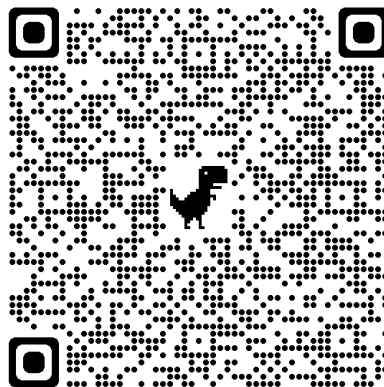


# EXPRESSING BREASTMILK INFORMATION PACK



Please contact your child's nurse, breastfeeding champion or the neonatal CNS if you have any queries about expressing breastmilk for your child at any stage.

Please visit CHI at Crumlin website at [www.olchc.ie](http://www.olchc.ie) for more breastfeeding information.

Congratulations on your new baby! This pack will provide you with all of the information that you will need in order to express breastmilk for your baby. The nurse looking after your baby will guide you and offer any advice that you may need to express.

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## 1. How the breastmilk helps your baby?

Breastfeeding is important for you and your baby. Your breast milk protects your baby against lots of illnesses and conditions. It contains essential enzymes, hormones and antibodies. These are vital for your baby's normal growth, development and good health. Breast milk is tailored for your baby and their stage of development. It changes as your baby grows to meet their needs and protects them from illness.

### **Benefits for Baby:**

- Lower risk of infections such as gastroenteritis, otitis media and respiratory infections.
- Lower risk of Necrotising enterocolitis (NEC)
- Protection against obesity
- Lower risk of allergies
- Lower risk of sudden infant death syndrome (SIDS)
- Improved cognitive performance
- Enhanced emotional connection

### **Benefits for Mother:**

- Lower risk of breast cancer
- Lower risk of ovarian cancer
- Lower risk of Type 2 diabetes
- Helps you bond with your baby

## 2. Who can help with Expressing and Breastfeeding in the unit?

We have experience staff nurses and nurse managers to support parents with breastfeeding and expressing.

There are also Breastfeeding Champions in all clinical areas. Breastfeeding champions are staff who received additional training in breastfeeding. They have huge experience helping new mothers initiate, establish and maintain breastmilk supply while your baby is in hospital. They will be able to support and guide you during your babies stay in the unit.

Our Neonatal Clinical Nurse Specialists (CNS) are available for support, encouragement and advice. You can find all our information and resources on CHI Crumlin, [www.olchc.ie](http://www.olchc.ie) and HSE website, [www.mychild.ie](http://www.mychild.ie) (refer Table 1 in Section 19)

\*Please note there is no Lactation Consultant associated with CHI Crumlin.

## 3. Where can I express breastmilk in the unit?

### **At the bedside/In your baby's room**

- Expressing at your baby's bedside is supported. Screens are available should you want additional privacy

### **In our expressing room**

- Some mothers prefer to express away from the bedside.
- Your baby's nurse will be able to direct you to the nearest expressing room (Ask nurse for code).
- Some unit will have a whiteboard outside the room to book your slot.

## 4. Hand Expressing

Hand expressing requires no extra items other than a bowl and is easily learnt with practice. **When your baby is a new-born, you should only expect small volumes of milk.** Initially only drops up to approximately 15mls by day 2 to 3.

Please watch the video on hand expression as this optimises your milk output. This can be found on [www.olchc.ie](http://www.olchc.ie) under the 'Children & Family' tab. You will see an option 'Breastfeeding' listed on the left hand side. Once you click on the 'Expressing Milk for your Baby' you will find the link or 'Hand Expression Video' on [www.unicef.org.uk](http://www.unicef.org.uk) or click [here](#).

Figure 1



Place two fingers in a 'C' shape about 3-5 cm behind the nipple. See Figure 1.

1. **Push** the thumb and two fingers into the chest wall and rib cage.
2. **Roll** the thumb towards the nipple (like taking a thumb print), changing pressure from the middle finger to the index finger and then release the pressure (from both fingers) (without causing discomfort)
3. When the milk stops dropping, position fingers and thumb to a different area 3-5cm behind the nipple, **repeat** the process.
4. When the flow of breast milk has stopped move to the other breast.
5. If the milk does not flow, try moving fingers slightly towards the nipple or further away.
6. Aim the nipple into a sterile bowl or container to collect the breast milk
7. Transfer this milk from the bowl into a sterile screw top container or bottle when finished expressing.

## 5. Correct storage and use of Expressed Breastmilk (EBM)

### 5.1 Using breastmilk for oral care

- EBM can be used for your baby’s oral care
- Small amounts of EBM can be stored daily in the fridge for oral care. This will be separate from the existing supply being used for feeding. See Figure 2.
- It can be used at regular intervals each day by the bedside nurse or parents once taught how to do it.
- Using EBM for oral care while your baby is being tube fed helps them breastfeed when they are medically fit to do so; it gives them a taste of the milk and it helps prevent infections by coating the mouth with antibodies.




Figure 2.

### 5.2 How to keep track of EBM on the unit?

- Each breastmilk bottle is stored in the fridge or freezer on the unit.
- Each bottle is labelled by parent.
- Newly EBM can be stored in the fridge for 48 hours.
- Frozen EBM can be stored in the freezer for 3 months.
- Defrosted EBM can be stored in the fridge for 24 hours.
- Times will be recorded on bottle label of when breast milk taken from freezer and the time it was actually defrosted.

### 5.3 How to fill out an EBM label?

- EBM bottles need to be labelled by the parent.
- The bedside nurse will provide any information needed for with completing the labels.
- Here is a sample of EBM label (Figure 3).



| Expressed Breast Milk Label |                              |       |
|-----------------------------|------------------------------|-------|
| Baby’s Name:                | Expressed: Date:             | Time: |
| Date of Birth:              | Mother’s Medication:         |       |
| HCR Number:                 | Fortified: Y/N:              |       |
| Ward Name:                  | Out of Freezer: Date: Time:  |       |
| Mother’s Name:              | Fully Defrosted: Date: Time: |       |
|                             | Nurse Initial: /             |       |

| Expressed Breast Milk Label  |                                |              |
|------------------------------|--------------------------------|--------------|
| Baby’s Name:<br>CUTIE PIE    | Expressed: Date:<br>02/05/2021 | Time:<br>8AM |
| Date of Birth:<br>01/05/2021 | Mother’s Medication:<br>NO     |              |
| HCR Number:<br>H0000000      | Fortified: Y(N)                |              |
| Ward Name:<br>PICU 1         | Out of Freezer: Date: Time:    |              |
| Mother’s Name:<br>MUMMY      | Fully Defrosted: Date: Time:   |              |
|                              | Nurse Initial: /               |              |

Figure 3.

**For Nurses Use ONLY**

### 5.4 How to transport EBM from home to the unit?

- You will need a cooler box or bag and ice blocks to keep the milk cool (You will also need this to bring your milk home on discharge).
- If you have a longer trip wrap bottles in tinfoil to keep them cooler for longer. A limited number of transport boxes are available from the unit for longer journeys – please ask your nurse for this.
- Each bottle will need to be labelled and your milk will be stored in the fridge or freezer depending on your baby’s needs.
- Hand your EBM to your child’s nurse for storage upon arrival to the unit.

## 6. What equipment will I need to express?



Figure 4.

You will be spending a lot of time expressing for your baby so it is a good idea to have an expressing bra to hold the breast shields so you can be hands free to do 'hands-on-pumping' (Figure 4).



Figure 5.

You can buy expressing bras or make your own one (see Figure 5). Please ask a breastfeeding champion on how to do this.

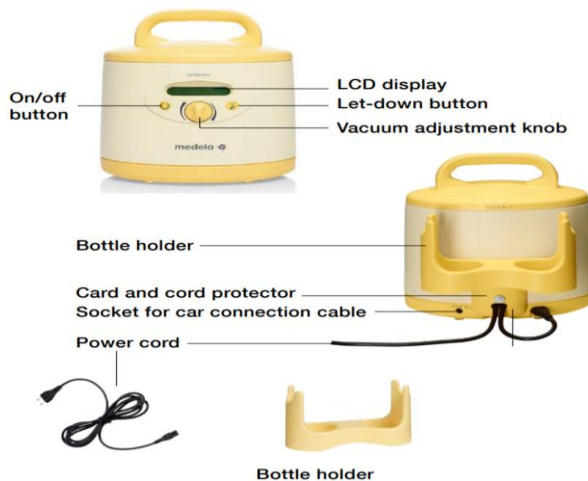


Figure 6.

We advise renting a hospital grade pump (Figure 6) for home, while you are mostly expressing breastmilk and looking to maintain a good supply as they are more efficient. Hand-held and other electric pumps do not yield the same amount of milk.

You can use the Medela Symphony breast pumps while in the hospital, there a number of these available on the unit. We also have a limited number of portable breast pumps available for use in Parents' Accommodation or Ronald McDonald. Please speak to a Breastfeeding champion or Neonatal CNS regarding this.

It would be helpful to have two storage containers to keep your pumping equipment to store your clean and the used sets. Please see Sterilisation guide (Figure 20 in Section 12) for other items that you will need.



## 7. Choosing the correct breast shield size

The correct breast shield size is important for comfort. It is also needed to ensure the correct level of breast stimulation to initiate and maintain your milk supply. Please ask the nurse to check if you have the correct size as incorrect sizing may lead to problems with nipples/breast pain and supply.

### Test your breast shield size:

1. Start with the 24mm that came with your collection kit.
2. Centre nipple and gently hold breast shield against your breast (Figure 7).

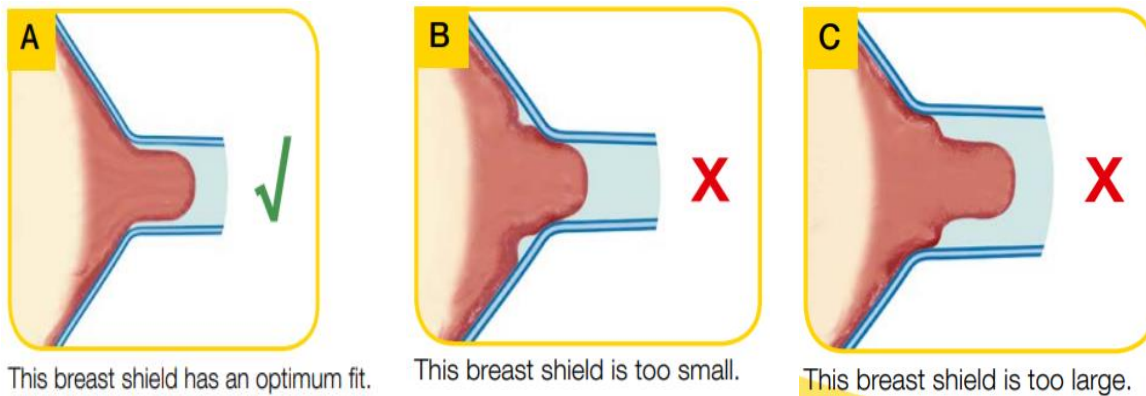


Figure 7.

3. Refer Figure 8 on how to measure the breast shield.

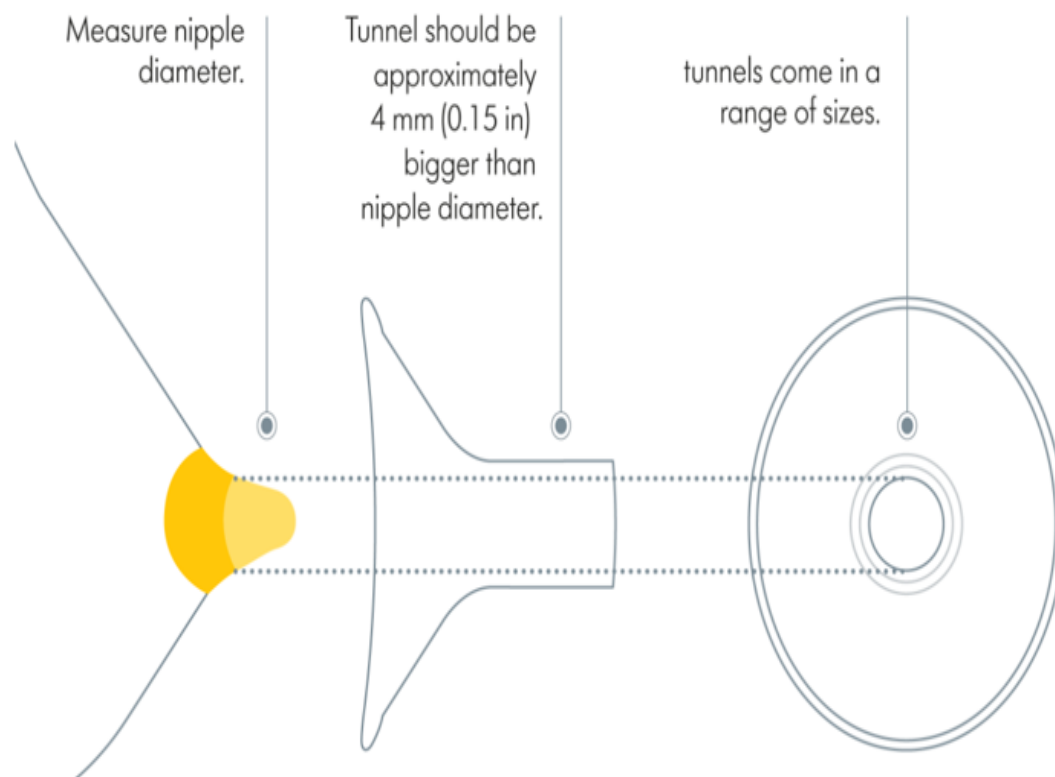


Figure 8.

## 8. How do I use the Medela Symphony breast pump?

Your baby's nurse or a Breastfeeding champions can show you how to set up and use the breast pump with the collection kit (Figure 9). Here is some breastfeeding information to assist you in expressing milk for your baby.

- Go to CHI at Crumlin website at [www.olchc.ie](http://www.olchc.ie) then click on the 'Children & Family' tab.
- You will see an option 'Breastfeeding' listed on the left hand side.
- Once you click on the 'Expressing Milk for your Baby' box you will see a number of resources from hand expressing, to choosing the correct size shield, how to wash and sterilise the equipment, keeping track of your milk supply and a video on how to use the Medela symphony breast pump.

Once you are all set and ready to pump, just sit back relax and think of your baby.

**The hospital breast pump is for communal use. Please remember to keep the entire EBM 'collection kit'** (membrane and cap, tubing with adapter, breast shield and connector with connector lid) with you and not to leave them with the breast pump as they are for individual use only.

### 8.1 A Complete Collection Kit

Figure 9.





8.2 Assembling The Collection Kit

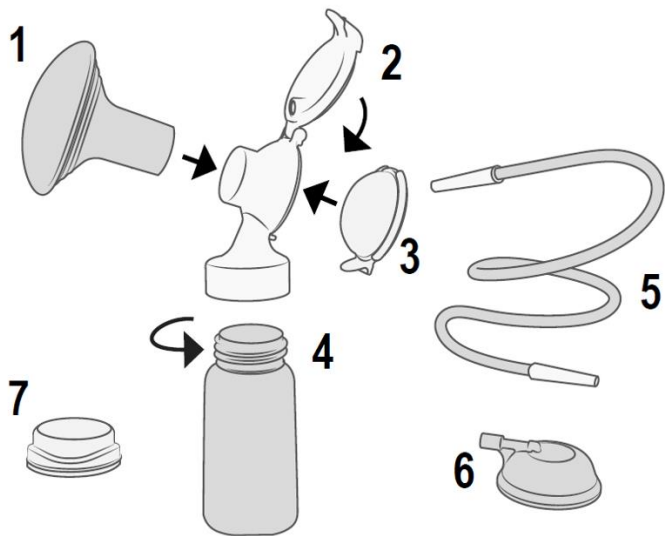


Figure 10.

Figure 10.

- (1) PersonalFit PLUS breast shield
- (2) Connector with connector lid
- (3) Membrane
- (4) Bottle
- (5) Tubing
- (6) Symphony cap
- (7) Multi lid

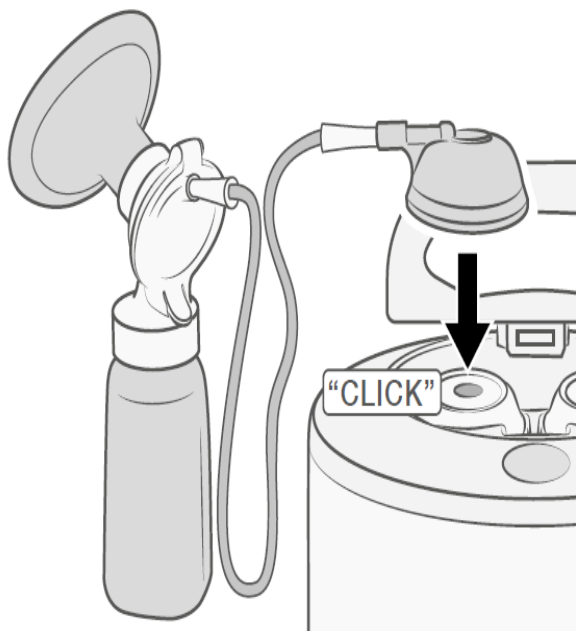


Figure 11.

Figure 11.

- (1) Wash your hands thoroughly before assembling the collection kit.
- (2) Screw the bottle into the connector.
- (3) Insert the tubing adapter into the corresponding opening in the connector lid.
- (4) Insert the tubing adapter into the opening in the Symphony cap.
- (5) Open the lid of the breast pump: Press the oval button on the top of the Symphony pump and lift the handle.
- (6) Position the Symphony cap firmly on the breast pump membrane to form a seal. Make sure that the Symphony cap engages and lies flush to the surface.
- (7) Centre the tubing connector in the recess in the pump housing.
- (8) Close the lid of the breast pump.
- (9) Refer instructions below on operating the pump and pump set for expression.

### 8.3 Preparing For Pumping

#### Connecting The Pump Set To The Pump Housing

➡ (Note: If SINGLE pump kit seat only one membrane cap)

Figure 12.



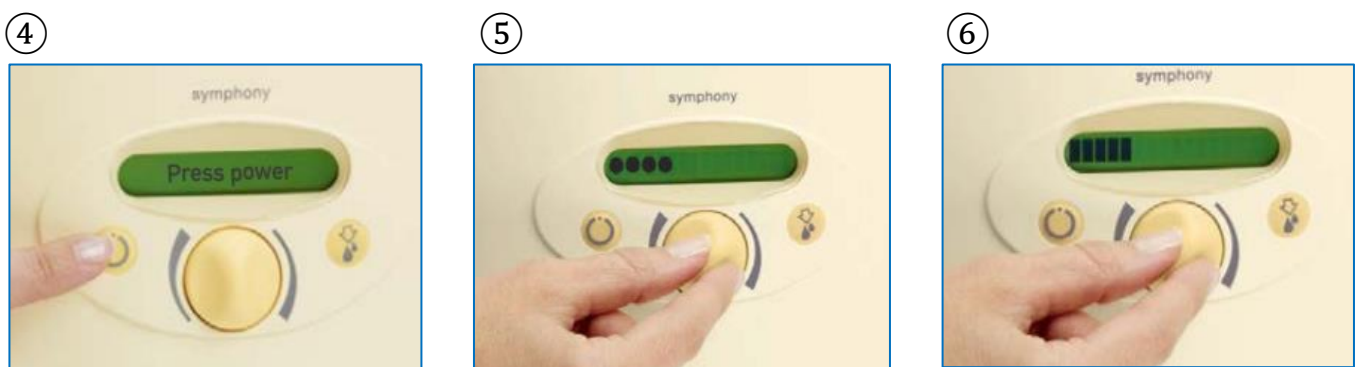
① Open the breast pump lid: press the oval button on the top of the Symphony and lift the handle

② Position the membrane cap at the end of the tubing firmly onto the membrane in the housing, to form a seal. Centre the tubing connector in the recess in the pump housing.  
→ Make sure that the membrane cap engages and lies flush to the surface.

③ Place the breast shield of pump set on the breast so that the nipples are properly centred in the tunnel. Hold the breast shield onto the breast with the thumb and index finger. Support the breast with the palm of the hand

### 8.4 Operation: Standard programme

Figure 13.



④ Switch on the breast pump

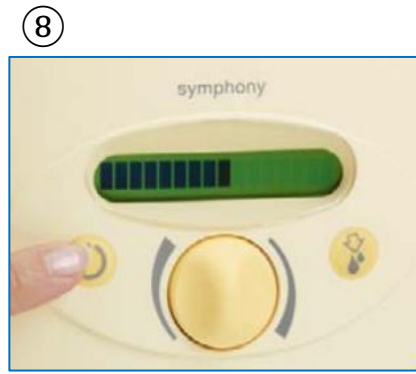


⑤ **Comfort vacuum**  
Set the comfort vacuum by rotating the vacuum adjustment knob. First rotate to the right to increase the vacuum until there is a slight discomfort. Then rotate to the left to reduce the vacuum until it is comfortable.

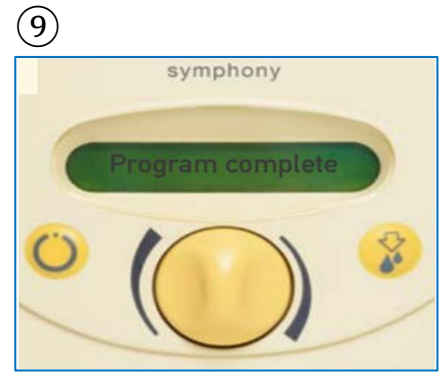
⑥ The bars on the display show the vacuum level. The more bars, the stronger the vacuum.



⑦ The pump will automatically switch to the expression phase after two minutes.



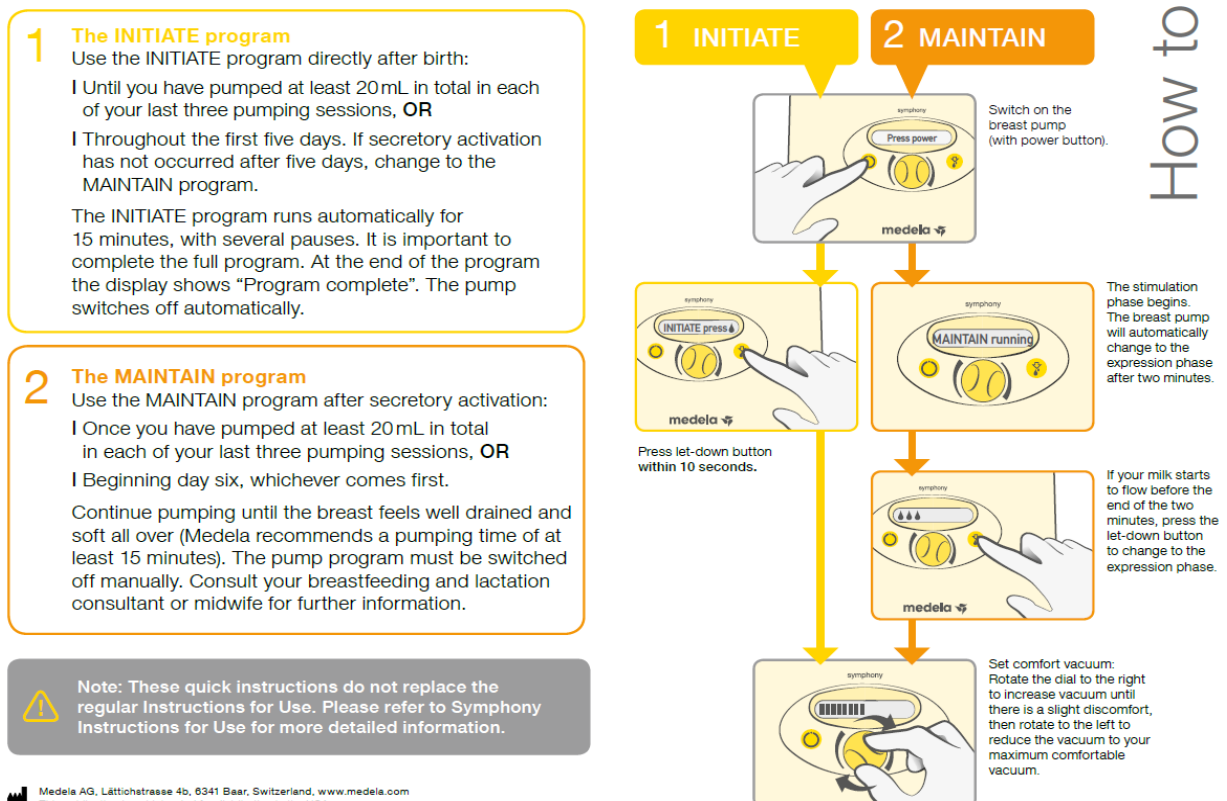
⑧ Continue pumping until the breast feels well drained and soft all over.



⑨ The INITIATE program runs automatically for 15 minutes with stimulation, expression and pause phases. An acoustic signal indicates the end of the program. The display shows 'Program complete'. The pump switches off automatically.  
→ It is important to complete the entire INITIATE program.

## 8.5 Pumping Programmes

Figure 14.



## 9. How often should I pump?

If your baby is not going to breast:

- Pump at least every 2-3 hours during the day and every 3-4 hours at night, or at least 8 times in 24 hours. Try to get a 5 hours stretch of sleep if possible at night. You may pump more often if you need to increase your supply.

If you are going to be separated from your baby temporarily:

- Pump whenever you would be feeding your baby, or whenever your baby gets fed from a bottle in your absence.

## 10. How long should I pump?

You should pump for 1 to 2 minutes after the milk flow stops. This generally takes 10 to 15 minutes. Breasts should feel softer at the end of the pumping session. Pumping for longer periods may result in nipple pain. Pumping more frequently, rather than for a longer period, may help to build your milk supply.

Have the suction at level you feel comfortable with. **Pumping should not hurt.** Increasing the suction to the point of discomfort may make you sore and may prevent your breasts from releasing milk (“letting down”).

## 11. Establishing and increasing breastmilk supply

In the first few days’ post birth your milk supply is small (Figure 15) but very nutritious and hugely important to your baby. It is important to pump approximately every 3 hours (8 times in 24 hours). This will help to establish a full milk supply. Your milk volumes should increase each day and a full milk supply is considered to be >750mls of EBM by day 14. If this is not the case for you then please discuss this with your nurse/ a breastfeeding champion. We can discuss strategies to try to increase your milk volumes.



Figure 15.

## Hints and Tips for expressing:

- Get comfortable/privacy. Switch off phone or use soothing music.
- Skin to skin with baby if possible or appropriate before starting. Just ask the nursing staff.
- Sit up straight in a comfortable chair and try not to hunch over to avoid back pain. Sit back and try to relax.
- Look at a picture of your baby. Bring in something with the scent of your baby e.g. their toy, hat or mitten. Return item to your baby after expression as it now has your scent and offers security to your baby. Dads can do this also.
- Place warm flannel on breasts before starting.
- Massage breasts towards nipples.
- Partner can massage your feet or back. This can help enable 'let down' reflex.
- **Mind yourself!**
  - ❖ **Healthy balance diet, rest, and drink plenty of water.**
  - ❖ **You can take one stretch of 5 hours sleep at night without pumping.**
- Avoid alcohol and smoking including passive smoking.
- Observe your breasts for signs of engorgement, lumps, redness, heat, tears, cracks soreness, bleeding or rash on breast or around nipples. Please seek medical advice if needed.
- Please let the nurse know if you on any type of prescribed medication or homeopathic medication.

## 11.1 Expressing Assessment Tool (EAT)

This is a guide to help you know when expressing is going well. Your nurse will be able to provide you with a copy of this. Used daily, this colour coded assessment tool will help identify any areas where there may be a problem. You can download a copy of this EAT tool (Figure 16) at the [www.olchc.ie](http://www.olchc.ie).

See Appendix 22.

| Expressing Assessment Tool (EAT)   |  |  |  |                    |  |      |                      |  |                    |
|--|--|--|--|--------------------|--|------|----------------------|--|--------------------|
| This assessment is performed on admission (when the infant's mother arrives on the ward/until expressing breast milk) and once per 24 hours when a mother is expressing breast milk thereafter. Document the assessment outcome in the infants Expressing Care Plan/Nursing Notes. If any responses in the pink column are ticked/ watch an expressing session, develop an Expressing Care Plan/Nursing Notes and/or refer to Breastfeeding Champion if required. Any additional concerns should be followed up as needed. |  |  |  |                    |  |      |                      |  |                    |
|  | Indication of effective pumping (Green Indicators) |  |  |                    | Answer suggests a problem (Pink Indicators)  |      |                      |  |                    |
| 1  | Frequency of expression                            | At least 8 times in 24 hours including once during the night   |  |                    | Fewer than 8 times. Leaving out the night expression.  |      |                      |  |                    |
| 2  | Timings of expressions                             | Timings work around her lifestyle with no gaps of longer than 4 hours (daytime) and 6 hours (night time)   |  |                    | Frequent long gaps between expressions. Difficulty 'fitting' in 8 expressions in 24 hours  |      |                      |  |                    |
| 3  | Stimulating milk ejection                          | Uses breast massage, relaxation, skin contact and/or being close to infant. Photos or items of baby clothing to help stimulate oxytocin.   |  |                    | Difficulty eliciting a milk ejection reflex. Stressed and anxious.   |      |                      |  |                    |
| 4  | Milk flow  | Good milk flow. Breasts feel soft after expression   |  |                    | Milk flow delayed and slow. Breasts remain full after expression   |      |                      |  |                    |
| 5  | Milk volumes                                       | Gradual increases in 24 hr volume at each assessment. Aim 750 - 1,000mls by 2 weeks  |  |                    | Milk volumes slow to increase or are decreasing at each assessment. Volume expressed < than 750 ml/day at 2 weeks  |      |                      |  |                    |
| 6  | Breast condition                                   | Mother reports breast are less full and softer after expressing. No red areas on breasts   |  |                    | Breasts hard and painful to touch. Red areas and hard lumps in breasts   |      |                      |  |                    |
| 7  | Hand expression                                    | Confident with technique. Appropriate leaflet provided & video viewed  |  |                    | *Poor technique observed. Mother not confident.  |      |                      |  |                    |
| 8  | Using a breast pump                                | Access to hospital grade electric pump. Effective technique including suction settings. Switching breasts (or double pumping) to ensure good breast drainage. Expressing set provided  |  |                    | Concern about technique.   |      |                      |  |                    |
| 9  | Effective Pumping Technique                        | Can assemble expressing set. Knows technique for washing and sterilising equipment. Hands on Pumping Technique used. Watched Stanford University video. Uses massage and/or breast compression to increase flow. Suction setting correct, maximum comfortable pressure used. Breast shields fit correctly, no nipple soreness. Expresses until flow slows down, massages and expresses again until flow disappears |  |                    | Expressing set not provided. Cannot assemble expressing set. Does not know technique for sterilising equipment. Using pump only, without combining with hand expression. No breast massage and/or breast compression. Suction setting too high/low. Breast shield too small/large, nipples sore. Restricting expression length |      |                      |  |                    |
| Adapted from UNICEF UK Baby Friendly Initiative 2013 and Guidelines for mothers HSE 2015   |  |  |  |                    |  |      |                      |  |                    |
| Date assessed  | Time   | Pink Indicators Nos.   | Total EBM Volume (mls) expressed previous 24 hrs | Signature/ NMBI No | Date assessed  | Time | Pink Indicators Nos. | Total EBM Volume (mls) expressed previous 24 hrs | Signature/ NMBI No |
|  |  |  |  |                    |  |      |                      |  |                    |
|  |  |  |  |                    |  |      |                      |  |                    |

| Our Lady's Children's Hospital, Crumlin                                |   |   |                   |      |   |   |                   |      |   |
|--|---|---|-------------------|------|---|---|-------------------|------|---|
| Keeping Track of Expressed Breast Milk                                 |   |   |                   |      |   |   |                   |      |   |
| BABY'S NAME:   |   | HOSPITAL NUMBER:                                |                   |      | DATE:                                       |   |                   |      |   |
| Record the volume of Milk that you express every day and record below. |   |   |                   |      |   |   |                   |      |   |
| DATE   | Number of times Pumped in 24hours (6am-6am) | Total volume of milk Expressed in 24hours (mls) | Type of Pump used | DATE | Number of times Pumped in 24hours (6am-6am) | Total volume of milk Expressed in 24hours (mls) | Type of Pump used | DATE | Number of times Pumped in 24hours (6am-6am) |
|  |   |   |                   |      |   |   |                   |      |   |
|  |   |   |                   |      |   |   |                   |      |   |
|  |   |   |                   |      |   |   |                   |      |   |
|  |   |   |                   |      |   |   |                   |      |   |

Figure 16.



## 11.2 How to use expressing log book?

When establishing and increasing milk supply it can be useful to keep a record of helpful things to note include:

- How much milk you are making?
- Number of times pumped in 24 hours
- Total volume of milk in 24 hours
- Type of pump used
- You can download a copy of expressing log book (Figure 17) to record this information at the [www.olchc.ie](http://www.olchc.ie)
- See Appendix 22.

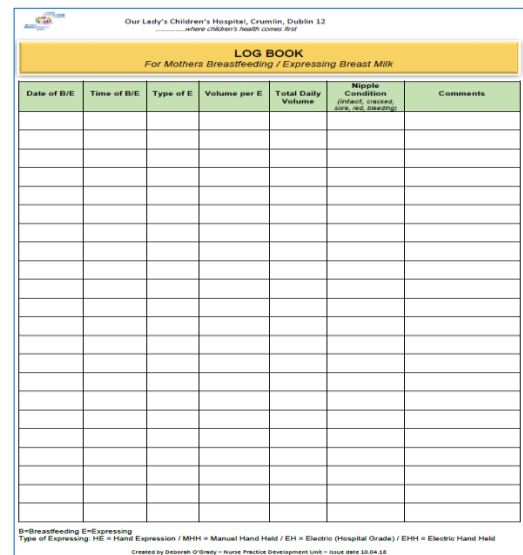


Figure 17.

## 12. How do I clean my collection kit while my baby is in the unit?

All the collection kit (**excluding tubing and protective cap & membrane**) can be sterilised, boiled and are dishwasher safe. Any collection kit that come into contact with milk must be sterilised after each use. Do not dry pump kit with paper towel, as this is not sterile.

Store tubing in a clean bag or container when not in use. The tubing does not normally come in contact with your milk. You may wipe down the outside of the tubing periodically with a clean cloth. **If you notice condensation (moisture) in the tubing after you pump**, leave your pump on for a few minutes after pumping. This will dry the tubing. If moisture builds up in the tubing, squirt rubbing alcohol (available from hospital) through the tubing and hang to dry.

The Symphony Breast pump (provided by the hospital) needs to wipe down with warm soapy water and dry with hand towel or alcohol wipes (supply by the hospital) before and after use. Your baby's nurse can demonstrate the initial sterilising of expressing equipment.



Figure 18.



Figure 19.

One microwave sterilising bag (Figure 19) will be provided per patient, which can be used up to 20 times. If your child's is in isolation, use a new bag each time. Write your child's name on the bag and the number of uses. Use the microwave steriliser bags in accordance with the instructions. Microwave can be found in the EBM room or parent kitchen.












See Figure 20 for a guide for washing and sterilising EBM equipment.

Figure 20.



## A Guide for Washing and Sterilising Expressing Breast Milk Equipment

| All expressing equipment needs to be washed and sterilised before 1 <sup>st</sup> use and then after each use             |   |
|---|---|
| To Wash The Expressed Breast Equipment You Will Need A:   |   |
| Bowl (limited stock available at ward level, please bring your own supply)  |    |
| Bottle Brush (available for purchase in the Hospital Shop)  |    |
| Washing up liquid (available for purchase in the hospital shop)   |    |
| Wash the equipment in warm soapy water. Rinse off with water, and then place in the steriliser.                           |   |
| To Sterilise The EBM Equipment You Will Need A:   |   |
| Use the microwave steriliser bags in accordance with the instructions.  |  |
| Store the equipment in a clean dry container after sterilising, if not for immediately use (please bring your own supply) |  |
| <b>DO NOT</b> sterile the tubing, protective cap & membrane. Store them in a clean bag/container when not in use.         |  |
| <b>DO NOT</b> dry the kit with paper towel as this is not sterile   |  |
| Symphony Breast Pump (used by many mothers):  |   |
| Wipe the breast pump with warm soapy water. Dry with hand towel before and after use.                                     |  |

Updated by PICU Breastfeeding Focus Group – v2 – June 2022 from Neonatal CNSp-1st Edition May 2018 template



## 13. How do I rent a breast pump?

The Symphony hospital grade pump can be hired through Medicare <https://rental.medicare.ie>

A discount code of 12.5% is applied for parents whose babies are in our hospital. This discount code is available from your nurse. Remember you do not need to order collection kits when renting, as the staff caring for your baby will provide you with 2 sets for your use.

Pumps can be collected from Medicare or a designated pick up point. The nearest pick up point for CHI Crumlin Hospital is Moore's Pharmacy on Cork Street. The pump can be delivered to the hospital for which a delivery charge will apply.

If you have a medical card, then discuss applying for a rental pump with your social worker. This may take a few weeks to organise and needs to be approved by the HSE.

## 14. Skin to Skin Care / Kangaroo Care

Skin to skin contact between mother/father and baby is hugely encouraged in the unit and will be facilitated when possible and appropriate. Skin to skin contact is also called kangaroo care (KC).

During KC you and your baby will produce a hormone called oxytocin. This helps you feel close to your baby.

Discuss with the medical and nursing team caring for your baby when is a good time for you and your baby to participate in KC.

Your familiar voice is very comforting for your baby and we encourage you to talk, read or sing to your baby while you are with them.

If your baby cannot participate in KC, then other forms of positive touch can be used such as hand holding and comfort holding.

Comfort hold: Wash your hands prior to touching your baby. Place a warm hand for your baby to hold or place your hands in a cupping position around baby's feet, body and head.



## 15. Meal vouchers

For mothers that are breastfeeding meal vouchers will be provided by the unit staff for 2 meals (to the value of €7) to be provided on a daily basis from the hospital canteen.

## 16. Donating breastmilk

You may wish to donate your breastmilk if your baby no longer requires it or if you have a large supply. Donated breastmilk can help other sick or premature babies around Ireland while they are in hospital or in specialist units.

For more information please contact them on (ROI) 048 686 2833 or email [tmb.swah@westerntrust.hscni.net](mailto:tmb.swah@westerntrust.hscni.net)

## 17. How to decrease supply or stop expressing?

If you decide to no longer express and need to decrease your supply as your baby does not require breastmilk anymore, please speak to a Breastfeeding Champion or Neonatal CNS for advise.

## 18. Troubleshooting

If you have queries, questions or any difficulties with breastfeeding or expressing, then talk to your Nurse. We are here to help.

If you are experiencing any pain; reduced milk supply; infection such as mastitis or are taking medication please ask to speak to a breastfeeding champion or Neonatal CNS.

When your baby is ready, our Breastfeeding champion or Neonatal CNS will be able to assist you to transition from tube feeding to breastfeeding.

## 19. Useful Websites and Videos

Online links to the above documents and tools can be found on the CHI at Crumlin website at [www.olchc.ie](http://www.olchc.ie) This website includes multiple links and videos for both mothers expressing and breastfeeding.

Table 1.

| LIST OF USEFUL BREASTFEEDING INFORMATIONS AND WEBSITES                |  |
|---|--|
| 1. <b>Hand Expressing Milk in Stanford Medicine</b>                   | <a href="#">Click here for Hand Expressing Milk in Stanford Medicine</a>   |
| 2. Breastfeeding – CHI at Crumlin                                     | <a href="http://www.olchc.ie">www.olchc.ie</a>   |
| 3. Health Promotion Unit  | <a href="http://www.mychild.ie">www.mychild.ie</a>   |
| 4. Infant Mental Health   | <a href="http://www.mychild.ie">www.mychild.ie</a>    <a href="http://www.iaimh.ie">www.iaimh.ie</a>   |
| 5. HSE – Getting breastfeeding off to a good start                    | <a href="#">Click here for Getting Breastfeeding off to a good start</a>   |
| 6. HSE – Breastfeeding and expressing for your premature or sick baby | <a href="#">Click here for Breastfeeding &amp; Expressing for premature or sick baby</a>   |
| 7. Baby Friendly Hospital Initiative in Ireland                       | <a href="http://www.babyfriendly.ie">www.babyfriendly.ie</a>   |
| 8. La Leche League  | <a href="http://www.la lecheleague.org">www.la lecheleague.org</a>   |
| 9. Cuidiu   | <a href="http://www.cuidiu-ict.ie">www.cuidiu-ict.ie</a>   |
| 10. Association of Lactation Consultants Ireland                      | <a href="http://www.alcireland.ie">www.alcireland.ie</a>   |
| 11. Irish Neonatal Health Alliance                                    | <a href="http://www.inha.ie">www.inha.ie</a>   |
| 12. Donor Milk Banks  | <a href="http://www.ukamb.org">www.ukamb.org</a><br><a href="mailto:tmb.irvinestown@westerntrust.hscni.net">tmb.irvinestown@westerntrust.hscni.net</a> |
| 13. Medela breast pump suppliers                                      | <a href="#">Click here for Medela Breast Pump Suppliers</a>  |

## 20. Acknowledgement

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## 21. References

- 21.1. Breastfeeding: [www.olchc.ie](http://www.olchc.ie)
- 21.2. Breastfeeding and Expressing for your Premature or Sick Baby: [www.breastfeeding.ie](http://www.breastfeeding.ie)
- 21.3. Hand Expression: [www.bornandfed.com](http://www.bornandfed.com)
- 21.4. [www.medela.com](http://www.medela.com) and [www.medela.us](http://www.medela.us)
  - Choosing your breast shield size
  - Instructions for hospital use for Symphony breast pump
  - Newborn stomach size in 'How much Breast Milk Does a Baby Need?'
  - Symphony pumping programs: Quick start instructions

## 22. Appendix

- 22.1. Breastfeeding-Condition-for-Mothers-in-CHI Crumlin
- 22.2. Expressing Assessment Tool
- 22.3. CHI Crumlin Log Book
- 22.4. EBM stickers