



Information on Expressing

There can be lots of reasons why someone wishing to breast, or chest feed may need or want to express.

During pregnancy, some women will want to harvest colostrum in preparation for when baby arrives. This can be particularly helpful for women who have diabetes or are taking beta blockers to control blood pressure as these factors can impact on the baby's ability to maintain stable blood sugars in the first hours after birth. Diabetes may also delay the onset of milk production. It can also be beneficial in cases of mammary hypoplasia (limited breast development during puberty) or in women who have had previous breast surgery (particularly breast reduction surgery) as there is a risk of reduced milk production in these situations. For women expecting multiples it can be helpful as these babies are often born sooner than expected and tend to be smaller so may take longer to establish breastfeeding than a larger, full-term singleton.

It can also be beneficial if baby has been diagnosed with certain conditions during pregnancy such as a cleft palate, intrauterine growth restriction, cardiac conditions, and Downs Syndrome as these can impact the establishment of breastfeeding.

Information on how to go about harvesting colostrum before the birth can be found here:

<https://abm.me.uk/breastfeeding-information/antenatal-expression-colostrum/>

Suppliers of syringes for this purpose include:

Amazon and eBay

<https://www.homebirthsupplies.co.uk/Sterifeed-Colostrum-harvesting-syringes-Pack-8>

<https://myexpertmidwife.com/products/colostrum-harvesting-kit>

Some parents who are inducing lactation for an adopted baby, surrogate baby, or other baby they will not be giving birth to will need to express before baby arrives to establish a milk supply. This involves expressing multiple times a day (usually 8-10 times) after first preparing the breasts for lactation with the use of prescribed hormones.

Information on induced lactation can be found here:

<https://www.alyssaschnellibclc.com/book>

<https://www.llli.org/breastfeeding-without-giving-birth-2/>

Once baby arrives some women may need to hand express at around day 3-6 to relieve engorgement for their own comfort and to soften the breast so baby can latch. Information on hand expressing can be found here:

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video/>



Unfortunately, some babies will struggle to establish breastfeeding once born for many reasons including;

- Prematurity
- Being a low birth weight
- Having a congenital condition such as Downs Syndrome or cardiac defect which may impact efficiency at the breast
- Oral anatomy abnormalities/anomalies such as a cleft palate or tongue-tie
- Birth injuries/trauma related to interventions such as forceps and ventouse
- Illness in the baby or mother (birthing parent) necessitating medical interventions and separation
- Delays in/lack of skin to skin after birth
- Interventions and procedures carried out in the period immediately after birth such as suctioning to clear the airway, resuscitation, breathing assistance (ventilation/ CPAP) nasogastric feeding, etc
- Opiate drugs and epidurals used in labour which can impair sucking and responsiveness after birth.

Where a baby cannot latch at all or has a sub optimal latch and is not suckling and swallowing effectively in the first 6 hours after birth, then it is vital that expressing begins to provide colostrum for the baby and to help establish a milk supply. In this situation hand expressing is most effective at removing the tiny amounts of colostrum from the breast. Information on this can be found here:

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video/>

Milk usually comes in at around day 3-4 but can be delayed until days 5-7 in cases where baby has been born by C section, or there is a history of diabetes, or haemorrhaging at birth. At this stage switching to using a double electric pump (preferably hospital grade) is one of the most efficient ways to build up supply and provide milk for the baby if latching and suckling effectively at the breast continues to be problematic. For information on choosing suitable breast pumps and hiring hospital grade pumps see my blog post here:

<https://sarahoakleylactation.co.uk/choosing-a-breast-pump/>

Some babies will struggle to gain weight adequately and this is often due to latching and suckling difficulties. But, more rarely it may relate to issues with the lactating parent which impact milk production. These include:

- Mammary hypoplasia
- Previous breast surgery
- Hormonal imbalances – thyroid disorders, poorly controlled diabetes, PCOS.
- People inducing lactation who have not birthed the baby may also have difficulties with low milk supply depending on their circumstances
- Sheehan's Syndrome



In cases where a baby is not able to latch and suckle effectively and/or is not gaining sufficient weight it is essential that milk production is optimised and protected with expressing until the latching and suckling difficulties are resolved and all factors impacting milk production are identified and managed.

Milk production at day 3-7 is initiated by the delivery of the placenta and is hormonally driven. But within a few days the only thing that will stimulate continued and increased milk production is the frequent and effective removal of milk from the breasts. If things are going well a baby will do this by feeding 8-12 times a day (every 2-3 hours or more often) and draining the breasts so they feel softer after each feed. These babies will gain weight and thrive at the breast. Frequent feeding maintains raised prolactin levels which is the hormone in charge of milk production. If there are long periods of several hours where the breasts are not stimulated and drained by a baby or expressing prolactin levels drop and the feedback inhibitor of lactation will build up and this will signal to the pituitary gland in the brain to slow down milk production and if this situation continues for several days milk supply will rapidly dry up. Further explanation on this can be found here:

<https://mariebiancuzzo.com/2021/06/01/feedback-inhibitor-of-lactation-breaking-it-down/>

In cases where there are latching and suckling difficulties and/or baby loses more than the expected amount of their birthweight at day 3 and/or continues to struggle with weight gain it is essential that mothers/birthing parents continue to express, not only to provide milk for the baby, but to protect and build the milk supply. Our bodies are most receptive in the first few weeks after birth to the frequent stimulation and drainage of the breasts. So, this is not something that can be delayed for a couple of weeks whilst you recover from the birth.

It is often daunting, exhausting and distressing to be faced with expressing, on top of trying to care for a new-born, and master breastfeeding in the early days after birth. But the time and effort put in at this stage will secure the milk supply for the future and will optimise your chances of achieving a full milk supply and exclusively breastfeeding your baby if that is your goal. This is the time to invest in a good pump, access some skilled lactation help and call-in family and friends for support with household chores, cooking and so on so you can get some rest and focus on your baby.

All too often when babies are struggling to latch and feed at the breast, have lost too much weight, or are not gaining enough weight healthcare professionals will suggest giving formula. This is a leading cause of ongoing low milk production. If a baby is given formula at feeds this will result in decreased removal of milk from the breast and a drop in frequency of feeding. Supply will quickly start to dry up. So, if a baby is not able to get enough milk from the breast, formula should only be suggested if the parent is not able to express milk to meet the baby's needs. Every time formula is given both breasts should be expressed to continue to build up supply and as this happens the formula can be replaced with the expressed breast milk.

How often you will need to express will depend on your situation. If your baby is not latching at all or is requiring top ups at each feed, you will need to express both breasts at each feed and we usually suggest doing this for 10-20mins. But if your baby's weight gain is just a bit slow and they are only needing a few small top ups a day then you may be able to express less often. It is best to seek advice on this from an International Board Certified Lactation Consultant (IBCLC) so a plan to meet



your individual needs and goals can be agreed and reviewed regularly as no one wants to be left triple feeding (offering the breast, then topping up, then pumping) for too long and this should not be necessary with proper, skilled support.

Some mothers and lactating parents must return to work, and this may be another reason for wanting to express. If you are returning before your baby is about 6-8 months old, you will need to express milk to leave for your baby whilst you are working. Older babies can manage with just water and solids if you are struggling to express. Some parents will start to build up a bit of a freezer store of expressed milk a few weeks before returning to work by doing some expressing sessions each day. But you do not need a whole freezer full as the law in the UK requires that parents who are breastfeeding should be provided with facilities at work to pump and store breastmilk, with time allowed for pumping breaks. More information on this here:

<https://www.hse.gov.uk/mothers/worker/index.htm>

Sometimes babies can be brought into the workplace for breastfeeds. Wearable pumps and pumps that run off batteries and via the 12-volt sockets in cars can be useful for mums returning to work.

A further reason for expressing may simply be for the convenience and flexibility of being able to leave baby in the care of someone else. In this situation it is advisable to wait until baby is around 4-8 weeks old because pumping early on, when feeding is going well and there is no clinical need to express, can trigger oversupply and disrupt baby's feeding pattern and this can lead to complications such as mastitis, and symptoms of colic and reflux. Early introduction of bottles has been reported by some parents to negatively impact the baby's latch at the breast and bottle feeding can certainly make some babies less active at the breast. There is also a risk of over feeding with a bottle. Paced feeding can mitigate this:

<https://youtu.be/UH4T700SzGs>

Where mothers want to express so a partner, for example, can give a feed then this is best done as soon after a breastfeed as possible. As prolactin levels peak overnight milk production at this time is higher so a good time to express in terms of achieving the best volumes is in the morning after the breakfast time feed. A simple, cheap manual pump will suffice for this purpose.

General information on expressing can be found here:

<https://abm.me.uk/breastfeeding-information/expressing-breast-milk/>

Pumping techniques to enhance volumes and milk production include 'Power Pumping' and 'Hands on Expressing.' See links below:

<https://themilkmeg.com/power-pump-your-way-to-more-milk/>

<http://www.nancymohrbacher.com/articles/2012/6/27/to-pump-more-milk-use-hands-on-pumping.html>

Gentle, light massage of the breasts before and part way through a pumping session can be helpful.



Sarah Oakley Lactation

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Ensuring you have the right pump for the job and the correct flange fit will help ensure you succeed with expressing. I am offering flange fitting and expressing advice sessions as part of my services. Details will be on my website from October 2022 onwards (www.sarahoakleylactation.co.uk)

Unlike formula which grows bacteria easily so must be prepared fresh and fed immediately, expressed breast milk can be stored safely at room temperature for up to 6 hours. For longer storage, a fridge or freezer are options. Specific information on breastmilk storage can be found here:

<https://www.breastfeedingnetwork.org.uk/breastfeeding-help/expressing-storing/>

A word on pump cleaning which can be a barrier to frequent expressing. Studies have shown that sterilising after each use has no benefit. The antibodies in breastmilk protect it from bacterial growth. So, washing with hot, soapy water, rinsing, and drying between uses is adequate and reducing sterilising to just once a day. Some parents find it helps to have two pump collection sets to reduce washing up and some store the collection sets in the fridge between some uses to avoid having to wash then up every time. More information here:

<https://www.cdc.gov/hygiene/childcare/breast-pump.html>

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