The Maryland Department of Health and Mental Hygiene
Hospital Breastfeeding Policy
Maternity Staff Training Program

Objectives
- Identify acceptable medical reasons for supplement
- List two indications for milk expression
- Identify at least two milk expression methods
- List at least two alternative feeding methods which can be used to support breastfeeding

Medical Reasons for Breast Milk Expression
- Premature or sick infant
- Maternal illness
- Inadequate milk production
  - Insufficient glandular tissue
  - Breast surgery

Indications for Breast Milk Expression
- Establish and maintain milk supply when mother and baby are separated
- Maintain milk supply when returning to work or school
- Mother's request for occasional separation

Methods of Breast Milk Expression
- Hand expression
- Breast pumps
  - Hospital-grade electric
  - Personal-use electric
  - Battery operated
  - Manual pump

Hand Expression is Important
- Allows for supplementation with mother's own milk, even if no pump is available
- Reinforces to mother that every drop is valuable
- Helpful to entice a baby to latch
Hand Expression

**VIDEO:**

Early Hand Expression Increases Later Milk Production
Jane Morton, MD

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Teaching Hand Expression

1. Gently massage both breasts
2. Place hand with thumb and index finger on opposite sides of the outer edge of the areola
3. Press hand toward chest
4. Compress thumb and index finger
5. Rotate around circumference of areola
6. Collect any expressed milk
7. Repeat on other breast

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Using a Breast Pump

- Provide equipment
- Provide clear instruction
- Encourage skin-to-skin
- Provide a pumping log
- Minimum 8 sessions in 24 hours
- Include massage and hand expression
- Collect every drop

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Cleanliness Concerns

- Hand washing
- Personal collection kit - wash with hot soapy water after each use
- Breast cleansing, beyond normal hygiene, is unnecessary
- Gloves unnecessary

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Storage Guidelines

<table>
<thead>
<tr>
<th>Storage Temperature</th>
<th>Term Infant (5th percentile)</th>
<th>Preterm Infant (3rd percentile)</th>
<th>Fortified Human Milk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fridge temperature 16-20°C (60-68°F)</td>
<td>24 hours optimal</td>
<td>6-12 hours</td>
<td>24 hours refrigerated and frozen soon after produced or fortifier has been added</td>
</tr>
<tr>
<td>Refrigerator 4°C (40°F)</td>
<td>24 hours optimal</td>
<td>3-5 days</td>
<td>1-2 days</td>
</tr>
<tr>
<td>Freezer: Frozen and completely dehydrated</td>
<td>24 hours optimal</td>
<td>8-12 weeks</td>
<td>8-12 weeks</td>
</tr>
<tr>
<td>Freezer: 17°C (6°F)</td>
<td>24 months optimal</td>
<td>2 months</td>
<td>Not recommended to freeze milk upon fortifier is added</td>
</tr>
</tbody>
</table>

Best Practice for Expressing, Storing and Handling Human Milk in Hospitals, Homes, and Child Care Settings © HMBANA, 3rd Edition 2011

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Handling Human Milk

- Freeze in small quantities
- 2-4 ounces
- Smaller amounts for premature babies
- Store in back of refrigerator or freezer
- Keep milk cool when transporting

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Thawing and Warming Breast Milk

- Frozen breast milk
- Use thawed milk within 24 hours
- Do not refreeze
- Do not microwave
- Discard unused milk

Donor Human Milk

- Safe
- Screened
- Pasteurized
- Used for the most critically ill infants

Alternative Feeding Methods

- Tube feeding
- Cup feeding
- Syringe/finger feeding
- Spoon feeding
- Supplemental Nursing System

Tube Feeding

- Premature infants
- Sick or ill babies
- Babies that cannot suckle and swallow

Cup Feeding

Syringe/Finger Feeding
Spoon Feeding

Supplemental Nursing Systems

- Used to encourage feeding at breast
- Provide additional nutrition when feeding at breast
- Stimulate milk production

Conclusion

- There are medical reasons a baby may not be able to feed at breast
- Options exist for providing baby with her mother's expressed milk or donor human milk
- Options are available to feed breast milk to an infant, even when not feeding at the breast

References
