

Expressing Assessment Tool

Full Name:
 Address:
 HCR:
Addressograph

Goal:		To ensure that the parent is expressing effectively and highlight any issues or concerns they may have with expressing.	
Frequency of completion:		<input checked="" type="checkbox"/> On admission <input checked="" type="checkbox"/> Daily or per shift until supply established to a volume parent is happy with +/- clinical judgement <input checked="" type="checkbox"/> Weekly until discharge	
Actions:		Provide parent with a copy of the HSE booklet 'Breastfeeding and expressing for your premature or sick baby'. If any responses in the pink column are ticked - observe a pumping session. Document the assessment outcomes and advice given in nursing notes. Discuss any additional concerns with a Breastfeeding Champion/senior staff member.	
		Indication of effective pumping (Green Indicators)	Answer suggest 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 night expression.
2	Timings of expressions*	Timings work around her lifestyle with no gaps of longer than 4 hours (daytime) and 6 hours (nighttime).	Frequent long gaps between expressions. Difficulty 'fitting in' 8 expressions per 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. Stresses and anxious.
4	Milk flow	Good milk. Breasts feel softer after expression.	Milk flow delayed and slow. Breasts remain full after expression.
5	Milk volumes	Gradual increases in 24hrs volume at each assessment. Aim 700-900mls for a singleton baby by 2 weeks.	Milk volumes slow to increase or are decreasing at each assessment. Volume expressed < than 700mls/day at 2 weeks.
6	Breast condition	Parent reports breast are less full and softer after expressing. No red areas or nipple trauma.	Breasts are hard and painful to touch. Evidence of friction or trauma to nipple.
7	Hand expression**	Confident with technique. Information & video in HSE booklet.	Poor technique observed. Mother not confident.
8	Using a breast pump	Access to hospital grade electric pump and can set up. Expressing sets provided. Knows how to wash and sterilise equipment. Breast shields fit correctly, no nipple soreness.	Inconsistent access to hospital grade pump. Not enough expressing sets. Unaware of how to sterilise equipment. Shields too small/large.
9	Effective Pumping Technique	Confident with breast compressions and/or hands-on-pumping technique: watched Stanford University video. Suction setting correct for that parent. Double pumping to ensure good breast drainage. Expresses until flow slows down, massages and expresses again until flow decreases.	Using pump only without combining breast massage and/or compression. Suction setting too high/low. Single pumping. Restricting expression time length.

*Once a full milk supply (or personal maximum milk volume) has been achieved, a parent may reduce the frequency of expressions and still maintain their usual milk volumes

** May not need to be reviewed every time. Hand expression is important in first 24-48 hours post-partum. Can also be used as an alternative expressing technique if no pump available

