OKLAHOMA BREASTFEEDING RESOURCE CENTER

Disclosure









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- This class will not refer to products, drugs, or devices of a commercial company with which we have a significant relationship.
- We have not accepted a fee from a commercial company for this class.
- Supported with funding from the Oklahoma State Department of Health.
- Mannel serves as Executive Director of the Oklahoma Mothers' Milk Bank, a statewide nonprofit.

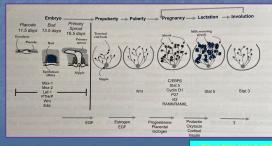
Learning Objectives

- Identify how the breast makes milk.
- Explain indications for expression of milk.
- Understand different mechanics of expression.
- Identify milk collection and storage guidelines.
- Explain different ways to troubleshoot common problems.

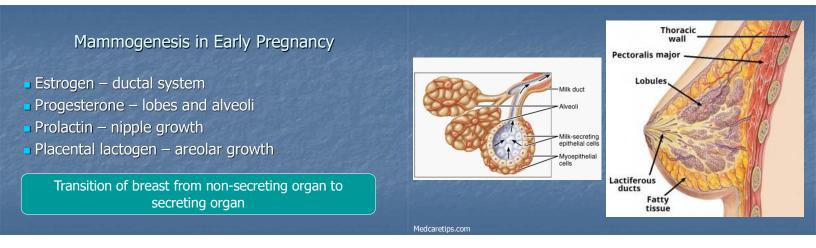


Mammogenesis

Breast development begins during first weeks of fetal gestation
 Next major development during puberty



How the Breast Makes Milk



Lactogenesis I

- Lactogenesis I = capacity of mammary gland to secrete milk from mid-pregnancy to late pregnancy
- Lactation occurs after 16 weeks of pregnancy
- Lactogenesis I continues until 2-3 days after birth

Colostrum

- Increased protein
 - Higher concentration of immunoglobulins
 Overall dose to baby = 1 g/day
- Decreased fat
- Decreased lactose
- Low water/fluid volume



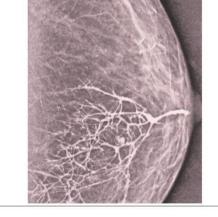
Lactogenesis II

- Onset of copious milk secretion after birth
- Milk volume increases rapidly, then abruptly levels off
- Triggered by a rapid drop of progesterone after delivery of placenta
- Occurs 2-3 days after birth

Secretory activation with delivery of placenta

Milk ducts and ductules







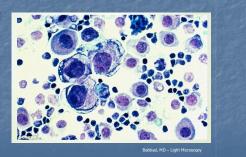
Transitional-Mature Milk

- Lower protein concentration
 Overall dose to baby = 1 g/day
- Higher fat
- Most recently made milk (end of feeding)
 Higher lactose
- Less recently made milk (start of feeding)
 Higher water concentration (>85%)



Milk is a Bioactive Substance

- Immunoglobulins
- Secretory IgA, IgG, IgM, IgD, IgE
- White blood cells
 <u>T &</u> B cells, neuts, lymphs,
- macrophages
- Enzymes lactase
- Lactoferrin
- Oligosaccharides
- Hormones





Lactogenesis II

- Continued milk production
- What is it dependent on??MILK REMOVAL
- Reflects infant's appetite rather than mom's ability to make milk
 - "supply and demand"

Delayed or Impaired Lactogenesis

- Cesarean birth
- Diabetes, type I
- Obesity
- Polycystic Ovary Syndrome (PCOS)
- Hypertension
- Stress
- Retained Placenta
- Postpartum Hemorrhage

Indications for Expression of Milk

Indications for Expression of Milk

- Delayed initiation of breastfeeding
- Interruption of breastfeeding
- Decreased milk supply
- Relief of engorgement
- Donating to a milk bank

Hand Expression



Pumping with hand pump

Figure 1.13

Hand Expression

- Most common form of milk expression
- Is more effective for expressing colostrum
- When mechanical breast pump not available
- Useful for stimulating milk ejection reflex (MER) before using mechanical pump
- When used after pumping, more effectively drains the breast: "hands-on pumping"

Automatic Electric Pumps

- Double-pumping $\rightarrow \uparrow$ milk collection
- Best for mothers working full-time
- Best for sustaining milk production (NICU moms)
- Faster pumping
- Less chance of injury

Milk Collection

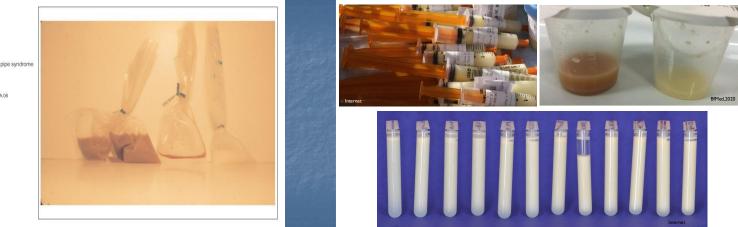
- Initiating and sustaining milk production for a preterm/sick infant:
- Initiate pumping w/in 6 hours of delivery Consider starting with hand expression
- Double-pump with a hospital grade breast pump
- Stimulate MER (breast massage, heat,...)
- Hands-on pumping!
- Pump 8-10 times/day for 10-15 min each
- Practice kangaroo care daily

Pumping FAQs from moms

- When do I count the start of a pumping session? Pumping time starts from beginning of last session to beginning of next session
- How often do I need to clean/sanitize my pump parts? Sanitize pump once per day, rinse well after each use during the day
- Should I take some type of herbal supplement to increase my milk supply?



Figure A.08



Average Milk Volumes

PP Dy 1: 40 - 120 ml PP Dy 2: 100 - 200 ml PP Dy 3: 200 - 400 ml PP Dy 5 – 10: 500 ml (~ 1oz/brst q 3 hrs)

By 1 month postpartum, most mothers are producing 700-800 ml/day.

ABM Protocol #3: Supplementary Feedings in the Healthy Term Breastfed Neonate 2017

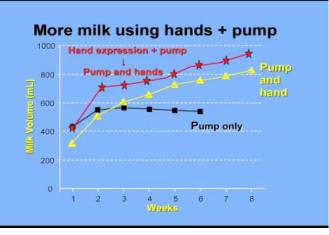
Average Infant Intake

- Day 1: 2-10 ml/fdg
- Day 2: 5-15 ml/fdg
- Day 3: 15-30 ml/fdg
- Day 5: 30-60 ml/fdg

• ABM Protocol #3: Supplementary Feedings in the Healthy Term Breastfed Neonate 2017

Low or Decreasing Milk Production

- Insure frequent pumping (8-10x/day)
- Tips to elicit milk release
- Relaxation tips
- Breast massage, heat
- Kangaroo care w/ baby
- Fatigue, stress, pain, anxiety/depression
- Rule out maternal medications
- Insure effective type of pump
- Hands-on pumping!



Pain with Pumping

- Insure proper flange fit
- Decrease length of pumping sessions
- Decrease vacuum
- Insure vacuum is released or interrupted during pumping sessions
- Rule out infection



DONOR MOTHERS











