Breast pump and breast milk storage information

This information sheet explains about breast pumps and expressed milk. If you are having problems breastfeeding and you think you need a breast pump, you should first consult your midwife or a lactation consultant. You can normally see a lactation consultant for free on referral from your midwife or general practice team. Alternatively, you can pay to see a lactation consultant privately.

Reasons for using a breast pump

Most women do not need to use a breast pump, although many women have been given the mistaken impression that a pump is part of normal breastfeeding. This is mostly as a result of increased marketing of pumps and exposure to this marketing. Sometimes women express milk to reassure themselves that there is enough milk in the breast for their infant. As the pump will never remove as much milk as a breastfeeding infant, mothers may experience unnecessary anxiety when smaller amounts of milk than expected are expressed.

It is not a good idea to use a breast pump without good reason when you are starting breastfeeding, especially in the first six to eight weeks following the birth. This is because it may cause problems with milk supply and breastfeeding.

If you and your baby are going to be separated for any reason, and you are exclusively breastfeeding, you will need to express milk so that you can feed your baby and continue to produce milk. Removal of milk from the breast is crucial to milk supply. In these cases, you can either remove milk using hand expression or a breast pump. For the first two to three days after birth however, it is better to use hand expression, as colostrum is too thick to be extracted with a breast pump. Some women also find that hand expression works well for them as a longer-term strategy when milk removal is necessary outside of breastfeeding times. The following internet pages provide useful information about hand expression:

[newborns.stanford.edu/Breastfeeding/HandExpression.html](newborns.stanford.edu/Breastfeeding/HandExpression.html)

Breast pumps may also be useful to assist with some short-term breastfeeding challenges. For example when you are having trouble with latching and milk has not been removed effectively from the breast, a pump may assist with increasing the milk supply. The first issue however is always to fix the latch and position of the infant at the breast.

When to use a breast pump

Not every woman will need to use a breast pump, but there are some situations when it can be helpful or necessary.

If you are breastfeeding and need to be away from your baby, you can express breast milk. In addition, you may need to use a breast pump if your baby will not or cannot breastfeed at the breast.
In order to keep a good milk supply, it is essential that breast milk is removed regularly. Therefore, if you want to keep your milk supply and your baby is not breastfeeding, or only breastfeeding a little bit, you must remove milk using hand expression or a breast pump.

**Note:** Some women find that hand expression works well for them as a longer-term strategy.

If your baby is not breastfeeding at all, you will need to express milk at least eight times in a 24-hour period. In this case, referral to a lactation consultant is recommended.

If you are trying to increase your milk supply, you can express after each feed. You may need to do this for a short or long time, depending on whether or not your baby is breastfeeding at the breast, and to what degree your supply needs to increase.

**Types of breast pump**

For long-term, intensive use, a hospital-duty electric pump is ideal. These are closed-system pumps, which means that breast milk cannot travel into the motor parts of the pump. You may need to hire this type of pump and, in addition, buy a personal kit, although some closed-system pumps are available for purchase.

Hired pumps are cleaned by the rental service between users.

In some situations, WINZ may help with the cost of rental – see your doctor or lactation consultant for advice.

If you are using a pump for a shorter time, or less intensively (for example, if you need to express milk when you go back to work, or if you are trying to increase your milk supply), then a mini electric pump (which can also run on a battery) should be suitable. A good hand pump should also work well.

If you only need the pump for a short time, for example in situations where there are painful or damaged nipples, a hand pump is usually sufficient. Hand expression can also work.

**Renting or buying a breast pump**

| Open-system single-user pumps | These pumps are available for sale at many retail outlets including pharmacies, The Baby Factory, and Baby City. Also available online at BreastMates. There are many different breast pumps on the market and many cheap ones that do not work effectively. Ameda Egnell, AVENT, and Medela brands are reliable. |

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charge and prices range from $65 to $85 for a single kit and $75 to $120 for a double kit.
Most rental outlets also require a deposit to be paid, which is refundable on return of the pump. St George's does not charge a deposit but holds credit card details which need to be given at the time of hire.
Some closed-system pumps are also available for purchase from pharmacies or baby item shops.

- Baby Factory, Colombo St, (03) 374–4162. Medela Symphony.
- Wilsons Barrington Pharmacy (03) 332–3156. Medela Lactina.
- Durable Medical Equipment 0800–363–123 rental@dme.co.nz. Ameda Egnell Elite.
- BreastMates online shopping. Medela Lactina and Symphony.

Breast shields
It's important that you get a breast shield that fits properly. A correctly fitting shield will avoid compression of the milk ducts and prevent friction around the nipple area.
To apply a breast shield, centre the nipple carefully in the opening before switching the pump on. During pumping, the nipple should move freely in the shield tunnel and you should see rhythmic movements. Pumping should be comfortable and pain-free.
- If the nipple is not moving and looks squashed, then you need a larger breast shield.
- If the nipple and a large amount of the area around the nipple are being pulled into the shield tunnel during pumping, then you might need a smaller shield.

There are five different sizes of breast shield available from Medela. Ameda Egnell has four different sizes. With some brands, you can get a comfort shield or soft fit shield.

Breast pump myths
The following are some common myths about breast pumps.

Every woman needs a pump to breastfeed successfully
This is not true, but manufacturers give the impression that this is necessary through inappropriate marketing and what is termed "manufactured demand". This style of marketing results in an industry-desired increase in pump sales but may complicate breastfeeding for many women at the same time.
In the US, there are three breast pumps sold for every baby born.

Pumping and bottle feeding helps you breastfeed for longer
In some situations, pumping may help a mother to increase her milk supply if pumping is done in addition to breastfeeding. In many situations, pumping can interfere with breastfeeding and not help with extension of breastfeeding duration. This is because pumping, breastfeeding, and bottle-feeding is a massive workload for most women and it can become impractical. Pumping and bottle-feeding
may result in a continuation of pumping and bottle-feeding rather than breastfeeding and if a mother wishes to breastfeed this may be frustrating. It is generally a good idea to seek help and support for breastfeeding challenges to avoid a shortened breastfeeding duration.

**Pumping is the same as breastfeeding**

Pumping does not have the same effects as a breastfeeding infant in regards to milk supply for many women and there are other significant factors associated with actual breastfeeding that are missing. Women who breastfeed will generally not have a period for six months or longer but women who pump will usually ovulate within the first six weeks post-birth.

**Babies with teeth cannot be breastfed and breastfeeding should be avoided**

Babies with teeth will be unable to bite the breast if the nipple is in the correct place. The majority of babies will never bite the mother’s breast and if this happens it usually occurs at the end of the feed when the latch has been partially released and the nipple is further forward in the mouth. There are many ways to deal with this so that it does not occur again. Manufacturers of pumps supply information that makes biting appear to be a major issue and suggest pumping to eliminate the issue. This is another example of misleading marketing.

**Supplementary feeds need to be given by a bottle**

In situations where a mother’s milk supply needs increasing and the baby requires supplemental feeds, a mother can be supported to use a supplementary feeding system so that the baby remains suckling on the breast and receives the supplement via a tube at the same time. This assists with increasing milk supply and is a technique easily learned with some help.

**Storing expressed breast milk**

- Store expressed breast milk in plastic or glass containers with airtight, sealed lids. Use BPA-free plastic wherever possible. Write the date and time on the bottle/container or on a sticky label securely attached to the bottle/container. If you are transporting the bottle or container, write your baby’s full name on the label too.
- Store milk in amounts from around 60 ml to 200 ml, making sure there is a space free from milk at the top of the bottle. Milk will expand when freezing and can spill over the top.
- If you are planning to express a few times in the day and you are getting small amounts at each expressing time, you can put the expressed milk at the back of the fridge. When next expressing, the new milk should also be placed in the fridge. When the second bottle of milk has cooled to fridge temperature, the two bottles can be mixed. This can occur over a 24-hour period as long as the milk to be added is cooled first.
- Never add warm milk to cold milk or to frozen milk. This can cause some thawing of part of the milk and may lead to bacterial contamination.
- Store expressed breast milk at the back of the fridge. Fridge doors tend to get opened a lot and the back of the fridge is cooler.
Breast pump and breast milk storage information

- If you can’t store expressed milk in the fridge or freezer straight away, put it in a chilly bin with ice packs in contact with the bottles of milk for about 24 hours only.

**Breast milk storage guidelines for well and healthy full term babies at home**

<table>
<thead>
<tr>
<th>Storage conditions</th>
<th>Storage time</th>
<th>Handy hints</th>
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<tbody>
<tr>
<td>In a room (&lt; 26°C)</td>
<td>4 hours</td>
<td>Cover the breast milk and keep in the coolest place possible</td>
</tr>
<tr>
<td>Fridge</td>
<td>48 hours</td>
<td>Store milk at the back of the fridge</td>
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<tr>
<td>Frozen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Freezer box in fridge</td>
<td>2 weeks</td>
<td>Use the frozen breast milk to mix with your baby’s food when you introduce this from 6 months</td>
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<tr>
<td>- Separate fridge/freezer</td>
<td>3 to 6 months</td>
<td></td>
</tr>
<tr>
<td>- Deep chest freezer</td>
<td>6 to 12 months</td>
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**Note:** Some plastic feeding bottles are better for a baby’s health than others. Avoid any clear, hard, plastic bottles or plastic containers without a number on the bottom of the bottle. Avoid containers with the numbers 3, 6 and 7. BPA-free bottles are available.

**Using stored breast milk**

- Thaw frozen breast milk slowly in the fridge. If you need to thaw it quickly, put the bottle of milk in warm water.
- Never use a microwave to thaw or heat breast milk. This can cause uneven heating, which can scald a baby’s mouth and also damages some of the important immune proteins in breast milk.
- Warm the expressed breast milk in a jug of hot water. Test the temperature of the milk by shaking a few drops on to the inside of a wrist.
- Do not re-warm breast milk that has been defrosted and previously heated.

**Note:** Breast milk can vary in colour and does not look like cow’s milk or formula milk. It can be yellowish, bluish, or quite pale and watery looking, and this is normal. Sometimes the fat separates during storage and goes to the top of the milk. Shake the bottle gently before using the milk to mix the fat back in again.