

BREASTFEEDING: expressing and storing breastmilk



Australian
Breastfeeding
Association

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Introduction

While the best way to remove milk from your breasts is by breastfeeding your baby, there may be times when this is not possible. If this happens, you will need to know how to express your milk. Hand expressing is the gentlest way of doing this, and costs nothing. However, there are also many products to help mothers who want to express their milk. Fridges and freezers make it possible to store breastmilk safely, so that it is easy to keep some on hand. This booklet covers information on expressing, storing and using expressed breastmilk, which is also called EBM.

Some reasons for expressing

Mothers wish or need to express their milk for many reasons. You may:

- want to go out without your baby
- be going back to paid work or study, or have other commitments
- want to keep a small store of breastmilk in the freezer
- have overfull, uncomfortable breasts
- want to increase your milk supply
- have a blocked duct or mastitis and be working to keep the breast as drained as possible
- be resting cracked or damaged nipples
- have a baby who is refusing to breastfeed
- have a baby who cannot breastfeed yet because they were born early, are too ill to feed or have a cleft lip/palate or another problem with sucking
- have a baby in hospital and you can't be there for every feed
- be in hospital and your baby can't be with you for every feed
- be a donor for a milk bank or another mother
- want to express colostrum before your baby is born (if you have diabetes in pregnancy or are expecting that your baby will have problems breastfeeding)
- be wanting to bring back a milk supply (relactation), possibly months or years after you last produced milk
- be wanting to induce lactation for a baby you have not given birth to.



Image: Celia Reader



Image: Holly Thomas

Some mothers say they would like to express so their partner can give their baby a bottle of expressed breastmilk at some feeds. Often partners want to give the mother a rest and reduce her burden. Here are some thoughts about this:

- You will be expressing for any feeds given by your partner. This will be an extra job for you on top of the usual breastfeeds you give. It will also involve added work in keeping equipment clean and making sure the milk is stored safely.
- If formula is used in the bottle, Mum must express in place of these feeds to keep her breastmilk supply going and avoid the risk of mastitis.
- Some partners feel that the only way they can bond with their baby is by feeding them. Bonding happens in many ways, not just through feeding. Partners can have skin-to-skin time, give their baby a bath, snuggle and cuddle, use a baby carrier, and soothe them when they are upset. The hormones released in partners when bonding with their babies assist with nurturing and caring feelings.
- To get milk from a bottle, a baby has to learn a different way to suck. They also may get used to a much faster flow of milk than they get while breastfeeding. There is a risk that this could cause the baby to refuse to breastfeed.



Image: Laura Garcia

Husband is the nappy guy. He can't feed her but he can change her nappy, so that's how it goes. His idea too! He also makes my breakfast and coffee. I see lots of mums wanting to share the feeding by introducing bottles, but honestly, why would I want to share the job that means I get to be comfy and cuddle with my baby while my husband does other things to help me while I feed her?

My partner's support is an enormous help and allows me to get a much-needed rest. There are so many ways to care for children and relieve the workload around the house. Anything to reduce the mental load for me is much appreciated. Rather than trying to help with feeding, such as offering a bottle, I find it most helpful if he tends to ALL the other baby needs while I have a lie down. I particularly love handing the baby over after a breastfeed and leaving them to do the rest together, like burping, cuddles, singing and rocking to sleep in his arms. From his point of view, he loves being able to parent without me hovering over his shoulder or shouting out instructions!

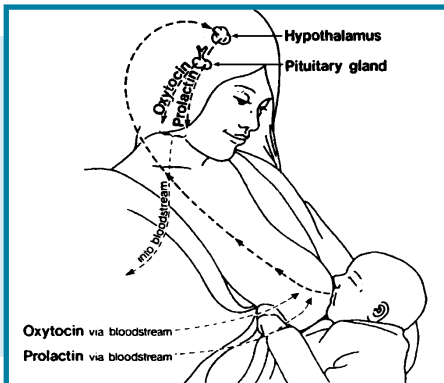
I find in this way, I can have a decent rest, knowing that I don't have to muck around with a pump to express a bottle feed, or to suffer through the noises of him heating up milk and washing bottles. Likewise, at night, it is much faster and more effective I if do the breastfeeding and then roll straight back into bed with those sleepy, happy hormones soothing me back to a deep sleep.

Some people tell mothers to give their babies bottles of formula, rather than 'bother' with building up stores of their own milk. However, even a small amount of formula may have negative health effects for the baby and risks reducing the mother's milk supply. It is now known that anything other than breastmilk in the early months of life alters the baby's gut bacteria, which has short-term and long-term effects on their health.¹ Health experts such as the World Health Organization and Australia's National Health and Medical Research Council recommend that babies should be fed only breastmilk for the first 6 months of life.^{2,3}

Why the let-down reflex is so important

The let-down (or milk ejection) reflex is your body's response to your baby's sucking. It allows your baby to get most of the milk from your breasts. When your baby sucks, your body releases a hormone called oxytocin. It causes the breast to squeeze out the milk from the glands and widen the milk ducts (tubes) that carry the milk towards the nipple. This makes it easy for your baby to get the milk. Without this reflex, the baby only gets a small amount of milk.

Oxytocin acts on both breasts at the same time. When your milk lets down you may notice a tingling in your breasts, a sudden feeling of fullness or milk dripping or squirting from the other breast. Some mothers do not have any of these feelings, especially in the later months of breastfeeding. However, all mothers can watch for a change in their baby's sucking. A quick shallow suck at the start of the feed changes to a deeper more rhythmic sucking and swallowing once the let-down reflex occurs. You may have noticed this if you have already breastfed. Although the milk lets down several times during a breastfeed or expressing session, most mothers will only notice the first one. In the early days after the baby's birth, oxytocin released by their sucking also causes your womb to contract. You may notice afterbirth pains and an increased flow of lochia (blood from the vagina that occurs after childbirth).



- By **sucking** at the breast, your baby triggers tiny nerves in the nipple.
- These nerves cause **hormones** to be released into your bloodstream.
- One of these hormones (prolactin) acts on the milk-making tissues.
- The other hormone (oxytocin) causes the breast to push out or **'let down'** the milk.

The sight or sound of your baby, or even just thinking of them, can trigger the let-down reflex. Touching your breast and nipple area with your fingers can also help your let-down to work. It can also happen when you get ready to feed, for example opening your bra, sitting in your usual chair, perhaps having a drink, and opening the feeding app (like the **mum2mum app**) on your phone. On the other hand, anxiety, pain or tension can slow it down. This is important to know when you are expressing milk. You need the let-down reflex to work so you can get the milk that your breasts have made. Before the let-down, you may see no milk coming out, but once it is triggered, you will see regular drops or sprays of milk. You can help the later let-downs by swapping breasts when the flow of milk slows.

How to help your milk let down when you express

- **Gently massage your breasts** by stroking down towards your nipple with the flat of your hand or edge of a finger. The aim is not to push the milk out of your breasts. Touching your breasts like this can help trigger the let-down reflex.
- **Gently roll your nipples between your fingers.** Rolling the nipple of the other breast between your fingers while you are expressing can also help start a let-down.
- **Warming your breasts** may also help. You can express after a warm shower, warm the breast cups of your breast pump or place warm face washers on your breast for a few minutes before starting.
- **Relax your body.** Try to express in a warm and quiet area, where there is nothing to distract you. While you express, breathe slowly and deeply. Some mothers have a hot drink first. Others like to listen to soft music.
- **Think about your baby** and why your breastmilk is so important for them. While you are away from them you may find looking at their photo will help your milk let down. If they are in hospital, you will often find it easier to express while you are with them, or just after you leave them.

I would bring up a photo of my baby on my phone and look at that to help my let-down when I was expressing. I also found not watching the bottles fill up was helpful to avoid stressing that I wasn't getting enough.

- **Have someone support you.** Many mothers find they cope much better when they have a partner or friend to support them when they are learning to express. Your support person can also help relax you by giving you a gentle back and shoulder massage. This can also help your let-down work.



Image: Joy Anderson

- **Find something to distract you.** Some mothers find that if they watch and worry about the milk flowing, it doesn't. Try listening to music or watching TV. Some mothers cover the bottles with socks so they can't see how much they are expressing. If you are using an electric pump and have your hands free, you could try reading or using your computer, tablet or phone.
- **Habit** can play a part in starting the let-down. You may find it helps to follow the same routine each time you express. You could express in the place where you usually breastfeed. Some mothers who express their milk frequently find their let-down reflex happens as soon as they begin their pumping routine.
- If you're using a manual pump, **small, fast pumping actions as you start** can help trigger the let-down reflex. Once your milk lets down, you can change to long rhythmic pumping strokes.
- You may find it easier to express from one side while your baby feeds from the other. The **baby will trigger the let-down reflex.**

How often to express

Milk is made when milk is removed from the breast. This applies whether the baby is breastfeeding or you are expressing. If less milk is removed, less milk will be made. You can increase your supply by fitting in extra expressing sessions for a week or so.

How often you need to express depends on your reason for expressing.

- If it is to **reduce engorgement** (overfull breasts), you only need to express until you feel comfortable. You can hand express in a warm bath or shower if you do not want to store your milk.
- If you have a **blocked duct or mastitis**, feed your baby as often as possible. If your baby has not softened the breast, express after the feed. See the Australian Breastfeeding Association's booklet *Breastfeeding: breast and nipple care*.
- If you are **expressing your milk for a sick or premature baby**, it is best to start with hand expressing. Begin within 6 hours of birth and continue 8 to 10 times a day.⁴ Once your milk volumes start to increase you can use a hospital-grade (closed system) electric pump. Maternity hospitals usually have them for you to use in hospital or you can **hire** one from some local Australian Breastfeeding Association **groups**. Keep expressing 8 to 10 times or more in 24 hours. Shorter more frequent expressing sessions work better than longer less frequent sessions. While small and sick babies usually only require very small amounts, it's important to build your milk supply for later. This can be done by regular expressing using a 'hands-on' technique (see **Resources** for a link to a video). Massage your breasts while you are pumping and hand express after the flow stops with the pump. This greatly increases the amount of breastmilk you can get compared to using the pump alone.⁵ Extra breastmilk produced when you are building your supply can be frozen to use later.

- Some mothers with diabetes in pregnancy, or those expecting a baby who will have problems breastfeeding, such as babies with a cleft palate or heart condition, may be advised to **express their colostrum before their baby is born.**⁶ This can be given to the baby instead of formula, if extra milk is needed in the first few days. If you are in this situation, it is important to discuss expressing colostrum with your doctor and your midwife, to make sure it is safe for you to do this. It is usually suggested that mothers express twice a day from 36 weeks.⁶ The best way to do this is to hand express colostrum drop by drop and suck it up directly into a small syringe. The syringes can be frozen, ready to take to the hospital when your baby arrives. The amounts mothers can express vary from nothing to several mL per expression. This wide range is normal and is not a sign of how much milk you will make once your baby is born. There is more information on the Australian Breastfeeding Association website in the article [*Antenatal expression of colostrum.*](#)
- If you are **expressing for one or two feeds to be given to your baby while you are away,** there are a couple of ways you can do this. You can express a small amount (say 20 to 30 mL) at each feed during the day before you will be away and keep this in the fridge. Or you can express small amounts over a longer period and freeze the milk. You can add freshly expressed breastmilk to other chilled or frozen breastmilk,⁷ but cool it in the fridge first.
- For mothers who are **expressing long term,** how often they need to express will vary. Many can get quite large amounts from just a few expressing sessions. Others can't express much at one time but are able to get smaller amounts more often, for example up to 30 mL every 1 to 2 hours. As a general rule, it is a good idea to express until your breasts are well drained and store it in small amounts. If you do this, your baby can be first offered a small amount of expressed breastmilk. If they want more, it is easy to take another container of milk from storage and feed them that. Breastmilk left in the bottle or cup after the baby has had enough must be discarded. Feeding a smaller amount first means that your precious breastmilk is not wasted if your baby is not very hungry.
- If you plan to **express all your milk** from the start and feed your baby with a bottle, you will need to express as often as a newborn baby feeds. This is at least 8 to 14 times in a 24-hour period.⁸ Once your supply is enough to keep your baby gaining weight and growing well, you can vary how many times you express to maintain your supply.

When to express depends on why you're expressing. You can express before, during, after or between feeds. Do whatever you and your baby find best. Some mothers express from one breast at each of the first two feeds of the day and then let the baby have extra sucking time at the other breast.

Some mothers who are away from their babies during the day find that they need less breastmilk during the day but breastfeed often at night. This can work well for mothers who find it hard to express enough milk, or who can't express when at work.

How much to express

A few mothers find it hard to express any milk at all, even though they have a good milk supply and their babies are thriving. Some people think that the amount of breastmilk you get when you express is the same as the amount you are making. This is *not* so. Pumps are not as good at removing milk as your baby is.

You cannot judge your milk supply by the amount of milk that you can express.

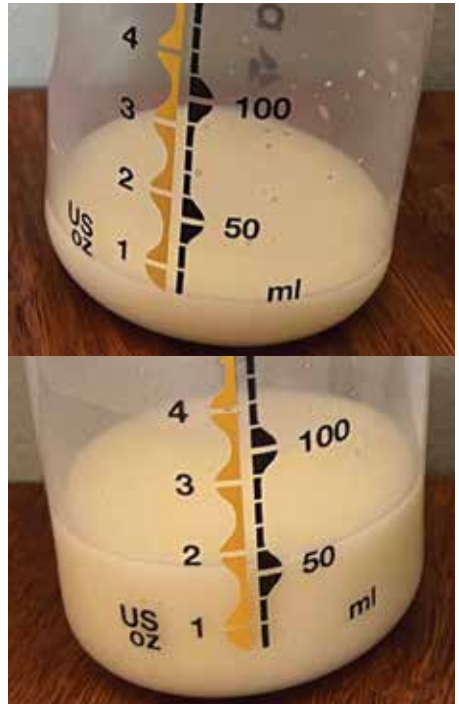
Expressing may be hard when you first try. After a lot of effort you may only manage a tiny amount or even a few drops! However, don't give up. You will get used to the feel of your breasts and learn how to make your milk flow more easily.

As with all aspects of breastfeeding, expressing can be made a lot easier if you have the help of someone who knows a lot about it. If you have any questions, an Australian Breastfeeding Association counsellor will be able to offer support and ideas.

How much milk a baby needs for each feed

It is hard to work out the exact amount of milk a baby needs for each feed throughout a day. Babies vary widely in how much milk they normally take from the breast at each feed. It depends on how hungry the baby is at that time. In general, the morning and early afternoon feeds may be slightly larger than other feeds. You can't work out how much they need by using their weight as a guide. Once a baby starts eating other foods, the amount of milk they take will slowly decrease.

While you will not know exactly how much milk your baby takes when breastfeeding, **the average intake of all babies from 1 to 6 months is about 750 to 800 mL in 24 hours.** However, a normal healthy baby can drink anything from about 500 to over 1000 mL per 24 hours. This amount remains about the same for any individual baby up to around 6 months of age.⁸ After the baby



Images: Joy Anderson

has begun solids, the average breastmilk intake is around 600 mL per day until about 12 months of age.⁹

To work out roughly how much breastmilk you will need for a single feed:

Divide the average amount by the number of feeds your baby would have in 24 hours.

For example, if you use an average intake of 800 mL as the total and if your baby has 10 feeds in 24 hours, then the average single feed will be 80 mL.

It is important to remember that this is only a rough estimate. Every baby is different. If you do a lot of expressing and have a baby who has many feeds of expressed breastmilk, you will soon get to know the amount your baby likes to have at a feed. This will help you to adjust the stored amounts.

Some smaller amounts of frozen expressed breastmilk can be useful at times when your baby seems to want a little more. It helps to prevent wasting breastmilk if you would otherwise need to thaw out another larger amount.

A word about your own needs

When you are away from your baby at a feed time, your breasts will keep making milk and you may need to express. You may choose to express a full feed or just enough to keep you comfortable. Sometimes mothers are so worried about their baby's needs that they forget their own! Wear clothing that allows you to access your breasts. Take along tissues or a small towel if hand expressing, or a small pump and perhaps extra breast pads. Overfull breasts can be uncomfortable and may put you at risk of blocked ducts or even mastitis. A few minutes spent expressing while away from your baby can be well worth the effort.

Hand expressing

Even if you plan to use an electric or manual pump it is still worth learning to express by hand. It can help trigger your let-down reflex before using the pump. Many mothers find they can get a lot more milk at the end of an expressing session if they finish with hand expressing. If you plan to express before the birth (see [page 8](#)) or need to express your colostrum in the first few days, hand expressing is the best way to do this. It is also useful if there is a power failure, your pump breaks down or you don't have it with you. The best way to learn how to hand express is to be shown. Your midwife or lactation consultant may be able to help you but there is information below, including links to video clips.

Hand expressing is a very gentle way to express. It is quick and you don't need any special equipment, so it can be done anytime and just about anywhere. However, it may take some practice to find what works for you. Like breastfeeding, there is no one 'right' way, but the basic technique is the same. When you first start, practise in the shower or bath. This way, you don't have to worry about trying to catch the milk and the warmth of the water will help your milk let down.

Keeping everything clean

When your baby is going to drink your expressed breastmilk, you need to be very careful that the milk stays clean and free of germs. This is even more important if the milk is for a premature or sick baby. In such cases, you should use this booklet as a guide only. Talk to the staff caring for your baby and follow their advice to keep your milk safe for your baby.

To keep your expressed breastmilk as clean as possible:

- You must thoroughly clean all containers you use (see [page 21](#)). Any wide-mouthed container, such as a bowl, is suitable for hand expressing.
- Before starting, wash your hands well with soap and water. Dry them on new paper towel or a clean, unused towel. If you don't have access to these, you could use hand sanitiser.
- You may like to place a clean towel on your knees to catch any drips and to dry your hands if they become wet or slippery from your milk.
- Express straight into the clean container.
- If you are going to store your breastmilk in this same container, cover it with a lid, label it with the date and put it in the fridge or freezer as soon as you have finished. Otherwise, pour the milk into another clean container straight away, cover with a lid, label it and put in the fridge or freezer.

How to hand express

Being shown how to hand express is ideal, but if this is not possible, there are some videos online that may help (see [Resources](#) for links):

- Australian Breastfeeding Association [Hand expressing](#) on Vimeo
- Stanford Medicine [Hand expression of breastmilk](#)
- Stanford Medicine [Maximizing milk production with hands-on pumping](#) (latter section of video shows hand expressing)

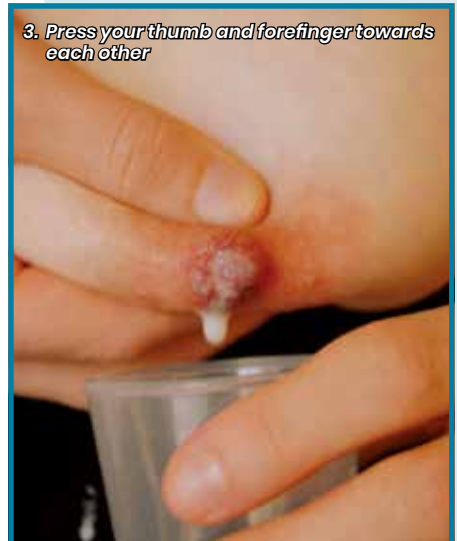
These photos show the basic technique step-by-step.

1. **Place your thumb and forefinger on either side of your areola (the darker skin around your nipple).** Your fingers should be well back from the nipple with an imaginary line between them running through your nipple. A mirror may help if you cannot easily see the lower part of your breast.
2. **Gently press your thumb and forefinger back into your breast tissue,** until you feel the bulk of the breast. If your breasts are full, your breast tissue may feel hard, lumpy or even a little sore. Treat your breasts gently. Expressing should not hurt. When your milk lets down and starts flowing, the breast tissue softens and expressing becomes easier.



Images: Yvette O'Dowd

3. **Press your thumb and forefinger towards each other,** using a slight rolling action. This will squeeze the ducts in the breast just behind the nipple and make the milk flow out of the nipple. Until the milk lets down, it may just drip from the nipple and you may need to hold your bowl close to catch it.
4. **Continue this pressing motion, in a rhythmic way,** until the let-down reflex happens. Be patient. It may take a few minutes. The milk may spray from the nipple. Milk can come out in several jets with each squeeze. The let-down is a conditioned response. This means it will happen more quickly as you get more used to expressing.



5. **When the flow slows, move to another section of breast**, working your way around the areola. Always place your finger and thumb on either side of the nipple, as before. If your hand gets tired, swap to the other hand.
6. **If the flow slows down**, try expressing from the other breast in the same way. Change hands and breasts often if your fingers get tired. You will find they become stronger with practice. You can swap between breasts until the milk no longer flows well.

If your supply is low, you may get only a few dribbles each time you express. Don't give up! Lots of short sessions will gradually build up your supply. See the Australian Breastfeeding Association's booklet, ***Breastfeeding: and your supply***.

When you are expressing for all your baby's needs, aim to vary the length of your expressing sessions. During the longer sessions you may find you will get two or more let-downs and so get more milk. Express for as long as it takes for the main milk flow to slow down after the let-down occurs. Switch breasts a few times to make sure you get as much milk as you can. This may take as long as 20 to 30 minutes or as little as about 5 to 10 minutes. It varies from mother to mother.

Some mothers use their right hand for their left breast and vice versa. Others use their left hand for their left breast and their right hand for their right breast. Still others use both at different times. With practice you will find what works for you. To avoid strain in your arms and shoulders, relax and change your position often.



Breast pump types

There are so many different breast pumps on the market that it can be hard to work out which one will be best for you. If you're thinking about buying a pump, it is worth doing some research before you do. If you are not sure which type to buy, you may like to discuss your needs with a **breastfeeding counsellor**. The table on **page 17** may help you make your choice. Whatever type of pump you choose, make sure it is comfortable to use. If the suction is too high, it can damage your nipples and it won't collect milk very well.

Manual breast pumps

Manual or hand pumps are small, quiet, not too expensive and easy to take with you. Most are simple to use and come apart for cleaning. You can express one breast at a time.

Most manual pumps use a **piston action** to create the suction. The user controls the amount of suction using the handle. This is the safest way to produce the suction required, as it is very easy, even automatic, to release the suction if it becomes too strong. You can damage your nipple with too much suction. There are several types of piston-style pump (photo top right).

Also available is an inexpensive silicone 'milk catcher', which may also be called a breast pump (photo lower right). However, it is not as efficient as a breast pump if you need to express a lot of milk. You can use this device to collect milk leaking from the other breast while you are feeding your baby or expressing the other breast with a pump. It may also be used to relieve pressure if your breasts become overfull when you are away from your baby. It is much harder to control the suction with a milk catcher than with a piston-style manual pump. Take care that this is not too strong and prolonged so it doesn't hurt your breast. If you



Image: Joy Anderson



Image: Debbie Garbin

already have a good milk supply, using a milk catcher on a regular basis may lead to problems with too much milk. It may take out more milk than your baby needs.

Electric breast pumps

There are many types of electric breast pumps. The best one for you depends on how much expressing you need to do.

With electric pumps there are options for single or double pumping, so you can express from one breast at a time or from both at the same time. Double pumping takes less time and some mothers feel that they get a stronger let-down, so they get more milk more quickly. You can also express from one breast and feed your baby from the other. Your baby will trigger your let-down reflex, making it easier to express. If you are using a pump to build your milk supply from very low or nothing (relactating or inducing lactation), you are likely to need to express from both breasts at once.



Image: Joy Anderson

Tips for using a breast pump

- **Pumping should not hurt.** If it does, something is wrong. It may mean that the pump fittings aren't the right size for your breasts or the suction is too high.
- Ensure your pump has **breast cups (flanges) that are comfortable** and fit your nipples. Breast cups come in different sizes, so find the one that fits the best. One way to check your size is to measure the width of your nipple and select that size or a millimetre or two bigger. This may change over time. If the nipple is squashed by the tunnel walls when the pump sucks, it is too small. If the pump sucks in the skin of the areola (coloured part around the nipple) as well as the nipple, it is too big. Either will make the pump less efficient as well as cause pain. Milk leaking out the bottom of the breast cup is also a sign that it is too big. The nipple should fit closely in the tunnel.

I initially used the flange size the midwife recommended in hospital. After seeing a lactation consultant at home to help with my feeding issues, she suggested I try the smaller size. This was more comfortable and I noticed I was able to pump more milk in the same amount of time.

- **Warming the breast cup** before placing it on your breast can be very helpful.¹⁰ A facecloth wrung out in hot tap water can be used, especially if the parts have been in the fridge.

- A smear of **olive oil** on the breast cups may **reduce rubbing** on your skin.
- The first few times you express, **keep the sessions short** while you get used to it. However, it is important to drain the breasts well, to maintain or increase your supply.
- If you are not using a double pump, **change breasts** several times during each expressing session.
- One useful technique is to stop expressing after 5 to 10 minutes or when the flow slows, then **massage and stroke your breasts** to trigger another let-down. You can also compress and massage your breasts while expressing.
- When you first use it, set the pump to the lowest **suction setting**. Once you are comfortable with using the pump, you can increase the suction. Make sure it is still comfortable. You'll get most milk when the suction is at the highest level that does not cause pain. Having the suction so high that it hurts won't get any more milk and can damage your nipple.
- When putting on the breast cup, **make sure the nipple is in the centre. The cup should have good skin contact** all around to stop air leaking in. If your nipple hurts when you start expressing with the pump, stop. Check to make sure the nipple is in the centre of the breast cup, not rubbing on the side of the tunnel, and that the suction is not too high.
- Keep the kit (bottle and tubing, etc) upright while you are expressing to **prevent milk from going into the tubing**. If milk does, stop the pump and rinse the tubing with water. It is best not to use the pump when the tubing is wet. In pumps with a closed system, slight dampness or moisture in the tubing should not be a problem. However, if the tubing is wet after expressing, make sure to take the kit apart to allow all parts to dry.
- **Don't assume that your milk supply is dropping** if you have been pumping well and you suddenly find it hard to get enough. It is far more likely to be a problem with the pump you're using. Check that your breast cup is the right size (as this may change over time). Check all connections are tight and all parts are working as they should.

Choosing a breast pump

There is a wide range of both manual and electric pumps to choose from. In general, the more expensive the pump, the more robust and useful it is for intense, long-term use. It depends how much expressing you need to do as to which type of pump would suit your needs best. Some of the features to consider:

- If you only want to express occasionally, you may find a single pump is all you need. Manual pumps are inexpensive and very light and portable.
- If you pump more frequently, a double electric pump that expresses from both breasts at once is quicker and more convenient.
- The more expensive personal electric pumps generally have more powerful motors.
- It is a good idea to choose a pump that has a closed system. This ensures that the milk cannot enter the pump, but only goes through the parts that you take apart to wash and clean.
- Some electric pumps may have a battery so that you can express when away from mains power.

- Multiple-user pumps are the ones used in hospitals and are designed for intense, continuous use by many mothers over several years. These can be hired (see next section). Occasionally they can be bought but are very expensive.
- Perhaps check if the company is WHO Code compliant. The World Health Organization's International Code of Marketing of Breastmilk Substitutes (formula and other foods for babies) protects and supports breastfeeding. The WHO Code sets out how these substitutes and related products, such as bottles and teats, should be marketed so it doesn't make it harder for mothers to breastfeed. You may find it reassuring to choose a pump that is made by a WHO-Code-compliant company. For more information about the WHO Code, see the Association's website article [*The WHO Code \(international Code of Marketing of Breastmilk Substitutes\)*](#) (see [*Resources*](#)).

Usage type and duration	Occasional use (once a day or less)	Frequent use (more than once a day)	Exclusive expressing (especially when expressing to maintain/build a full milk supply)
Short-term (less than 4 weeks)	Manual (hand)	Multiple-user hospital-grade (hire)	Multiple-user hospital-grade (hire)
Medium-term (4 or more weeks)	Manual (hand) or Basic personal electric	Premium personal electric or Multiple-user hospital-grade (hire)	Multiple-user hospital-grade (hire)
Long-term (a few months or more)	Manual (hand) or Basic or premium personal electric	Premium personal electric or Multiple-user hospital-grade (hire or buy)	Multiple-user hospital-grade (hire or buy)

In addition to the types of pumps shown above there are also some models that are fully wearable. These are small pumps that fit inside the mother's bra so she can move about without being connected to anything external. This type is mostly useful once you have a good milk supply, if you like the idea of not being tied down while expressing. However, they may not always drain the breasts well, so may not support your supply unless you are also breastfeeding your baby directly or using another good-quality pump as well.

Hiring a breast pump

Multiple-user hospital-grade electric pumps can be **hired** from some Australian Breastfeeding Association **groups**. If you are an Association member, there is a significant discount in hiring fees. You will be asked to pay a deposit, which is refunded on return of the pump. Pumps may also be hired from some pharmacies, hospitals, lactation consultants, and baby goods stores and hiring services. If you need to hire an electric breast pump after your baby is born, it is best to arrange this before you leave hospital.

When hiring a pump you will have to buy the collection kit that fits onto that pump. This includes the parts that come into contact with your breasts and the milk. Buying your own kit protects you and your baby from infection. If you have been using a pump in hospital you may already have a 'one-day pump set'. Since these are designed for only eight expressing sessions, you will need to buy a reusable collection kit when hiring a pump to use at home. Talk to an Australian Breastfeeding Association counsellor for information on buying or hiring a pump. When you **hire** an electric breast pump from the Association you can purchase the collection kit at the same time. You will be shown how to use the pump correctly and will be offered ongoing support from a trained breastfeeding counsellor.

I needed a pump at short notice and contacted my local ABA group to hire a hospital-grade pump. I was able to pick it up that day and extended the hire each week for as long as I needed.

Exclusive pumping or long-term expressing

Some mothers need to express for many months. Some only ever feed their babies their breastmilk with a cup or bottle. Here are some hints for these mothers:

- You need to be **organised and determined** to maintain long-term expressing. It is not the easiest way to give your baby breastmilk, but if it is the only way your baby can have your breastmilk, it is a huge gift. Try to keep the closeness of breastfeeding by holding your baby close and facing them while you feed. Some people call this 'bottle-feeding like a breastfeeder'.
- **Both practical and emotional support** from your family and friends is vital. Expressing and cup- or bottle-feeding breastmilk takes more time than feeding at the breast.
- You will need **a good quality, electric breast pump with a double collection kit. Try hands-free pumping.** You can get special hands-free pumping bras, clips to hold the breast cups onto your bra, or simply cut holes in an old bra to insert the breast cups (see photo on [page 6](#)). If you can get some longer tubing for the kit, you can even move around a little while you are expressing. Expressing time is a good time for doing things like reading a book, watching TV, catching up on social media or talking to friends and

family. This also helps take your mind off expressing and may help your milk let down. Although the wearable electric breast pumps can be useful, they are best not relied upon for *all* of your milk collection when exclusively expressing.

- **Expressing need not tie you down** or make you feel shut away from others. Before you go out, think about what you will need to feel comfortable expressing. Take your pump equipment, or a container if you are hand expressing, and a cooler bag with an ice brick to carry the milk in. What places might be suitable? Parents' rooms often have private areas where you can relax and express. If you are in a café or public area, you may be able to find a table in a corner where you can sit with your back to the room. Some mothers express under a wrap or shawl thrown over their shoulders or wear a jacket or loose shirt. Legally, you can express anywhere you are allowed to be (as it is for feeding a baby).
- **After expressing for many weeks**, some mothers find their milk supply dropping. This is because a baby is better than a pump at removing the milk from the breast. When a baby is feeding at the breast, more frequent feeds soon increase a mother's supply. If you can't feed your baby at the breast, expressing more often will also help to do the same. After a week or so, you may be able to return to your previous expressing schedule. Lots of skin-to-skin contact with your baby and massaging your breasts before you start to pump and during pumping will help your supply too. Hand expressing at the end of a pumping session will get more milk out and increase your supply. It may also help to review the information about the let-down reflex on [page 5](#) and about breast cup sizing on [page 15](#).
- **Look after yourself.** Eat well and drink when you feel thirsty. It is normal to need to drink more than usual when you are making milk. Many mothers carry a large water bottle with them to help remind them to drink. Find time to relax and do things you enjoy. You may need to ask friends and family for help to reduce other pressures in your life while you do the important job of making milk for your baby.
- Have a **backup plan** and learn to hand express. Think about what you would do in a power failure, if your pump stops working, if your car breaks down or if you have to go to hospital. You may want to invest in a battery pack or a good manual pump.



Image: Yvette O'Dowd

Containers for storing breastmilk

There are many options for storing expressed breastmilk. All should be 'food-grade' and BPA-free.⁷

- **Plastic bags.** Most pharmacies sell small sterile bags designed for storing breastmilk. They are made from a special type of plastic and are thick enough to allow long-term storage in the freezer. Breastmilk stored in these bags thaws more quickly than when it is stored in most other containers.
- **Baby-feeding bottles.** Store bottles of expressed breastmilk sealed with solid lids, not teats, which have holes.
- **Plastic cups with tight-fitting lids.** They need to be able to withstand freezing and not go brittle.
- **Small glass jars** with lids can be useful. Glass is good for storage and can be cleaned easily but is more likely to break than plastic.
- Some mothers use special **milk-storage trays** or clean **plastic ice-cube trays**. These need to be covered and sealed well. You can buy ice-cube trays that come with lids.
- You may already have other containers that are 'food-grade' and BPA-free. When expressing for a single feed simply use what you have got. It is better to use small containers that hold one feed, to avoid wastage.
- **If you have a premature or sick baby,** it is important to ask the hospital staff about containers, as they may supply them. Ask your doctor or midwife about any extra steps you should take when handling or storing your milk. Make sure to record the date and time of expressing on the container so they can use the oldest first. Breastmilk is best supplied fresh daily for a sick baby.



Image: A. Keyhani

Some points to be aware of:

- Cheaper plastic bags, such as zip-lock types, can be used, but great care needs to be taken so they do not get damaged. Many are too thin to store breastmilk for very long without spoiling. Also, some of the antibodies are lost when these bags are used.⁷
- Some of the milk fat may stick to the inside surfaces of containers. Shake the milk while defrosting or warming to dislodge this.
- Hard plastic scratches easily, which makes it harder to clean. Soft plastic bags or bottles can be punctured and you may not know until they are thawed out.
- Avoid containers that have been used for cream or other fatty foods as it can be very difficult to clean them properly before you use them for expressed breastmilk.

Thorough cleaning

A mother's own expressing equipment does not need to be disinfected or sterilised for a healthy, term baby.^{7,11}

If you are expressing several times a day for a healthy baby, rinse your expressing equipment several times in cold water after each use to remove the milk. Store it in a clean, closed container. You can also store unrinsed expressing equipment in the fridge, in a clean, closed container or plastic bag. If you cannot store your expressing equipment in the fridge between sessions, have extra parts, so you are not always rinsing and washing. The National Health and Medical Research Council breastmilk storage guidelines³ are shown in a table on [page 23](#). For example, breastmilk may be stored for up to 6 to 8 hours at room temperature and up to 72 hours in the fridge.

Expressing equipment should be cleaned really well at least once every 24 hours while it is in frequent use.¹² If it is only being used once a day or less, clean it after each use.

Thorough cleaning is important to make sure you have removed all milk from the breast pump parts and storage containers.



Image: Joy Anderson

Steps to take

1. Wash your hands well with soap and water. Dry them on something clean, such as new paper towel or a clean, unused cloth towel.
2. Take apart all containers and the breast pump parts so that they can all be cleaned well. Rinse everything in cold water to remove milk.¹²
3. Take care to remove all traces of grease, milk and dirt with a small amount of dishwashing liquid and hot water. Use a brush kept just for this purpose.
4. Rinse at least twice in hot water.
5. Drain bottles and containers upside-down on clean paper or cloth towel. If you line a dish drainer with new paper towel or a clean towel, you can prop the bottles at an angle to help the insides dry. Cover while they air dry. Before putting away, make sure there are no water droplets left in the containers or on any parts. If any water remains, dry carefully with new paper towel or a clean cloth towel.
6. Store the dry kit in a new plastic bag, plastic wrap, more paper towel or a clean, covered container until next use.^{12,13}

Except for the sterile expressed breastmilk bags or new plastic bags, clean all containers and breast pump parts used to collect or store breastmilk before use.

In areas where there are different water supplies for drinking and washing, use drinking water to wash and rinse the containers and pump equipment.

If your baby is sick or premature, be guided by the advice of your baby's medical team about containers and cleaning procedures.



Image: Jemma Manwaring

Storing breastmilk for home use

Breastmilk	Room temperature	Refrigerator	Freezer
Freshly expressed into container	<ul style="list-style-type: none"> • 6 to 8 hours (26°C or lower) • If refrigeration is available, store milk there 	<ul style="list-style-type: none"> • No more than 72 hours. • Store at back, where it is coldest 	<ul style="list-style-type: none"> • 2 weeks in freezer compartment inside refrigerator (-15°C) • 3 months in freezer section of refrigerator with separate door (-18°C) • 6 to 12 months in deep freeze (-20°C*)
Previously frozen — thawed in refrigerator but not warmed	<ul style="list-style-type: none"> • 4 hours or less (ie the next feeding) 	<ul style="list-style-type: none"> • Store in refrigerator 24 hours 	<ul style="list-style-type: none"> • Do not refreeze
Thawed outside refrigerator in warm water	<ul style="list-style-type: none"> • For completion of feeding 	<ul style="list-style-type: none"> • Hold for 4 hours or until next feeding 	<ul style="list-style-type: none"> • Do not refreeze
Infant has begun feeding	<ul style="list-style-type: none"> • Only for completion of feeding, then discard 	<ul style="list-style-type: none"> • Discard 	<ul style="list-style-type: none"> • Discard

* Chest or upright manual defrost deep freezer that is opened infrequently and maintains ideal temperature

*Reproduced with permission from National Health and Medical Research Council (2012 updated 2015), Infant Feeding Guidelines. p59.*³

‘Smelly’ breastmilk

On rare occasions a mother may find that her breastmilk smells and tastes ‘off’ or soapy after storage in the fridge or freezer. This does not mean that the milk has ‘gone bad’. There is a normal digestive enzyme called lipase in breastmilk that breaks down fats. This normally happens inside a baby’s stomach and helps them digest the milk. It is thought that this enzyme action may also take place in stored breastmilk. The smell that occurs in some stored breastmilk may come when certain breakdown products of this enzyme action are exposed to air. It only happens in some mothers’ breastmilk and may depend on the types of fats in that milk. It is quite safe to feed to your baby and most babies don’t notice,⁷ although some do. Some may only accept it if it is cold or you could try mixing it with some freshly expressed breastmilk. If you are building up a supply of your milk in the freezer, take some out and check it early on so you don’t end up wasting it by finding out later that your baby won’t drink it.

If you have offered the milk to your baby and they have refused it due to the taste, you can help to avoid the problem in the future by scalding your breastmilk. Straight after expressing, heat your breastmilk to 72 degrees Celsius for 2 minutes.¹⁴ This will stop the

lipase from working. It is best to use a kitchen thermometer to check the temperature but if you don't have one, you can watch for little bubbles forming in the milk around the edges of the saucepan. Don't heat it enough to boil. Then cool it quickly by placing the saucepan into a large bowl or sink of ice and water. The milk can then be stored as usual. You will lose some of the protective properties of the milk, but this is better than having to throw it away. If you are expressing while away from home, you may want to know how long it takes for the expressed breastmilk to develop the smell. You could test your milk by tasting it every hour after expressing to find out how long you have before needing to scald it.

Infection or medical treatment?

If you and/or your baby have had thrush or you have had any type of infection on your nipples, you do not need to throw out any stored expressed breastmilk collected during the infection.¹⁵ However, if it looks stringy, smells bad or looks like it contains pus, then it should not be used.⁷

Sometimes mothers are told to discard their milk if they are taking medication or have had medical treatment. The milk is quite safe if you are taking medications for a breast or nipple infection.¹⁶ For others, check before throwing away your milk. If you are not sure, label it clearly and freeze it while you find more information. Many large maternity hospitals have a drug information helpline you or your doctor can call. These are staffed by pharmacists with access to extra information on drugs in breastmilk. If you would like the numbers for these, check the Association's website article [*Breastfeeding and prescription medications*](#) (see [*Resources*](#)), or ask an Australian Breastfeeding Association [*counsellor*](#).

Handling expressed breastmilk

Freezing breastmilk

- Seal the container of breastmilk and clearly label with the date.
- Place the container in the coldest part of the freezer.
- You can add newly expressed breastmilk to already frozen or chilled breastmilk¹ as long as the new milk is chilled first and the container is put straight back in the freezer or fridge.

NB: Frozen breastmilk will expand in the container, so fill only to three quarters full. Otherwise the container may burst.

If you are storing a lot of breastmilk in your freezer and you go away, you may like to arrange for someone to check the freezer daily. Your breastmilk may be lost if the power is cut or the freezer breaks down.



Image: Donna Clayton-Smith

Thawing and warming breastmilk

Breastmilk may look different at different times of the day. How it looks also depends on how long it has been since you have expressed or fed your baby. It looks different to cows' milk or formula, which always look the same. Expressed breastmilk will **separate into layers**. This is normal. Breastmilk freezes in these neat layers but is easily mixed once thawed. Just give the container a gentle swirl or shake.

- Use the oldest milk first. That way, you are less likely to waste your breastmilk.
- To thaw frozen breastmilk slowly, leave it in the fridge for several hours or overnight. Do *not* leave it to thaw at room temperature.

- To thaw frozen breastmilk quickly, move the container about in a bowl of warm water. As the water cools, add a little hot water to the bowl and keep swirling the breastmilk until it becomes liquid. Don't use boiling water.
- To warm chilled or thawed breastmilk, place the container in a bowl, jug or saucepan of hot water or in an electric drink heater until milk reaches **body temperature**. Test the temperature by dropping a little onto your wrist. It should feel warm, but not hot. Many babies are happy to drink breastmilk cooler than body temperature.
- You do not need to boil your expressed breastmilk if it is to be given to your own baby.

A microwave oven should never be used to thaw or heat milk, as it heats unevenly. The milk may burn a baby's mouth and microwaving may damage the breastmilk.⁷ Heating the milk this way may also release microplastics from a plastic bottle into the milk.¹⁷

Transporting expressed breastmilk

Very often, you will need to carry your expressed breastmilk. This may be between home and hospital, work and home, home and your baby's carer. You can do it safely in an insulated container with a freezer pack or crushed ice inside. A small bottle will even fit inside a wide-mouthed vacuum flask with ice added to keep it cool. If the milk is frozen, don't allow it to thaw while being carried. If it does thaw, use it within 24 hours. It is not safe to refreeze the milk.

If you are carrying expressed breastmilk when travelling by air, there may be limits to the amounts and it may depend on whether your baby is with you or not. There is lots of information in the article [Breastmilk and air travel](#) on the Australian Breastfeeding Association's [website](#).

Breastmilk expressed for use at child care

If you are expressing at work, make sure you label your expressed breastmilk clearly before you put it in the fridge. Some mothers like to keep a special bag to put their breastmilk in instead of just the bottle or container.

Discuss the use and handling of your breastmilk with the staff at your baby's child care. Check that they know they do not need gloves to handle breastmilk. Health authorities do not list it as a 'body fluid' requiring the use of gloves. Hands should be washed with soap and water and dried before handling food, and the same applies to preparing bottles for babies.¹⁸

Feeding expressed breastmilk to your baby

How you feed your milk to your baby will depend on your baby's age and what they prefer.

The two most common ways are using a small cup or a standard baby bottle. A breastfed baby may manage a cup better than a teat and bottle if they haven't had a bottle before. They are also less likely to get confused by the different sucking actions needed for bottle-feeding and breastfeeding. Even newborns can be cup-fed. However, some babies having regular feeds of expressed breastmilk, such as when their mothers return to the paid work force, seem to enjoy the sucking a bottle allows. If you want to introduce a bottle and teat, it is best not to begin until your baby has learnt to suckle properly at the breast and is gaining weight well. Some older babies may only accept a bottle from a person other than their mother. However, not all babies need to have a bottle. An older baby may be happy to take breastmilk from their own sipper cup.



Image: Tish Okely



Image: A. Keyhani

Whether you use a bottle or cup, any milk left over after the feed must be thrown away.³ Germs from your baby's mouth will have gone into the breastmilk. It should never be added to any other supply of stored milk.

In special situations

In some cases, for example if your baby is premature or ill or if you are relactating or inducing lactation, a supply line may be useful. Your baby receives milk from a bottle, bag or large syringe, through a fine tube, as they suck at the breast. Contact an Australian Breastfeeding Association counsellor for details of its use and whether it would suit you. The Association's booklets *Breastfeeding: using a supply line* and *Breastfeeding: relactation and induced lactation* have more details.

There are some other special feeding products designed for babies with clefts of lip and/or palate or other sucking problems. These include the Medela SpecialNeeds (Haberma) Feeder and bottles with scoops or spouts instead of teats. There is more information about these in the Association's booklet *Breastfeeding: babies with a cleft of lip and/or palate*.



Pacing bottle-feeds

Giving babies control of how much breastmilk they need

Breastfed babies, who are allowed to feed when and for as long as they want to, are able to control the amount of milk they take at a feed. However, when babies are fed from a bottle they have less control. They may sometimes take more milk than they really need at each feed and be overfed. This is more likely to happen when your baby is fed by a carer (who won't be as good as you are at knowing your baby's needs). This can cause problems if you are often apart from your baby. You may have trouble expressing the amount of milk being used and your baby may breastfeed less when you're together.

Breastfed babies are also used to being able to control the flow of milk as they feed. They may find bottle-feeding from a fast-flowing teat quite stressful. It may seem like the baby is very hungry and gulping the milk down. In fact, they may be doing all they can to swallow fast enough and not choke. They also need a chance to breathe between swallows. Some brands of teats claim to be more like the breast than others, but there is no evidence for this. The way the bottle and teat are used is more important than the type. One way to avoid problems is to give your baby control of the pace of their feeds.

Pacing feeds allows the baby to drink the amount they want rather than being given too much. If they are only given the amount of breastmilk they need while they are away from you, it will help them to breastfeed better when they are with you. This will help to keep up your milk supply. It may also mean that you need to spend less time expressing to keep up with the amount of breastmilk your baby needs while away. It will also reduce the chance that your baby will begin to prefer the bottle and refuse to breastfeed. If they get used to the instant and fast flow of a bottle, they may get impatient with the wait for the let-down and the slower flow of breastfeeding.

How to pace feeds

- These pointers will help your baby's carers to pace bottle-feeds. See also [Resources](#) for links to two videos showing paced bottle-feeding.
- Try to find out if the baby is truly hungry. This is not likely to be the case every time they are unhappy. A nappy change, cuddle or more attention may be what they need. If they are obviously hungry though, offer a feed.
- Watch for signs that the baby is hungry rather than feeding to a time schedule. The baby will get restless. They may start sucking their fingers or moving their head on your chest when you pick them up. If they are past this stage, they may be crying and not stop when you comfort them.
- Hold the baby in an upright position. This stops them taking milk too quickly. Support the baby's head and neck with your hand rather than with your arm (see photo on [page 30](#)).
- Use a slow-flow teat, even if the baby is older. The slowest teats ('newborn' type) are usually best for breastfed babies.
- Gently brush the teat down the middle of the baby's lips, particularly the bottom lip. This helps the baby to open their mouth wide. Let them take the whole teat into their mouth,

like they would if they were breastfeeding. Do not push the teat into the baby's mouth. Let them take it themselves.

- Let the baby suck for a few seconds without any milk in the teat to make it more like breastfeeding before the milk lets down.
- Tip the bottom of the bottle up just far enough for the milk to go into the teat. As the feed goes on, you will need to let the baby gradually lean backwards more and more so that milk stays in the teat. Keep the baby's head and neck straight. At the end of the feed the bottle will be almost vertical.
- Let the baby have frequent rests to make it more like a breastfeed. This will help stop the baby drinking too much too fast. A paced bottle-feed should take about the same time as a breastfeed, at least 20 minutes.
- Allow the baby to decide when to finish the feed. They may not need to drink all the breastmilk in the bottle. Don't force them to finish it. If the milk has been stored in small amounts as suggested, not much will be wasted.



Image: Joy Anderson

Resources

Website articles

Use the search function of the Australian Breastfeeding Association's website breastfeeding.asn.au to locate these articles:

- [Antenatal expression of colostrum](#)
- [Breastfeeding and prescription medications](#)
- [Breastfeeding friendly workplaces](#)
- [Breastmilk and air travel](#)
- [Can you return to work and still breastfeed?](#)
- [Caregiver's guide to the breastfed baby](#)
- [Cup-feeding](#)
- [Exclusive expressing](#)
- [Expressing and storing breastmilk](#)
- [Hand expressing](#)
- [Links to expressing \(including hand\) and storing clips](#)
- [Suggestions on using an electric breast pump](#)
- [The WHO Code \(International Code of Marketing of Breastmilk Substitutes\)](#)
- [Which breast pump is best for you?](#)

ABA Book

- [Breastfeeding ... naturally](#) (3rd edition 2017) Australian Breastfeeding Association

DVD

- [Hand Expressing and Cup Feeding](#) Australian Breastfeeding Association. More details at breastfeeding.asn.au/shop/groupprojects

Online videos

- [Hand expressing](#) Australian Breastfeeding Association: vimeo.com/423863333
- [Hand expression of breastmilk](#) Stanford School of Medicine: med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html
- [Maximizing milk production with hands-on pumping](#) Stanford School of Medicine: med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html
- Paced bottle-feeding: youtube.com/watch?v=wumi31Oyc8k and youtube.com/watch?v=reV0Tt7fIM0

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The Australian Breastfeeding Association

The Australian Breastfeeding Association's website breastfeeding.asn.au has information about many aspects of breastfeeding.

Problems or concerns with breastfeeding?

- Free telephone help is available to all callers from within Australia from the **National Breastfeeding Helpline** 1800 mum 2 mum (1800 686 268) 24 hours a day, 7 days a week.
 - ◆ Hearing or speech impaired? Call the National Relay Service help desk on 1800 555 660 Monday to Friday 8 am to 6 pm AEST and then ask for them to phone the Breastfeeding Helpline 1800 686 268.
 - ◆ If you need an interpreter, call TIS National on 131 450 and ask them to call the National Breastfeeding Helpline on 1800 686 268.
- **LiveChat** is available via our website at various times during the week. See our website for current availability.
- The Association's **mum2mum app** is available in iOS and Android formats. Members also receive premium breastfeeding content tailored to their baby's age and stage. See: breastfeeding.asn.au/mum2mum



Peer support

- To find your local group, go to: breastfeeding.asn.au/contacts/groups and type in your postcode. There is a link to a calendar of events on this page.
- We have a national Facebook group for breastfeeding support. You can find it here: facebook.com/groups/BreastfeedingwithABA/ or search for 'Breastfeeding with ABA' on Facebook.
- Many Association groups have a Facebook page or group. Check with your local group to gain access.

Electric breast pumps

Electric breast pumps are available for hire through many Association groups. Go to: breastfeeding.asn.au/services/pumphire, or contact your local group or the National Breastfeeding Helpline 1800 686 268 for more details. A discount applies for members of the Association.

Join the Australian Breastfeeding Association

Becoming a member of the Australian Breastfeeding Association can help you gain skills, confidence and overcome challenges so you can reach your breastfeeding goals breastfeeding.asn.au/membership



Australian Breastfeeding Association products

The Association produces many items. Go to the online shop shop.breastfeeding.asn.au where you can purchase either digital or hard copies of our booklets and other products.



Books

- *Breastfeeding ... naturally*
- *NMAA cooks: recipes for busy families*
- *Supporting LGBTQIA+ families*

Breastfeeding information series booklets

- *Breastfeeding: an introduction*
- *Breastfeeding: and your supply*
- *Breastfeeding: breast and nipple care*
- *Breastfeeding: expressing and storing breastmilk*
- *Breastfeeding: weaning*
- *Breastfeeding: when your baby refuses the breast*
- *Breastfeeding: women and work*
- *Breastfeeding: your premature baby*



Parenting information series booklets

- *Breastfeeding: and crying babies*
- *Breastfeeding: and family foods*
- *Breastfeeding: and sleep*
- *Breastfeeding: as your family grows*
- *Breastfeeding: diet, exercise, sex and more*
- *Breastfeeding: supporting the new mother*



Special situation information series booklets

- *Breastfeeding: and reflux*
- *Breastfeeding: babies with a cleft of lip and/or palate*
- *Breastfeeding: caesarean birth and epidurals*
- *Breastfeeding: relactation and induced lactation*
- *Breastfeeding: twins, triplets and more*
- *Breastfeeding: using a supply line*
- *Breastfeeding: your baby with Down syndrome*





Member services

Online and local support groups

Informal gatherings where parents can discuss breastfeeding and parenting issues; especially worthwhile for expectant and new mothers. Contact details can be found on the Australian Breastfeeding Association's website or you can phone a counsellor on the National Breastfeeding Helpline for details.

Breastfeeding help

Free to all within Australia 24 hours a day, 7 days a week. Phone 1800 mum 2 mum (1800 686 268).

Breastfeeding Helpline 1800 mum 2 mum

1800 686 268

The National Breastfeeding Helpline is supported by funding from the Australian Government

LiveChat with us

see website for available times
Visit breastfeeding.asn.au to log on

Download the free **mum2mum** app



mum2mum
Brought to you by the Australian Breastfeeding Association



Stay **connected**

[@ozbreastfeeding](https://twitter.com/ozbreastfeeding)



Essence Magazine

Quarterly publication with informative articles and member news.

Breastfeeding Information and Research

The Australian Breastfeeding Association has breastfeeding information from worldwide sources.

Resources for parents and health professionals

Wide range of handout literature and education aids, books and more are available for purchase. Details and pricing are on our website:

shop.breastfeeding.asn.au

By **joining** the Australian Breastfeeding Association, you will gain all the member benefits, and you will help us support women through counselling and breastfeeding promotion in the community. You can also assist this volunteer organisation by making tax-deductible donations or bequests. For more information please contact our National Office.

Join the Australian
Breastfeeding Association
[breastfeeding.asn.au/
membership](http://breastfeeding.asn.au/membership)



Australian Breastfeeding Association National Support Office

PO Box 33221, Melbourne VIC 3004
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South Melbourne VIC 3205
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Email: info@breastfeeding.asn.au