



The Maryland Department of Health and Mental Hygiene Hospital Breastfeeding Policy Maternity Staff Training Program

If the Baby Cannot Feed at the Breast
Session 12




Larry K. Hogan, Governor
Doyl R. Robertson, Lt. Governor
Van T. Malick, Secretary, DHMH



UNIVERSITY OF MARYLAND
UPPER CHESAPEAKE MEDICAL CENTER
MEMBER OF UPPER CHESAPEAKE HEALTH

Objectives

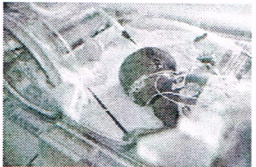
- › Identify acceptable medical reasons for supplement
- › List two indications for milk expression
- › Identify at least two milk expression methods
- › List at least two alternative feeding methods which can be used to support breastfeeding



Source: United States Breastfeeding Committee

Medical Reasons for Breast Milk Expression


- › Premature or sick infant
- › Maternal illness
- › Inadequate milk production
 - Insufficient glandular tissue
 - Breast surgery



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Indications for Breast Milk Expression

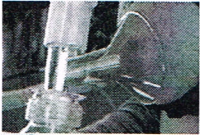

- › Establish and maintain milk supply when mother and baby are separated
- › Maintain milk supply when returning to work or school
- › Mother's request for occasional separation



Source: United States Breastfeeding Committee

Methods of Breast Milk Expression


- › Hand expression
- › Breast pumps
 - Hospital-grade electric
 - Personal-use electric
 - Battery operated
 - Manual pump

Source: B. Wilson-Clay/K. Hoover
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Hand Expression is Important

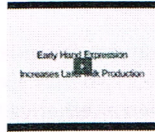
- › Allows for supplementation with mother's own milk, even if no pump is available
- › Reinforces to mother that every drop is valuable
- › Helpful to entice a baby to latch



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Hand Expression

VIDEO:



Early Hand Expression Increases Later Milk Production
Jane Morton, MD

Teaching Hand Expression

1. Gently massage both breasts
2. Place hand with thumb and index finger on opposite sides of the outer edge of the areola
3. Press hand toward chest
4. Compress thumb and index finger
5. Rotate along circumference of areola
6. Collect any expressed milk
7. Repeat on other breast

Using a Breast Pump

- › Provide equipment
- › Provide clear instruction
- › Encourage skin-to-skin
- › Provide a pumping log
- › Minimum 8 sessions in 24 hours
- › Include massage and hand expression
- › Collect every drop



Source: United States Breastfeeding Committee

Cleanliness Concerns

- › Hand washing
- › Personal collection kit – wash with hot soapy water after each use
- › Breast cleansing, beyond normal hygiene, is unnecessary
- › Gloves unnecessary



Source: United States Breastfeeding Committee

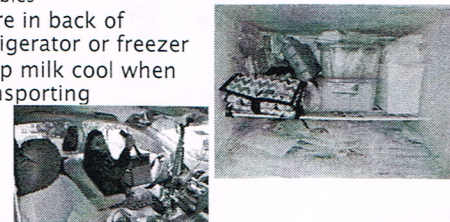
Storage Guidelines

Storage Temperature	Term Infant (fresh expressed)	Preterm Infant (fresh expressed)	Fortified Human Milk
Room temperature 16-29 C/ 60-85 F	3-4 hours optimal 6-8 hours clean conditions	3-4 hours	Refrigerate immediately and given as soon as possible once fortifier has been added
Refrigerator 4 C/39 F	72 hours optimal (3 days) 5-8 days clean conditions	2-3 days	≤24 hours
Previously Frozen and completely defrosted	≤ 24 hours not warmed 4 hours room temperature	≤24 hours not warmed 4 hours room temperature	≤24 hours
Freezer -17 C/ 0 F	6 months optimal 12 months acceptable	4 weeks ideal 3 months optimal 12 months acceptable	Not recommended to freeze milk once fortifier is added

Best Practice for Expressing, Storing and Handling Human Milk in Hospitals, Homes, and Child Care Settings.
© HMBANA, 3rd Edition 2011

Handling Human Milk

- › Freeze in small quantities
 - 2-4 ounces
 - Smaller amounts for premature babies
- › Store in back of refrigerator or freezer
- › Keep milk cool when transporting



Source: United States Breastfeeding Committee

Thawing and Warming Breast Milk

- › Frozen breast milk
- › Use thawed milk within 24 hours
- › Do not refreeze
- › Do not microwave
- › Discard unused milk



Source: United States Breastfeeding Committee

Donor Human Milk

- › Safe
- › Screened
- › Pasteurized
- › Used for the most critically ill infants



Source: B. Wilson-Clyde / N. Hooper

Alternative Feeding Methods

- › Tube feeding
- › Cup feeding
- › Syringe/finger feeding
- › Spoon feeding
- › Supplemental Nursing System



Source: Maryland BIC Program

Tube Feeding

- › Premature infants
- › Sick or ill babies
- › Babies that cannot suckle and swallow



Source: United States Breastfeeding Coalition

Cup Feeding



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Syringe/Finger Feeding



Source: B. Wilson-Clyde, J. Hooper

Spoon Feeding



Source: United States Breastfeeding Committee

Supplemental Nursing Systems

- › Used to encourage feeding at breast
- › Provide additional nutrition when feeding at breast
- › Stimulate milk production



Source: United States Breastfeeding Committee



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Conclusion

- › There are medical reasons a baby may not be able to feed at breast
- › Options exist for providing baby with her mother's expressed milk or donor human milk
- › Options are available to feed breast milk to an infant, even when not feeding at the breast



Source: United States Breastfeeding Committee

References

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