

[Expressing Breast Milk](#)



Why do you have to express your breast milk?

Many women are under the impression that it is necessary to own or use a pump to breastfeed. This is not so. You do not need a breast pump to breastfeed. Too often mothers want to express breast milk so that the father can feed the baby a bottle. This notion is very much pushed by formula companies in their marketing. Ask yourself why. There are many things the father can do to help you besides giving the baby a bottle. Even if it is your own expressed breast milk in the bottle, even one bottle a day can lead to a baby starting to feed less well at the breast and the increasing “need” to give more bottles. Mothers are also being encouraged to pump their milk and give it to baby by bottle for the most unnecessary reasons: weddings, doctor’s appointments, shopping and the list goes on. Why not take the baby with you? How can babies not be welcome at weddings? What could be a more natural place for a baby to be than a joyous family gathering? Your baby is part of the family. One of the odd things about Western society is exclusion of children from “adult” society. Then we wonder why they don’t want to have anything to do with us when they are teenagers. If it is truly necessary to leave the baby with someone else, why not use a cup (see the information sheet *Finger and Cup Feeding*)?

If you go out, take your baby with you. Almost all states and provinces have laws or human rights codes that allow a mother to breastfeed in any location she is legally allowed to be. Strike a blow for breastfeeding mothers and babies! Breastfeed your baby in public! Your feeling of discomfort will soon be replaced by an incredible feeling of freedom. Furthermore, you will be encouraging other mothers to do the same while at the same time educating others, especially young children who may never have seen a baby at the breast before. Don’t worry, they won’t be traumatized psychologically. If you are shy about breastfeeding in public, a good place to start breastfeeding in public is at a cinema. The lights go down, the baby gets breastfeeding, is quiet, and nobody can see.

We are not keen on pumping when the mother is already supplementing her breastfeeding with formula. Yes, the baby may get a little less breastmilk and take more formula but here is why we feel this way:

1. Pumping is expensive (to rent or buy the machine).
2. Pumping is tiring and time consuming.
3. Pumping diminishes the mother’s enjoyment of breastfeeding.
4. Pumping, if not done properly, may cause sore nipples.
5. In spite of everything we tell mothers, that you cannot tell how much you are producing or can produce, mothers look at what they pump and get discouraged.
6. Compression is like pumping, but instead of pumping into a bottle, you express into the baby. It works even better, in our opinion. But see the information sheet *Breast Compression* and the video clips on how to do compression well.

There are a very few circumstances when it is necessary to express your milk. Certainly, if baby is not yet latching onto the breast then mother needs to pump in order to maintain her milk supply (see the information sheet *When the Baby is Not Yet Latching On*).

Mothers may have to pump when the baby is very premature and not yet ready to go to the breast (by the way, unlike what goes on in North America, very premature babies are going to the breast in Sweden for example, and breastfeeding by 30 weeks gestation, some breastfeeding exclusively by 32 or 33 weeks gestation, even before they are “allowed” to go to the breast in most North American special care units (yes, breastfeeding at the breast, not being fed breastmilk by bottle). See the information sheet on *Breastfeeding the Premature Baby*.

Finally, if you don't have adequate maternity leave you may need to express your milk. Incidentally, anything less than 6 months maternity leave is inadequate. See the information sheet *What to Feed the Baby When the Mother Works Outside the Home*. This information sheet is geared, however, to those mothers who do have at least 6 months maternity leave. If, in your country, you have less than 6 months maternity leave, when you start having a little free time, start lobbying government to do something about such a disgraceful situation.

Breastfeeding is so much more than breastmilk and whenever possible, the baby should be at the breast. A pump is not as efficient as a well-latched baby and so a baby who breastfeeds well is the best pump. Of course some babies don't breastfeed well.

About expressing milk

- Obviously, if you can pump or express a lot of milk, you are producing a lot; however, if you cannot pump or express a lot, this does not mean your milk production is low or inadequate. Do not pump to find out how much you are producing. This is not a good way to judge milk supply and if you pump just before the baby feeds will result in “emptier” breasts for the baby. See the video clips that show how to know a baby is getting milk well from the breast (or not).
- The most effective artificial pumps are high-powered, double, electric, and hospital-grade with adjustable pressure/suction and speed. There are many pumps on the market that are just not very good. Some hand pumps are adequate for occasional pumping.
- Hand expression can be very effective and certainly is the least expensive. See below.
- Improper use of a breast pump can lead to problems. Read all instructions thoroughly. Make sure you get a demonstration and instructions from the person who is renting or selling you the pump.
- It is important that milk be expressed and/or pumped after the feed as the breasts should be as full as possible for the baby's feeding. Babies respond to fast flow (see information sheet *Protocol to Satisfy Baby and Breast Compression*), and pumping before the feed will reduce the amount of milk in the breast and reduce the flow of milk to the baby.

Pumping method

1. Pump immediately after the feed--waiting an hour or so decreases the likelihood the breast will be full as possible for the next feed.
2. Wash your hands
3. Place your nipple in the center of the flange (when your baby is breastfeeding, it is best that

your baby be latched on “off-centre” or “asymmetrically” with your nipple pointed toward the roof of baby’s mouth (see the information sheet *When Latching* and the video clips.

4. Put the pump on the lowest setting that extracts milk, not the highest setting you can tolerate.
5. Pump for a maximum of 15 minutes each side. If breasts run “dry” before 15 minutes is up, pump until dry then add 2 minutes. Compression can be used when pumping as well and increases the amount you can pump. See the information sheet *Breast Compression*.
6. Remember, pumping should not hurt. If it hurts:
 - Lower the suction setting
 - Ensure the nipple is centered in the flange
 - Pump for a shorter period of time

Cleaning the pump

- All pumping equipment should be sterilized before first usage, thereafter it only requires washing with hot, soapy, water or by dishwasher.
- After each pumping: either place the pumping kit (not the tubes or motor) in the refrigerator until the next pumping, or if not pumping the same day, hot-water wash and hot-water rinse well, then air dry.
- Remember to take apart all pieces of the pump for cleaning---including the smallest pieces, and to ensure that no milk has clumped in the flange shaft.

Hand expression

Many women find that hand expression is an efficient way to pump when only occasional expression is required. In fact, when colostrum is present and the milk production is not abundant (as normal in the first few days), it is often easier to get milk with hand expression than with a pump and many women find this the easiest way to express mature milk as well.

1. Wash your hands
2. Place thumb and index finger on either side of the nipple, about 3 to 5 cm (1-2 inches) back from the nipple.
3. Press gently inward toward the rib cage
4. Roll fingers together in a slight downward motion
5. Repeat all around the nipple if desired

Breastmilk storage

Unlike formula, breast milk is anti-infective, antibacterial, antifungal, and antiviral.

Breastmilk will stay good:

- At room temperature for up to 8-12 hours.
- In the fridge for up to 8-11 days.
- In the freezer, at the back, for many months.
- In a deep freeze for much longer

Get used to the taste and smell of breast milk so you'll always know if it is good.

- Due to the high fat content of breastmilk, storage of any kind will produce a separation in the liquid. This is normal; a gentle mixing will give it a homogeneous look once more. There is nothing wrong, however, in the baby drinking separated milk.
- • Breastmilk may taste different after freezing; this is normal. Sometimes, however, mothers have a large amount of lipase (the enzyme that breaks down fat) in their milk and the fat in their milk is broken down even if the milk was immediately refrigerated or frozen without any problem with the milk being accidentally defrosted. This milk is still good for the baby, if he'll drink it. Its flavour can be hidden by mixing it with food if he's old enough to take food. See the information sheet *Starting Solids*.
- Never heat breastmilk in the microwave.
- Babies will often take cold milk, but if heating is desired, or if milk needs to be defrosted, place container or bag of milk in a cup of warm water for a minute or two.

Encouraging the milk ejection reflex (MER) or “let down” reflex

The milk ejection reflex or “let down” reflex is the sudden rushing down of the milk. Milk will flow quickly even if the baby is not breastfeeding at the time. Some women may feel thirsty, sweaty, sleepy, or dizzy during a milk ejection reflex. However, many women do not feel this milk ejection response ever in their whole breastfeeding experience even though everything is going beautifully with breastfeeding. You do not need to feel or be aware of the milk ejection reflex in order for the baby to be getting milk (see the video clips to see if the baby is getting milk well or not). Some women only become aware of it after the first few weeks while others feel it only at the beginning and no longer do after the first few weeks. This has absolutely no bearing on milk supply.

If your baby is not present, you can encourage the milk ejection reflex artificially by thinking about having your baby in your arms or at your breast or having a picture of your baby to look at or keeping a piece of his clothing next to you.

1. Wash your hands
2. Apply a warm wet cloth to your breasts.
3. Massage the breasts in small circular motions around the perimeter of the breast.
4. Gently stroke your breasts with your fingernails in a downward motion toward the nipple
5. Lean forward and gently shake the breasts.
6. Gently roll the nipple between your finger and thumb.

You may feel the milk ejection reflex or notice your breasts leaking or you may not. You are likely to pump more milk faster if you pump both breasts at the same time. Breast compressions, while pumping, can be very effective at increasing the amount expressed, it may be a bit awkward at first, but it can be done (mothers have fixed the cups so that they sit inside the bra and then use compressions) or the partner can do it.

Questions? First look at the website [nbc.ca](http://www.nbc.ca) or drjacknewman.com. If the information you need is not there, go to *Contact Us* and give us the information listed there in your email. Information is also available in **Dr. Jack Newman's Guide to Breastfeeding** (called **The Ultimate Breastfeeding Book of Answers** in the USA); and/or our DVD, **Dr. Jack Newman's Visual Guide to Breastfeeding** (available in French or with subtitles in Spanish, Portuguese and Italian); and/or **The Latch Book and Other Keys to Breastfeeding Success**; and/or **L-eat Latch and Transfer Tool**; and/or the **GamePlan for Protecting and Supporting Breastfeeding in the First 24 Hours of Life and Beyond**.

To make an appointment online with our clinic please visit www.nbc.ca. If you do not have easy access to email or internet, you may phone (416) 498-0002.

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