Feeding your baby on a neonatal unit can be a very different experience to what you had imagined.

Your breast milk offers the best protection against infant health conditions including sepsis, chronic lung disease and necrotising enterocolitis (NEC). Evidence-based lactation practices are important to ensure your own milk is available early, often and for as long as needed for your baby.

Your milk is more than just food; it is medicine. Every drop counts.



To build a good milk supply that lasts into the future, it is important to get as much support as possible in the first hours and first 14 days after birth. This is when your body is at a critical time point to switch on the milk-making cells to produce enough milk for the future needs of your baby. ⁴⁻⁶ Milk volumes start off very small in the first few days, but quickly build up into larger amounts by day 10 -14. Your goal is to achieve more than 500 ml of milk per day by day 14. The latest scientific studies recommend that all mums are provided with good information from their health care provider to support them to:

1. Initiate milk supply by starting to express within 1-3 hours after birth. ^{6,8}

2. Build milk supply with frequent expression.⁶

3.Maintain milk supply with frequent expression and monitoring of daily

milk volumes.

ith Double correct shields.

Double pump and have correctly fitted breast shields.

5.Test weigh pre and post breastfeed for accurate measure of milk transfer during at-breast feeds. 11,12



Pump 8 or more times in 24 hours⁶ Find your maximum comfort vacuum setting and check your breast shield size ¹³ Night-time pumping

Pump at least once during the night between 00:00 -07:00am⁶



Double pumping

Double pumping will save you time and stimulate an additional milk ejection?



Track milk volumes to build and maintain milk volume target: ≥500ml of milk by day 14⁷

Once you get a total of 20 mL from both breasts on 3 consecutive pumping sessions:

Switch from Symphony INITIATE to MAINTAIN¹⁴

References 1 Patel AL et al. J Perinatol. 2013; 33(7):514–519. 2 Patel AL et al. Arch Dis Child Fetal Neonatal Ed. 2017; 102(3):F256-F261. 3 Johnson TJ et al. Neonatology. 2015; 107(4):271–276. 4 Meier PP. Breastfeed Med. 2019; 14(S1):S20-S21. 5 Meier PP et al. Clin Perinatol. 2017; 44(1):1–22. 6 Spatz DL et al. J Perinat Educ. 2015; 24(3):160–170. 7 Hoban R et al. Breastfeed Med. 2018; 13(2):135–141. 8 Parker LA et al. Breastfeed Med. 2015; 10(2):84–91. 9 Prime DK et al. Breastfeed Med. 2012; 7(6):442–447. 10 Sakalidis VS et al. Acta Obstet Gynecol Scand. 2020; 99(11):1561-1567. 11 Haase B et al. Breastfeed Med. 2009; 4(3):151–156. 12 Kent JC et al. Breastfeed Med. 2015; 10(6):318–325. 13 Kent JC et al. Breastfeed Med. 2008; 3(1):11–19. 14 Meier PP et al. J Perinatol. 2012; 32(2):103–110.



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Sī	ΓU	DY	ID

□ SINGLE

□ MULTIPLE (e.g. twins)

Date	Time	Feed/Pumping method	Pump program Initiate (I) / Maintain (M) / Other (O)	Location	Volume (ml)	Review with Midwife / nurse / LC / Comments / signed
Example 01-01-21	08:30	DP	I	O - Delivery room	2	Discussed frequency

Feed/Pumping method: Breastfeed - BF, Single pump - SP, Double pump - DP, Hand expression - HE, Hand pump - HP, Other - O
Location: During skin-to-skin - KMC, Baby bedside - BB, Pumping Room - PR, Maternity ward - MW, Home - H, Other - O (Delivery room/theatre)
Breastfeeding support action points discussed with mum (comments):

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