

Connecticut WIC Program:

Consistent Breastfeeding Education Messages: Pumping for Medical Reasons

Why is this important?

Breastfeeding is the optimal choice of nutrition for infants. It protects against many illnesses, infections, and allergies. Breastmilk allows mom to build infant's immunity. There are many different medical reasons that a baby or a mom are unable to breastfeed but are still able to pump. It is important to establish milk production in the early postpartum period to reduce the need for supplementation. This can be especially difficult when mothers and babies are separated from one another.

WIC's Goal: To protect a mom's milk supply when medical complications prevent mom and infant from feeding exclusively at the breast.

Learning Objectives- The participant will be able to:

1. Identify where to obtain an appropriate breast pump and identify resources available for breast pump rentals, supplies, and reimbursement
2. Discuss ways to establish and maintain milk supply via pumping
3. Discuss storage, handling, and thawing guidelines for expressed breast milk (EBM)
4. Identify situations to avoid that could potentially complicate pumping or decrease milk supply
5. Identify solutions to potential problems resulting from ineffective milk removal

Affirmation: You are such a great mom for committing to giving your baby your breast milk!

Key Educational Messages:

Obtaining an appropriate breast pump: Refer to WIC 300-12 for more details

Some hospitals will rent or allow a mom to borrow a multiuser pump for moms/babies with medical conditions. In most cases the hospital will collect the pump when mom or baby is discharged. Check with your area hospitals for their policies.

- HUSKY: Provides coverage for multi-user, double electric, and manual breast pumps.
 - Hospital grade pumps require a prescription from the health and prior authorization for medical necessity. A multiuser pump is more effective with establishing milk production in comparison to a double electric, personal use pump.
 - Double electric and manual pumps require a prescription from health care provider (medical need)
- WIC: WIC can provide a double electric or manual breast pump for those mothers/babies who meet certain eligibility requirements. (WIC pumps are for women with established milk supplies. However, exception can and should be made based nutritionist discretion with documentation in CT-WIC. See WIC Policy 300-12.)

Establishing a milk supply via pumping

- The amount of milk a woman can express may vary woman to woman and generally starts off as a small amount (colostrum) and gradually increases with regular pumping (mature milk). Keep in mind that pumping frequently early on greatly impacts the amount of milk that will be produced in the long run.
- Begin to express milk within 6 hours after the birth of the baby. Research has shown that milk expression, particularly hand expression, should be initiated within the **first** hour to help promote an increase of colostrum yield and optimal milk production. Using a double pumping kit, plan to pump both breasts, every 3 hours and at least once at night for at least 15 minutes. Ideally, you may need to pump more during the

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night to ensure a good supply, unless otherwise directed by the health care provider. If at 15 minutes, milk is still readily flowing continue to pump until flow subsides. Increase the amount of expressed milk as needed by massaging the breasts before and during pumping and pumping more frequently. Hand expression of milk after pumping stimulates the release of more milk and increases production.

- If a mother is experiencing engorgement it will inhibit the release of milk unless engorgement is ameliorated first. Refer to content sheet on Building and Maintaining a Milk Supply.
<https://wicbreastfeeding.fns.usda.gov/engorgement>
- Skin to skin (Kangaroo care) is an excellent way to increase prolactin levels that can help increase milk production. If mom is separated from the baby, stimulate milk release with a picture of the baby, smell of the baby's clothing, or by visualizing water flowing. Stress or pain could inhibit milk flow.
- Support and encourage mom for what she is doing for herself and her baby. Most women never thought they would need to pump milk for their baby rather than bringing the baby to the breast, and this can be very stressful for mom.

Sanitation/Hygiene for breast pumps

Many multiuser pump collection kits come sterilized. Check if the kit is sterile before use.

- If mom is using a personal use electric pump, determine which pump is being used and refer/review with mom to appropriate sterilization/cleaning procedures. Refer to the pump instruction manual.
- Refer to CDC guidance: [How to Keep Your Breast Pump Kit Clean \(cdc.gov\)](https://www.cdc.gov/keeping-your-breast-pump-kit-clean.html)

Storage, handling, thawing guidelines

- Refer to State Plan, Nutrition Services WIC Policy 300-12, and USDA guidelines
https://wicworks.fns.usda.gov/sites/default/files/media/document/Infant_Nutrition_and_Feeding_Guide.pdf
(Chapter 3- pages 65-66)
- For medically fragile infants, follow handling and storage guidelines provided by health care provider and Newborn Intensive Care Unit as they may have different handling and storage guidelines that must be followed.

Special Circumstances

- Provide mom with breastfeeding resources such as a referral to a support group, La Leche League, a peer counselor program, or an IBCLC. Moms of premature infants also may need to connect other postpartum support resources such as PSI etc.
- If mom plans to stop pumping, as baby can navigate feeding at the breast and/or she decides to stop, it is optimal to decrease pumping gradually to avoid potential problems associated with weaning abruptly. Affirm her choices.
- Engorgement, plugged ducts, and/or mastitis can be avoided by establishing a regular pumping schedule (including overnight). Encourage mom to call her health care provider if signs of the above conditions arise. *It is critical that mom receives medical intervention in a timely manner, any of these occur.* Provide education on effective removal of breast milk.
- In situations of infant demise or mom has an abundance of milk, refer to appropriate support, PMAD training resources for grief counseling, and options for milk donation.

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Handouts:

- CDC Pumping and Storage Guidelines
http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

Resources:

- www.usbreastfeeding.org
- [Pumping Breast Milk | Nutrition | CDC](http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm)
- [Home \(readysetbabyonline.com\)](http://www.readysetbabyonline.com)

Activities:

- Show women belly balls as an example of the baby's actual stomach capacity. Explain how much baby's stomach can hold and relate that to how much milk is expected when pumping early on.
- Review techniques to help mom relax when pumping as well as mental visualizations that can help with let down.
- Review hand expression techniques to help mom if she is unable to access her pump.

References:

Academy of Breastfeeding Medicine website: Clinical Protocols <https://www.bfmed.org/protocols>

[Academy of Breastfeeding Medicine Clinical Protocol #8](#) (Revised, 2017) Princeton Junction, New Jersey: Academy of Breastfeeding Medicine.

[ABM Clinical Protocol #12 NICU Graduate Going Home](#) (Revised, 2018) Princeton Junction, New Jersey: Academy of Breastfeeding Medicine.