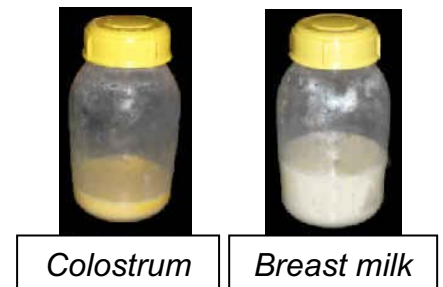


3. Pump Comfort Vacuum. The vacuum can be set at a level which is the highest vacuum a mother can tolerate and still be comfortable. You can determine your own Maximum Comfort Vacuum by increasing the vacuum until pumping feels slightly uncomfortable (not painful), then decreasing the vacuum slightly.
4. Double pumping cuts your pumping time in half. Your prolactin level is higher when you use a double pump, so you may produce more milk over time. Apply warm compresses to your breasts to enhance let-down and milk flow. Relax your shoulders and make sure your back and arms are well supported.

Many mums find it easier to express their milk when they are with their baby. If you cannot do this, you could look at a picture of your little one, listen to a recording of their voice or smell a piece of their clothing.

Different pump settings

The **Initiate** setting is designed with a unique burst/pause pattern that is clinically shown to help mothers of premature infants initiate milk flow as it mimics baby's first sucking pattern after birth. **When you turn the pump on to use the initiate setting, press the milk droplet button within the first 10 seconds.**



After a five second delay, drops will be displayed on the small screen. You can now alter the vacuum until you are comfortable. The pumping session lasts for 15 minutes.

You can move onto the Maintain setting once you have had three consecutive 20 ml total pumping sessions, or if milk production has not started after five days, change to the Maintain program.

For the Maintain setting to start, wait for small screen to read 'Maintain running'. After a few seconds the program will start. If your let-down occurs before the 'Expression' phase begins, you may pump more efficiently by pressing the droplets button to begin the Expression phase. If you need to return to 'Stimulation' for another let-down or did not achieve let-down after two minutes, simply press the let-down droplets button to return to Stimulation for another two-minute cycle. It is recommended to express for at least 15 minutes, but with this program you need to turn it off manually.

Mouth care for your baby

Some babies on SCBU are too premature or sick to orally feed. Therefore it is important that they receive adequate mouth care to support their ongoing development. As well as using your breast milk to feed your baby, it can also be used to provide mouth care for your special care baby. Good oral hygiene is essential for your baby's development and is a fundamental part of the immune system. As well as this, using breast milk for mouth care can help with bonding.



The milk you express in the first 14 days (colostrum) has shown to have lots of antibacterial, anti-inflammatory and anti-viral properties, and is the first choice for mouth care of your baby. After 14 days, expressed breast milk can be used to provide mouth care. Mouth care is performed using special sterile swabs.

Your nurse will be able to help you learn how to perform mouth care on your baby, and help you decide how often it needs to be done. It is always important that any milk used for mouth care is double-checked by a nurse to ensure that the correct milk is being used for your baby.

Labeling, handling and storing my milk

Why do I need to label my expressed breast milk (EBM)?

This is to make sure:

- it is EBM in the container
- it is easy to see whose EBM it is
- **your** EBM is given to **your** baby
- the EBM is fresh and not stored for too long

Why is this so important?

EBM can carry blood-borne viruses, such as HIV, so it is very important that **your** baby only receives **your** milk. If milk is not stored properly, it can 'go off' like any other food.

It is your responsibility to ensure that your EBM is labeled correctly so that your baby receives your milk.

I am not expressing very much milk, shall I throw it away?

Do not throw any breast milk away. We will store and try to use every drop.

Only throw it away if it has not been stored or labeled properly or is out of date. Ask a member of staff if you are not sure.

How do I label my EBM?

1. Staff will give you a set of your baby's hospital stickers.

If you have not got any labels or are about to run out, please ask for some more.

2. When you receive the stickers, check with the staff member that they belong to your baby and contain the correct details. **If they are incorrect, tell the staff – do not use them.**

3. As soon as you have expressed your milk into the container, label it with your baby's sticky label and add in pen:

- EBM (to show the contents of the container)
- the date and time you expressed your milk

Note: If there are no babies' labels available, handwrite a label and include your baby's name, date of birth, hospital/NHS number, the contents of the container, the date and time you expressed your milk and your signature.

4. Hand your EBM to a member of staff on your baby's ward for storage. If this is not possible (for example you are a patient on another ward), then ask a member of staff on that ward to take it to your baby's ward.
5. As you hand the container to the staff member, check together that it is labeled correctly.
6. The staff member will take it for safe storage. This may be a locked fridge, freezer or by the baby's cot ready for his/her next feed.

I have twins, how do I label my EBM?

Put the name of all your babies on the sticky label with the other necessary details (see above).

Why is the nurse asking me to check my EBM?

This is to make sure **your** milk goes to **your** baby. The staff will check your EBM with another person or yourself. If they check the EBM with you, make sure that it is your baby's milk, check the date and time you expressed it or if it was defrosted and make sure that it goes to your baby. Once your milk has been used, throw the purple top bottles away and do not use it again. However the white top bottles are re-usable.

Always check that the milk belongs to your baby before it is given.

Where do I store EBM?

Store EBM in a fridge or freezer.

How long can I store EBM in a fridge?

If it is in a fridge it should be used within 48 hours of expressing.

What if I am going to freeze my EBM?

If you are **not** going to use it within 48 hours, your EBM should be frozen within 24 hours of expressing.

Once defrosted, how soon do I need to use my EBM?

Once it has been taken out of the freezer, it should be used within 24 hours. (The date and time it was removed from the freezer are added to the bottle).

How long can my EBM be frozen?

Frozen EBM can be stored for up to six months. If your baby is sick or premature, use EBM that has been frozen for no more than three months. If your baby is term and well, you may use EBM that has been frozen for up to six months.

Why is the fridge locked?

To prevent anyone else tampering with the EBM, the nurses/midwives will store the milk either in locked fridges/freezers or else in a room where no other parents are allowed.

What if my baby's milk is not in a fridge?

EBM can be kept at room temperature for up to four hours before use.

Do I use the EBM in any order?

Use the EBM in order of the time you expressed it for the first 14 days, to ensure your baby gets the goodness of colostrum.

After the first 14 days, use fresh EBM in preference to EBM that has been frozen.

What if I bring my baby's milk in from home?

If you express at home, take a set of baby's labels and label your milk as above.

All EBM should be transported in a cool bag/container with ice/cool packs.

If you visit daily, transport your EBM fresh.

If you do not visit daily, transport your EBM frozen.

Staff receiving EBM should check and confirm with you that the EBM has been labeled correctly.

If some milk has defrosted it should be used within 24 hours and not refrozen.

What if I bring my baby's milk in from another hospital?

All EBM should be transported in a cool bag/container with ice/cool packs.

The staff will confirm that the milk belongs to you and may need to re-label it with baby's labels as described above.

Can I take my EBM home?

Yes. If there is too much EBM to store in the ward's freezer, you may be asked to take some home to store.

When your baby is discharged you will be able to take your remaining EBM home. You may find this useful if for any reason you are unable to feed your baby e.g. you are ill or you are going out.

When you take your baby's EBM home, double check with the staff member that it is labeled correctly and that it belongs to you.

If you leave your EBM behind, it will be discarded.

Using a Quick Clean Micro-Steam Bag

What is a Quick Clean Micro-Steam Bag?

The bag cleans equipment, bottles, dummies and cups used to express breast milk. It does this by steam cleaning, using the microwave. Steam cleaning kills 99.9% of most harmful bacteria and germs. It works in about three minutes and the same bag can be used 20 times.



Step-by-step instructions

Important note:

Never leave your breast milk expressing equipment lying around due to the risk of mistaken ownership. Keep it stored at all times, once clean, in the container provided.

1. Take your used breast milk expressing equipment to the area where feeds are prepared (milk kitchen) on the ward. Please ask if you cannot find it.

Please do not use the milk kitchen if you may be infectious (ask a member of staff to clean your equipment for you).

2. Take apart the used breast milk expressing equipment or bottle and wash in hot, soapy water using a bottle brush. Rinse well.
3. Take a Quick Clean Micro-Steam Bag and write your name on the back of the bag.
4. Add 60ml (2oz) of cold tap water to the bag. **Always add water first.**
5. Put the equipment parts into the bag. **Do not overload.** The bag will hold two breast pump assemblies or one bottle with parts.
6. Ensure the bag is tightly sealed.
7. Stand the bag on the microwave plate. **Do not lay the bag flat.**
8. Microwave on high power for three minutes. **Do not leave the bag unattended in the microwave.**
9. Using the silicon heat-resistant pad/grabber in the milk kitchen, carefully remove the bag from the microwave.
10. Using the pad/grabber, carefully tilt the bag and pour out the excess hot water via the spout. The spout is on the top left hand corner of the bag. **Caution** – this is **hot** water. Do not open the bag as **hot** steam may escape.
11. Once the bag and contents are cool, they are ready for use. Dry off the bottle brush and store this in the container with the bag.
12. As the bag does not keep products sterile, please empty contents into a clean, dry storage box. Breast pump equipment can be kept in boxes. Bottles can be assembled and stored in cots. This will then keep the products sterile until used.
13. After using the bag, tick off one box on the back of the bag. The same bag can be used 20 times.

Expressing challenges you could encounter

This is a very stressful time, and you should pat yourself on the back every day for choosing to give your baby breast milk. Unfortunately, you might have to overcome complications that come with breast pumping. If you are having any discomfort or pain in your breasts, it is important to speak to your named nurse. They are there to help.

They may give you a log book to monitor your expressing times and they may also fill in an expressing assessment form.

What is responsive breastfeeding?

Responsive breastfeeding involves a mother responding to her baby's cues, as well as her own desire to feed her baby. Crucially, feeding responsively recognises that feeds are not just for nutrition, but also for comfort, bonding and reassurance between baby and mother.



For example, when a mother breastfeeds her baby responsively, she may offer her breast when her baby shows signs of hunger or when her baby is distressed, fractious, or appears lonely. Breastfeeding can help settle her baby after an immunisation, if her baby is unwell or to reassure him or her in an unfamiliar environment. She can also offer her breast to meet her own needs, for example before she goes out, before bedtime or because she wants to sit down, rest and have a cuddle with her baby.

Therefore, breastfeeds can be long or short and at varying times in the day, depending on why the mother and baby have decided to feed. The key to understanding responsive feeding is that it is what ultimately makes both breastfeeding and early parenting easier. Feeding becomes the first and usually most successful action when responding to a baby's needs. It is important that mothers are aware that their baby cannot be overfed or 'spoiled' by 'too much feeding' and that breastfeeding will not, in itself, tire a mother any more than the normal tiredness that all mothers have when caring for their newborn baby.

How to breastfeed



1. Hold your baby's whole body close with his nose level with your nipple.



2. Let your baby's head tip back a little so that his top lip can brush against your nipple. This should help your baby to make a wide open mouth.



3. When your baby's mouth opens wide, his chin is able to touch your breast first, with his head tipped back so that his tongue can reach as much breast as possible.



4. With his chin firmly touching your breast and his nose clear, his mouth is wide open. There will be much more of the darker skin visible above your baby's top lip than below his bottom lip. Your baby's cheeks will look full and rounded as they feed.

For information on how to express and store milk visit: [unicef.uk/handexpression](https://www.unicef.org/handexpression)

Signs that your baby is feeding well

- Your baby has a large mouthful of breast.
- It doesn't hurt you when your baby feeds (although the first few sucks may feel strong).
- Your baby rhythmically takes long sucks and swallows (it is normal for your baby to pause from time to time).
- Your baby finishes the feed and comes off the breast on his or her own and your breasts and nipples should not be sore.

How do I know my baby is getting enough milk?



- Your baby should be back to his birth weight by 2 weeks and then continue to gain weight.
- In the first 48 hours, your baby is likely to have only 2 or 3 wet nappies. Wet nappies should then start to become more frequent, with at least 6 every 24 hours from day 5 onwards.
- At the beginning, your baby will pass a black tar-like stool (poo) called meconium.
- By day 3, this should be changing to a lighter, runnier, greenish stool.
- From day 4 and for the first 4 – 6 weeks your baby should pass **at least 2 yellow stools a day**.
- If your baby has not pooped in the last 24-48 hours, speak to your midwife or health visitor as this can mean they are not getting enough milk.
- Most babies pass lots of stools and this is a good sign. Remember, it's normal for breastfed babies to pass loose stools.
- Your baby should be content and satisfied after feeds and will come off the breast on his or her own.

What if I go home and I am expressing breast milk?

While travelling between home and the hospital, it is just as important to continue your expressing schedule to make sure that your milk supply continues to build and is maintained.

- **Borrowing a pump from SCBU** – whilst your baby is on SCBU, you can carry on expressing either by hand or you can borrow a breast pump from us.
- **Renting a pump from Medela** – For exclusive pumping, a double electric hospital-grade breast pump, such as the Medela Symphony, is the recommended choice. Ask your healthcare professional, or visit www.medela.com to find a rental location near you.
- **Renting a pump from Early Nourishment** – Local feeding support group in Barnstaple (website link below).
- **Cleaning your kit** – It is very important that all parts of your kit that touch your breast or breast milk are washed. Follow the cleaning instructions provided with your kit, unless you are told otherwise by your SCBU professional
- **Hygiene** – Wash your hands before touching breasts or containers, and avoid touching the inside of containers or lids.



Further information

Healthy Child Clinics and Feeding HUBs offer a friendly inviting environment to meet other parents and share similar experiences. The Children's Centre staff and health professionals have attended the Baby Friendly Initiative Training in North Devon and are on hand to help with any challenges you may be experiencing. Often parents come along simply because they enjoy the social support from other mums. Other support groups:

- Early Nourishment – www.earlynourishment.co.uk (based in Barnstaple)
- Association of Breastfeeding Mothers – 0300 330 5453
- National Childbirth Trust (NCT) – 0300 330 0700
- National Breastfeeding Helpline – 0300 100 0212
- The Breastfeeding Network – www.breastfeedingnetwork.org.uk
- La Leche League – 0345 120 2918 – www.laleche.org.uk

References

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https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2010/11/otbs_leaflet.pdf [Accessed 11/09/17]

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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This leaflet was designed by the Communications Department.
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Expressing Log

Baby's Name: _____ Date: _____

D.O.B: _____ Days in Hospital: _____

Mothers Name: _____

Time Started	Total Expressing Time in mins	Expressed Amount (oz/ml) 1oz=30ml		Hand/Pump type if applicable	Breast Shield/Pump Shield Size
		Left Breast	Right Breast		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

Notes: _____

Expressing Log

Baby's Name: _____ Date: _____

D.O.B: _____ Days in Hospital: _____

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1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

Notes: _____

Expressing assessment form

If any responses in the right hand column are ticked refer to specialist practitioner. Any additional concerns should be followed up as needed. Please date and sign when you have completed the assessments.

<i>Mother's name:</i>	<i>Baby's name:</i>	<i>Date of assessment:</i>				<i>Birth weight:</i>				
	<i>Date of birth:</i>					<i>Gestation:</i>				
What to observe/ask about	Answer indicating effective expressing	✓	✓	✓	✓	Answer suggestive of a problem	✓	✓	✓	✓
Frequency of expression	At least 8-10 times in 24 hours including once during the night.					Fewer than 8 times. Leaving out the night expression.				
Timings of expressions	Timings work around her lifestyle – if cluster expressing, no gaps of longer than 4 hours (daytime) and 6 hours (night time)					Frequent long gaps between expressions. Difficulty 'fitting in' 8 expressions in 24 hours.				
Stimulating milk ejection	Uses breast massage, relaxation, skin contact and/or being close to baby. Photos or items of baby clothing to help stimulate oxytocin.					Difficulty eliciting a milk ejection reflex. Stressed and anxious.				
*Hand expression	*Confident with technique. Appropriate leaflet/information provided.					*Poor technique observed. Mother not confident.				
Using a breast pump	Access to electric pump. Effective technique including suction settings, correct breast shield fit. Double pumping (or switching breasts) to ensure good breast drainage. Uses massage and/or breast compression to increase flow.					Concern about technique. Suction setting too high/low, restricting expression length, breast shield too small/large.				
Breast condition	Mother reports breast fullness prior to expression which softens following expression. No red areas or nipple trauma.					Breasts hard and painful to touch. Evidence of friction or trauma to nipple.				
Milk flow	Good milk flow. Breasts feel soft after expression.					Milk flow delayed and slow. Breasts remain full after expression.				
Milk volumes	Gradual increases in 24 hr volume at each assessment.					Milk volumes slow to increase or are decreasing at each assessment.				

Hand expression may not need to be reviewed every time