

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



Health
South Eastern Sydney
Local Health District

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SUMMARY	This CBR is developed to guide best BFHI clinical practice at the Royal to protect and promote the early establishment and maintenance of lactation when mothers and babies cannot remain together for the first breastfeed.
Key Words	First breastmilk expression, hand expressing

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This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The aim of this CBR is to protect and promote the early initiation and maintenance of lactation for a woman separated from their neonate and to provide optimal nutrition for neonates admitted to the Newborn Care Centre (NCC) by the provision of their mother's own milk.

Definitions:

- Expressing breastmilk: the removal of breastmilk for the purpose of collection, storage and transport for a neonate to consume safely
- Colostrum: the first milk produced by the breasts during pregnancy and post birth

2 RESPONSIBILITIES

2.1 Medical Staff

Identify and refer a woman who is expected to birth a preterm or unwell neonate. Inform the woman of the importance of the first breast expression, preferably within 1-2 hours post birth and refer to midwifery staff if assistance required.

2.2 Midwifery and Nursing Staff

Identify and educate the woman who may need to hand express. Provide instruction and assistance with first breast expression when the woman and her neonate are separated and facilitate ongoing collection, storage and transfer of colostrum/EBM to neonate in NCC.

2.3 Lactation CMC/CNC - lactation

Consult with the woman whose neonate is in the NCC. Attend the woman who is unwell in COU or ICU if their neonate is in the NCC. Facilitate the first breast expression, storage and transfer of colostrum/EBM to neonate in NCC.

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3 PROCEDURE

3.1 Clinical Practice points

- Identify woman who will need guidance and assistance with first breast expression, in particular whose neonate will be admitted to NCC
- Support the woman to initiate expressing colostrum as soon as possible, but at least within 2 hours of birth
- Obtain consent prior to performing first breast expression if the woman is unable to hand express herself
- Provide privacy and explanation for first breast expression
- Perform five moments of hand hygiene and follow relevant SESLHD infection control standards
- Collect the following equipment
 - 1ml- 3mls Syringes with purple caps, specimen bags
 - yellow top specimen cups (if preferred)
 - NSW Health Expressed Breastmilk Labels (Appendix A)
- Ensure woman also performs hand hygiene, prior to handling any equipment or touching her breasts if possible
- Provide equipment and instruction and if needed on how to express breasts. (Appendix B)
- Collect colostrum in equipment provided
- Label expressed colostrum using Expressed Breastmilk Labels (Appendix A)
- Transport labelled expressed colostrum to neonate(s), as soon as possible
- Provide woman with information about pump expressing for NCC at appropriate time

4 Documentation

- Electronic medical record
- Record in birth data time of first expression

5 Education Notes

- Delayed lactogenesis II is not uncommon for a woman with a preterm/unwell neonate(s)^{6,10}
- Breastmilk volumes at 24 hours post birth normally is drops or mls⁶
- Early hand expressing, preferably within one - two hour of birth is important to establish milk supply when a woman and her neonate are separated at birth. Any delay can negatively impact breastmilk volumes^{1,7,9,10}
- Hand expressing is the best way to collect breast milk in the first 24 hours or when there are small volumes⁷
- A hospital grade breast pump is added at 24 – 36 hours post birth to stimulate the breasts to produce more milk.
- Mothers of premature babies admitted to the NICU are then supported to hand express at least eight times, if able, in 24 hours including at least once overnight (when Prolactin is peaking), and after all breastfeed attempts and kangaroo care. It is usually more effective if the mother expresses for shorter sessions regularly, rather than long sessions less often^{1,7,8}

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- Ensure all equipment used is single woman use only to prevent contamination. [Breastmilk – Safe Management](#)
- Ensure hand hygiene policy is adhered to by woman and hospital staff. [Bare Below the Elbows](#)

6 Related Policies/procedures

- [Breastfeeding - Protection Promotion and Support](#)
- [Cleaning blood and other body substance spills](#)
- [Bare Below the Elbows](#)
- [Breastmilk – Safe Management](#)
- [Care of infant feeding equipment within SESLHD facilities](#)
- [Breastfeeding in NSW- Promotion, Protection and Support](#)

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8 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

9 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017 044-Interpreters Standard Procedures for Working with Health Care Interpreters.

10 NATIONAL STANDARDS

- Standard 2- Partnering with consumers
- Standards 5- Comprehensive Care

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11 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
July 2025		Draft complete
Aug 2025		Revised and edited
October 2025		RHW BRGC

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Appendix A

EXPRESSED BREASTMILK	
Baby Surname: _____	MRN: _____
Baby Given Name: _____	
Baby DOB: ____/____/20____	Baby Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mother's Name: _____	
EBM: _____ mL Additive/s: _____	
Expressed:	date ____/____/20____ time ____:____
Defrosted:	date ____/____/20____ time ____:____
Expires:	date ____/____/20____ time ____:____
Sign: _____	Sign: _____
NH601049 17/02/15	

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Appendix B

How to Hand Express

- Perform hand hygiene before commencement of breast expression
- Encourage woman to perform hand hygiene
- Encourage woman to lean slightly forward if possible.
- Start with a gentle breast massage, stroking from the top of the breast towards the nipple to facilitate the let-down reflex.



- Gently press finger and thumb pads (not fingertips) back toward the chest wall into the breast tissue, then press together behind the nipple, and hold for a few seconds. Fingers should be well back from the nipple, on the outside of the areola and should not tug or drag on the nipple
- Repeat this process in a rhythm similar to a neonate sucking



- Do not squeeze or pinch the nipple
- Collect the colostrum either into a clean container, or directly into the syringes with caps provided.
- Rotate the position of fingers and thumb around the areola and repeat the expressing process.
- Swap to the other breast when the flow slows down.
- Ensure the woman is left appropriately covered.