Collection and Storage of Breast Milk for the Hospitalized Infant

Breastfeeding and breast milk are best for babies and mothers. It is especially important for the premature baby because it is easy to digest, protects the baby’s intestines, provides valuable antibodies to protect your baby from illnesses and provides long term advantages in many areas, including IQ.

At Kapi‘olani Medical Center for Women & Children, we can only accept breast milk from a baby’s biological mother.

Getting Started
If your baby is unable to nurse you should begin expressing/pumping with an electric pump as soon as possible after birth. Your nurse will give you an electric pump and attachments for you to use. When you visit your baby, ask the nurse if you can provide “kangaroo care” to your baby which is holding the infant skin-to-skin on your chest. This has been found to increase breast milk supply, strengthen the bond between you and baby and to assist with breastfeeding success.

Steps for Pumping
- Follow manufacturer guidelines for breast pump use.
- Wash your hands and gather your supplies.
- To help you with “let-down” have one of the following items nearby: a picture of your baby, a baby blanket or an item of your baby’s clothing that has his or her scent on it. You may also want to apply a warm compress to your breasts.
- Massage your breasts using circular motions around your entire breast working from your chest wall towards your nipple. Refer to the Patient Connection Video “Making Enough Milk” on the hospital TV.
- Stimulate your nipples by gently rolling them.
- Place breast pump flanges on your breasts and begin with low suction then gradually increase to level of comfort.
- Double pumping: Pump for 20 minutes. Double pumping is recommended for maximum milk yield.
- Single pumping: Pump first breast for 5 minutes, then second breast for 5 minutes, then return to first breast for 5 minutes and so on. While you are pumping on one side you can massage that breast as described above. Total pumping time should be 15-20 minutes per breast.

Using a breast pump should not be painful. If your nipples or breasts become tender:
- Use the pump on a lower suction level or lower speed.
- Pump for a shorter time on each side.
- Check the flange size for proper fit. Your nipples should not rub on the sides of the tunnel and if this is happening you will need to be fitted for a larger size.
- Contact a lactation consultant for further assistance.

How Often Should You Pump
- Hand expression as soon as possible after the birth of your baby, ideally within 6 hours.
- You are encouraged to pump every two hours in the daytime and every three hours at night for about 8-12 pumping sessions every 24 hours.
- Frequent pumping mimics a newborn’s feeding pattern.

Storage of Breast Milk for Hospitalized Babies
- Use clean containers and lids that will be provided to you by your lactation consultant, the nurse caring for your baby or from the staff at the entrance desk. Do not use disposable bags or other bottles for storage.
- You will be given labels with your baby’s information on them. These labels should be attached to each container. The date and time pumped should be written on each label.
- Store in 2-4 ounces or in amounts equal to your baby’s feeding to minimize wasting milk.
- The Neonatal Intensive Care Unit has limited freezer space so please bring only a 3-day supply of milk.

(over)
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Cleaning Equipment
Wash all parts of breast pump with warm soapy water after each pumping session. Do not wash the tubing. Rinse thoroughly with warm water. Dry each piece with a clean towel and store. When traveling, place the breast pump parts into a clean plastic food storage container to maintain cleanliness.

You may request a microwave sterilization bag from your nurse.

For Your Health and Safety

<table>
<thead>
<tr>
<th>Room Temperature – max. 25°C = 77°F</th>
<th>Refrigerator 1-4°C = 35-40°F</th>
<th>Freezer -20°C = -4°F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshly Expressed Breast Milk</td>
<td>Ideal: Refrigerate immediately</td>
<td>4 days</td>
</tr>
<tr>
<td></td>
<td>Acceptable: ≤ 4 hrs</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 months in deep freezer</td>
</tr>
<tr>
<td>Thawed Breast Milk (previously frozen)</td>
<td>Use immediately</td>
<td>24 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Never refreeze thawed milk</td>
</tr>
</tbody>
</table>

A freezer that keeps ice cream frozen hard is adequately cold for storing human milk.

Transporting
Frozen milk should be transported in an insulated cooler surrounded with frozen gel packs. Chilled milk may be transported packed in ice. If shipping from outer islands please contact the Lactation Consultant Office at 808-763-2830.

If You Find Your Milk Supply is Low or Decreasing
• Maintain frequent and scheduled pumping of 8-12 times per day.
• Increase the number of times you pump and have more contact with your baby each day.
• Get more rest – fatigue can decrease your milk supply.
• Eat a well balanced diet and get lots of fluids. This is not the time to diet!
• Have your nurse contact the Lactation Consultant for assistance if you are not producing close to 60 ml total per pumping session at 1 week after delivery or if you notice a consistent decrease in your milk supply over 2-3 days.