

BREASTFEEDING – FIRST BREAST EXPRESSION

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

AIM

- Protect and promote the early establishment and maintenance of lactation
- Provision of optimal nutrition for breastfed neonate.

PATIENT

- Woman whose neonate is to be admitted to Newborn Care Centre (NCC)
- Woman who may not be able to provide a first breastfeed soon after birth

STAFF

- Medical, midwifery and nursing staff
- Student Midwives
- Lactation Consultants - International Board Certified Lactation Consultants (IBCLC)

EQUIPMENT

- Plastic bag labelled **First Breast Expression**
- Orange feeding syringes 1mL, 10mL with caps, or yellow top container
- Expressed breastmilk labels, to identify name of woman, date and time of expression



CLINICAL PRACTICE

- Identify woman who will need guidance and assistance with first breast expression, in particular whose neonate(s) will be transported to NCC.
- Provide privacy and explanation for first breast expression, including patient information sheet (Appendix 1).
- Obtain consent prior to performing first breast expression if the woman is unable to hand express herself.
- Ensure woman and staff perform hand hygiene, as per NSW Hand Hygiene policy, prior to handling any equipment or touching the woman.
- Provide assistance and guidance on how to express breasts.
- Collect colostrum in labelled equipment provided.
- Transport labelled colostrum to neonate(s), as soon as possible.
- Provide woman with information about pump expressing for NCC at appropriate time.

BREASTFEEDING – FIRST BREAST EXPRESSION cont'd

HAND EXPRESS

- Wash hands before commencement of breast expression
- 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.

BREASTFEEDING – FIRST BREAST EXPRESSION cont'd

- 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.
- Apply supplied label detailing the date and time of the first breast expression collected, with the woman's name and medical record number.
- Store expressed colostrum as per NSW Health policy.
- Transport colostrum to NCC as soon as possible.
- Ensure the woman is left appropriately covered.

DOCUMENTATION

Maternal

- Medical record

Neonatal

- Neonatal Intensive Care Unit's Data Collection (NICUS database)
- Neonatal Fluid Chart
- Medical record

EDUCATIONAL NOTES

- Delay in lactogenesis stage II is not uncommon, especially in a woman with a preterm neonate(s) who demonstrates low breastmilk volumes at 24 hours after birth. Breastmilk volume is associated with gestational age, so a woman with a preterm neonate is likely to produce less breastmilk. Early initiation within the first hour is paramount to increase breastmilk volume for the first seven days and three weeks postpartum. Any delay can negatively impact breastmilk volumes.
- Hand expression early postpartum has been shown to improve breastfeeding outcomes in term neonates with poor suck/latch, therefore early stimulation is vital to establish a breastmilk supply.
- Ensure all equipment used is single woman use only to prevent contamination.
- Ensure hand hygiene policy is adhered to by woman and hospital staff.

RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Breastfeeding – Protection, Promotion and Support
- Expressed Breastmilk – Cleaning of Lactation Equipment in Postnatal Areas
- Breastfeeding – Delayed Onset of Lactogenesis II, Early Intervention and Management
- NSW Ministry of Health PD 2017_013 Infection Prevention and Control Policy

RISK RATING

- Low

NATIONAL STANDARD

- Standard 5 Comprehensive Care

BREASTFEEDING – FIRST BREAST EXPRESSION cont'd

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REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs 8/3/19 – previously titled *Breastfeeding – First Expression*

Approved Quality & Patient Care Committee 16/8/18

Endorsed Maternity Services LOPs 14/8/18

FOR REVIEW : MARCH 2024

.../Appendix

Appendix 1

How to hand express

The key to the success of this technique is the combination of massage and hand expression. Expressing is a learnt skill and like any new skill it takes time to develop. The entire procedure should take approximately 30 minutes:

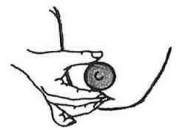
- Massage, stroke for about 1 minute.
- Express each breast 5-7 minutes.
- Massage, stroke for about 1 minute
- Express each breast 3-5 minutes.

Steps:

- Always wash your hands with soap and warm water or use a hand sanitizer prior to expressing and have clean containers ready.
- It is easier if you can sit up in bed, or in a chair and lean forward slightly.
- Gently massage your breast using a circular motion, then stroke the breast area starting from the top of the breast to the nipple, from the sides of the breast to the nipple using a light tickle like stroke.

Hand expressing:

1. Position the thumb and first fingers about 2.5 – 3.0 cm behind the nipple. Use this measurement (which isn't necessarily the outer edge of the areola) as a guide. The areola varies in size from one woman to another. Place the thumb above the nipple at 12 o'clock and the fingers below at 6 o'clock. Note that the fingers are positioned so that the milk reservoirs lie beneath them.
2. Push straight into the chest wall. Avoid spreading the fingers apart. For large breasts, first lift and then push into the chest wall.
3. Roll thumb and fingers forward as if making thumb and fingerprints at the same time.
4. Finish roll. The rolling motion of the thumb and fingers compresses and empties the milk reservoirs without hurting sensitive breast tissues.
5. Repeat rhythmically to drain the reservoirs. Position, push, roll: position, push, roll.



Marmet Technique © 1978, revised 1979, 1981 and 1988. Lactation Institute, 1616 Ventura Blvd., Suite 223, Encino, California 91436

Do not:

- Squeeze the breast. This can cause bruising.
- Pull out the nipple and breast. This can cause tissue damage.
- Slide hands on the breast. This can cause skin burns.

This link shows a mother hand expressing:

<https://globalhealthmedia.org/portfolio-items/expressing-the-first-milk/>