Your breast milk has important health benefits for your premature or sick baby.

**Benefits of breast milk for premature babies**

When your baby is small, has been born earlier than expected or is unwell, your milk is especially important. Breast milk is the ideal food, it is easily digestible (especially for premature babies), helps protect your baby from infection and has other special qualities which are important for premature babies. Even the smallest amount is of benefit to your baby. As health professionals we recognise how special your breast milk is for your baby.

**Starting expressing**

No matter how premature or sick and even if your baby isn’t ready to feed, starting to express your breasts as soon as possible after you give birth is vital. Starting early and continuing to express frequently, 8–12 times each 24 hours including overnight (just like a baby would breastfeed), helps to establish your milk supply.

Your breast milk will provide important health benefits for your baby’s growth and development. When your baby is born start expressing by hand and follow up each time using an electric breast pump.

The midwives and nurses who look after you will be able to explain and support you with your expressing.

*For more information see the factsheet: Expressing breast milk*

**Types of breast pumps**

Hand pumps (those that aren’t battery or electrically powered) are not generally recommended for mothers with premature or sick babies. They are designed for less frequent use such as 1–2 times per day.

Hospital type electric breast pumps are recommended for mothers needing to establish and maintain a good milk supply.

Like breastfeeding, expressing stimulates the release of prolactin, the milk making hormone. Expressing both breasts at the same time by using a double milk collection kit reduces the total time that you will need to spend expressing and will help to maximize the stimulation that your body needs to produce milk.

Some women find it helpful to use an old bra modified by creating openings to hold the breast shields and express ‘hands free’. We can help you try these and perhaps some other suggestions you may have heard about.

However, some mothers will feel that the single pump is best for them, so please talk with your nurse, midwife or the lactation consultant.

*For more information see the factsheet: Using a breast pump*

**Pumps are available for hire and purchase from:**

- Australian Breastfeeding Association – often from your local group
- The Royal Children’s Hospital Equipment and Distribution Centre (03) 9345 5325 or visit www.rch.org.au/edc
- Some pharmacies
- Some private companies
Cleaning the breast pump equipment

- Wash hands thoroughly.
- Dismantle all parts of the breast pump kit after each use.
- Rinse with cold water all parts that come in contact with breast milk.
- Wash in warm water and dishwashing detergent.
- Rinse thoroughly under warm running water.
- Allow to air dry while draining on clean paper towel before storing in a clean closed container or plastic bag.
- Your baby is in Special Newborn Care Nursery so we recommend that you disinfect your breast pump equipment daily. Equipment can be disinfected by boiling, chemical disinfection* or using a home steam sterilizer*.

Boiling method of disinfection

- Wash hands thoroughly.
- Thoroughly clean all parts as described above.
- Completely immerse all parts of the breast pump kit in water, bring to the boil and continue to boil rapidly (completely submerged) for five minutes.
- Remove the items without touching the inside of the containers. Long handled tongs, which have been disinfected along with the breast pump kit, may be useful.
- Allow to air dry while draining on clean paper towel before storing in a clean closed container or plastic bag.

* Follow the manufacturer's directions for chemical disinfection and home steam sterilizer methods.

How long should you spend expressing your breast milk?

Expressing your breasts commonly takes about 20 to 30 minutes. Using a double pump kit is quicker as you are expressing both breasts at once. If expressing one breast at a time then, express until the milk flow slows, switch to the other breast and then repeat to express both breasts again to stimulate your milk supply further.

Switching back and forth, expressing each breast 2 or 3 times will increase your supply over time. This is sometimes called switch pumping /expressing.

Using “breast compression”, which is gently compressing or massaging your breasts in a downward direction while using a breast pump can also help drain your breasts, increase your milk supply and help speed up expressing.

How often should you express your milk?

For most women it is recommended to express frequently (8-12 times in 24 hours), including overnight (which copies the usual feeding patterns of newborn babies). Frequent expressing gives a message to your breasts to make more milk for your baby.

How much milk should you get?

In the first few days after the birth, small amounts of milk between a few drops to a couple of mLs will be expressed each time. As the colostrum (early breast milk) changes to more mature milk, the amount increases to around 50–70mLs at each expression toward the end of the first week.

Milk volumes vary between women and most women are able to provide just the right amount for their baby. We are aiming to help you express about 500mLs each 24 hours by day 10 and by about 6 weeks, about 700-800 mLs.

If you are concerned about your milk supply talk with your midwife, nurse or lactation consultant.

Points to establish and increase your milk supply

- Express gently to avoid pain and discomfort.
- Gentle breast massage and nipple stimulation helps the milk flow (let-down reflex).
- Using relaxation techniques or thinking about your baby while expressing, express your milk while sitting with your baby or have a picture of your baby with you.
- Kangaroo care – holding baby skin-to-skin just before or during expressing helps increase supply.
- Expressing frequently 8-12 times in 24 hours including overnight.
Guidelines for storage and transport of breast milk

If your baby is in a Newborn Intensive Care Unit it is important to follow the following guidelines for the safe storage and transport of your breast milk.

- Expressed breast milk placed in provided containers or syringes needs to be clearly labelled with your baby’s identification label, date and time of expressing.
- At the Women’s we help you label your first milk 1–30 in order of expression using the fluorescent dot stickers provided, so we can use them in order for you baby. After this, breast milk from several expressions may be combined in the one container after it has been chilled in the refrigerator.
- We will use your fresh milk when we have it available and then use your frozen milk after that.
- It is very important to transport your expressed breast milk to the hospital so that is stays either chilled or frozen. Use a chilled cool storage container with ice or freezing blocks. Please talk with us if you need advice about this.
- For women in regional areas who are sending milk to the Women’s please talk with your nurse about how to safely send your breast milk to your baby.

<table>
<thead>
<tr>
<th>Breast milk status</th>
<th>Room temperature (26°C or lower)</th>
<th>Refrigerator (4°C or lower)</th>
<th>Freezer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshly expressed into container</td>
<td>4 hours</td>
<td>48 hours</td>
<td>2 weeks in freezer compartment inside refrigerator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Place in refrigerator within 1 hour of expression</td>
<td>3 months in freezer section of refrigerator with separate door</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Store at back where it is coldest</td>
<td>12 months in deep freeze (-18°C or lower)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Place in freezer within 24 hours of expression.</td>
</tr>
<tr>
<td>Previously frozen thawed in refrigerator but not warmed</td>
<td>4 hours</td>
<td>36 hours from time removed from freezer</td>
<td>Do not refreeze</td>
</tr>
<tr>
<td>Thawed outside refrigerator in warm water</td>
<td>For completion of feeding</td>
<td>Do not return to refrigerator</td>
<td>Do not refreeze</td>
</tr>
</tbody>
</table>

For more information and advice

**Your local Maternal & Child Health Nurse**

Maternal and Child Health Line
T: 13 22 29 (24 hours)

**Australian Breastfeeding Association**
T: 1800 686 268 Breastfeeding Helpline | www.breastfeeding.asn.au

The Australian Breastfeeding Association has a booklet available titled *Breastfeeding your Premature Baby* which is an excellent source of breastfeeding and expressing information for parents with a premature baby.

DISCLAIMER This fact sheet provides general information only. For specific advice about your baby or your healthcare needs, you should seek advice from your health professional. The Royal Women’s Hospital does not accept any responsibility for loss or damage arising from your reliance on this fact sheet instead of seeing a health professional. If you or your baby require urgent medical attention, please contact your nearest emergency department. ©The Royal Women’s Hospital 2015–2018