Expressing and storing your milk

Written by Heather Welford
This booklet concentrates on expressing and storing for healthy, full-term babies, although a lot of what we say applies to other situations too. For more information on caring for a premature or sick baby, read Breastfeeding your premature baby (BLISS) Free for parents. Order online at www.bliss.org.uk or call 0500 618 140.
Expressing and storing your milk when away from your baby or returning to work

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Introduction

This booklet gives you the practical information you need to feed your baby with your own expressed breastmilk.

You might want to express your milk:

• to give to your baby if he can’t feed from you
• to leave something for your baby to drink while someone else cares for him
• as part of overcoming a breastfeeding difficulty

‘I thought I would have to give up breastfeeding when I went back to work, but by breastfeeding morning and evening and giving expressed milk and some formula the rest of the time, I continued to feed until my baby was 18 months old! It was a very special experience and I wouldn’t have missed it for the world.’
First things first

There are three ways of expressing your milk:

- using your hands
- with a hand pump
- with an electric pump

You might have to try different ways before you find the one that’s right for you. None of these methods is as effective as a baby sucking and it will probably take some time to learn the technique.

It is very important to start by washing your hands first in hot, soapy water and drying them on a clean towel. All containers and parts of any pump you’re using need to be sterilised first.

Encouraging your milk to flow

- A warm bath or shower will help you relax. A warm face cloth held against your breasts helps too.
- Sit somewhere quiet and private. Breathe deeply and relax.
- Have your baby near, or if that’s not possible, think about her or have a photograph of her to look at.
- Put a wide-mouthed sterile container ready in front of you to catch the milk.
Breastmilk supports your baby’s development and strengthens their immunity, so that they are ill and need to be in hospital less often than babies who have formula. This protection lasts well into childhood. There are many long-term health benefits for women too. The UK Departments of Health, like the World Health Organisation, recommend that mothers should be supported to breastfeed, with their baby receiving no other food or drink for six months, and that breastfeeding should continue alongside other foods and drinks after this time, for as long as mothers wish.

Massaging

- Gently support your breast with one hand (you may not need to do this if your breasts are smaller)
- Massage your breast gently all over, stroking towards the nipple with your knuckles or fingertips for two or three minutes.
- Some women find that thinking about their baby encourages the ‘let-down reflex’ and so they ‘think baby, think milk, think flow’. Others find that reading or watching TV works better.

You don’t need to eat or drink anything special when you’re breastfeeding, or avoid anything. To keep yourself in the best of health, eat well and drink according to your thirst.
Expressing milk by hand

Now that you are relaxed and ready to start expressing by hand, move on from stroking your breast to the next stage:

- Position your hands under your breast as in the picture, with your thumbs upwards. The exact position will differ from woman to woman, and you may or may not be touching your areola (the coloured skin around the nipple). The idea is to put pressure on the ends of the milk ducts; you may need to experiment to feel where they are. Try pushing in towards your ribcage before rolling your fingers inwards. Move round, so you affect different areas.

- As you start to squeeze, milk will appear. It’s normal to get drips, and then spurts, as your milk begins to flow.

- Work around each breast, releasing the milk from all parts of the breast.

- Express from one breast until the milk flow slows down and then start massaging the other. You can switch from breast to breast until the milk flow stops completely.

- At first you may not be able to produce much, but the more you express, and the more your body gets used to you doing it, the easier it usually becomes.

If you ever have to be away from your baby, for whatever reason, expressing as often as you’d be likely to feed helps maintain your supply.
How does it work?

The milk in your breasts reaches the nipple through many different ducts.

As you press and release the breast tissue, you’re helping milk to come out of these ducts.

*My breasts got engorged with my last baby, and it was very uncomfortable. I produced a lot of milk, all the time. Should I have expressed to get some relief?*

Very gentle expression when you feel the need – just enough to soften the breasts and to make it easier for your baby to latch on – can help in this situation. Some midwives feel one or two thorough expressions can help with severe engorgement. Ask your midwife or a breastfeeding counsellor if it happens next time.

*When’s the best time to express milk?*

One of the best times is after an early morning feed when your supply is often abundant. But you can do it before or after a feed, whenever it’s convenient. Or you can feed your baby from one side and express from the other side. You don’t need to worry about running out, as the more you feed or express, the more milk your body makes.
Using a breast pump

Breast pumps are either hand-operated or electric. Some can be used with one hand. Most have ‘flanges’ which go over your nipple and areola and fit the breast, drawing the milk out by suction and collecting it in a bottle-shaped container.

- Prepare your breasts as described on page 5 before using a pump.
- Hold your baby if possible - skin-to-skin contact helps.

Avoid the old-style ‘breast relievers’. These come with a rubber bulb attached to a plastic funnel and are still available on prescription. They are not very effective as a pump, and any milk collected must be discarded, as the pump can’t be sterilised properly.

Electrically powered pumps run on mains electricity or batteries (and sometimes both). They are good if you need to express often for a baby in special care. They are more expensive than hand pumps, and the batteries run down quickly, but they are usually less tiring to use than hand pumps.
There’s some evidence that electric pumps which allow both breasts to be pumped at once can be good at saving time and at stimulating the breasts more effectively. Always follow the manufacturer’s instructions carefully.

Some women find they’re successful with one type of pump and not with others. If you buy one and it doesn’t work for you, take it back for a refund, rather than assuming you can’t express.

Is it worth me hiring an electric pump?
I intend to use one to express some milk for my baby as I’ll be out for an evening. I may also want one longer term as I’m going back to work.

You need to work out whether the cost of hiring is worth it. One option would be to have a go at hand expressing to see how you get on, as that costs nothing. Long-term hiring almost certainly works out more expensive than buying your own pump. Ask an NCT or other pump agent about the cost of hiring an electric pump and how much, if anything, you need to pay outright for the tubing and collection parts of the pump, which remain with you.

Electric pumps – both large ‘hospital style’ ones and smaller ones – can be hired from NCT breastfeeding counsellors or direct from the pump manufacturers or distributors. Your midwife or your hospital may be able to lend you a pump. You’ll find more information about suppliers on page 22.
Storing expressed breastmilk (EBM) safely and conveniently

Express your breastmilk into a suitable container, and place it in the fridge or freezer immediately. Sterilise anything you keep milk in and store covered.

As breastmilk is full of anti-infective properties it keeps well in the fridge. If your fridge stays at less than 4ºC the milk is safe for up to five days. If you’re not sure of the temperature or it is higher, it is best to use it within three days. Otherwise it should be stored in the freezer. Studies differ on how long it retains its protective properties when frozen, but up to two weeks in the freezer compartment of a fridge and up to 6 months in a freezer that stays at -18ºC or lower is recommended as safe.

Frozen breastmilk should be thawed in the fridge or at room temperature and should not be refrozen. Once it has warmed to room temperature, it should be used or thrown away.
Some tips:

- Keep refrigerated breastmilk at the back of the fridge, as it’s colder.
- Label and date each quantity of breastmilk and use the ‘oldest’ first from your store.
- Freeze breastmilk in small quantities in covered ice cube trays, small bottles or breastmilk bags (available from chemists, NCT shop and baby stores). Small amounts of breastmilk defrost more quickly, and you don’t need to defrost more than you need at any one time.
- If you are expressing milk for a premature or sick baby in hospital you will be given bottles and told how best to store your milk.
- It is important that any containers that the milk touches (for example pumps, bottles, cups and spoons) are cleaned and sterilised each time you use them.

Is it all right to give my baby cold EBM, straight from the fridge, or straight after it’s been defrosted?

Nutritionally, it makes no difference and there’s no evidence babies need their milk heated, but some babies may prefer milk at body temperature. The safe way to heat up a bottle of EBM is to stand it in a jug of warm water – though do be careful about scalds, and keep your baby well away from the jug. Before you give it to your baby, shake out a few drops onto your wrist. Warm it just enough to take the chill off. Heating milk in a microwave can lead to uneven heating which can burn a baby’s mouth. It is therefore advisable not to use a microwave to defrost or heat breastmilk.
How much milk am I likely to need for one feed?
This is always going to be a very rough estimate as babies differ so much. Very young babies can only take a tiny volume — maybe only a few mlss at a time. Older babies take more. Your baby’s appetite may be greater on some days than on others. However, a very rough rule of thumb is to leave at least 100mls for every feed once your baby is beyond newborn, plus some extra, until you can predict from your own experience what your baby’s needs are likely to be.
Feeding your baby with expressed breastmilk (EBM): bottle or cup

Using a bottle
The usual way of giving expressed breastmilk is in a bottle. It’s best to get your breastfeeding well established before you try bottles. Some babies are happy to take a bottle from early on, and it doesn’t affect their ability to breastfeed. Others seem to be more easily put off by bottles. Unless you have to give your breastmilk in a bottle sooner, leave it for a while. Let your baby get used to the breast before you introduce changes. There is no evidence either way that babies have to ‘get used to’ the bottle straightaway or else they will never take one.

Using a cup
The alternative is to use a cup. You can use a special feeding cup, an egg cup or a plastic syringe for feeding EBM. These methods may be best for very new, ill or pre-term babies who have not yet learnt to feed from the breast effectively. They’re also more practical for giving very tiny amounts of breastmilk (or colostrum – the milk you produce in the early days). If you do give a bottle, this doesn’t have to mean your baby will never breastfeed, however. Continue to help your baby learn to feed from the breast, and give him skin-to-skin contact with you.
Discuss your options with your midwife or a breastfeeding counsellor before you decide what’s best for you.

Expressing your breastmilk isn’t something you should feel you have to do straightaway – if at all. It’s a useful skill to have, but it’s usually easier if you wait until you’re confident in your milk supply and in your baby’s ability to breastfeed well.
‘She won’t take a bottle’

If your baby seems reluctant to try, here are some ideas:

- Hold her and enjoy a cuddle first.
- Warm and soften the teat with warm, boiled water that has been allowed to cool.
- Offer the bottle when your baby isn’t hungry, but is awake and relaxed. Don’t make it into a battle of wills!
- Ask someone else to give her the bottle.
- Give her the bottle while she is in a different position from the one you use for breastfeeding – such as on your knee, facing outwards, or in a chair.

‘She still won’t take a bottle!’

- Try giving her a cup, tilting it gently for her. Try using a spoon and spoon the milk into her mouth. If she’s older than four months, try a soft-spouted beaker.

Some babies never take a bottle, and they aren’t happy with a cup either until they’re older. They sometimes prefer to hang on until you come home and then enjoy a very long feed!

Do I need to sterilise the bottle and the teat when my baby has the occasional bottle of EBM?
Yes, it’s safer to do this. Milk of all kinds harbours bacteria, and sterilising gets rid of any stray bugs. If you only ever use one bottle and teat at a time then it may be easier and quicker to boil them in a pan of water for 10 minutes, instead of using a liquid or steam sterilising unit.
Employer support for breastfeeding

You can continue to breastfeed after you return to work. You'll need to be organised and flexible, to know your options and have support in your workplace from your employer and your colleagues.

Under the law, you, your baby and your breastfeeding are protected under Equal Opportunities guidance, which requires employers to ensure that a breastfeeding employee can have time and space during the day either to express milk or feed her baby. Employers should award the employee rest periods and access to a comfortable, private room in which she can express milk, and a refrigerator where she may safely store the milk. The room cannot be the toilets. If your baby is in a workplace nursery, you need a room in which you can breastfeed your baby.

Whether you are expressing at work or breastfeeding, your employer needs to make sure there are no health and safety risks that could affect your health, or the health of your baby.

Employers should not refuse to allow you to return to work, or refuse you access to training, because you are breastfeeding, or refuse to accommodate breastfeeding – this would automatically be unlawful sex discrimination, according to the Equal Opportunities Commission.

The law is clear for employers so it is worthwhile seeking legal advice if you feel your ability to continue breastfeeding after your return to work is affected in any way.
What you need are the following:

- a clean, warm, comfortable and private room with a lockable door
- a comfortable chair
- a clean place for you to leave your sterilising equipment and your pump if you are using one
- a clean fridge to store your milk.

The hours are not at present laid down in guidance, so you can negotiate with your employer the amount of time that’s right for you.

You or your employer can get advice and support on this from the Equality and Human Rights Commission or the Health and Safety Executive (HSE) (see page 21 for details).

My employer knows I need to express breastmilk at least once a day, and he has reluctantly given me permission to use the first aid room at work and a small fridge. But he has made comments about the ‘special treatment’ I am having, and has asked me how long I intend to do it.

Some mothers have found that getting a written breastfeeding policy formulated has helped in these situations. A formal policy gives you some back-up, makes it easier for other women in the same situation, and helps you and your employer. Speak to your health and safety people at work about this. Other useful support could come from an occupational health nurse, trade union, your union’s women’s officer or equal opportunities officer. Also visit the NCT website (www.nct.org.uk).
Going back to work - the options

Who will feed my baby?

Choosing the person you will allow to care for your baby while you are away is a big decision. Here are some possibilities:

- a full-time childminder
- a nursery or crèche which is near enough for you to visit in your breaks
- someone who can bring your baby to your workplace
- a nanny, or
- a relative.

The way in which you decide to combine breastfeeding with working may influence your choice or carer.

It is important that you spend some time getting to know the person you choose to care for your baby. If your carer hasn’t looked after a breastfed baby before, defrosting and handling expressed breastmilk may be new experiences for them. You may need to show them what to do and make sure they are confident about this. Some carers do not understand that breastmilk looks different from formula, for instance the cream floats to the top and needs shaking to remix.

Tell your carer what you want. Allow time each week for a chat about how your baby is getting on. Arrange a time that suits you both.

Deciding how to feed

‘For the first week I drove back and fed her every lunchtime – it helped me feel not too full at first, but then she didn’t seem that bothered, so I let them give her a cup of expressed milk after her lunch’.


You must decide how your baby will be fed when you are at work. You may want your baby’s carer to give her your expressed breastmilk, or you may decide to introduce formula milk when you are away, and still breastfeed when you are with your baby. Your milk supply will respond to your baby’s changing needs.

Some mothers move from one option to another as time goes on, or combine them – for example, if you can’t always express all the EBM your baby needs, and your carer needs to give formula occasionally. Once a baby is on solid food they may prefer to have water when you are not there and then have lots of milk when you return – some women make this work by asking the carer not to feed the baby in the hour or so before you are going to arrive back; then the baby is keen to eat.

Remember:

- Your baby will probably need less frequent feeds as she grows and takes more solid food.
- You can build up a store of EBM in the freezer before you return to work, so that you have something to fall back on.
- Your baby is much more efficient than any breast pump at getting milk out and stimulating your supply.

At the weekends some mothers have found it’s simpler to just breastfeed as normal when they’re with their baby, and cope with the fact that their breasts are usually a bit fuller on the first day or so back at work after a break. You may want to give this a try – it means you won’t have the inconvenience of bottles. Most babies seem pretty flexible about this, and they’re unlikely to think, ‘Why’s she feeding me now? I usually get a bottle at lunchtime!’
Combining formula milk and breastfeeding

What if you don’t want to express milk for your baby or find it too hard? If he is less than a year old and needs milk when you’re away from him, you’ll have to use formula milk; although for a few hours a baby on solids can cope with water.

Formula milk is usually cow’s milk, modified to make it more suitable for a baby.

The introduction of formula can mean that your milk supply goes down. If you’re not feeding, or expressing, your breasts will be getting less stimulation to make milk. The older your baby, though, the better. Once it’s well-established, breastfeeding can continue for a long time on just a few feeds a day.

If you do decide to use formula, introduce it gradually so that your body and your baby can adjust to the change over a period of time. You may find you have enough milk to breastfeed without formula at weekends, and you can still revert to combination feeding when you are at work.

The amount of formula your baby needs at a feed varies and is related to your baby’s age and/or weight. It’s important to make up the feeds strictly in accordance with the instructions, and to take care with hygiene and sterilising.
Your breastmilk is exactly the right food for your baby. It’s ready on demand and tailor-made for his age and stage. There’s evidence that babies are likely to do best if they have nothing but breastmilk for the first six months of life. This might be important for you to know if you have diabetes or allergies in your family, for example. Exclusive breastfeeding for six months reduces the chances of your baby developing a range of infections and illnesses.

How you may feel

It’s not always easy to return to work after having a baby. Some mothers are surprised at how reluctant they can feel, even if they enjoy their job. Concerns about the right sort of childcare, whether your baby will miss you, and the extra pressure of having to be somewhere at an appointed time can make it seem like a huge challenge.

Breastfeeding through this major change can be a good way of easing both yourself and your baby into this new chapter of your life as a mother. It’s a good way of ’connecting’ with your baby again after time apart. The fact that you’re carrying over a part of your pre-work relationship can feel rewarding and worthwhile.

It’s also true that for some mothers the demands of expressing and storing can be too great a challenge, especially if they are in jobs, or have employers, where it’s not made easy. Worrying about whether you have enough milk is yet another pressure. There’s no ‘right way’ — or rather, the ‘right way’ is your way.

If you do have to stop before you really planned to, then feel good about the breastfeeding you have done. Think about whether you can still offer feeds once or twice a day.
Sometimes, babies appear to lose interest in the breast if they get used to a lot of bottles. This is sometimes called ‘nursing strike’. Speak to a breastfeeding counsellor about options to continue, if this is what you want. Babies can sometimes come round to the breast again.

Feeding – however it’s done – is always far more than just a way of getting milk into your baby. It’s a part of your relationship with him. There are many factors – emotional, practical, physical – involved in your decision to carry on breastfeeding, or stop, or wind down.

Further help with the issues raised in this booklet

Health and Safety Executive
HSE’s protects people against the risks to health or safety arising out of work activities.
www.hse.gov.uk/mothers/faqs.htm

Equality and Human Rights Commission
The Equality and Human Rights Commission helpline gives information and guidance on discrimination and human rights issues.
0845 604 6610 (textphone: 0845 604 6620) – England
0845 604 8810 (textphone: 0845 604 8820) – Wales
0845 604 5510 (textphone: 0845 604 5520) – Scotland
Lines are open 9am to 5pm (8pm on Wednesday)
www.equalityhumanrights.com
Working Families
Working Families helps children, working parents and carers and their employers find a better balance between responsibilities at home and work. See www.workingfamilies.org.uk or contact 0800 013 031

UK Association of Milk Banking
There is a network of milk banks across the UK. You may be able to donate breastmilk for a premature or sick baby. See www.ukamb.org or contact info@ukamb.org or 020 8383 3559 to find the one nearest to you.

Resources
UNICEF Baby Friendly Initiative
For information on how to breastfeed successfully, including positioning and attachment, tips for success and a section on expressing your breastmilk by hand, go to: www.babyfriendly.org.uk/pdfs/bfyb_english1.pdf

Further reading
Breastfeeding for beginners by Caroline Deacon (NCT)

Breastfeeding – a good start (NCT)

The National Childbirth Book of Breastfeeding by Mary Smale (Vermilion)

Breastfeeding your premature baby (BLISS) Free for parents. Order online www.bliss.org.uk or 020 7820 9471

For a range of books and leaflets to help you wish breastfeeding and babycare see www.nctshop.co.uk or call 0845 8100 100
Breast pump suppliers
To find a breast pump agent for your area, please call the Enquiry Line on 0300 330 0770

NCT – supporting parents
NCT is the UK’s largest charity for people going through the life-changing experience of becoming a parent. Expectant and new parents have a huge number of decisions to make. The NCT helps them to access up-to-date information about pregnancy, birth and early parenthood, and puts parents in touch with other mums and dads in their area.

You can contact the NCT with any questions or concerns you have about becoming a parent. Our helplines are staffed by experienced NCT professionals who are mostly parents themselves, and who understand the pressures that new parents face.

NCT Pregnancy & Birth Line: 0300 330 0772
Covers feelings in pregnancy, planning for birth, making choices, coping with pain in labour, place of birth and life with a new baby.

NCT Breastfeeding Line: 0300 330 0771
Provides support with feeding, making choices, positioning, resolving difficulties, increasing your milk supply and going back to work.

NCT Enquiry Line: 0300 330 0770
Can put you in touch with local services in your area.

NCT, Alexandra House, Oldham Terrace, London W3 6NH

www.nct.org.uk
www.nctshop.co.uk

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