Long-term Pumping When Direct Breastfeeding Doesn't Work Out

Mother's milk is best for babies even when direct breastfeeding doesn't work out. Perhaps the reason is persistent breast problems, perhaps the baby cannot suck correctly and effectively, or perhaps there are other reasons that make direct breastfeeding impossible or a barrier to the mother-baby relationship.

Human milk is the "Gold Standard" for babies, even when provided by a feeding bottle or alternate feeding device. Manufactured products based on cow's milk or soybeans are not the same as human milk, no matter how carefully they are designed, manufactured and prepared. Human milk provides substantial protection from illness, even when all other health factors are equal. This is because:

- Active white cells in the milk destroy many bacteria, viruses, and organisms.
- Specific antibodies are manufactured by the mother to combat many illnesses.
- Fatty acids and other components help fight illness and minimize allergic responses.
- The species-specific nutrients maximize brain growth and mental development.
- Many long-term and chronic illnesses are linked to artificial feeding, including diabetes, multiple sclerosis, ulcerative colitis, and even some cancers.

The price of long-term feeding with human milk is the equipment for milk collection and storage. The cost of equipment rent, or purchase is far less than the cost of manufactured milks. For the same amount of money as one month's supply of formula and the equipment needed to store, prepare and use it, you can rent a high-quality electric breast pump, purchase a high-quality single-user electric pump, or buy two hand-held electric breast pumps. The time spent collecting milk is shorter than the time needed to purchase and prepare the substitute. Many mothers find that hand-expressing is fast, effective, and free.

Changing feeding method or even the food given does not change the baby's need for his mother's presence, or his need to be held, cuddled, comforted, and rocked. Feedings will take about the same amount of time regardless of the method used. Babies need to eat frequently because they are growing so quickly. Feeding times should always be a time for close, nurturing contact. Always, always respond to the baby's cues for when and how much she needs to eat.

TEN SPECIFIC TIPS:

1. Buy or rent a good quality pump: vacuum pressure of -100-250 mm Hg; 40-60 cycles per minute; and flanges that fit comfortably without pinching the nipple Expect to pay $140 or more to buy a good electric unit. Avoid inexpensive pumps which may be weak, uncomfortable, and/or ineffective. Also learn to hand-express.

2. A woman's breasts will release milk in bursts during each let-down (milk ejection reflex). The first let-down usually occurs within the first 1-3 minutes of pumping and lasts 1-2 minutes or longer. Many mothers collect about an ounce of milk from each breast during the first let-down. Most mothers have multiple let-downs per nursing or pumping but may not be aware of them occurring unless they watch the milk flow changes. Research suggests that it's best to pump past the second let-down then for two minutes longer. Be prepared to pump every 2-3 hours, with no more than one 4-5 hour stretch between pumping sessions (often at night), just as the baby would nurse. Do not allow milk to remain in the breast for more than 2-3 hours, with up to one 3-5-hour stretch at night, because the retained milk will signal the cells to slow down production. Double pumping doubles the milk yield per minute of pumping.

3. Each woman is different. Some women's breasts will release milk to a pump quickly, while other women can't release their milk to any pump, not even an excellent one. Breast storage capacity differs and is related to breast size. A small-breasted woman will need to pump more often than a woman

with larger storage capacity. Total daily milk production is the same; the only difference is the frequency of milk removal.

4. The milk-producing cells settle into a production rate that maintains total volume about 35% over the baby's needs per day. To increase total volume per day, add more pumping sessions so that the breasts are drained more often and more thoroughly. To decrease total volume, allow more milk retention. It takes a few days for the breasts to respond to different demands. Most women use only about 2/3 of their total lactation capacity to make milk for one baby.

5. In the first six months, estimate that your exclusively breastfed baby will need about 24 ounces of milk per 24 hours, averaging about 2 ounces every 2 hours, with possibly one long sleep stretch (up to 5 hours). Do not try to force any baby into a particular pattern or amount of milk! There are wide variations in the amount needed by any given baby, so feed the baby as much and as often as he or she needs. Pump and store extra milk for the days when your baby is especially hungry.

6. Maintain your supply at least 15 above the baby's average needs. This means you will be able store a little bit each day over what the baby takes. If the baby takes all you are pumping, and you need to use the stored milk, assume the baby needs more milk. The baby would have nursed very frequently for a few days to boost supply, so mimic this pattern with your pumping regimen. Pump every 1 ½ to 2 hours for a few days until supply increases, and once a day thoroughly drain both breasts by pumping till the drops stop, then two minutes longer.

7. What you eat and drink has very little effect on milk volume or composition. Eat healthy foods to satisfy your hunger, and drink healthy liquids to thirst. Increasing food or fluid intake will not affect milk supply. A good diet and enough fluids will help you feel better and stay healthy. While a few medications can affect milk volume, the single most important factor in making enough milk is regular and thorough removal of milk. Hormonal contraceptives may cause a sudden and possibly permanent drop in milk supply. Even progesterone-only products may affect some women. Be cautious of using these drugs. Some types of breast surgery may significantly affect milk production.

8. Maintaining a milk supply usually becomes easier and more reliable over time. Some mothers can extend the time between pumping sessions, while others find that their breasts release milk faster over time and therefore can shorten the time of the pumping sessions. Remember, the first let-down may release 2 ounces of milk (from 2 breasts) in as little as 5 minutes of pumping. Many women find that short pumping sessions repeated frequently are more effective than long pumping sessions that occur many hours apart. Do not expect to pump large volumes of milk (over 4 ounces total) at any one session.

9. Long-term milk production may suppress fertility in the same way that long-term breastfeeding does. Please read about the Lactation Amenorrhea Method of fertility awareness.

10. Maintaining a milk supply for a baby is a separate issue from how the milk is fed to the baby and the mother-baby relationship. Pay as much or more attention to the baby as the pump.

QUESTIONS? Please contact a lactation consultant if you think your supply is decreasing. Or if you want to stop comfortably. Or if you want help getting your baby to breast. Your lactation consultant is trained to handle all breastfeeding-related problems without judging you on your decision. This is what we do for a living.