

# Breastfeeding Guidelines



# Our breastfeeding philosophy

Breastfeeding is widely accepted as the best method of feeding a baby because the milk is precisely tailored to meet the baby's needs. Successful breastfeeding is a skill which has to be learned by mother and baby. Assisting a mother to gain breastfeeding skills is an integral and extremely important part of the midwife/nurse's role.

St John of God Murdoch Hospital has developed guidelines (to be applied to the normal term baby unless otherwise directed by the paediatrician) for all midwives/nurses to achieve consistency of advice given to breastfeeding mothers.

This booklet is designed for use by mothers to improve communication of this information, and includes advice on common breastfeeding problems.

The guidelines are based on the "Ten Steps to Successful Breastfeeding" criteria of Baby Friendly Health Initiative, an accreditation process fostered by United Nations International Children's Emergency Fund (UNICEF) and World Health Organisation

(WHO) to protect, promote and support breastfeeding globally. They recommend "exclusive breastfeeding for the first six months; and continued breastfeeding for two years or more, together with safe, nutritionally adequate, age appropriate, responsive complementary feeding starting in the sixth month" (downloaded from [www.unicef.org/nutrition/index](http://www.unicef.org/nutrition/index) on 19.02.09).

It is important to recognise that there are many different strategies to assist with breastfeeding. Suggestions made by midwives, lactation consultants or nurses are intended to offer alternative advice and not intended to cause confusion or conflict. Once you are at home you may also find that family members and friends are keen to offer advice. Remember that you can make the choice that best suits you and your baby's needs.

These guidelines have been prepared to help you adjust to your new role as parents. We encourage you to be flexible and honour the uniqueness of your child as you journey together as a new family.

## Introduction

Breastfeeding can take up to 6 weeks to establish and some mothers have more difficulty in establishing breastfeeding than others. Perseverance is important.

You may also experience the 'blues' due to hormonal changes and sleep disturbance. Your baby may become unsettled while adjusting to the change from colostrum to milk and this can last 24- 48 hours, so don't hesitate to ask your midwife/nurse for assistance.

## Benefits of Breastfeeding

### For You

- Breastfeeding hormones will help you relax and give you a feeling of wellbeing
- More efficient uterine involution therefore less bleeding
- Time saving. No need to wash bottles and equipment, mix formula, provide storage or wait for heating of formula
- Less expensive
- Environmentally friendly as reduces waste
- Convenient. No need to transport equipment, store milk safely or, heat up formula
- Reduces risk of Type 2 Diabetes for mother with Gestational Diabetes
- Decreases health risks of osteoporosis and uterine cancer
- Breast cancer is known to be less in societies who breastfeed for 12 months

### For Baby

- It is a natural progression from placental feeding to breastfeeding
- Breast milk is easily digested and there is less waste and less abdominal discomfort
- Food is ready on demand and at the correct temperature
- Protection from allergies i.e. asthma and eczema
- Live factors in breast milk protect against respiratory, intestinal, and middle ear infections and other diseases

- Assist in establishing a healthy gut microbiome
- Breastfed babies rarely develop diarrhoea or constipation
- Mother baby contact and bonding increases through close skin and eye contact
- Baby has more control of food intake and rate of flow
- There is better facial muscle and mouth development
- The incidence of diabetes and some cancers is reduced
- There is less risk of hypertension in later life
- Brain and nervous system development is optimal particularly if your baby breastfeeds for 12 months or longer
- Reduces risk of obesity in childhood and later life.

## Ten steps to successful breastfeeding (WHO)

The World Health Organisation (WHO) recommends that every facility providing maternity services and care for newborn infants should follow these steps.

1. Have written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Place babies skin to skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.

6. Give newborn infants no food or drink other than breast milk unless medically indicated.
7. Practice rooming-in: allow mothers and infants to remain together – 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

## How breastfeeding works

The more your baby feeds, the more milk production is stimulated. When your baby sucks at the breast, hormones are released. These hormones stimulate your body to make the milk and cause the milk to 'let down' or flow.

The first milk (colostrum) you produce looks thick and yellowish. All breastmilk is important for your baby as it contains substances to nourish

them and to protect them from diseases.

From the third day the milk gradually becomes thinner and more watery looking as it increases in volume but it contains everything your baby needs to grow and satisfy hunger and thirst.

## Signs of correct attachment

- Baby is unwrapped. Avoid touching baby's head or neck.
- Baby is snuggled closely around your body facing you
- Nose should be off the breast and chin buried
- The mouth opens widely
- The lower lip pouts outwards
- Baby will display long drawing sucks after a short period of short rapid sucks, involving the whole jaw
- Swallowing may be audible
- The nipple will maintain a normal rounded appearance on detachment
- Baby will be satisfied after adequate suckling

- After the initial normal weight loss baby will gain adequate weight and produce plenty of wet nappies. By Day 5-6 : 6-8 wet nappies/day
- Breastfeeding will be relatively comfortable and not painful. Some initial tenderness may occur

- Weight gain will be inadequate and baby may even lose weight
- Output will be reduced and there will be fewer wet nappies



**POOR ATTACHMENT**  
 Baby attached to little breast tissue, mainly nipple stem. Lips are pursed, mouth not wide open against breast, tongue behind lower gum. Compression of the jaws gains little milk, tongue cannot work effectively.

## Signs of poor attachment

- Persistent nipple pain
- Change in shape of nipples once baby is detached
- Dimpling of baby's cheeks
- Clicking and slurping sounds
- Milk spilling from around the mouth while feeding
- Baby falling asleep before the feed is complete due to lack of interest or energy
- Very prolonged feeds as the milk letdown is not stimulated by the correct milking process of the lower part of baby's mouth below the nipple and areola. Baby will still be hungry and demand frequently

## The first feeds

### The natural instincts to feed

Allow your baby to follow their natural instincts to move to the breast. Starting with skin to skin contact, when baby is quiet and alert, they will make their way from between the breasts to the breast.

If you feel pain after the first few sucks, the baby may not have taken a big enough mouthful of breast. Break the suction with a clean finger in the side of the mouth, take your baby off the breast and let them try again.

1. Place your baby upright skin-to-skin, supported, calming them by gentle rocking, stroking, and talking.



2. Baby starts to follow their instincts, allow your baby to 'bob' their head around on your chest, they may look at you.



3. They may nuzzle your breast and lick for a little while. That is fine.



4. They are using their cheek to feel their way. This is a learning process for you both. It is okay to take your time.



5. Digging in their chin, the baby reaches up with an open mouth, and attaches to the breast.



6. If the baby's back is straight, their body touching yours, and you are both feeling comfortable, that is all that matters.



Reference: Government of Western Australia, Department of Health, South Metropolitan Area Health Service, Fremantle Hospital and Health Service, Kaleeya Maternity Unit

## How do I start feeding?

In the first hour following the birth, your baby is often alert and will display signs of hunger by actively mouthing for the first feed. Rooting and sucking reflexes are fully developed, thus assisting in proper attachment and sucking. If you and your baby are well we encourage skin-to-skin contact during this time and most babies will breastfeed

within 60 minutes of birth. Usually, this will be while you are still in either birth suite or operating suite.

In this period you will have a heightened sense of awareness and be more responsive to your baby, thus promoting the bond between you and your baby. Early contact between mother and baby has beneficial effects on breastfeeding.

This first feed is special and may take up to an hour. A midwife/nurse will be present at the first feed to help with attachment and provide reassurance and encouragement. It is important to get this correct from the first feed to assist in prevention of incorrect attachment and associated problems. Please ask for assistance if you are experiencing difficulties at subsequent feeds. After the initial feed, your baby may not be interested in feeding again for several hours. Follow your baby's cues, as periods of sleep then periods of frequent feeds are normal. Your baby may feed 7-12 times or more in 24 hours. Encouraging frequent feeding during these first days

will minimise engorgement, increase supply and help baby establish the best attachment.

However, some babies need encouragement to feed to ensure healthy weight gain therefore, in the first 24 hours while you are still in hospital, your midwife/nurse will advise you to offer a breastfeed at least every 2-3 hours.

During the first 3-5 days, your baby may become restless with frequent bowel actions and taking frequent short feeds. This is associated with your milk establishing and your baby adjusting to digesting milk which can last for 24-48 hours. You can comfort your baby by skin-to-skin contact and cuddles.

## Common positions for breastfeeding

You can vary the position you choose to breastfeed according to your own comfort. You may like to experiment to see which position suits you best as holding your baby in different positions allows emptying



of the breast. Whichever the position you choose, your baby should be close to you with its head and shoulders facing your breast. Your baby should be positioned chest to chest with your nipple pointing up towards your baby's nose.

### **The most common positions are:**

- **Sitting up** – use a chair of appropriate height and arms (for support), use a footstool if required (it is better to have a flat lap) and use pillows to support your back. When sitting up you can hold your baby in different positions such as cradle, transition or underarm hold
- **Lying down** – lie in the centre of the bed with your baby laying in alignment with your body. Use pillows for support. You may need assistance with attachment of the baby to the breast initially. In hospital, cot rails may be used initially to ensure that the baby is safe. It is important to maintain an optimal position of comfort and safety for both you and baby throughout each feed.

## **How often to feed**

If your baby does not show interest in suckling during the first few hours after birth, uninterrupted skin-to-skin contact should be maintained. Position your baby between your breasts with baby wearing a light garment or nappy only. Make sure you are both covered with a blanket to keep warm but avoid getting too hot. The baby should be dressed and rewrapped before being put in the cot to sleep at the completion of the feeding session.

You should also try to avoid excessive handling of your baby except by you and your partner as over handling may lead to increased irritability. Be reassured that given time, your baby will feed when ready.

If the baby does not feed despite encouragement, your midwife may assist you to express your breasts and suggest an appropriate means to feed your baby the expressed breastmilk.

# Signs your baby is ready to feed

Be aware of early feeding cues which may include:

- mouthing/licking
- fist to mouth
- rooting reflex
- rapid eye movement indicating level of sleep

## EARLY CUES - "I'm Hungry"



Stirring



Mouth opening



Turning head  
Seeking / Rooting

## MID CUES - "I'm really Hungry"



Stretching



Increasing physical movement



Hand to mouth

## LATE CUES - "Calm me"



Crying



Agitated body movement



Colour turning red

## Time to calm crying baby

- Cuddling
- Skin to Skin on chest
- Talking
- Stroking



Reference:  
Queensland Government,  
Developed by Women's and  
Newborn Services, Royal Brisbane and  
Women's Hospital

Put your baby on the breast each time these cues are exhibited regardless of time since last feed. Unrestricted breastfeeding helps in the establishment of successful breastfeeding and prevents pathological breast engorgement. The number of feeds could range from 7-12 times in 24 hours and will vary according to your baby's needs and, depending on the amount of milk available at each feed.

## Duration/frequency of feeds

The length of time between each feed will also vary according to individual needs.

Sometimes your baby may feed frequently and then have periods when there is a long gap between feeds. This is when it is important to be aware of the feeding cues mentioned above. Duration of feeds varies from one baby to another so feeds should not be restricted in duration.

Allow your baby to suck at the first breast until the breast is light, soft and well drained.

After allowing your baby a break, offer the second breast. Observe for nutritive/non-nutritive feeding (i.e. is the baby sucking for food or comfort).

At each feed your baby will feed for a time that is appropriate for the transfer of milk from the breast.

The amount of milk produced is regulated by the amount of stimulation given to the breast and the amount of milk removed whilst feeding i.e. supply and demand.

Your baby should be offered a feed every 2-3 hours and/or when the baby wakes. Always feed the quiet alert baby after checking and changing his/her nappy. If the baby does not feed at the breast when offered you may express the breast milk which can be given to the baby by syringe, cup or bottle. If less than 10 mls the milk can be given by your midwife by syringe. Ask the midwife for guidance.

## Night feeds/ rooming in

Your baby needs maternal contact having been closely connected to you for the last nine months and separation may cause your baby to become unsettled. Rooming-in is recommended from birth and night feeds are encouraged as part of the baby's 24-hour total intake. Prolactin (necessary for milk production) is higher in its release in response to night feeds.

Rooming-in will allow you to get to know your baby and become accustomed to the baby's sleeping patterns making demand feeding easier.

The advantages of rooming-in and night feeds:

- Facilitate unrestricted breastfeeding therefore milk supply will become established earlier
- Promote bonding between mother and baby
- Allows you and your baby to have closer contact with other family members
- Enables you to recognise patterns of behaviour in your baby, including early feeding

cues allowing you to feed your baby before he/she becomes distressed

- Promotes quality sleep for you (as a result of the hormones released while breastfeeding)

Giving formula instead of breastfeeding your baby reduces stimulation of breasts and your milk supply will decrease.

Avoiding breastfeeding at night will initially lead to engorgement but then may lead to poor milk supply and suppression of lactation.

## Is your baby getting enough milk?

Breasts feel more comfortable after feeds than before Baby settled after most feeds After the first few days the number of wet nappies will increase to 6-8 in 24 hours. Bowel movements will increase after the milk 'comes in' and change from meconium (black stools) in the first few days to a yellow 'seeded' appearance

After an initial weight loss in the first few days the weight should steadily increase.

## Postnatal care of the breasts

- Always wash your hands prior to feeds to prevent potential infection however, there is no need to wash the nipples before feeds
- Avoid soap, alcohol based products or body creams on your breasts/nipples as these will not prevent nipple damage and in some cases may increase the risk of damage to the nipples
- Allow breast milk to dry on your nipples as it has natural antibacterial and healing properties
- Wear a comfortable, supportive bra when lactation is established. Ensure the bra is not too tight to prevent pressure on the milk ducts which may lead to mastitis (underwire bras are not recommended).
- Change nursing pads with feeds or as necessary if moist. Avoid plastic backed nursing pads. This will help to prevent bacteria from multiplying and minimise the risk of infection

- As much as possible remove your bra when breastfeeding as this will help with let-down

## Prevention of nipple damage

- Ensure correct attachment to the breast at each feed (see page 5)
- Detach your baby from the breast by placing your clean finger between your baby's gums in order to break the suction. Never "drag" your baby from the nipple
- Detach your baby from the breast immediately if not attached properly or, if you feel pain in the nipple then repeat the attachment process
- Try different feeding positions
- Observe the shape of the nipple after feeds. A sign that your baby is not attaching correctly is change in the shape of the nipple directly after baby comes off. This change can be subtle but if left unchecked will soon lead to nipple trauma

- Airing the nipples after feeds and allowing breast milk to dry on the nipples and/or applying a little pure lanolin may be beneficial. However, the best prevention for damaged nipples is correct attachment

If you are unsure, seek help from a midwife/nurse or Lactation consultant (LC) with all feeds until you feel confident.

## Some common problems

### Inverted or flat nipples

This can be a challenge for new mums however, your midwife/nurse will assist you with positioning and attachment until you feel confident.

- Try expressing prior to feeding to soften around the nipple or using the breast pump to draw the nipple out can help
- In difficult cases, your midwife/nurse may suggest using nipple shields but only after your milk has “come

in”. It is important to have follow up care with your child health nurse (CHN) or SJG Healthcare at Home if you are discharged using nipple shields

### Grazed, cracked or bleeding nipples

- If your nipples are grazed, cracked or bleeding you can continue to breastfeed ensuring positioning and attachment is correct
- If sucking is too painful your baby must be detached and reattached correctly
- Take simple analgesia as necessary
- Take care on removal of breast pads and bras adhered by dry milk
- Use purified lanolin to prevent sticking if necessary. Apply sparingly after each breastfeed to grazes or cracked area
- Apply enough purified lanolin to cover area affected, approximately the size of a match head amount per nipple

- Leave nipples exposed to air after each feed and allow remaining breast milk to dry on nipples
- Leave bra off between feeds when possible to allow breasts to leak. Sleep on a towel without a bra. Pinching pain during the feed is a sign of poor attachment
- Check for cause of trauma (ie sucking problem or position/attachment) with your midwife/nurse
- If you are experiencing a lot of pain, rest your nipples completely for 24- 48 hours (following the advice of midwife/lactation consultant) Hand express, or use electric or hand pump to express milk and feed expressed breast milk (EBM) to your baby. When recommencing breastfeeding, ensure that a midwife/lactation consultant supervises this feed to assess correct attachment
- A nipple shield should only be used for management of nipple pain or cracked nipples, following the recommendation of a midwife lactation consultant. It's a good idea to have

follow-up post discharge with the CHN/SJOG Healthcare at Home.

Note: Be reassured that blood in the breast milk will not harm baby. In worse cases check with your midwife or LC

## Nipple shield

- Indications for use:
  - Flat or inverted nipples when attachment is not achievable without a shield
  - Difficulty in attaching your baby to the breast within a reasonable time frame (ie. approx 15 minutes)
  - Unable to maintain adequate latch despite correct positioning and attachment (ie. your baby slips on and off the breast)
  - Feed a small or preterm infant
  - Breast refusal
- Review by a midwife/ lactation consultant is necessary whilst in hospital prior to recommending use of a nipple shield

- It is preferred that a nipple shield is used when Lactogenesis II has occurred (when your milk “comes in”) to ensure that your baby gets enough milk through the shield
- Ensure that the cut out part of the shield is placed in front of your baby’s nose
- If you are going home with a nipple shield, a follow-up appointment will be arranged for you with the child health clinic or SJG Healthcare at Home.

## Breast (Venous) engorgement

This can be quite common during the first days due to hormonal activity which causes swelling of the blood vessels, lactating glands and breast tissue.

- Underwire bras should not be worn. Bras should be comfortable and well-fitting or avoided at this time
- Cool flannels may be applied plus analgesia when required
- Application of warmth or hot showers directly on breasts should be avoided

- Allowing baby to feed frequently will help reduce congestion – ensure correct attachment as fullness of the breast may make this difficult

## Milk engorgement

This may occur as your milk “comes in” and is relieved by allowing baby to feed frequently.

- Remove your bra and ensure correct feeding position and attachment. Try to vary your feeding positions which will encourage good breast drainage
- Hand express a small amount of milk prior to attachment to soften the areola and allow for a good attachment
- Commence each feed with the alternate breast
- Allow your baby to feed from your first breast until feeding ceases before offering the second breast. Removal of your bra at the beginning of the feed will allow let-down to occur on second side
- Apply cold pack between feeds.



- Ensure unrestricted breastfeeding (ie. 7-12 feeds in 24 hours). Rooming-in 24 hours a day will help
- Avoid dummies and complementary feeds
- Observe for blocked ducts. If present, gently massage breasts towards the nipple while your baby feeds
- If after feeding the breast is still lumpy, full or red the midwife/nurse may suggest use of the electric breast pump to further soften the breast
- Analgesia may be required

## Mastitis prevention and management

Mastitis is an inflammatory condition of the breast that may or may not be accompanied by infection. Generally up to 20% of mothers develop mastitis in the first 6 weeks to 6 months after the birth. Sometimes there is no obvious cause however, predisposing factors can be tiredness, stress and skipping meals.

## Possible causes of mastitis

- Inadequate drainage of the breast as a result of:
  - Baby attaching incorrectly
  - Initial oversupply of milk
  - Missing a feed creating milk build up
  - Using a dummy rather than breastfeeding
  - Ineffective sucking
- Nipple damage
- Pressure on the breast due to tight bra or feeding technique

## Signs and symptoms of mastitis

Your breast may have a tender flushed area and may feel hot to touch. Flu like symptoms are common such as headache, general aches and pains and a temperature of more than 38.5°C.

## Prevention of mastitis

The best prevention is to ensure that your baby is correctly attached to the breast and fed regularly (see page 4) and in addition, pay particular attention to hygiene before breastfeeding your baby.

## Treatment of mastitis

- Continue to breastfeed and feed your baby from both breasts the affected breast first to ensure good milk removal
- If your baby is unable to feed from the breast, express milk by hand or breast pump to adequately remove milk from the breast
- If your baby does not take the second breast, express this side just enough so your breast is comfortable
- Apply a cool pack to the affected area of your breast after the feed
- It is important that you rest and take extra fluids. If required, take Paracetamol as per directions on packet
- If your breast does not improve within 12 hours, refer to your Obstetrician/GP as you may need antibiotics
- It is important not to wean baby from the breast at this time to ensure mastitis is resolved and to reduce the risk of a breast abscess
- Mastitis should improve within 24-48 hours however it is important that you complete your course of antibiotics (if prescribed) to prevent recurrence
- If experiencing repeat or persistent episodes of Mastitis a review by a Lactation Consultant is advised.

## Low milk supply

Most mothers have more than enough milk to breastfeed their babies.

If you have concerns about your milk supply, seek help from a health professional such as a child health nurse, lactation consultant or midwife, who can assess your feeding.

The following guidelines will help increase your milk supply:

- Ensure your baby is correctly

positioned and attached to encourage adequate drainage and stimulation of breast milk

- Breastfeed more frequently  
Babies may have up to 12 feeds per day which includes night feeding. Prolactin levels are highest at night so this is the best time to stimulate supply
- Let your baby finish the first breast in their own time before offering the second breast.  
At the end of the day when supply feels low, the first breast can be offered again at the end of the feed. The breast is constantly replacing milk and it is never completely drained
- Take your time with breastfeeds and don't rush yourself or your baby
- Ensure you feed baby 2-3 hourly
- Massage breasts gently while feeding
- Express breast milk following feeds and top up baby with expressed milk as required.
- Nutrition and rest are important. Take time to eat a balanced diet and make it a habit to have a glass of water with feeds to ensure you are taking enough fluids

- Rest when your baby is asleep and try to take the time to do some relaxation exercises, take a warm bath or read

## Oversupply

Sometimes initial milk supply is much more than baby requires and this may lead to engorgement and mastitis. It will take a few days to settle down.

- Feed your baby on first side until breast feels softer and lighter before offering the second breast. The second breast can be expressed just to assist attachment if required or to ease discomfort. Remember that over expressing can increase supply
- Ensure breasts are comfortable after feeding with no signs of inflammation. Milk supply will balance out to meet supply/demand

## Encouraging a good let-down (ejection reflex)

- Let-down varies from woman to woman including the time taken for it to occur
- Let-down can occur between 2-8 times per feed but most women are not aware of this occurring. However you will notice a change in the way baby sucks as let-down occurs or that you are able to express more effectively
- Ensure your baby is positioning and attaching in the correct way
- Whether you are feeding or expressing, a comfortable position in a private, stress free area will enhance let-down. If you are surrounded by visitors, embarrassed or in pain, you will find it difficult to let-down
- Warmth to the breast and gentle massage or stroking the chest prior to feeds may help
- Have a drink before you start and, if expressing away from your baby, place your baby's photo near you

## Thrush

Sometimes thrush may occur in your baby's mouth or on their buttocks which appears as white patchy areas on the tongue and gums or red rash on the buttocks. Refer to your midwife/GP if this occurs.

## Expressing breast milk

Some mothers may need to express breast milk at some time. Expression can either be done by hand or manual or electric pump. Assistance from a midwife/nurse will be given until you become proficient with the technique.

### Reasons for expressing include:

- Milk to store if your baby is sick or premature and unable to breastfeed
- If mother and baby are separated for any reason
- To relieve fullness from engorged breasts, blocked ducts or mastitis
- To increase milk supply

Optimal expressing should be carried out 6 to 8 times every 24 hours with an absolute minimum of 6 times (including expressing at night). If baby is preterm expressing should be carried out 8 times per 24 hours. Expressing should continue until milk flow is reduced to a few drops.

## Hand expression

Hand expression should be gentle to prevent damage to the breast tissue or skin or cause pain.

Before you begin you will need a clean container to collect the milk eg. a cup, jar, syringe, plastic container, or bowl. It helps if the container has a wide opening.

- You must wash your hands well before expression but there is no need to wash the breast
- Gently massage breast prior to commencing hand expression to stimulate let-down
- Place the container under the breast

- Hold the breast, placing the thumb and forefinger on the outer margins of the areola with the thumb at the top and the forefinger below. Press the thumb and forefinger back into the breast tissue towards the chest wall. Then, using a rolling action towards the nipple, press the thumb and forefinger together to express the milk. Continue in a rhythmic action
- The fingers should then be rotated around the areola when the flow dwindles
- Alternate each side frequently

## Breast pumps

Breast pumps are best used once your milk has “come in” and there is reasonable flow. Hand expression is recommended for the first 24-48 hours and then a breast pump may be used if expression of breast milk is still required.

- Wash hands carefully before use
- “Let-down” may be stimulated by warmth, massage and hand expression before applying pump

- First check that the breast kit flange is the correct size for optimal fit – different sizes are available
- Place the flange of the breast kit centrally over the nipple, press firmly to form a seal. The breast is then pumped rhythmically. The pull should be strong enough to obtain milk, but not be uncomfortable
- Suction should not cause pain or nipple damage
- Your midwife will show you how to start expressing and how to use the electric pumps
- The pumping cycle will automatically alter after a few minutes to assist with let-down. If you experience early let-down you can press the let-down button (droplet picture) to alter the pattern manually
- Double pumping (pumping both sides at the same time) is advised for mothers of preterm babies or mothers with a low supply. Ask your midwife for 2 kits per day
- Milk flow may be slow to start but when let-down occurs,

the milk often squirts out and the mother can hold the pump in place till the flow subsides

- Alternate breasts if supply is low
- Double pumping and the ‘initiate’ program is available for mothers of preterm babies or mothers with a low supply – just ask your midwife or LC.

## Cleaning and storage of feeding equipment

### In hospital

If you wish to hand express while you are in hospital, you will be provided with a clean container OR SYRINGE for the purpose of milk collection.

When expressing with an electric pump you will be provided a clean disposable 24 hr kit. Your midwife will assist in obtaining the correct fit for you and replace the kit on your request after 24 hours has passed

If you are expressing on discharge you can arrange to hire or purchase a pump and kit for home

- Nipple shields stored in container in room
- Dummies are not encouraged or supplied by St John of God Hospital Murdoch.
- In hospital, expressing equipment should be cleaned and used for 24hrs as follows:
  - rinsed in cold water
  - washed in warm soapy water
  - rinsed in hot water
  - stored dry in suitable container
  - Bottles should be returned to the Nursery for sterilising
  - Clean bottles are collected from the milk room.
  - Dummies to be kept in a container in the room or on baby's cot.

## At home

At home feeding/expressing equipment should be:

- rinsed in cold water
- washed in warm soapy water
- rinsed in hot water
- stored dry in suitable container

## Storage and transport of breast milk

- Expressed breast milk should be stored in a clean container. Label all containers with the date and time of expression
- If adding to already frozen or chilled breast milk cool expressed breast milk in the refrigerator first
- Expressed breast milk must be maintained chilled or frozen, in a closed container
- For storage times see Table 1 on page 24
- If breast milk needs to be transported, use an insulated container with ice packs

**Table 1.**  
**Storage of breast milk at home**

Breastmilk	Room temperature	Refridgerator	Freezer
Freshly expressed into closed container.	6-8 hours (26 °C or lower).  If refrigeration is available store milk there.	3-5 days (4 °C or lower).  Store in back of refrigerator where it is coldest.	2 weeks in freezer compartment inside refrigerator.  3 months in freezer section of refrigerator with separate door.  6-12 months in deep freeze (-18 °C or lower).
Previously frozen  - thawed in refrigerator but not warmed.	4 hours or less (ie. the next feeding).	Store in refrigerator 24 hours.	Do not refreeze.
Thawed outside refrigerator in warm water.	For completion of feeding.	Hold for 4 hours or until next feeding.	Do not refreeze.
Infant has begun feeding.	Only for completion of feeding then discard.	Discard.	Discard.
NHMRC Guidelines 2012			



## Thawing and warming of breast milk

- Breast milk may be defrosted by standing in refrigerator compartment or under running warm water
- Thawed breast milk can be stored for in a refrigerator for 24 hours only
- Do not defrost breast milk by placing in hot water
- Do not microwave, as the heat is uneven and may result in some of the milk being hotter. It may also destroy some of the beneficial properties of breast milk
- Never re-freeze thawed expressed breast milk
- If infant has begun feeding, only hold for completion of feed then discard

## Multiple births

- Most women will have an adequate supply of milk to enable them to successfully breast feed twins. In some instances, triplets have also been successfully breast fed

- Extra assistance and assurance will be provided by a midwife/nurse or lactation consultant
- You may choose to feed both babies simultaneously or feed each individually. The latter being more time consuming. Initially it may be advisable to feed individually to encourage establishment of positioning and attachment skills before twin feeding
- Each baby should take a full feed from one breast
- If both babies suck with equal vigour they could have the same breast each feed. If one is weaker it may be beneficial to alternate breasts each feed
- If feeding both babies simultaneously, the most common position for feeding is the “twin” position. The babies are held horizontally, supported by pillows, with their bodies tucked under the mother’s arms, facing backwards. The mother should be encouraged to experiment with different positions to find the most comfortable. You will need plenty of rest and a well-balanced diet to maintain an adequate milk supply

- Contact with a multiple birth association is often helpful when you go home

## Breast surgery

Women who have undergone breast surgery may still be able to successfully breast feed.

- Women who have had silicone implants or reduction mammoplasty

may be able to successfully breastfeed if the nerve supply to the nipple and the ductal system has been left intact. If the nipple has been resited, breast feeding may not be possible

- Women who have had unilateral mastectomy may be able to successfully breast feed provided that the remaining breast is functionally normal

**Please ask for assistance from your midwife/nurse or Lactation consultant.**

## Resources

### (available after discharge from hospital)

SJG Healthcare at Home - Lactation Consultants available up to 14 days post birth, can self-refer on 1300 475 442

Murdoch Mums – Postnatal mums group at Melville Recreation Centre facilitated by lactation consultant, ask your midwife for dates.

Parent Education Lactation Consultant email  
MU.parenteducation@sjog.org.au

Podcast – Breastfeeding by Jodi Albuquerque

Australian Breastfeeding Association, Tel: 1800 686 2686

Community Health Nurse (in your local area)

Ngala, Parenting help 7 days 8.30am – 9 pm, Tel: 9368 9368

Private Lactation Consultant, details available in yellow pages under ‘breastfeeding’, or visit the Western Australian College of Lactation Consultants at [www.lactation.west.org.au](http://www.lactation.west.org.au)

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## About St John of God Health Care

St John of God West Murdoch Hospital is a division of St John of God Health Care, a leading Catholic not-for-profit health care group, serving communities with hospitals, home nursing and social outreach services throughout Australia, New Zealand, and the wider Asia-Pacific region.

We strive to serve the common good by providing holistic, ethical and person-centred care and support. We aim to go beyond quality care to provide an experience for people that honours their dignity, is compassionate and affirming, and leaves them with a reason to hope.

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