



Breast milk for your baby

Pumping your milk

Breast milk is the ideal food for your baby. If your baby cannot yet nurse enough to meet his or her needs, or if you need milk for when you will be away from your baby, you can hand express and pump your breast milk.

Some of the important reasons to give your baby breast milk are listed in the box on this page. If your baby cannot nurse yet because he or she is premature, it's important to know that you are producing milk that is slightly different from that produced by mothers of full-term infants. This milk is especially well suited to enhance the development of your premature baby's brain, gastrointestinal tract, and nervous system.

This sheet contains basic guidelines for establishing and maintaining a supply of milk for your baby. The nurses and lactation consultants at the medical center can answer any questions you may have about pumping and storing your milk.

In the next weeks and months, it will be important for you to balance your own needs with those of your baby. This is especially true if your baby cannot yet nurse at the breast and you are pumping "full-time." There will be times when you will feel exhausted and overwhelmed, and you may not be able to follow these guidelines exactly. This is okay. Try to find a balance of rest and pumping that is right for you, and this will be right for your baby, too.

In the first days after birth, your breasts will begin producing small amounts of "first milk" or colostrum – a concentrated form of nutrition for your baby. Colostrum also has special cells (antibodies and protein) that help your baby fight infection. After 2-4 days, your colostrum begins to change to "mature milk" which has a different color and consistency than colostrum.

It takes time to establish a good milk supply. This is true whether you are expressing milk for your baby or feeding your baby at the breast. In the beginning, you may only be able to express a few drops of colostrum. This is normal. Remember, no amount is too small to save for your baby.

The benefits of breast milk

Breast milk has several advantages over formula.

- It is more easily digested than formula.
- It contains a balance of nutrients that is ideal for your baby.
- It contains antibodies and special cells that help protect your baby from infections.

The American Academy of Pediatrics recommends that full-term, healthy babies, receive breast milk exclusively for at least the first 6 months of life. Premature babies and those with medical problems should also receive breast milk as soon as possible after birth, with or without supplements, according to each baby's needs.

Hand expressing milk

- Combine hand expression with pumping for best results.
- You may hand express alone if/when a pump is not available; hand expressing is often the best way to pump colostrum in the first few days after giving birth.
- To hand express, start by gently massaging the breast from chest wall to nipple.
- Then place your thumb on top of the breast and your first two fingers under the breast, about an inch behind the nipple.
- Press your thumb and fingers back toward the chest wall. Then move the thumb/fingers together and roll toward nipple.
- Release pressure and repeat.

1. Press fingers straight back toward chest wall.



2. Gently compress the area behind the areola while rolling fingers toward nipple.



information

Establishing your milk supply

Please note: Mothers pump for a variety of reasons. Some pump occasionally between nursing sessions to have extra milk on hand for the baby. In other cases, babies are not yet ready to nurse at all, and pumping is used to establish and maintain a milk supply. Sometimes a combination of these factors is in place – the baby is nursing, but supplemental pumping is needed to fully meet the baby’s needs.

*The guidelines below are for mothers whose babies are not yet nursing at the breast. If your baby is taking some (or most) milk through nursing, the pumping **methods** are the same, but you will be pumping less frequently than is outlined in these guidelines. Speak to your pediatrician, obstetrician, or lactation consultant about how frequently you should pump, given your individual goals.*

- As a general rule, the more your breasts are emptied, the more milk you will produce.
- Start hand expressing milk within the first hour after birth if possible; start a pumping routine within 6 hours.
- For full-time pumping, it is best if you can pump 8-12 times in 24 hours – every 2-3 hours during the day, and at least once at night. (Do not go longer than 5 hours without pumping during the night.) This will help you establish a good milk supply. As you continue to pump, the amount of milk should increase. If it does not, please contact a lactation consultant. (Contact information appears at the end of this sheet.)
- Your nurse or lactation consultant can bring you an electric pump and show you how to use it. Make sure you choose the correct size “flange” (the part of the pump that fits to your breast) so that your nipples and breast feel comfortable during pumping. A good seal is needed. Your nipple may touch the inside of the flange during pumping but should not rub against it.
- It is best if you pump both breasts at the same time. This may help increase your body’s release of the milk hormone, prolactin. It also decreases the amount of time you’ll have to spend pumping your breasts. Pump for 15-20 minutes, and continue pumping for a few minutes even after the “steady” flow has stopped. (Drained breasts make milk faster.)
- Before and during pumping, there are a number of things you can do to encourage the release of milk, also known as “let-down.” Warm compresses to the breast, gentle nipple stimulation, hand expressing milk, deep breathing, relaxing music, and breast massage can all stimulate the let-down reflex. Milk let-down is also stimulated by thoughts and feelings about your baby. As you prepare to pump, look at your baby’s picture, or, if possible, sit next to your baby. If your baby is able, we encourage you to hold your baby with skin-to-skin contact before you begin pumping. This practice has a number of benefits, including boosting your milk supply. (Ask your baby’s nurse for more information about this practice.)
- You should begin a gentle massage a few minutes before you plan to pump. Starting at an outer edge of your breast, move your hand in small circles, gently massaging in toward the nipple. Then begin again in a new section, moving around the different areas of your breast as if they were numbers on the face of a clock. As you massage each breast, check for any lumps or areas

If you are pumping” full-time”
because your baby is not yet nursing:

- ♦ Begin hand expressing within 1 hour and begin pumping within 6 hours after the baby’s birth.
- ♦ Pump 8-12 times (15-20 min. each time) in 24 hours.
- ♦ It’s important to establish your milk supply in the first two weeks after the baby’s birth. It is more difficult if you wait.

where milk may not be draining completely. If you find areas like this, continue to massage them and the rest of your breasts while pumping. Before you begin pumping, hand express a small amount of milk or colostrum.

- Remember – let-down occurs more easily when you are relaxed. Keep in mind that you are doing something special for your baby, and whatever milk you can pump – even if it is only a few drops in the beginning – will be helpful.
- Set the pump to the lowest pressure setting and increase it slowly. The pressure setting adjusts the amount of suction on the breast. If the setting is too high, you could damage your nipple. You should feel a tugging sensation, but not pain. Let comfort be your guide. If the flange does not fit well, it may cause discomfort. If you are having pain, you may need a larger flange.
- At first, you may only obtain a few drops of colostrum. Please save your colostrum for your baby. No amount is too small.
- After you pump your breasts, continue to express milk by hand until your milk is no longer flowing.
- Take a small amount of breast milk and rub it on your nipples. Then allow your nipples to air dry.
- Keep a diary to record information about your pumping sessions, including how long you pumped and how much colostrum or milk you obtained. A pre-printed form for your diary is available along with this brochure. If you did not receive one, please speak to your nurse.
- If your baby is in the hospital, please bring your milk to the nursery or NICU. (See enclosed information for more details about collecting, storing, and transporting your milk.) Even if your baby cannot take feedings right away, we will store your milk to give to your baby later.

Maintaining your milk supply

- After several weeks, you will probably have established a good milk supply for your baby. However, if your baby is not yet nursing, you will have to continue pumping in order to maintain the supply of milk. Although frequent pumping is still needed, you may find that you can relax your pumping schedule somewhat and still maintain your milk supply. Once your milk supply is established, we recommend pumping every 3 hours during the day and at least every 5 hours during the night. Also, as a general rule, pump when your breasts are full, even if it means pumping more frequently than you planned.
- You may occasionally notice a temporary decrease in milk supply. Many women notice a decrease about one month after the baby is born. If your supply decreases, please remember this is usually temporary. Try to increase your pumping frequency for a while. You may also want to increase the length of each pumping session, or alternate periods of pumping with breast massage during a single pumping session. (For example, pump for 5 minutes, massage for 5 minutes. Keep up this cycle until your breast is empty.) Or you may want to try “power pumping” for one hour: pump for 10 minutes, stop for 10 minutes, then repeat. Talk to a lactation consultant if you do not see your milk supply begin to go back up.
- It is common for your milk supply to change from time to time. You may notice a variation in the amount pumped

If the cost of a pump is a concern, help is available. Consult:

- The WIC program (income guidelines apply) @ 1-800-942-1007, or
- Your health insurance company, or
- A BIDMC lactation consultant

depending on your health, the health of your baby, your stress level, the time of day, and your activity level. Try to notice what affects your milk supply and take any measures you can to help your supply stay up. Using a breastfeeding/pumping diary can help you track this information.

Breast pumps

- We recommend that you use a double electric pump (a pump that allows you to pump both breasts at once).
- It's best to get a pump before you are discharged so you can begin/continue pumping as soon as you are home. If you'd like, we can arrange to have a pump delivered to your room. Or if you'd prefer, you may contact one of the resources below to arrange to get a pump. Talk to your nurse or lactation consultant for more information about getting a pump.

Resources for mothers who are pumping

BIDMC lactation consultants	617-667-5765
Nursing Mother's Council	617-244-5102
La Leche League	1-800-525-3243; www.lalecheleague.org
Mass Breastfeeding Coalition	www.massbfc.org
Zipmilk	www.zipmilk.org
Medela – A pump manufacturer	1-800-835-5968
Ameda – A pump manufacturer	1-866-992-6332
WIC – The Special Supplemental Nutrition Program for Women, Infants, and Children (You must meet income guidelines to use WIC services.)	1-800-942-1007; www.mass.gov/wic

- If you are having problems getting a pump, please speak to your nurse or to one of the lactation consultants at the medical center. We will help you explore resources that will enable you to get the equipment you need.

The transition to breastfeeding

If your baby is premature or is unable to nurse because of a medical condition, your baby's nurse will talk with you about when you can expect your baby to begin breastfeeding. The timing for the transition to breastfeeding is different for every baby. Your baby must be breathing comfortably on his/her own in order to begin nursing. Talk with your baby's nurse, nurse practitioner, or pediatrician about how and when to begin to feed your baby at the breast. As you'll find with all areas of your baby's development, each baby progresses at a different rate. But remember, until your baby is ready to nurse, your pumped breast milk gives him/her not only the best source of nutrition, but also important protection against disease.

Whatever circumstances you and your baby are in, remember to care for yourself as well as your baby. Find a pumping schedule that is right for the two of you. Whether you are pumping, nursing, or both, take care of your own body's needs for food, fluid, and rest. And let us know how we can help you during this special time in your life with your baby. If you need additional information or advice, please call one of the resources listed in the box on this page, or contact your obstetric provider or pediatrician.

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