

**A Midwife's Role in Protecting and Prolonging Breastfeeding  
(or, when pumping might be necessary)**

Midwives are getting better and better at helping women to initiate breastfeeding<sup>1</sup>, but at the same time, midwives are becoming more and more stretched in how they are able to offer postnatal care<sup>2</sup>.

Midwives are increasingly more dependent on maternity assistants and outside agencies (thebabycafe.org, LLLI.org, NCT.org among others) to support breastfeeding women, even at times when clinical concerns have been raised, or before discharge from maternity services.

There is awareness that to teach women hand expression is an invaluable tool<sup>3</sup>, and can be used to safeguard milk supply and baby's intake in a number of situations (see the article about expressing on our website), but it may also help both the women and babies you care for, and your own caseload management to be more open with women antenatally in talking about expressing their milk, and when and how that might be useful. There is certainly anecdotal evidence that to be introduced to the idea of expressing as a potential part of getting feeding established may help women to feel more confident in themselves that they are in fact succeeding, when they otherwise may feel they are failing<sup>4</sup>. Maternal confidence, we know is a key indicator of future breastfeeding success<sup>5</sup>.

**Which pump?**

The Lansinoh [pump and breastmilk storage](#) range cover a variety of needs and budgets, and many hospitals and community services also have pumps that can be loaned to women on a short-term basis. Look for compatibility of pumps and bottles, and be aware of how women may use these tools to protect and prolong breastfeeding. By expressing, a mum will give herself a window of time to seek the help and support needed in order to return to fully feeding baby at the breast.

**When to pump?**

Very sore and cracked nipples, tongue tie, breast refusal and weight issues, as well as a sick or premature baby may all be reasons for Mum to be expressing in order to protect, boost or establish her supply, and to have EBM (expressed breastmilk) for her baby.

**How to feed?**

If there are breastfeeding issues in the very early days, women are encouraged to give their baby EBM by cup, spoon, syringe, or finger feeder<sup>3, 6</sup>, unless baby needs to be tube fed. Some may choose to use a supplemental nursing system in certain situations, but for many women who are needing to transfer larger quantities of milk to their growing baby, they will begin to ask about using a [bottle](#).

In the promotion of breastfeeding, the attempts to untangle the social norm of bottle feeding, and fears of contravening the spirit of the WHO Code<sup>7</sup> there is sometimes reticence about giving advice about bottle feeding, even when being used for EBM. While this is understandable, it is important to understand that it is not always possible for mum and baby to feed at the breast for a variety of reasons and we need to support baby in getting expressed breastmilk if he is not getting all he needs directly at the breast. For many mothers, that will mean using a bottle, particularly in the early days when the pressure on Mum to produce milk is huge, and the visual reality of volume of milk transfer can be undermining if not handled very carefully. Nipple-teat confusion<sup>8</sup> and the absence of stimulation to the breast conspire all too frequently to compound the problems, so to keep any time the baby has away from the breast as short-lived as possible whilst maintaining Mum's confidence in her own abilities, is crucial; this confidence is delicate and easily undermined.

In situations where Mums are having to feed baby other than at the breast for longer periods, families may begin to lose heart and patience with cup-feeding, and may ask you about bottle feeding EBM. Not all artificial teats are the same and those that allow babies to use the same natural sucking actions as when at the breast are ideal as they allow baby to use peristaltic and extractive tongue movements<sup>9</sup> and offer a route in which baby can more readily return from the bottle without nipple confusion or artificial nipple preference. Click on the links to read more about the Lansinoh [NaturalWave™ teat](#) and [mOmnia® bottle](#).

**Paced Responsive Feeding**

Teaching carers paced responsive feeding techniques<sup>10</sup> when using a bottle will further protect baby's natural pace of feeding, and close bond<sup>11, 3</sup> during any period of bottle feeding.

In order to return to fully breastfeeding after a difficult start or a period of difficulty often requires a good deal of support and input from someone knowledgeable about breastfeeding. One of the most important things you can do in managing your busy caseload, to increase breastfeeding rates at discharge, and to prolong breastfeeding well beyond that, is to ensure women are signposted to such support.

**Support Lines:** *Note your local support networks or contacts here*

La Leche League	0845 120 2918
Breast Feeding Network	0300 100 0212
Breast Feeding Network (Bengali/Sylheti)	0300 458 2421
National Childbirth Trust	0300 330 0771

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#### Key Points

These points are developed as a quick tool for you to use to help highlight when and how conversations about expressing milk or using a bottle might be useful to women, and how they might be responded to, in the best interests of mother and baby, and also in terms of midwives' often-limited capacity to spend long hours addressing breastfeeding problems, whilst still protecting breastfeeding.

CHECKLIST	YES	
<b>Questions to consider in your care of breastfeeding women</b>		
• Has this woman been signposted, or even-better introduced, to local and national breastfeeding support and expert advice?	<input type="checkbox"/>	• Having a conversation about longer-term breastfeeding plans and whether investing in a pump might be useful, and what the options are.
• Is she mixed feeding/Have any problems she is having been fully assessed?	<input type="checkbox"/>	• Suggesting short-term expression and feeding baby EBM until the problem can be addressed.
• Has she been shown how to hand express?	<input type="checkbox"/>	• Offering local loan of a pump if an improvement to supply is needed urgently.
• Is she having difficulty with feeding and may need help to establish, protect or boost a full supply?	<input type="checkbox"/>	• Mentioning Lansinoh® Thera° Pearl® hot/cold pad to help soothe breasts and increase milk flow.
• Is baby getting what he needs? (well hydrated, alert, with plenty of wet and soiled nappies).	<input type="checkbox"/>	• Suggesting a back massage or relaxing music to help milk flow.
• Has she got all the information she needs to help baby get back to the breast? (See the article about <i>Bres Resfusol</i> on the website)	<input type="checkbox"/>	• Suggesting HPA® Lanolin to help soothe sore nipples (and also it can help to get a good seal from the pump if she uses it on her breast where the flange touches).
<b>If you have NOT marked "YES" for any of the above, consider</b>		
• Where this woman and baby will most effectively get the lactation advice and support they require.	<input type="checkbox"/>	• Discussing ways to attain milk transfer from breast to baby who is not at the breast (cup, syringe, spoon, finger feeder, supplemental nursing system or bottle).
• Re-visiting hand expression with her (either yourself, or qualified help).	<input type="checkbox"/>	• Discussing expression with a woman antenatally (see article about antenatal expression on our website) if she has a known medical condition or circumstance where baby may need to be fed other than at the breast.

Notes Section
<i>(use this section to make notes or reflect on your practise)</i>

#### References

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