

Working with Parents who Exclusively Pump

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Disclaimer

- In my private practice:
 - 1. I rent Medela and Ameda breast pumps.
 - 2. I sell pumps and pump parts made by Medela, Ameda and Pumpin' Pal.
 - 3. I sell Simple Wishes hands-free pumping bras.
 - 4. I sell Medela Tender Care lanolin.

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Objectives

- Participants will be able to:
 - list at least four reasons why a parent might choose to exclusively pump.
 - explain at least three different types of breast pumps to parents, so parents can make an informed choice about what type of pump to use.
 - describe at least three techniques for helping baby to accept breast if parent changes their mind about exclusive pumping.

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Why a parent might decide to pump and bottle-feed exclusively

- Before birth:
 - Parent may have been sexually abused
 - Parent may not be very committed to caring for a baby but has read/been told that breastmilk is good for baby
 - Parent may learn they are having multiples and wants other people to be able to help take care of babies

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Why a parent might decide to pump and bottle-feed exclusively

- After birth:
 - Baby may have refused to latch since birth
 - Baby may have a physical condition preventing him from breastfeeding
 - Baby may have gotten bottles in NICU and won't breastfed well
 - Parent found that pumping was less painful than breastfeeding the baby

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Exclusive pumping and bottle-feeding is really doing "triple duty"

- Before birth: use this info to suggest that parent might want to re-consider
- Parent could think about helping baby to learn to breastfeed well so parent can pump when they want to, but isn't obligated to pump for all feedings

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- If talking with a parent prenatally, share that babies who are bottle-fed develop 30% less lung capacity (Ogbuanu, 2009)
- Do NOT share this with overwhelmed parents who are considering pumping and stopping attempts at direct breastfeeding

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- When parents are struggling, exhausted and/or have other children to take care of, affirm all their hard work.
- ****Baby will not remember how they were fed, but they will remember how they were loved.****

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- Parents have a better chance of getting a full supply if they start hand expression within 1 hour of giving birth. (Parker, et al. 2015)
- Ohyama, et al. Just hand expressing yielded more milk than pumping on colostrum days.
- Hand express at least 6x/24 hrs (preferably 8x/24 hrs) for 3 days or until milk volume starts to increase.

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- Once milk volume is increasing, switch to hands-on pumping with use of an electric breast pump. (Morton, et al. 2009)
- Hands-on pumping includes massage, breast compression, stripping—and, if needed, hand expression—while pumping.
 - “Compression” means *compress and HOLD* until the milk flow slows, then move to a new area of breast and repeat

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- Milk supply usually established in first 2-6 weeks
- Parent should mimic with pump what a newborn at breast would have done when milk increases (approx. Day 3)
 - This means parent should start hands-on pumping 8x/24 hrs if they have been hand-expressing 6x/24 hrs
 - Middle-of-the-night pumping important until baby is at least 4 mos old.

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- Options for pumping:
 - Every 3 hrs, around the clock
 - One 5 hr stretch at night, then every 2 to 2.5 hrs during the day
 - If baby wakes in 3-4 hours, usually best to pump while parent is awake anyway
- Remind parent: Count time between pumpings from *start* to *start*

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- Pump at least 8x/24 hrs for at least 6 weeks
- Well-established supply: pumping approx 30 ounces/24 hrs AND baby is 6 weeks old
- Once supply is well-established, parent may be able to drop 1-2 pumpings—depends on breast storage capacity

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- For **most** parents:
 - Pump both breasts 15 minutes for one baby; 20 minutes for multiples
 - Pumping longer than 20 minutes is usually counter-productive
 - Pumping both breasts simultaneously yields more milk than pumping sequentially (Jones, Dimmock, Spencer 2004)

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- Some parents get more milk if they pump 10 minutes, break 5 minutes, pump 5 minutes.
- Some get more milk if they turn off the pump or remove the flanges for 1-2 minutes when milk flow slows, then start again

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- Hospital-grade **rental** pumps
 - Usually best for establishing milk supply
 - Medela Symphony and Classic; Ameda Platinum
 - NOT Medela Lactina

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- **Some** parents can switch to good retail double-pump after supply is established
- Many find supply drops 2-3 weeks after switching from hospital-grade to retail
- If parent hates electric pump, two one-handed manual pumps might be better
 - Parent must keep strokes even and each stroke like the one before

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- Haakaa or Zerlar manual pump
 - Made of flexible silicone
 - Parent squeezes it and puts against breast/chest, so it holds itself in place
 - Lack of “compress/release” stimulation that most pumps give
 - More chance that it collects mostly lower-fat drip milk

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Cleaning pump parts

- Sanitize parts that touch milk before first use (not air tubes), unless hospital gave parent a sterile kit
- Sanitize parts that touch milk daily if baby in NICU or has compromised immune system
- Daily sanitization *not* needed if healthy baby more than three months old home with parent

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Cleaning pump parts

- For full-term babies 3 mos or older, milk safe at 77° F up to 4 hrs.
 - ((For fragile babies in NICU, follow hospital's cleaning guidelines.))
- Throw clean towel over parts and wash after every other pumping (if pumpings are no more than 2-3 hrs apart, and house temp is 77° F or less)
- OR Put parts in plastic bag and store in refrigerator between pumpings, wash once/day

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"Cold" pump flanges

- Many people say research shows mothers get more milk when they pump with warm flanges instead of cold flanges
- This was never tested. Test was room temp vs warm flanges. NO cold flanges were tested.
- Milk letdown was faster with warmer flanges, but total milk pumped was the same at either temperature

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Pump flange fit

- Need to fit well
 - Improper fit affects supply and comfort
 - Based on nipple size and stretchiness of areolar tissue, not breast size
- Best to fit while observing parent pump
 - Nipple can change size/shape during pumping

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- Numerous reports of exclusively-pumping parents developing thick-skinned, yellowish and/or crusty nipples
 - May be due to lack of sloughing that is natural part of breastfeeding (Pat Shelly, IBCLC, personal communication)
 - Suggest that parent gently scrub nipples in shower each day

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Trouble making enough milk

- Breast compression during pumping can increase fat content and volume
- Hands-free pumping bras can make breast compression easier

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Power pumping

- If parent has trouble making enough milk:
 - Pump quite frequently for 5 minutes at a time many times/day (as many as 10-20 times)
 - OR Pump for 10 minutes every time she goes past the pump, though not more often than 45 minutes apart.
 - OR Set aside one hour. Pump for 20 minutes, break for 10 minutes, pump for 10 minutes, break for 10 minutes, pump for another 10 minutes.

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Power pumping

- If house temp is 77 degrees or less, just keep pumping into same bottles for 4-hour timeframe (if baby is healthy, full-term). Then put milk in fridge and wash pump parts.
- OR put pump parts in refrigerator between uses and wash once per 24 hours (if baby is healthy, full-term).

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Power pumping

- If family has pets:
 - Get a large Rubbermaid crate with lid.
 - Cut hole in the crate where bottom and side meet, to push power cord through.
 - Set pump and collection kit in crate.
 - Cover crate with crate's lid.

This will keep pets out of the breastmilk.

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Trouble making enough milk

- Being skin-to-skin with baby raises parent's hormone levels, which can help raise milk production.
- DEFINE "skin to skin" for the parent.

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When parent is ready to wean

- Drop one pumping for 3-4 days
 - Or, maybe ½ pumping, if making significant amounts of milk
- Every 3-4 days, drop another pumping (or the other half of the one that was shortened)
- Gradual weaning helps prevent engorgement and mastitis

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When parent is ready to wean

- Can try known milk reducers
 - Sage tea
 - Peppermint tea with a couple drops of peppermint oil
 - One dose per day of cold medicine containing pseudoephedrine (kept behind pharmacy counter)
- If parent has any health issues, suggest parent talk with their physician about the safety of trying any of these.

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Helping parent who initially planned to exclusively pump if they change their mind:

- Explain Kassing Method of Bottle-feeding
- Suggest: don't try breastfeeding until baby is comfortable with Kassing Method
 - Once baby accepts this position for feeding, have parent drop bra flap and rest baby's cheek against breast during bottle-feedings

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Helping parent who initially planned to exclusively pump if they change their mind:

- Pick a feeding when baby is calm and breasts are full
- ***Don't*** bring baby to breast at start of feeding
- Offer between 1 oz and half of feeding by bottle

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Helping parent who initially planned to exclusively pump if they change their mind:

- Then try transferring to breast
- If baby won't accept breast, feed all but last ½ oz by bottle
- Try latching baby for falling-asleep sucking, so breast becomes pleasant place

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Helping parent who initially planned to exclusively pump if they change their mind:

- When baby begins to accept breast, gradually try transferring to breast earlier in feeding
- Skin-to-skin and laid-back position can help re-awaken baby's instinct to breastfeed, but not an instant fix
- Instruct in proper S2S technique!

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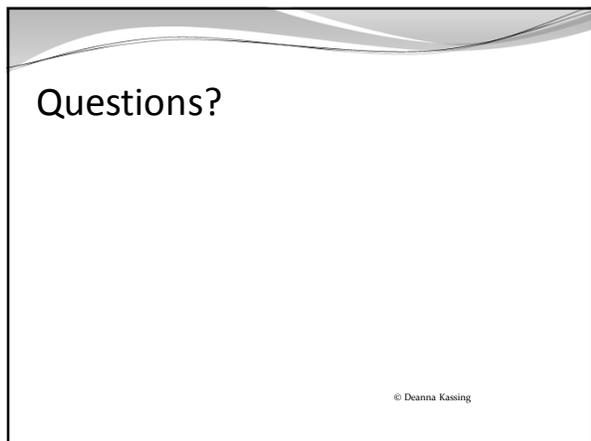
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Helping parent who initially planned to exclusively pump if they change their mind:

- Sometimes helps to carry baby around in sling all day
- Try co-bathing.
- Remind parent to call you if they experience nipple tenderness

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