

Pumping 101: Caring for Women Who Pump

Staff Nurse Interventions including supportive dialogue and scripts:

Day 1 Admission and initiation of pumping/breastfeeding

“Have you heard about the special benefits of breastmilk for sick or preterm babies?”

“Breastmilk is medicine. It will help your baby recover from illness and protect your baby.”

“Feedings are easily digested, so the IV’s will be stopped sooner.”

“Breastmilk helps your baby fight infections.”

Determining mother’s feeding plan:

“How are you planning to feed your baby?”

- Exclusive breastfeeding or pumping
- Pump milk for limited amount of time
- Pump and Bottle
- Breastfeed and formula
- Breastmilk and formula

If mom had planned to feed formula, would she consider pumping for 2 weeks?

“Would you consider pumping while baby is in the hospital or try it for a week or two?”

“Your milk is very special for your baby. The milk of mothers of preterm babies is higher in nutrients for the first few weeks.”

“Your Breastmilk is liquid gold, especially in the earliest days.”

“We want to partner with you in helping baby grow and thrive.”

“We want to help make your pumping as comfortable and easy as possible.”

“We will teach you how to get the most milk with the least effort.”

The earlier mom starts stimulating her milk production, the better results:

“Start pumping now and pump 8 times in 24 hours to make an abundant milk supply.”

“Start pumping soon after birth, within 4-6 hours.”

“Later on, you probably won’t need to pump quite as often”

- Point out pumping section in *Caring for your Baby* book
- Review breastmilk handling and storage
- Document in EMR

If pumping works out for her, Mom may choose to pump longer. She doesn’t have to decide now how long she is going to pump, but she does have to decide **early** if she is going to pump at all.

Encourage father to be an active participant in mom's pumping experience.

Dads may:

- Wash pump parts, label containers
- Offer support and encouragement.
- Keep the pumping diary/ log
- Provide food and beverages for the new mother.

Pumping may be like a part time job for a mother. She spends about 4 plus hours per day expressing milk from her breasts.

Day 2 Continuing Support for Women who pump

Show parents how to use pumping log (last page of Breast Pumping PFEM)

"Have you seen the pumping log or pumping diary?"

"Have you been able to pump 8 times in 24 hours?"

Pumping 7 times during the day and evening allows mom to pump right before bed, then once during the night. Try not to delay nighttime emptying longer than 5-6 hours in the first few weeks.

Some women try this: *Drink 2 glasses of water at bedtime. Pump when you have awakened to go to the bathroom. Then pump first thing in the morning."*

Assess mother's concerns about pumping

"Is pumping comfortable?"

"The first few pulls from the pump may feel like a strong pressure and after that pumping should be comfortable." The PFEM Breastpumping Shouldn't Hurt is very helpful.

"We have different size pieces for different size nipples."

This will help make pumping comfortable and help remove the milk from your breasts."

"Watch these videos for some techniques that will help to increase your milk supply."

The videos show how breast massage, compression and hand expression increase milk production.

<http://newborns.stanford.edu/Breastfeeding/MaxProduction.html>

<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

Pain with pumping and/or low milk supply may need an assessment by a health care professional that is knowledgeable about pumping.

Day 3

Help mom and/or dad record total milk volumes for 24 hours on milk log.

Days 4-14

- Parents should continue to record 24-hour milk volumes every day.
- Please contact lactation if mom's milk supply is not growing.
- 700 milliliters/24hours (or an ounce/hour) is the goal

Days 15+ Maintenance of Milk Supply

Parents should record the 24-hour milk supply about twice per week and the bedside nurse should continue to monitor the milk supply.

Women with an oversupply of milk (over 35 oz/day for 1 baby) may be able to decrease the frequency of pumping.

Common reasons for a reduction in the milk supply:

- Return to work
- Starting oral or injectable birth control
- Mothers are tired of pumping.
- Mother waits greater than 5-6 hours to empty breasts

Women who pumped infrequently during the first two weeks will have a drop in their supply as their hormone levels down-regulate. Milk production transitions from hormonal (endocrine) to a supply and demand system (autocrine).

How much milk is enough?

Day 1..... 30-120 ml/24 hours

Day 3-4.....a big jump around 72 hours postpartum.

Day 10-14.....average milk volumes = 1 oz/hour or 24 ounces/day.

Range 20-35 oz/24 hours for a mother with one baby, including mothers of preterm babies.

What are normal milk volumes for term patient? (Note: normal established volumes for mothers of preterms have not been established.)

Hours post birth	Volume ml/24h	Volume ml/pumping
24	50 (100+/-)	5-15
36	120 (20+/-)	10-15
48	180 (20+/-)	15-25
60	340 (30+/-)	30-45
72	440 (50+/-)	45-60
96	600 (60+/-)	45-75
Day 10-14 Postpartum		
Ideal	>750ml/24h (25oz)	90 ml/pumping
Borderline	350-500 ml/24h (11.6-16.6oz.)	30-60 ml/pumping
Low	< 350 ml/24h	<30ml/pumping

What causes a delay in the increase of the mother's milk supply?

Postpartum issues:

- Lack of maternal support / education
- PIH, pain
- Diabetes, type1 and 2 (24-hour delay)
- C-section (24-hour delay)
- Pre-existing anemia or excessive postpartum blood loss
- Retained placenta
- Emotional distress, elevated stress hormones
- Painful pumping
- Primipara (24-hour delay)

What prevents a mother from developing a full milk supply?

Delayed emptying of the mother's breasts:

- Lack of maternal support/education
- Pumping not started within 6 hours of birth
- Infrequent emptying (less than 8 times/day)

Inadequate emptying:

- Lack of maternal support / education
- Poor fit of the flanges during pumping.
- Sleeping through the night without pumping within first few weeks
- Short pumping sessions (milk is still dripping), breast still feel full after
- Suction is too low, breast are lumpy (plugged ducts)

Incorrect use of the pump:

- Lack of maternal support / education
- Suction is too high which causes pain and oxytocin (let-down hormone) inhibited
- Incorrect fit of flanges may cause pain

Maternal medical problems that may affect milk supply:

- Lack of maternal support / education including anticipatory guidance
- Polycystic ovarian syndrome (PCOS)-1/3 have low milk supply, 1/3 have average supply and 1/3 have high milk volumes.
- Hypothyroidism
- Hypertension
- Hypoplastic breasts http://www.007b.com/breast_size_breastfeeding.php
- Maternal smoking
- Raynauds phenomenon (painful pumping and inhibition of letdown)