Recommendations for Assisting Mothers in Building a Full Milk Supply with a Breast Pump

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When a mother is faced with a pump rather than her nursing baby, she may feel sad. Suggest she think of the pump as a useful tool to help get ready for breastfeeding.

As she begins pumping, remind her to keep her daily pumping goal in mind: To pump a full milk supply—25-35 ounces (750-1050 ml) per day—by Day 7-10. Right after birth, her body is primed and ready to make milk. Encourage her not to wait to start pumping. If she does, it may be much harder to reach this goal.

Guidelines to give from Birth to Day 4

• If she can, start pumping within the first six hours after birth.

• As soon as possible, pump at least 8-10 times every 24 hours. This is how many times each day the baby would be breastfeeding. In general, the more times each day she pumps, the more milk she makes. The reverse is true, too. The fewer times she pumps, the less milk she makes.

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6th Annual Regional Perinatal Forum Conference

Improving Perinatal Health: Enhancing Families’ Access to Care and Insurance

This year’s Regional Perinatal Forum Conference was held at The Marriott Westchester in Tarrytown, NY on Thursday, October 25, 2007 and addressed challenges and solutions for improving perinatal health care on both a national and regional level. Approximately 200 participants were in attendance as keynote speaker, Dr. Richard Carmona, the 17th U.S. Surgeon General; (2002-2006) provided an overview of national perspective on perinatal health. He pointed out that currently 75% of health care dollars are spent on chronic preventable diseases with the single most preventable challenge being smoking cessation. Dr. Carmona stated, “Cigarettes are the only product that is legally sold, and if used properly will kill you!” emphasizing that tobacco use is the single greatest contributor to preventable diseases.

Dr. Carmona urges the Public Health sector to find language and culturally competent ways to deliver messages that change aberrant behaviors. For example, we must get the attention of the economic and business sectors, who will respond to messages about the impact of poor or no access to health care on the economy, and the workforce. Obesity and other risky behaviors such as smoking and binge drinking are more likely to occur in minority children lacking health insurance. Dr. Carmona is a proponent of using a health literacy approach to help people on all levels better understand what is needed to help equalize prevention and dispel inequalities that are rooted in racial and ethnic bias and to reduce health disparities.

Assemblyman Richard Gottfried presented his vision for Universal Publicly Funded Health Care Coverage on a State level advocating raising the eligibility for Family Health Plus, folding in the benefits of Child Health Plus, offering full mental health coverage, expanding provider networks, and expanding the law to add PPOs (Preferred Provider Organization) in addition to HMOs (Health Maintenance Organization). Assemblyman Gottfried likened the universal health care coverage debate to public education in the United States; which is free, universal and at public expense

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- If the baby is not breastfeeding, use a hospital-grade rental pump.
- Plan to double pump (both breasts at once). This saves time and may boost milk supply faster.
- Until the milk “comes in” on Day 3 or 4, pump at least 10-15 minutes per breast. Pump at least once during the night. Don’t go longer than about 5 hours between pumpings. (Full breasts make milk slower.)
- Tell her to expect to pump just a little milk at first. But even drops are important to the baby.
- Pumping often now “puts in her order” for more milk. Every pumping tells her body to make more milk.

Guidelines From Day 4 to a Full Supply

When the milk increases from drops to ounces about Day 4, make these changes:

- Pump longer—two minutes after the last drop of milk or 20-30 minutes, whichever comes first. (Drained breasts make milk faster.)
- Focus on the NUMBER of pumpings each day, not the time between pumpings (that is, every 2 or 3 hours)

Many moms find it simpler to focus on their daily total. And it is this daily total that seems to be most important to her milk supply. Rather than trying to pump at the same set times each day, instead suggest she focus on: “How can I fit in my 10 or so pumpings?” If she can’t pump during one part of the day, have her pump every hour when she can.

Maintaining a Full Milk Supply

When she reaches 25-35 ounces (750-1050 ml) per day, she’s met her goal. Most mothers can then pump fewer times each day and keep up their supply. What can she do then?

- Try cutting back to 5-7 pumpings each day. If her supply goes down, see the next section.
- Try sleeping all night. With a full supply, many pumping mothers pump right before bed and then first thing when they wake in the morning. If she can do this without too much breast fullness, go ahead.
- Pump for a shorter time. For most mothers, 10-15 minutes of pumping is long enough.
- Once a week, add up her 24-hour milk yield. Write it down and compare her totals each week. She’ll know right away if her supply starts to drop.

Boosting Milk Supply

If she needs to boost her milk supply, the sooner she works on it, the faster she’ll see results. Here are some ideas for her to try:

- Pump more: 8-12 pumpings per day boosts milk supply for most mothers.
- Pump longer: until 2 minutes after the last drop of milk or 20-30 minutes, whichever comes first. (Drained breasts make milk faster.)
- Check her pump flange fit by reading “Getting a Good Flange Fit” under “Breast Pumping” on www.ameda.com. Flange fit can change with time and pumping.

Congratulations!!

Dr. Amrita Nayak
on the arrival of
Esha Nayak

December 25, 2007
4Lbs. 10oz
Wishing you much happiness!
Continued from page 2 - Recommendations for Assisting Mothers:

- Use breast massage during pumping. This may yield more milk.
- Ask her lactation consultant to share with her doctor information on prescription and herbal medicines that can boost supply.

Making the Move to Breastfeeding

Reassure her that pumping for a non-breastfeeding baby brings many rewards. Mothers often report how great it makes them feel to see their babies grow and thrive on their milk. But exclusive pumping is not easy. Some experts recommend mother’s milk for at least a baby’s first year. Even so, because of the extra time involved, many mothers find it hard to make full pumping work long-term.

But there are options. Even if she has been pumping for weeks or months, she can still make the transition from pumping to breastfeeding. But tell her not to expect to do it alone. Most mothers need help to make this change. Let her know that even if she needs help, it is well worth it for both her and her baby. For many mothers, the best person to turn to for help is a board-certified lactation consultant (IBCLC). Part of IBCLC’s job is to know tricks that make breastfeeding work. The “Find a Lactation Consultant” feature on www.lcaci.org provides contact information for those nearby.

Let her know what to expect when she meets with a lactation consultant. The lactation consultant may show her how to help her baby latch on in a new way. Sometimes tools can help. Most good lactation consultants have access to any tools mothers may need.

Helping Her Wean from the Pump

But even if she decides instead to wean from the pump, there is still information she needs to know. First, the safest and the most comfortable weaning is almost always a gradual one. Here are some two different ways to accomplish this.

1. Start by dropping one daily pumping. Give her body two to three days to adjust. Then drop another daily pumping. Continue with her first and last daily pumpings until the end. Repeat until she’s fully weaned from the pump.

2. Keep the number of pumpings the same but pump for a shorter time at each pumping. If she was getting 4 ounces (120 ml) at each pumping, stop after 3 ounces (90 ml). Give her body two to three days to adjust and then do it again. Repeat until she no longer feels the need to pump.

Note: While weaning, if her breasts ever feel full, suggest she pump just long enough to make herself comfortable. Don’t pump fully. Letting her breasts stay full puts her at risk for pain and infection. When she is fully weaned from the pump and she is completely done pumping, let her know how lucky her baby is that she was willing to work so hard to give him the best. These mothers deserve lots of pats on the back!
CONGRATULATIONS!!
2007 REGIONAL PERINATAL CENTER MINI-GRANT AWARD RECIPIENTS
Project Titles & Goals

Lower Hudson Valley Perinatal Network (LHVPN)
LHVPN Community Health Education Day (CHED) - A CHED is a health education activity that will educate consumers and providers regarding strategies for improving birth outcomes in the region. A one day event where multiple organizations across the region will plan educational activities around the chosen theme: Preconception Health and Healthcare.

Maternal-Infant Services Network of Orange, (MISN)
“Healthy Me: A Campaign to Improve Access to Health Care Insurance and increase Healthy Lifestyle Choices”. To improve timely access to health care and improve health care outcomes for low income &/or low English literacy and limited English speaking individuals in our region; to promote healthy lifestyle choices to individuals of reproductive age prior to conception; to create and appealing, easy to understand handout that can be carried &/or displayed; to provide medical providers with tools to promote healthy lifestyle choices for their patients.

Open Door Family Medical Center
“Port Chester Parents of Promise” Open Door will partner with Port Chester School District & Port Chester High School to provide pregnant teens with comprehensive prenatal education materials; provide teen fathers-to-be with education and support so they can become active partners in caring for their babies; give providers & support staff strategies to better communicate with teens about reproductive health; provide broad-based education to Port Chester High School students on pregnancy prevention (Contraception & abstinence) as well as prevention of sexually transmitted infections.

La Leche League of Southern Dutchess
“Bringing Breastfeeding Tips to English and Spanish Speaking Mothers” 2,500 Breastfeeding Tips fliers will be purchased from La Leche League International and distributed at the breastfeeding Initiative Meeting hosted by the Dutchess County Department of Health once a month at Vassar Brothers Hospital. The fliers will be made available to various agencies and hospitals in the area; to include but not limited to: Dutchess County DOH, Dutchess County WIC Program, Dutchess County Teen Parents Program, Vassar Brothers Hospital, and Northern Dutchess Hospital.

Hudson Health Plan (HHP)
“Fostering Perinatal Care” Purchase and distribution of 450 copies of “Baby and Me - The Essential Guide to Pregnancy and Newborn Care” to expectant mothers visiting two health centers in Westchester and Dutchess counties. Distribution to take place at two of the sites where Hudson Health Plan has marketing representatives present throughout the week. Hudson River Health Care in Beacon (Dutchess County) and Open Door Family Medical Centers in Ossining (Westchester County).

Orange Regional Medical Center (ORMC)
To incrementally reduce the number of pre-term deliveries through the development of an educational program to raise community & specifically pregnant women’s awareness of the risks associated with pre-term labor & delivery. To purchase, design & develop and disseminate informational materials to pregnant woman and their partners.

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