



CLINICAL PRACTICE GUIDELINE

Breastfeeding: Expressing

This document should be read in conjunction with this [Disclaimer](#)

BFHI Step 6 – give newborn infants no food or drink other than breastmilk unless medically indicated

Aim

To provide education and information for health professionals to promote, protect and support breastfeeding. To reinforce that expressed milk is the first choice for a breastfeeding baby requiring supplementation

Key points

1. **All** mothers who choose to breastfeed should be guided on how to hand express while they are in hospital.
2. All mothers should be provided with the KEMH Pregnancy, Birth and your Baby book
3. Long delays in initiating effective breast stimulation and milk expression will place the mother at risk of low milk production.
4. Situations may arise where the mother needs to express milk on a regular basis.
5. Breastmilk expressed in the hospital setting must be collected and stored in a single use sterile syringe/container/bottle. A new sterile syringe/container/ bottle should be used each time a woman expresses breast milk.

It should be emphasised to the mother that she must:

- use a clean container.
 - always wash her hands with soap and water and dry on a clean paper towel before handling the breast.
 - when expressing is complete, the expressed milk may be stored at room temperature if the EBM is to be given at the next feed or labelled and stored in the refrigerator whilst the mother is in hospital. See KEMH Clinical Guideline, O&G: Newborn Feeding: [EBM Identification and Storage on the Postnatal Wards](#)
 - For at home milk storage guide, see [Pregnancy, Birth and your Baby](#) book
6. Mothers expressing for babies in Special Care Nursery should be given the booklet “Expressing Breast Milk for your baby in NCCU”. Midwives are required to familiarise themselves with information in this booklet.
 7. Any woman whose baby cannot breastfeed or whose baby is too sleepy to take a full feed should be shown how to hand express and use an electric breast pump.

8. Provision should be made for apprehended babies to have access to their mother's milk. See '[Bilateral Schedule: Interagency Collaborative Processes When an Unborn or Newborn Baby is Identified as at Risk of Abuse and/or Neglect](#)'
9. If the mother is using an electric breast pump, double pumping should be used until the milk flow slows or stops, followed by single pumping of each breast.
10. Expressing for a preterm baby in SCN should commence within 1 hour of the birth. See WNHS Neonatology: [Providing Breast Milk for Premature and Sick Babies](#) brochure.
11. If a woman is discharged home and she is expressing at all feeds, she should be encouraged to loan a hospital grade electric pump
12. All expressed breast milk should be labelled with the mothers name and UMRN applied directly to the container and the mother should confirm it is correctly labelled prior to storage in the fridge and / or given to the baby.
13. On removal from the fridge by midwifery staff the label should be checked and confirmed as correct by two staff members, and the label checked against the mothers name band.

Expressing by hand

1. The mother should wash her hands with soap and water and dry well prior to expressing.
2. Use a clean container, syringe/bottle.
3. Ensure the mother is comfortable.
4. Gently stroke the breast towards the nipple. This stimulates the let-down reflex.
5. Place the fingers underneath the breast, so the first finger is just below and the thumb pad is just above about 3-4cm back from the nipple.
6. Gently **Press** the fingers and thumb pads back towards the chest.
7. Then **Compress** the breast tissue and hold briefly.
8. **Release** the breast tissue.
9. Do not squeeze or pinch the nipple.
10. Repeat the action in a rhythm similar to baby's sucking.
11. Rotate the position of the fingers and thumb around the breast to express the entire breast.
12. When colostrum is pearling or dripping easily, it is time to collect the colostrum.
13. Express both breasts in turn while the colostrum is dripping/ milk is flowing
14. Unless the mother is expressing to soften the nipple/areola, she should always aim to drain alternate breasts thoroughly depending on the baby's needs



Expressing with a hospital grade electric breast pump

1. The mother should wash her hands with soap and water and dry well.
2. Guide the mother to assemble the clean/sterilised expressing equipment ensuring secure connection for the pump to be effective.
3. Stimulate the let-down reflex by gently stroking the breast towards the nipple.
4. Ensure the correct size of breast shield-the nipple should move freely back and forth in the tunnel of the shield- tested only when expressing. Incorrect breast shields may cause nipple trauma and may interfere with adequate breast drainage.
5. Place the breast shield over the breast with the nipple in the centre and ensure only a gentle pressure is exerted on the breast tissue.
6. Set the pump to the lowest suction pressure
7. The mother may gradually increase the pressure to a level which is comfortable.
Note: Suction should **not** cause pain or nipple damage.
8. There is no advantage to be gained from using high pressure if the let-down occurs at a low pressure.
9. If expressing to increase milk supply, or for a baby unable to attach to the breast, continue to double pump until the milk flow slows.
10. Then express each breast singly, checking for lumps and fullness. To promote let down gently stroke and massage each breast while pumping.
11. Express the breasts until soft and light with no lumps.
12. Express breasts on a regular basis, similar to the baby's feeding pattern (approx. 8 times in 24 hours) including overnight to establish and maintain the milk supply
13. Check breasts after expressing, if nipple damage or lumps present commence appropriate variance sheet.
14. Single use bottles should be used.
15. Label and store breast milk in sterile container with mother's URN sticker, date, time and EBM sticker attached.
16. Always store breast milk in the refrigerator or freezer.

References

1. Walker, M. Breastfeeding Management for the clinician- Using the evidence. 4th ed. 2017.
2. Lauwers, J. Swisher, Counselling the nursing mother: A lactation consultant's guide. 6th ed. 2016.
3. Watson-Genna C. Supporting sucking skills in breastfeeding infants. 3rd ed: Jones and Bartlett; 2017.

Related WNHS policies, procedures and guidelines

WNHS Breastfeeding Policy

KEMH Clinical Guidelines: Obstetrics & Gynaecology: Newborn Feeding

Useful resources (including related forms)

Patient brochure: [Pregnancy, Birth and your Baby](#) book

Keywords:	Breastfeeding, breast feeding, BFC, neonatal feeding, BFHI, step 8, KEMH, expressing, EBM		
Document owner:	Obstetrics, Gynaecology & Imaging Directorate		
Author / Reviewer:	Pod lead- CMC BFC		
Date first issued:	May 2003		
Reviewed dates:	Oct 2008; May 2010; Apr 2012; April 2015; Aug 2018	Next review date:	Aug 2021
Supersedes:	Version dated April 2015		
Endorsed by:	MSMSC	Date:	21/08/2018
NSQHS Standards (v2) applicable:	1  Governance, 2  Partnering Consumers		

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