Breastfeeding guidelines

Where mums-to-be choose to be for exceptional care

Hospitality | Compassion | Respect | Justice | Excellence

ST JOHN OF GOD
Subiaco Hospital

Contents

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 is learned by both the 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 Subiaco Hospital has developed guidelines for all midwives / nurses to achieve consistency in 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 the United Nations International Children's Emergency Fund (UNICEF) and the World Health Organization (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" (Sourced https://data.unicef.org/resources/breastfeeding-a-mothers-gift-for-every-child/).

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 various options 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.

Breastfeeding can take up to six weeks to establish and some mothers have more difficulty, or take longer to get it right, than others. Perseverance is especially important during the 'full breast' period around day three when the breasts become firm, which may make attachment of the baby to the breast difficult. At around this time you may also experience the 'blues' due to hormonal changes and sleep disturbance. Your baby may become unsettled while waiting for your milk to come in and again when adjusting to the change from colostrum to milk. This can last 24 - 48 hours, so don't hesitate to ask your midwife / nurse for assistance at any time.

Breastfeeding is a challenging learned skill which takes time to practice. Utilise the resources available to develop this skill with your baby. St John of God Subiaco Hospital has a comprehensive program to assist you in this journey including Lactation Consultants and post discharge groups.

We acknowledge that every woman's breastfeeding journey is individual and whilst we support and encourage breastfeeding, we also provide services to support mothers who are unable or choose not to breastfeed.

1. Benefits of breastfeeding

For you

- Breastfeeding hormones will help you relax and give you a feeling of wellbeing
- More efficient uterine involution, therefore reduced risk of bleeding
- Reduced risk of osteoporosis and bone fractures
- Reduced risk of developing breast, endometrial and/or ovarian cancers, particularly in premenopausal women
- Reduced risk of developing type 2 diabetes in women who have gestational diabetes during pregnancy
- Assists return to pre pregnancy body weight
- Exclusive breastfeeding is well documented to have health benefits which result in reduced medical expenses to both the family and society.

For your baby

- Breast milk is formulated for the baby at a time when there is rapid growth and development and when many body systems within the body are immature
- Breast milk is easily digested and there is less waste and less abdominal discomfort
- Breastfeeding has been shown to reduce the risk of:
  - Reflux
  - Pyloric stenosis
  - Gastro-intestinal illnesses
  - Respiratory illnesses
  - Otitis Media (Ear infection)
  - Sudden Infant Death Syndrome (SIDS)
  - Necrotising enterocolitis in preterm babies
  - Atopic disease (Eczema)
  - Asthma
  - Some childhood cancers
  - Type 1 and type 2 Diabetes
  - Coeliac disease
  - Inflammatory bowel disease
  - Cardiovascular heart disease including high blood pressure later in life
  - Obesity in childhood and later in life
- Regular skin to skin contact and close interaction during breastfeeds encourages mutual responsiveness and feeding attachment.

Formula

Giving formula instead of breastfeeding your baby reduces the stimulation of your breasts and your milk supply may decrease. If you don't breastfeed at night this will initially lead to engorgement and then may lead to a low milk supply and ultimately, suppression of lactation. If you wish to breastfeed it is not advisable to give your baby formula unless there is a medical reason.

If you request us to give a formula feed to your baby, you will be required to complete a consent form.

2. Ten steps to successful breastfeeding (WHO)

The World Health Organization (WHO 2018) recommends that every facility providing maternity services and care for newborn babies should support mothers to breastfeed by:

1. Hospitals policies
   - not promoting infant formula, bottles or teats
   - making breastfeeding care standard practice
   - keeping track of support for breastfeeding
2. Staff competency
   - training staff on support mothers to breastfeed
   - assessing health workers' knowledge and skills
3. Antenatal care
   - discussing the importance of breastfeeding for babies and mothers
   - preparing women in how to feed their baby
4. Care right after birth
   - encouraging skin-to-skin contact between mother and baby soon after birth
   - helping mothers to put their baby to the breast right away
5. Support mothers with breastfeeding
   - checking positioning, attachment and suckling
   - giving practical breastfeeding support
   - helping mothers with common breastfeeding problems
6. Supplementing
   - giving only breast milk unless there are medical reasons
   - prioritising donor human milk when a supplement is needed
   - helping mothers who want formula feed to do so safely
7. Rooming-in
   - letting mothers and babies stay together day and night
8. Responsive feeding
   - helping mothers know when their baby is hungry
   - not limiting breastfeeding times
9. Bottles, teats and pacifiers
   - counsel mothers on the use and risks of feeding bottles, teats and pacifiers
10. Discharge
    - referring mothers to community resources for breastfeeding support
    - working with communities to improve breastfeeding support services

3. Rooming-in

Your baby needs maternal contact, having been closely connected to you for the last nine months. Separation from you may cause your baby to become unsettled. Whilst in hospital, continuous rooming-in (having your baby in close proximity in your room at all times) is recommended from birth. Sometimes there is a medical reason that requires your baby to be separated from you.

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

The advantages of rooming-in include:

- Helps promote quality sleep for you (as a result of the hormones released while breastfeeding)
- Ensures there is increased security for your baby
- Increases your confidence with mothercrafting
- Reduces the risk of infection
- Babies breastfeed more often, which helps milk come in sooner.

4. How breastfeeding works

The breast consists of: milk glands, ducts, fatty tissue, chest muscles, areola and nipple. Ducts lead to multiple openings in the nipple. Montgomery's glands lubricate the areola and nipple.

Functions:

- Alveoli - produce milk and are surrounded by myoepithelial cells
- Ducts - transport milk to the nipple.

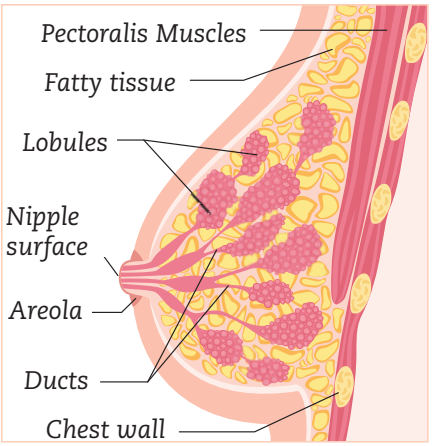
Please note: the size of the breast is not related to the ability to breastfeed.

Following the birth of your baby and delivery of the placenta, a change in hormone levels causes an increase in prolactin necessary for milk production.

Stimulation of the nipple and areola region by your baby suckling causes the posterior pituitary region of the brain to release oxytocin necessary for milk ejection and the let-down reflex. You will find that milk production changes according to your baby's needs. As your baby feeds more, the more milk you will produce.

Information about Colostrum

- Colostrum is thick and yellow and is nutrient dense and full of protein
- It builds your baby's immune system and gut health, and fights infections
- Colostrum is perfectly tailored for your baby.



Encouraging a let-down (milk ejection reflex)

- When a baby sucks at its mother's breast, the hormones oxytocin and prolactin are released. This aids in the production and the release of the mother's breast milk. This is known as let-down
- Some mothers describe the let-down as a tingling feeling in the breasts or may notice milk dripping from the other breast
- You may also feel uterine cramping during the early days
- Let-down can occur between 2-8 times per feed but most women are not aware of this occurring. However you may notice a change in the way your baby sucks as let-down occurs or that you are able to express more effectively
- It is important to ensure your baby is positioned and attached correctly

- Whether you are feeding or expressing, a comfortable position in a stress free area will enhance the let-down. If you are surrounded by visitors, embarrassed or in pain, you will find it difficult to achieve a let-down.
- Gentle massage or stroking the chest prior to feeds or expressing may help
- Some mothers find that placing a photo of their baby where they can see it is helpful if they are separated from their baby
- You may find that you become thirsty whilst expressing so it is recommended that you have a drink nearby.

5. The first feed

How do I start?

In the first hour following the birth, babies are often alert and may display early feeding cues such as: being awake, alert and actively sucking their hands or mouthing (called the rooting reflex). Early contact between mother and baby has beneficial effects on breastfeeding. We encourage continuous skin-to-skin contact during this time and many babies
will breastfeed within 30 minutes of birth. Usually, this will be while you are still in either Birth suite or Operating suite.

A midwife / nurse will be present throughout the first feed to provide education on correct positioning and attachment, as well as reassurance and encouragement.

Allow your baby to suck at the first breast until the breast feels light and soft or your baby is doing non-nutritive sucking

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

This first feed is special and can take time, so allow up to an hour.

However, some babies can be temporarily mucosy and so may not be interested in feeding for several hours.

Baby Feeding Cues (signs)

EARLY CUES - "I'm hungry"

MID CUES - "I'm really hungry"

LATE CUES - "Calm me, then feed me"

Time to calm a crying baby

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

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

6. Encouraging your baby to feed

If your baby does not show interest in suckling during the first few hours after birth, maintaining skin-to-skin contact is often helpful. Position your baby between your breasts with your baby wearing a nappy only. Make sure you are both covered with a blanket to keep warm but avoid getting overheated.

Be reassured that given time, your baby will feed when ready.

If your baby demonstrates feeding cues but is still not interested in breast feeding, your midwife will assist you to hand express and the expressed colostrum can be fed to your baby.

Frequency of feeds

Offer your baby the breast each time feeding cues are exhibited, regardless of the time since last feed. Unrestricted breastfeeding on demand helps in the establishment of successful breastfeeding and prevents 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 the amount of milk available at each feed.

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 longer break between feeds. This is when it is important to be aware of the feeding cues as mentioned previously.

Try to follow baby's cues for hunger rather than watching the clock. However, some babies are sleepy and may need encouragement to feed in order to ensure healthy weight gain. Premature babies may need extra top-ups after breastfeeds to assist their feeding and growth.

Duration of feeds

Duration of feeds varies from one baby to another so the duration (time that your baby sucks at the breast) should not be restricted.

At each feed your baby will take approximately equivalent amounts of milk but after varying periods of time (due to both sucking strength and your let-down reflex). 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 whilst feeding i.e. supply and demand. Reducing sucking time will thus lead to decreased milk production or engorgement.

If your baby will not breastfeed it may be necessary to offer alternative methods of feeding your baby such as expressing and offering your breast milk.

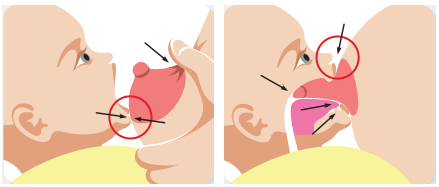
Is your baby getting enough milk?

You will be able to tell if your baby is getting enough milk by:

- The difference in size and engorgement of your breasts before and after feeds
- The number of wet nappies (minimum of six in 24 hours)
- Your baby's bowel movements will change from meconium (black stool), transitioning to a yellow paste usually 3 per 24 hrs as a minimum
- Your baby is settled between feeds
- After the initial weight loss in the first few days of life, weight should steadily increase.

7. Correct positioning and attachment

- Baby is ready to feed
- Baby is unwrapped and is positioned facing you, chest-to-chest
- The chin should be forward and buried into your chest
- Baby opens mouth widely and the lower lip pouts outwards
- Baby takes in a good mouthful of nipple, areola and in the case of small areolas, some breast tissue
- Baby will display a short period of short rapid sucks followed by long drawing sucks involving the whole jaw
- Swallowing may be audible
- The nipple will maintain a normal rounded appearance after the feed
- Baby will be satisfied after adequate suckling
- Baby will produce plenty of wet nappies
- Breastfeeding will be comfortable and not painful.



Optimal Attachment
Baby draws nipple and breast tissue back to the soft palate. Tongue is forward over gums, lower lip rolled out, chin against breast. Jaws are positioned well over the lactiferous sinuses and can compress them effectively.

8. Signs of incorrect attachment

May include:

- Nipple pain
- Change in shape of the nipple once baby is detached
- Dimpling of baby's cheeks
- Clicking and slurping sounds
- Milk spilling from around the baby's mouth while feeding – this can be normal
- Baby falling asleep before the feed is complete due to lack of interest or energy
- Prolonged or very frequent feeding
- Weight gain will be inadequate and the baby may even lose weight (note: it is normal to lose weight in the first 1-3 days after birth) but after the first week baby should gain approximately 200g per week
- Urine output may be reduced with fewer than 6 to 8 wet nappies and reduced bowel motions per 24 hours.

9. Common positions for breastfeeding

You can vary the position you choose to breastfeed in, according to your own comfort. Some mothers will find that lying on their side skin-to-skin with their baby positioned between their breasts may facilitate the baby to self-attach to the breast.

You may however like to experiment to see which position suits you best as holding your baby in different positions allows emptying of all ducts around the breast. Whichever 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.

Cradle hold

Underarm (rugby) hold

Side-lying hold

Laid-back breastfeeding

The most common positions are:

- **Sitting up –** use a chair of appropriate height with a straight back and arms (for support), use a foot stool 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 under arm hold (see image for examples)
- **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. This is a favourite position for women who have had a caesarean section.

In hospital, cot rails may be used initially to ensure that your baby is safe. It is important to maintain an optimal position of comfort and safety for both you and your baby during each feed.

If you feed your baby lying down be careful that you do not fall asleep, as this can be dangerous for your baby. It is not recommended to co-sleep with your baby in the bed.

10. Care of the breasts and nipples

Your breasts will change rapidly during the first few days after birth. You will notice your breasts becoming more heavy and firmer, sometimes even quite hard and lumpy.

Engorgement may occur as your milk "comes in" and is relieved by allowing baby to feed frequently.

- Always wash your hands prior to feeds to prevent potential infection. There is no need to wash your nipples before feeds
- Avoid soap, alcohol based products or creams on your breasts / nipples as these 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 between feeds 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 minimize the risk of infection
- Remove your bra when breastfeeding as this will help with let-down.

Prevention of nipple damage

- Correct attachment of your baby to your breast at each feed will help prevent nipple damage
- Detach your baby from the breast immediately if not attached correctly or, if you feel pain in the nipple, then repeat the attachment process
- Detach your baby from the breast by placing your clean finger between your baby's gums in order to break the suction. Never "pull" your baby from the nipple
- 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 your baby "comes off" the breast. This change can be subtle but if left unchecked will soon lead to nipple trauma
- Air your nipples after feeds and allow your breast milk to dry on your nipples
- Ask for assistance when needed.

11. Some common problems

Breastfeeding is a learned skill, it doesn't just happen. Both the mother and baby need to learn the skill of breastfeeding and adjust to the new relationship. It takes time, patience and practice and for this reason, it may take 6-8 weeks to establish.

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 gain confidence.

- Try hand expressing prior to feeding to soften around the nipple, or using the breast pump to draw the nipple out can help with attachment
- In some situations, your midwife / nurse may suggest using a nipple shield. It is important to have a follow-up review from a Lactation Consultant or your Community Health Nurse if you are discharged using a nipple shield.

Grazed, cracked or bleeding nipples

If your nipples do become grazed, cracked or start bleeding, seek advice and assistance from your midwife, lactation consultant or community health nurse. Your feeding positioning and attachment may need adjusting.

- If sucking is too painful, you need to detach your baby from your breast and reattach them correctly
- Take care with removal of breast pads and bras adhered by dry milk
- Use purified lanolin to prevent sticking if necessary. Apply sparingly to any grazes or cracked areas on your nipples and/or areolar areas after each breastfeed
- Leave your nipples exposed to air after each feed and allow remaining breast milk to dry on your nipples
- Leave your bra off between feeds when possible to allow breasts to leak. Sleep on a towel to absorb any leakage
- If you are experiencing a lot of pain, rest your nipples completely for 24-48 hours (following the advice of midwife / lactation consultant). During this time, use an electric pump to express milk and feed the expressed breast milk (EBM) to your baby. Continue to express 3-4 hourly for 24 hours to rest the nipples and to allow healing. When recommencing breastfeeding, ensure that a midwife / lactation consultant supervises this feed to assess positioning and correct attachment
- A nipple shield should only be used for management of nipple pain or cracked nipples following a review and recommendation of a midwife / lactation consultant. Post discharge follow-up is advised (available resources include SJGSH Breast Feeding Support Service and St John of God Healthcare at Home).

Note: *Blood in the breast milk in small amounts will not harm baby. If your baby is vomiting however it is recommended that you seek medical advice.*

Nipple shield use

Indications for use:

- Flat or inverted nipples when attachment is not achievable without a shield
- Unable to maintain adequate latch despite correct positioning and attachment (i.e. your baby slips on and off the breast). Preterm babies may experience this issue and using a nipple shield is often helpful

If you are advised to use a shield whilst in hospital, follow-up with a lactation consultant is essential.

It is not recommended that a nipple shield is used until your milk has "come 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. Ask the staff to explain if this information is not clear.

Care of a nipple shield

The nipple shield must be cleaned after each use and stored in an air tight container between feeds. The shield is to be rinsed in cold water, then washed in warm soapy water and then rinsed in hot water. Allow to dry at room temperature before placing in storage container.

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 compresses may be applied and simple pain relief medication may be helpful
- Avoid heat such as hot showers or hot compresses
- Allowing baby to feed frequently will help reduce congestion. Ensure correct attachment as fullness of the breast may make attachment of your baby to your breast difficult. Ask staff for assistance if having difficulty attaching baby to the breast

Milk engorgement

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

- Remove your bra and ensure correct feeding position to help attachment. Try to vary your feeding position which will encourage adequate breast softening
- Hand express a small amount of milk prior to attachment to soften the areola and allow for good attachment
- Commence each feed with the alternate breast
- Removal of your bra at the beginning of the feed will assist let-down to occur on the second side
- Allow your baby to feed from your first breast until non-nutritive sucking is noted or feeding ceases before offering the second breast.
- Apply cool compresses between feeds
- Ensure unrestricted breastfeeding (i.e. 7-12 feeds in 24 hours).

- Rooming-in 24 hours a day will help with unrestricted breastfeeding
- Avoid dummies and formula feeds
- Gentle massaging of your breasts towards the nipple while your baby feeds may reduce the engorgement
- If after feeding, your breast still feels lumpy, full or appears red, ask the midwife to review
- Mild pain relief like paracetamol or ultrasound may be required.

Mastitis – prevention and management

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

Possible causes of mastitis

- Inadequate drainage of the breast as a result of:
  - Baby attaching incorrectly
  - Initial over-supply of milk
  - Missing a feed creating milk build-up
  - Using a dummy rather than breastfeeding
  - Ineffective sucking
  - Nipple damage
- Pressure on the breast such as wearing a tight bra or using an incorrect sized expressing kit
- Blocked milk duct.

Signs and symptoms of mastitis

Your breast may have a tender 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 your breast (see section 8) feeding frequently and not missing feeds.

Treatment of mastitis

- Apply a cool compress to the affected area of your breast before and after the feed
- Continue to breastfeed and feed your baby from the affected breast first to ensure effective 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 so that your breast is comfortable
- It is important that you rest and take extra fluids. If required, taking simple analgesia like paracetamol as per the instructions on the packet may help
- If your symptoms do not improve within 12 hours, review by your Obstetrician / GP is advised
- It is important not to wean your baby from the breast at this time to ensure the mastitis resolves and to reduce the risk of a breast abscess occurring

- If experiencing persistent or repeat episodes of mastitis, a review by a Lactation Consultant is advised
- It is still safe to breastfeed your baby.

Under 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 your Obstetrician, a community health nurse, lactation consultant or midwife, who can assess your breastfeeding.

The following guidelines will help increase your milk supply:

- Ensure your baby is correctly positioned and attached to encourage adequate removal of milk and stimulation of breast milk
- Breastfeed more frequently. This may satisfy your baby and also assist to increase your milk supply. It is helpful to express after a breast feed to further stimulate your supply
- 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 your breast milk 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 emptied
- Take your time with breastfeeds and don't rush yourself or your baby
- Gentle massage and compression of your breast while feeding may help
- 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 yourself.

Over supply

Sometimes a mother's initial milk supply is much more than their baby requires and this may lead to engorgement and mastitis.

- Feed your baby on the first side until your breast feels softer and lighter before offering the second breast
- The second breast can be expressed to assist attachment if required or to ease discomfort. Remember that excessive expressing can overstimulate your supply
- Ensure your breasts are comfortable after feeding and that they have no signs of inflammation. Your milk supply will eventually balance to meet your baby's supply and demand for feeds.

12. Expressing breast milk

Some mothers may need to express their breast milk either for a single feed or for a period of time. Breast milk expression can either be done by hand or electric pump. In hospital, assistance from a midwife / nurse will be given until you become proficient with the technique. After discharge from hospital, assistance can be obtained from your Community Health Nurse or a Lactation Consultant.

Reasons for expressing include:

- Milk to store / give to your baby if they are sick, preterm or unable to breastfeed
- If mother and baby are separated for any reason
- To relieve fullness from engorged breasts, blocked ducts or mastitis
- To stimulate the milk supply

Optimal expressing should be carried out eight to ten times every 24 hours with an absolute minimum of eight times (including expressing at night).

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 e.g. cup, jar, plastic container, or bowl. It helps if the container has a wide opening.

- Wash your hands before expression and dry thoroughly
- Gently massage breast prior to commencing hand expression to stimulate let-down
- Place the container under the breast
- Hold the breast, placing your 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 the 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 vacuum should be strong enough to obtain milk, but not feel uncomfortable
- Suction should not cause pain or nipple damage
- 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 (Program Standard 2.0) Other pumps may operate differently, check your user guide.
- Double pumping (pumping both breasts at the same time) is advised for mothers of preterm babies or mothers with a low supply. Ask your midwife for two kits each day whilst in hospital
- Electric breast pumps are available for hire after discharge
- You will need to use the initiate and the maintenance options initially until you are able to express three lots of twenty mls. After this, only use the maintenance option.

Your midwife will show you how to start expressing and also how to use the electric breast pump.

- If expressing for pre-term or for extended periods, a hospital grade electric pump with in-built pre-term sucking patterns is recommended.
- It is also recommended that you double pump.
- If very occasionally needing to express, hand expressing, a hand pump or another electric pump may be suitable.

13. 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 sterile container for the purpose.

When expressing with an electric pump a sterile kit is provided. This kit is a 24 hour only or eight expressions disposable kit. Your midwife will advise you of the size of kit that you require as she will assess your breasts and nipples daily whilst in hospital. The size may vary with engorgement.

Dummies are not encouraged by St John of God Subiaco Hospital. In the Neonatal Unit they may be required however where possible, the staff will discuss and seek consent prior to using a dummy.

In hospital, equipment such as nipple shields, breast kits and dummies should be cleaned and kept in your room as follows:

- Rinse in cold water
- Wash in warm soapy water
- Rinse in hot water
- Store dry in a suitable container
- Electric breast pump kits should be stored in a zip lock bag (provided).

At home

At home feeding / expressing equipment should be:

- Rinsed in cold water
- Washed in warm soapy water using a bottle brush
- Rinsed in hot water
- Stored dry in a clean container with a well-fitting lid.

Transporting breast milk

- Transport breast milk in an insulated container - an Esky with a freezer block If some milk has thawed it should be used within 4 hours - do not refreeze
- Place the labelled milk in the refrigerator (or in the freezer if it is still frozen) immediately upon arrival.

(Downloaded from NHMRC Infant Feeding Guidelines 2012)

Storage and transport of breast milk

- Expressed breast milk should be stored in a clean container (sterile infant feeding bottles are used for this purpose whilst in hospital)
- Label all bottles or milk bags with the date and time of expression. Whilst in hospital, all expressed breast milk must be labelled with your patient identification label and also a pink “attention expressed breast milk” label
- For pre-term babies, order the milk collection by number to ensure first expressed is used first
- 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

Warming of breast milk

Breast milk should be removed from the refrigerator and allowed to come to room temperature prior to feeding.

Warm in a bottle warmer designated for the purpose. Check temperature of milk before feeding to the baby.

Do not warm milk in a microwave as this may cause ”hot spots” within the milk which may result in injury to the baby.

Table 1. Storage of breast milk at home

Breast milk	Room temperature (26°C or lower)	Refrigerator (5°C or lower)	Freezer
Freshly expressed into sterile container	6 – 8 hours If refrigeration is available store milk there	No more than 72 hours Store at back, where it is coldest	2 weeks in freezer compartment inside refrigerator (-15°C) 3 months in freezer section of refrigerator with separate door (-18°C) 6-12 months in deep freeze (-20°C)
Previously frozen (thawed)	4 hours or less – that is, the next feeding	24 hours	Do not refreeze
Thawed outside refrigerator in warm water	For completion of feeding	4 hours or until next feeding	Do not refreeze
Baby has begun feeding	Only for completion of feeding Discard after feed	Discard	Discard

14. Multiple births

Most women will have an adequate supply of milk to enable them to successfully breastfeed twins. In some instances, triplets have also been successfully breastfed.

- Once babies are feeding well, you may choose to feed both babies simultaneously or feed each individually
- Each baby should take a full feed from one breast then alternate the breast offered to each baby next feed, in case one breast has better flow and let down
- 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. You should experiment with different positions to find the most comfortable for you and your babies.

15. Breast surgery

Australian Breastfeeding Association states women who have undergone breast surgery may still be able to successfully breastfeed.

- Women who have had breast 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
- Women who have had a mastectomy on one side may be able to successfully breastfeed provided that the remaining breast is functionally normal.

16. Resources

(available after discharge from hospital)

SJG Subiaco Hospital - Breastfeeing Support Services

Breastfeeding Clinic
P: (08) 9382 6078

Leave a message, calls over the weekend are returned on Monday

Parent Education
P: (08) 9382 6708

- Early Weeks
- Open House

Other

Australian Breastfeeding Association

P: 1800 686 268

Community Health Nurse in your local area

Ngala, parenting help, 7 days 8.30am – 9pm

P: (08) 9368 9368

Other resources can be found in your baby's purple health book

17. References

National Health and Medical Research Council (2013). Infant feeding guidelines for health workers.

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Operational Circular (2012). Reprocessing of infant feeding equipment in healthcare facilities. Department of Health, Government of Western Australia.

World Health Organization / UNICEF (2018), Ten Steps to Successful Breastfeeding. The special role of Maternity Services

St John of God Healthcare Group Policy GMP011 Version 2 Oct 2019: Breastfeeding

Notes

About St John of God Health Care

St John of God Subiaco 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.

12 Salvado Road, Subiaco WA 6008
T. (08) 9382 6111 **F.** (08) 9381 7180 **E.** info.subiaco@sjog.org.au
facebook.com/stjohnofgodsubiacohospital

www.sjog.org.au/subiaco
www.sjog.org.au/subiacomaternity

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