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## Expressing and Storing Breastmilk Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

### **Purpose**

To ensure bacteriological safety and maximize the nutritional and immunologic value of expressed breast milk.

### **Principles**

It is widely recognized that breastfeeding is the best method of infant feeding. But when an infant, for whatever reason, is unable to breastfeed, freshly expressed milk from his or her mother is the first option recommended. In situations where freshly expressed milk is not available, previously expressed milk that has been appropriately stored in the refrigerator is the next best choice, followed by frozen expressed milk.

Method of expression, type of storage container, storage temperature and length of storage impact the caloric content, immunological function and nutritional value of the milk.

Proper handling of breast milk includes the appropriate use and maintenance of equipment to prevent risk of milk contamination.

One of the most important factors in safe handling and storage of breast milk is routine hand hygiene.

### **Procedure**

#### Hygiene

1. Hand hygiene:
  - a. Before expressing milk or handling milk or feeding equipment:
    - i. Through hand washing is advised
    - ii. Dry hands thoroughly with disposable paper towel
    - iii. Short fingernails are important. Artificial nails and nail polish, particularly if it is chipped, can harbour bacteria
2. Hand sanitizer can be used by both staff and parents in the hospital setting to decontaminate hands if they are not visibly dirty
3. Milk collection:
  - a. Wash hands before expressing or pumping milk
  - b. Use clean pump kits and bottles

- c. Breast hygiene – daily shower with no soap used on nipples
4. Cleaning pump equipment:
- a. For pumps used by more than one woman, the outer surface of the pump should be cleaned before and after each use with Surface Disinfectant Wipes.
  - b. Issue a sterile expressing kit, detergent and a bottle brush to each mother
    - i. kits are autoclaved before reissue to a new mother
  - c. Cleaning expressing kit
    - i. After use disassemble the equipment.
    - ii. Rinse with cool water to remove milk residue
    - iii. Wash with warm soapy water
    - iv. Rinse thoroughly
    - v. Place in Milton container

### **Expressing**

1. Hand expression:
  - a. Teach all mothers early in the postpartum period how to hand express
  - b. Initiate frequent breast emptying early. Ideally within the first 6 hours of birth.
  - c. Hand expression in the first 24 hours is the most effective method to maximize collection of drops of colostrum for a baby who is not actively feeding at the breast
  - d. Colostrum can be collected by syringe or spoon and given to the baby.
2. Establishing/maintaining a milk supply with a pump:
  - a. To establish or maintain a good milk supply when a baby is not breastfeeding or is feeding ineffectively at the breast:
    - i. Teach mother how to assemble and use pump and expressing kit
    - ii. Hand express first, then double pumping is recommended for breast stimulation. (Express both breast simultaneously)
    - iii. Express milk preferably 8 times every 24 hours. 3 Hourly.
    - iv. Pump minimum of 10 minutes per session, until the milk flow stops, to keep the breasts well drained
    - v. Massage the breast prior to expressing
    - vi. Intervene if milk production is not approaching 500ml per 24 hours by the end of the first week (see Reduced or Low milk supply flow chart) Consult with Lactation Consultant.
    - vii. Identify support resources for on-going questions/concerns

## **Storing Breast Milk**

- Containers for milk
  - Safe, standard baby bottles with two piece lids.
  - Sterile syringes with bungs.
  - Keep in plastic tray in fridge.
- Labeling containers
  - date and time of expression
  - child or mothers name
  - Wrist band labels
  - date frozen
  - Double check with **parent-** correct baby/ correct milk before using.
- Refrigerators
  - label milk before placing in refrigerator
  - refrigerators' temperature should register 1 to 4 deg C (35 to 40 deg F)
  - clean refrigerator regularly

## **Handling Milk**

- Freshly expressed breast milk is safe at room temperature for 4 hours
- Milk can safely be refrigerated for up to 2 days
- Warming for feeding
  - An individual feed can be warmed by standing the container of milk briefly in warm water or holding under running warm water
  - Never microwave breastmilk either to defrost or warm it
  - Milk that has a soapy odor or taste after storage is safe to feed the baby. (Soapy smell/taste is caused by a change in the lipid structure due to the effects of freezing and thawing.)

### **Mother with Hepatitis B or C**

- Container for storing of milk should be in a plastic bag on a tray on the bottom shelf in the fridge

## **References**

- Jones, F. Best Practices for Expressing and Storing and Handling of Human Milk in Hospitals, Homes and Child Care Settings. Human Milk Banking Association of North America 2<sup>nd</sup> Edition 2006.

## **Informed Consent**

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).