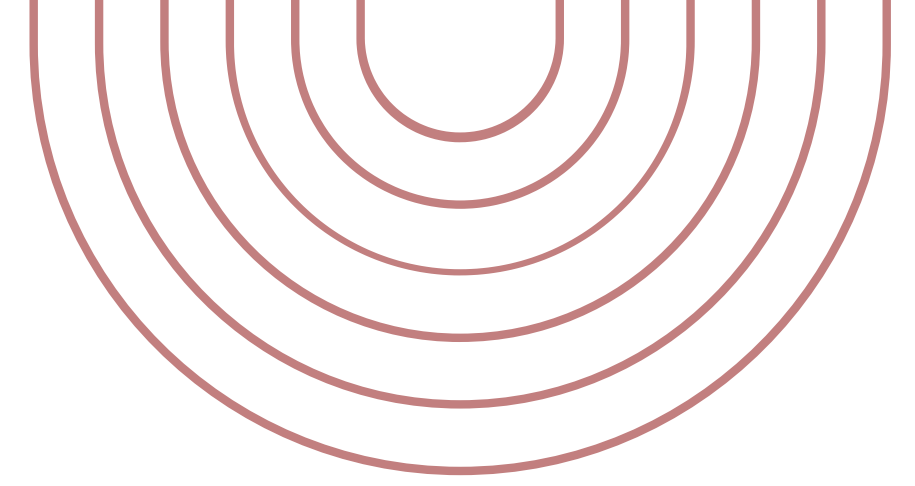




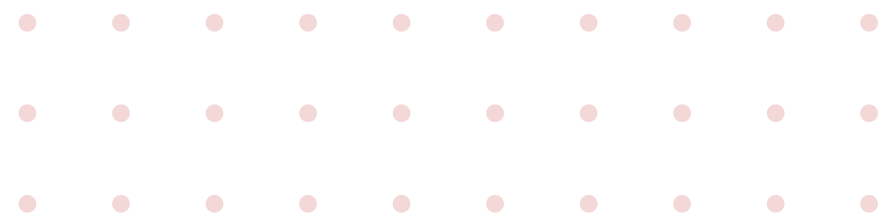
# CONFIDENCE IN BREASTFEEDING SUPPORT & UPDATED PRACTICES

*Presented by Kaylee Rabaja, BSN, RN, IBCLC*



01. UNDERSTAND HOW MILK SUPPLY WORKS
02. UNDERSTAND COLOSTRUM COLLECTION
03. UNDERSTAND THE MOST UP TO DATE PRACTICES TO SUPPORT BREASTFEEDING
04. UNDERSTAND HOW TO PRIORITIZE BREASTFEEDING THE FIRST FEW DAYS OF LIFE
05. UNDERSTAND DIFFERENT TYPE OF PUMPS ON THE MARKET
06. UNDERSTAND WHEN TO PUMP AND BUILDING A MILK STASH
07. UNDERSTAND CURRENT PRACTICES AROUND PUMP HYGIENE AND MILK STORAGE
08. UNDERSTAND NAVIGATING RELIABLE AND EVIDENCE-BASED SOURCES

# OBJECTIVES





# HELLO!



I'm a registered nurse and international board certified lactation consultant. I own a private practice.

• • • • •  
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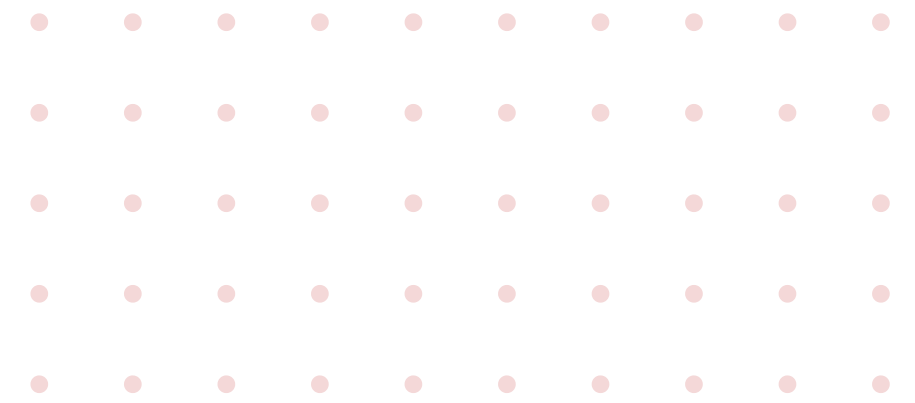
## **HORMONES**

During pregnancy  
After delivery  
With stimulation



## **STIMULATION**

Frequent removal  
Latching  
Pumping  
Hand expression



# **HOW MILK SUPPLY WORKS**



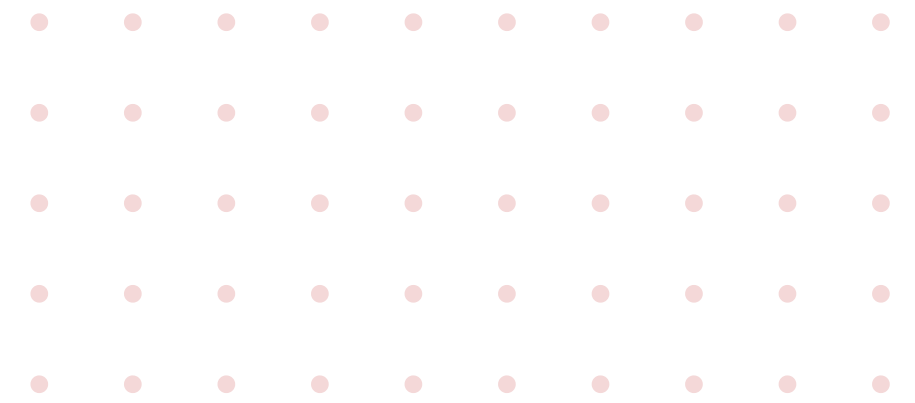
## **FLUCTIONS**

Hormonal changes throughout the day  
Greater in morning  
Lower in evening



## **LET-DOWN**

Hormone release during stimulation  
Fast flow of milk/spray



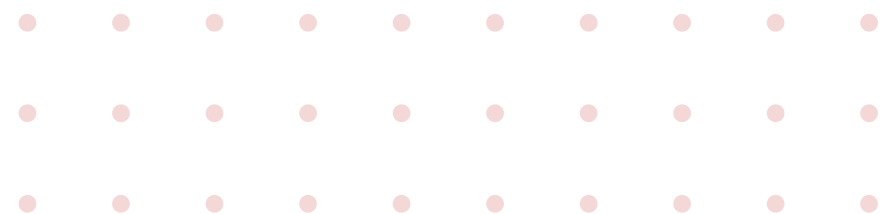
# **HOW MILK SUPPLY WORKS**

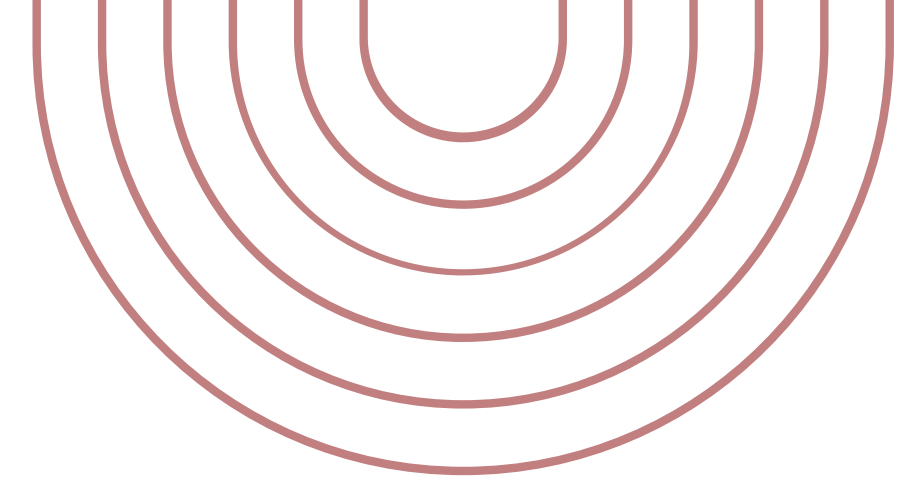
# COLOSTRUM COLLECTION

Colostrum is a small volume milk packed with nutrition.

You can collect colostrum prior to delivery to keep as a back up. Most providers recommend waiting until 36-37 weeks.

Caution: risks for pre-term labor



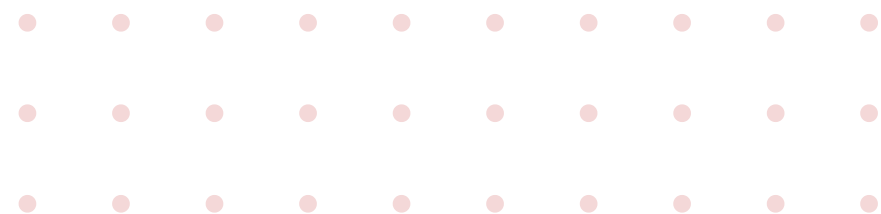


**DAY 1** REFLEXIVE LATCH, REST

**DAY 2-5** ALERT, CLUSTER FEEDING

**DAY 5+** FEEDING ON DEMAND, 8-12 TIMES DAILY

# THE FIRST FEW DAYS



# ESTABLISHING A GOOD BREASTFEEDING RELATIONSHIP

# ESTABLISHING MILK SUPPLY



## 01. FREQUENT NURSING

- Feeding on demand
- To increase supply
- To tell the body how much your baby needs
- To ensure baby gets enough

## 02. LATCH

- To ensure comfort
- To ensure efficient milk removal
- To ensure baby gets enough

## 03. GETTING ENOUGH

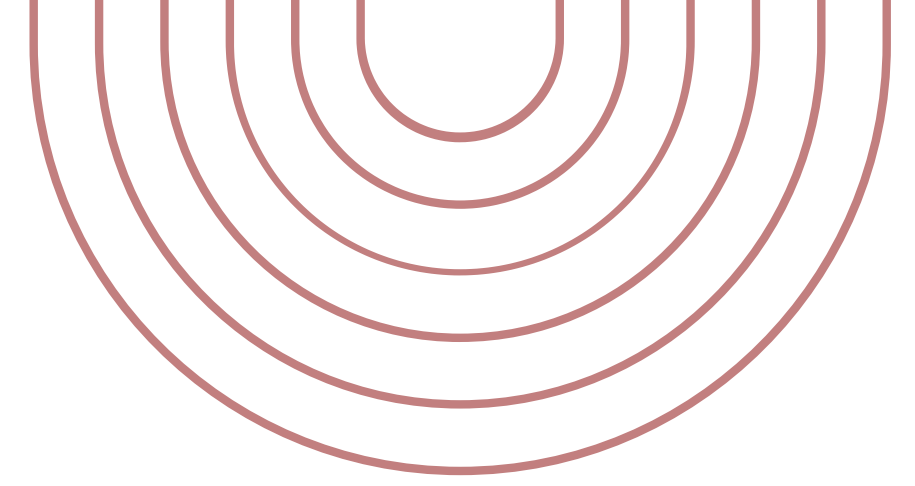
- To ensure baby is getting enough
- To ensure baby is content at the breast
- Monitor weight, pees/ poops, feeding frequencies.

## 04. CONFIDENCE

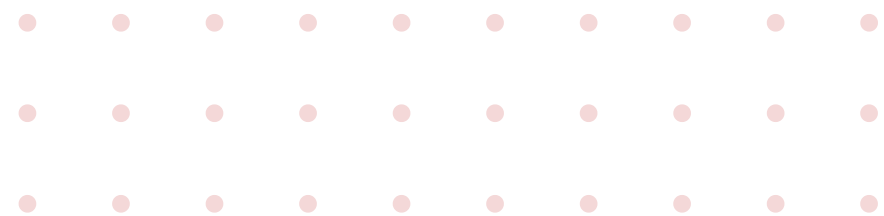
- To ensure they know how to establish milk supply
- To ensure they can do it without you,
- To know when to or not to supplement

# WHEN AND WHY TO PUMP

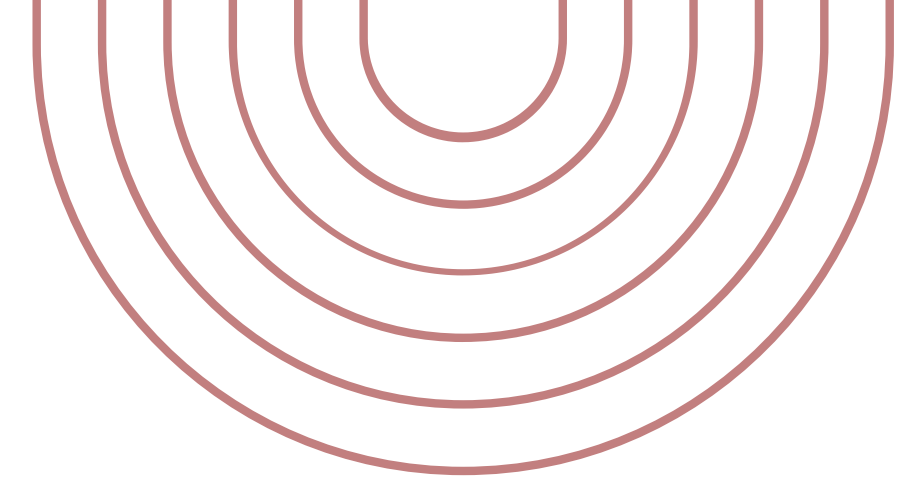
while protecting the breastfeeding relationship



- 01. SEPERATED FROM BABY (NICU)
- 02. BABY NOT LATCHING
- 03. BABY GETTING SUPPLEMENTED
- 04. TO INCREASE MILK SUPPLY
- 05. BUILDING MILK STASH
- 06. RETURNING TO WORK

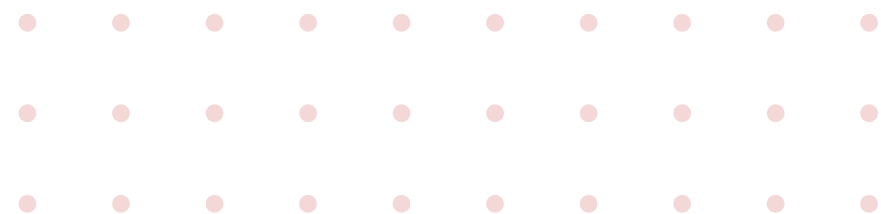


# REASONS TO PUMP



01. WHEN BABY IS GETTING WHAT THEY NEED AT BREAST
02. TO EMPTY THE BREAST/FEELING FULL/CLOGGED DUCTS
03. BABY ONLY TOOK ONE SIDE
04. BUILDING A MILK STASH EARLY ON

## REASONS NOT TO PUMP



# BREAST COMPLICATIONS



## 01. ENGORGEMENT

Breast fullness, discomfort  
Excess milk, oversupply, not efficiently removing milk  
Milk transition  
Treatment: ice and remove milk frequently

## 02. CLOGGED DUCTS

Inflammation around a milk duct  
Lump, tender  
Not removing milk frequently or efficiently  
Treatment: ice and remove milk frequently

## 03. MASTITIS

Infection in breast tissue  
Redness, rash, lump, tender, warm, fever, chills  
Untreated engorgement/clogged duct  
Treatment: ice, remove milk frequently, refer to provider

# TYPES OF PUMPS

1

Silicone pumps

2

Hand pumps

3

Wearable pumps

4

Primary pumps

5

Hospital pumps

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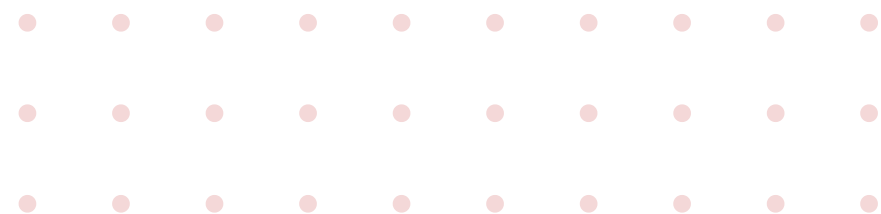
# SILICONE PUMPS

Silicone pumps are made of silicone. They are smaller than most other pumps.

They apply suction via pressure. The amount of pressure influences how much suction is applied.

Use: short-term, building a milk stash, attempting to increase milk supply

Caution: using too early, using too long, using before baby gets the breast



# COMMON EXAMPLES

Silicone pumps



# TYPES OF PUMPS

1

Silicone pumps

2

Hand pumps

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Primary pumps

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Hospital pumps

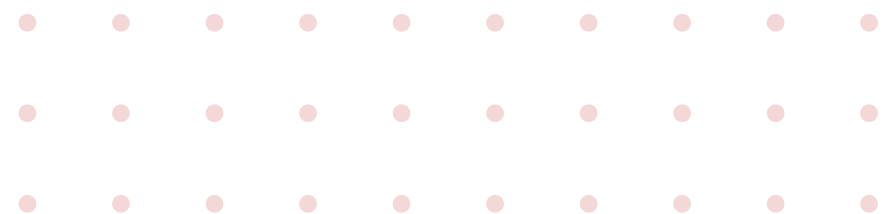
# HAND PUMPS

Hand pumps require manual labor.  
Pulling the handle applies suction.

The user can determine the speed of  
the pump.

Use: back-up, building a milk stash,  
attempting to increase milk supply,  
engorgement relief

Caution: manual labor, double the time



# COMMON EXAMPLES

Hand pumps



# TYPES OF PUMPS

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Silicone pumps

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Hospital pumps

# WEARABLE PUMPS

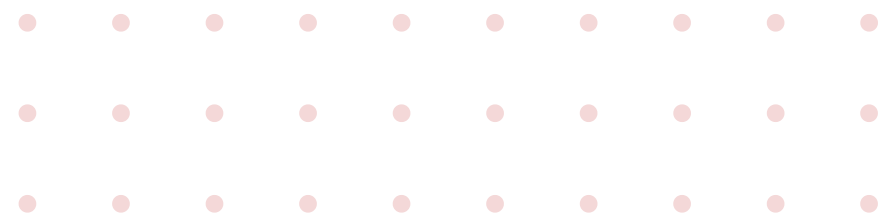
Wearable pumps are pumps with motors that fit inside the bra.

They are considered secondary pumps. They are mobile.

The suction tends to be less than primary pumps.

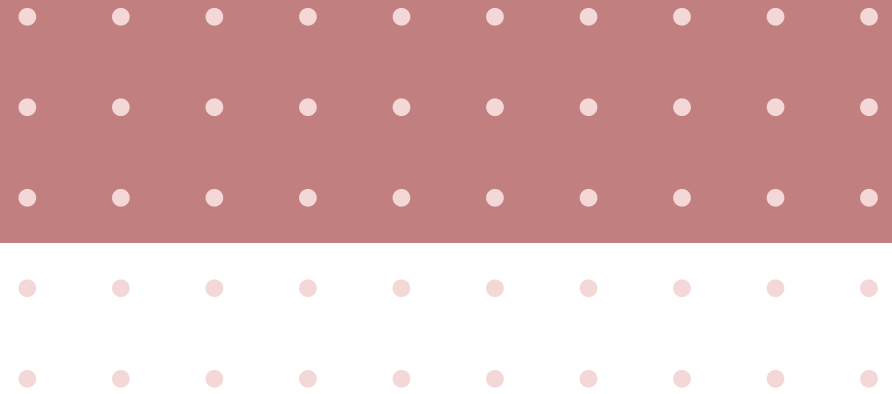
Use: on occasion, out and about

Caution: lower quality



# COMMON EXAMPLES

Wearable pumps



# TYPES OF PUMPS

1

Silicone pumps

2

Hand pumps

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Wearable pumps

4

Primary pumps

5

Hospital pumps

# PRIMARY PUMPS

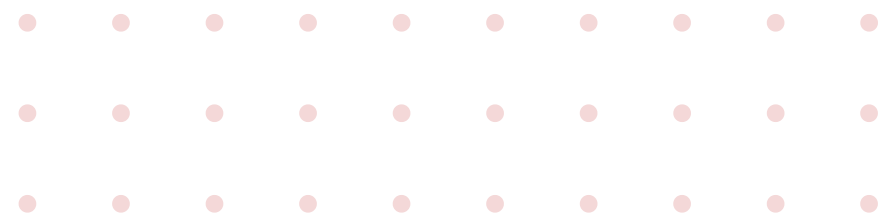
Primary pumps are stronger, more reliable pumps for frequent pumping.

They are commonly used to establish supply and for pumping at work.

Patients should be encouraged to have a primary pump on hand.

Use: main pump

Caution: bulky, less mobile



# COMMON EXAMPLES

Primary pumps



# TYPES OF PUMPS

1

Silicone pumps

2

Hand pumps

3

Wearable pumps

4

Primary pumps

5

Hospital pumps

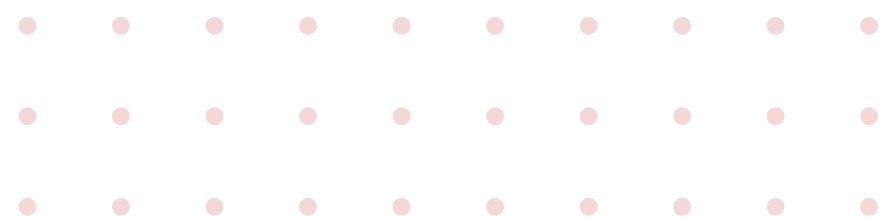
# HOSPITAL GRADE PUMPS

Hospital grade pumps are high quality pumps provided in the hospital. They are multi-user pumps.

They can sometimes be found as rentals.

Use: in hospital, baby in NICU

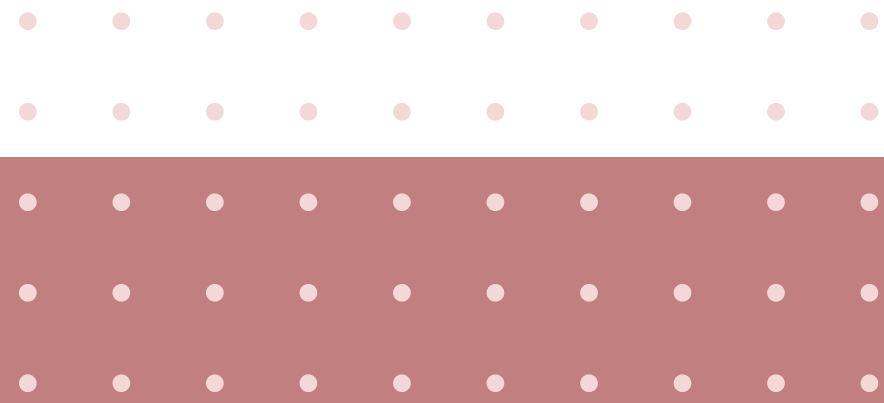
Caution: hard to come by



# COMMON EXAMPLES

Hospital pumps





# HOW TO PUMP EFFICIENTLY



# FLANGE SIZE

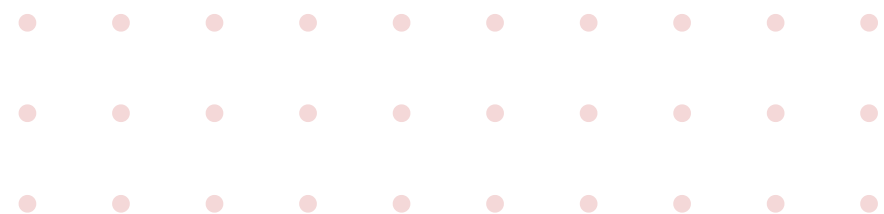
Width of flange tunnel

Wear the nipple is positioning

Measure the nipple

Experiment with flange sizing similar to measurement

Goal: comfort and milk output





## HEAT

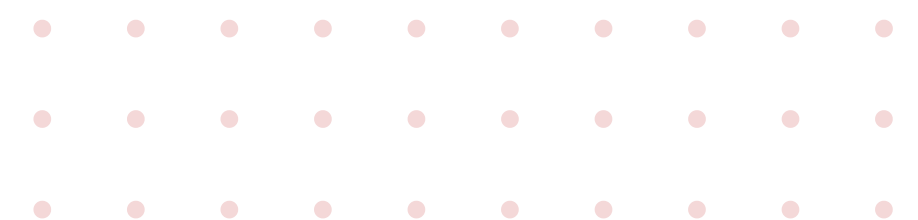
Heat acts as a vasodilator

## MASSAGE

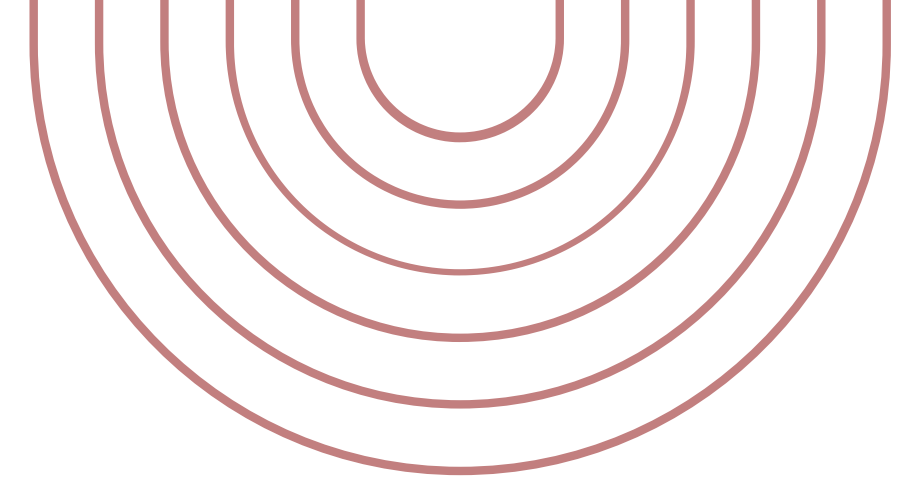
Massage helps increase milk flow and hormone release

## LUBRICANT

Lubricant on the tunnel increases milk output

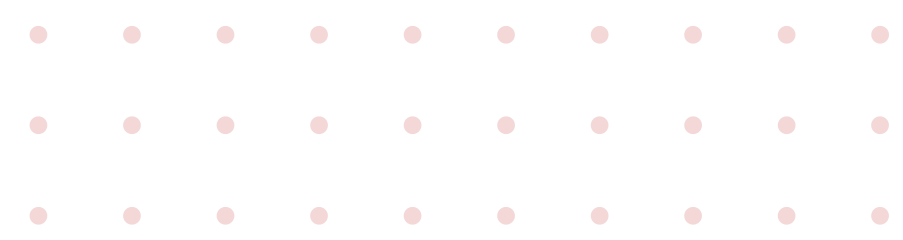


# PUMP HYGIENE



<b>ROOM AIR</b>	<b>4-6 HOURS</b>
<b>FRIDGE</b>	<b>4-6 DAYS</b>
<b>FREEZER</b>	<b>4-6 MONTHS/1YEAR</b>
<b>THAW</b>	<b>WITHIN 24 HOURS</b>
<b>FED FROM</b>	<b>WITHIN 2 HOURS</b>

# MILK STORAGE





## **WASHING**

After each use  
Caution: fridge hack, pump wipes,  
etc.



## **STERILIZING**

Once daily for the first month  
1-2x a week after  
Once daily for preterm/immune  
compromised babies



# **CLEANING PUMP PARTS**



# ACCESS TO BREAST PUMPS

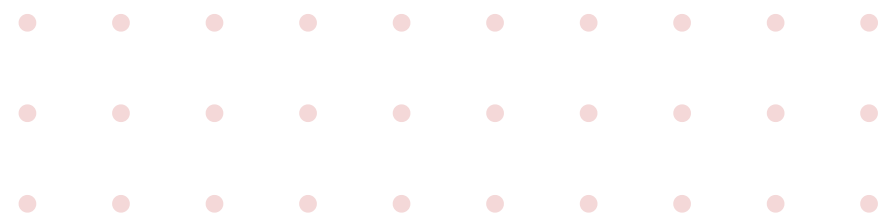
Medi-Cal

# BREAST PUMPS

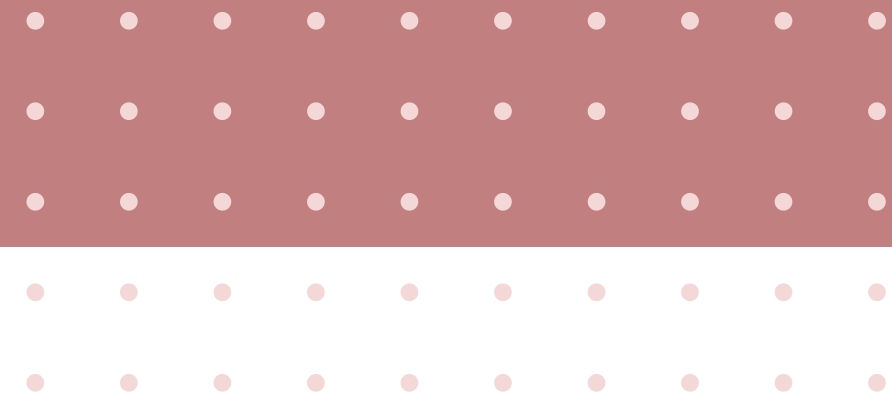
Covered using insurance benefits

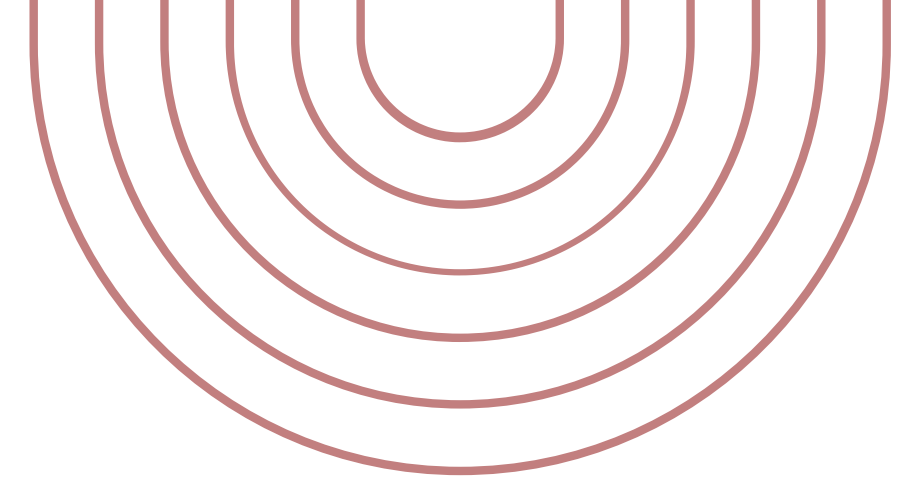
Prescription for pump

DME



# HOW TO VET RELIABLE SOURCES

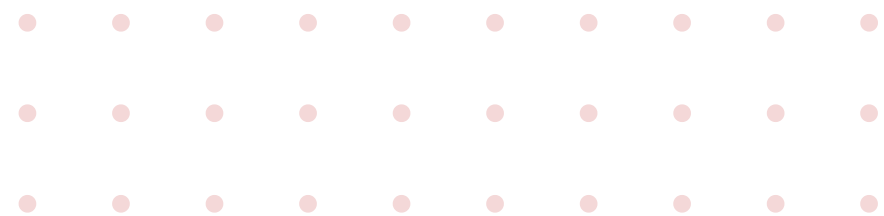




Evidence-based practice is using research to guide your practice

Refer to professionals

Google Scholar/Academy of Breastfeeding Medicine



**EVIDENCE-BASED**

# QUESTIONS?

