



SUPPORT FOR BREAST PUMP USE BY LACTATION CONSULTANT

If you have any questions regarding expressing using the Ameda Elite Breast Pump you can contact Jane Palmer Midwifery and speak to our lactation consultant, alternatively appointments can be made online at <https://www.janepalmer.com.au/contact/appointments/>

To help you get off to the right start we have put together this information package.

INFORMATION ON EXPRESSING BREAST MILK

There are many reasons why mothers express breast milk for their babies:

- You may work or study outside the home where you cannot be near your baby.
- Your baby may not be able to suck, due to prematurity or other problems with sucking.
- Your baby may be in hospital and you cannot be there for every feed.
- You may need to go to hospital and you may not be able to take your baby with you.
- You might be using a breast pump to increase your milk supply, relactate or induce lactation.
- There may be other reasons why you cannot feed your baby at the breast.

In the first few days or so after the birth, you will make only small amounts of first milk, called colostrum. You are often encouraged to express during this time by hand – however there is no reason for you not to use the Ameda Elite Electric pump if you prefer. You will find that you will have a lot more milk a few days later, once the milk comes in. An electric breast pump is ideal if you need to express breastmilk. The milk supply settles down within a few weeks to be the right amount to meet the baby's needs. The mother of a premature baby makes slightly different milk to the mother of a term baby, because her milk is more suited to her baby's level of maturity. Be guided by your midwife, lactation consultant or doctor for your baby's feeding needs. You will be able to express more milk as you get used to expressing.

While you still have colostrum in your breasts, the milk will have a yellow colour and may look rather creamy. It will form layers on standing. The colour of colostrum from different mothers can vary a lot; so don't be surprised if yours looks quite different to another mother's. This is quite normal.

As your milk supply increases, the colour of the milk becomes more bluish-white. It still forms layers on standing, with the creamy layer at the top. Milk may look different at different times of the day and this also depends on how long it has been since you have expressed or fed your baby. The colour of the milk can vary widely and it can be quite normal for your milk to look very different from another mother's; *your* milk is right for *your* baby.



MILK STORAGE GUIDE

Use this chart as a basic guide for storing your milk.

Storage Time for Human Milk*	Deep Freeze (-18°C)	Refrigerator Freezer (variable -18°C)	Refrigerator (4°C)	Cooler with Ice Packs Frozen (15°C)	Room Temperature
					(26°C or lower)
Fresh	6-12 Months	3 Months	3-5 Days	12 Hours	6-8 Hours
Frozen, Thawed in Fridge	Do Not Refreeze	Do Not Refreeze	24 Hours	Do Not Store	4 Hours
Thawed, Warmed, Not Fed	Do Not Refreeze	Do Not Refreeze	4 Hours	Do Not Store	Until Feeding Ends
Warmed, Fed	Discard	Discard	Discard	Discard	Until Feeding Ends

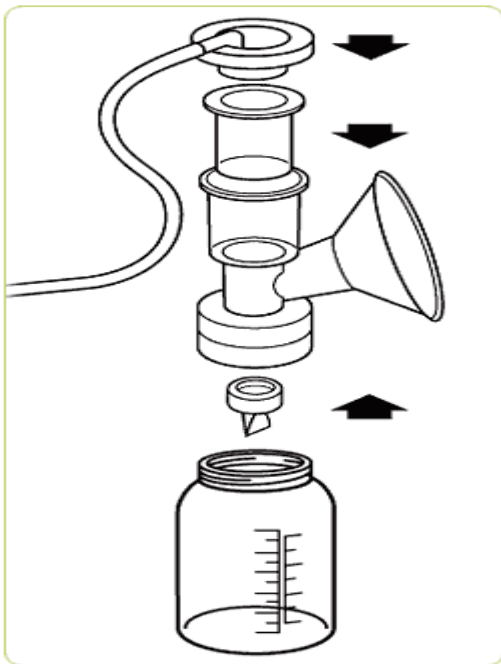
BREASTMILK STORAGE TIPS

- Any clean, sealed container can be used to store milk. But avoid thin bottle liners, which are not intended to be frozen and can split.
- Store your milk in amounts no larger than what your baby might take. This means less waste. It also should help make the milk faster to warm. If your baby wants more, more milk can be added.
- Write the date and time on your milk container with a sticky label or non-toxic marker. Add your baby's name if he is in day care or in the hospital
- You can combine milk pumped at different times. If you combine milk from different days, use the date of the oldest milk.



- If your milk is used within five days, keep it in the fridge. Otherwise, plan to freeze it in the coldest part of the freezer. Avoid the door.
- You can add fresh milk to cooled milk. And you can add fresh milk to frozen milk if it's cooled first and is less than the amount frozen.
- If your baby takes some milk from a bottle and there is milk left, don't save it. His/her saliva mixes with the milk during feedings, and that affects storage recommendations.
- Your milk is not "homogenized" like the milk in the store. So it may separate into layers. This does not mean it's spoiled. If this happens, just gently swirl it to mix.

HYGIENIKIT ASSEMBLY



USING THE AMEDA ELITE BREAST PUMP

1. When putting on the breast cup, make sure the nipple is in the centre and that the cup has good skin contact all around to stop air leaking in. Make sure your nipples are not rubbing against the sides, top or bottom. If your nipples rub no matter how they're positioned, you may need a breast flange with a larger diameter nipple tunnel (see the next section "Getting a Good Flange Fit"). If your nipple hurts when you start expressing with the pump, stop and check to make sure the nipple is centred in the breast cup and the suction is low.



2. Set the pump to the lowest suction setting and slowly, turn the vacuum dial to the right to the highest position most comfortable for you. The suction/vacuum should always be at a comfortable setting. If the pump suction is too high, you'll tense up and your milk won't flow. If you're gritting your teeth, the suction is too high. Experiment with control knobs. Once you are comfortable with using the pump, you can increase the suction setting if desired. **Note:** High suction does not necessarily produce more milk.
3. **Setting the Cycle Speed** - Turn the cycle dial all the way to the right to help trigger the let-down reflex. Once your milk begins to flow, turn the dial back to the left. As your milk begins to slow down, repeat this step to trigger more let-downs. This helps to mimic the baby's fast sucking at the beginning of a breastfeed to stimulate the let-down and the longer, slower gulping of a baby after the let-down occurs
4. **Positing the breast flanges** - Angle breast flanges downward, Make sure the tunnels are pointing down so the milk flows into the bottle and not back at you!
5. **Expressing Tips** - When you are starting to express, for the first few times you may find it helps to keep the session short, then lengthen the session gradually. Some mothers find it useful to change breasts several times during the session. If you use a double pump kit, the session will be shorter than expressing with a single kit. A double pump kit stimulates your breastmilk supply more effectively than a single pump kit.
6. **Double pump one-handed tip** - Free up one hand by using this simple trick. Position the first flange at your breast, then use the arm next to that breast and brace the flange against your forearm near the elbow. Use the free hand of that arm to put the other breast flange in place. Now you have one hand free to talk on the phone or eat a meal!
7. **Ending expressing** - When finished expressing, turn the vacuum dial all the way to the left to turn pump off and insert your little finger between the breast cup and your breast to break the suction.

GETTING A GOOD FLANGE FIT

Some mothers do well with a standard breast flange. But some need a larger size. How do you know if you're one of them? The part of the flange that affects fit is the width of the opening. This is called the nipple tunnel. As you pump, your nipple is pulled into the nipple tunnel.

If your nipple is wider than 21mm you are likely to need a large breast flange. However the best way to gauge size is while using the breast pump. Look at the photos included in this article. You know you have a good flange fit when you can see space around your nipple. Photo A shows a good fit. You can see room around the nipple as it is pulled into the nipple tunnel. But take a look at the Photo B. If your nipple always rubs along the flange sides, as shown



in Photo B, it is too tight. A tight fit squeezes the milk ducts and slows milk flow. Rubbing may cause pain, and friction can even break the skin.



GOOD FIT – PHOTO A

You know you have a good flange fit when you can see space around your nipple. The photo above shows a good fit. You can see room around the nipple as it is pulled into the nipple tunnel.



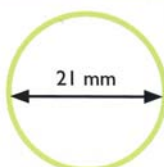
TIGHT FIT – PHOTO B

If your nipple always rubs along the flange sides, as shown above, it is too tight. A tight fit squeezes the milk ducts and slows milk flow. Rubbing may cause pain, and friction can even break the skin. If your kit contains larger flanges, replace your standard flange with a larger flange. Try the flanges until you find a size that feels best and pumps the most milk. If your kit does not contain larger flanges, you can purchase larger flanges, Ameda offers five flange sizes. Try them to see which one is right for you. Again, the one that feels best and pumps most milk is the right size to use.





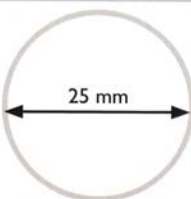
Flexishield
Areola Stimulator



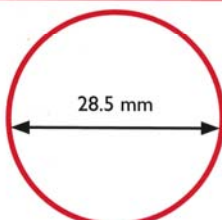
Reducing
Insert



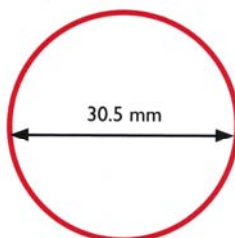
Standard
Breast Flange



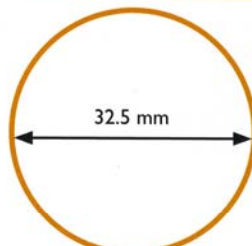
Medium
Insert



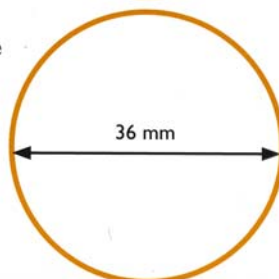
Large
Breast Flange



X-Large
Insert



XX-Large
Breast Flange



AMEDA GUIDE TO FLANGE FIT

CustomFit Flange System™

The Ameda CustomFit Flange System™ makes it easy to find a good flange fit by offering seven flange sizes that adapt to all Ameda Breast Pumps and Kits.

17211	EXTRA SMALL Flexishield Areola Stimulator (Fits Inside Standard Breast Flange 25.0 mm)	21.0 mm
621055	SMALL Reducing Insert (Fits Inside Standard Breast Flange 25.0 mm)	22.5 mm
621252	STANDARD (Included with all Ameda Breast Pumps)	25.0 mm
17148	MEDIUM (2) Custom Flange Inserts (Fits Inside Large Breast Flange 30.5 mm)	28.5 mm
	LARGE (2) Custom Breast Flanges	30.5 mm
17358	X-LARGE (2) Custom Flange Inserts (Fits Inside XX-Large Breast Flange 36 mm)	32.5 mm
	XX-LARGE (2) Custom Breast Flanges	36.0 mm

Ameda CustomFit Flanges have been designed to work with any Ameda HygieniKit Milk Collection Kit. Simply transfer the white valves and diaphragms to the new, better fitting flange size and you are ready to pump!



If your kit contains larger flanges, replace your standard flange with a larger flange. Try the flanges until you find a size that feels best and pumps the most milk. If your kit does not contain larger flanges, contact Pregnancy, Birth and Beyond for advise on the correct flange size for you. Ameda offers five flange sizes. The flange size that feels best and pumps most milk is the right size to use.

CLEANING INFORMATION

Here are some important points about cleaning your equipment. Please note that cleaning well is important when using your pump kit and bottles. Note that you must clean your new kit before the first use if it is not marked sterile.

SIMPLE STEPS TO KEEP YOUR AMEDA BREAST PUMP CLEAN

Keeping your breast pump clean may sound time consuming, but here are a few things you can do to simplify your life and your pump care — so you can spend more time with your new baby.

NO TUBING CARE

For mothers using a pump with tubing, any moisture in the tubing can contaminate milk. However the Ameda breast pump kits have a solid diaphragm barrier between the breast flange and the tubing to prevent air and moisture exchange between these pieces. With this solid barrier, under normal use and conditions, you do not need to clean the tubing or worry about moisture and contamination. Mothers who own pumps without a solid barrier to protect the tubing need to keep a close eye out. Moisture can get inside tubing and grow mould.

STERILIZE YOUR AMEDA PUMP BEFORE THE FIRST USE

Always follow the manufacturer's instructions. If your pump kit package is not marked "sterile," put all the pieces that come into contact with your milk in a pot, cover them with water, and boil for 20 minutes before using the pump. Unless your doctor or hospital has told you otherwise, there is no need to do this again. If your baby is in hospital or is ill, be guided about extra cleaning by your midwife, doctor or lactation consultant.



EVERYDAY CLEANING FOR YOUR AMEDA BREAST PUMP

With an Ameda pump, you don't need to boil, microwave or wipe your pump pieces with disinfecting wipes on a regular basis. After every use, wash the pieces that come in contact with your milk in hot, soapy water (using mild detergent), rinse with clear, hot water, and air dry. You can also clean large pump parts, such as the breast flanges and bottles, in the dishwasher. You may want to get one or more extra pump kits and wash them all once at the end of the day. That way you don't need to wash your parts every time you pump. To clean your pump motor or bag, just wipe it with a clean, damp cloth. This is also a good way to clean the outside of your pump tubing if milk drips onto it. Pump care can be simpler than you realize.

FAQ

1. What is the best way to warm expressed milk?

The recommended way to warm mother's milk is to run warm water over the sides of the bottle. Keep the warm water away from the lid so that it doesn't mix with the milk. One way to do this is to put the bottle in a bowl with sides lower than the bottle's lid. Run warm water in the bowl. The warm water against the bottle warms the milk. The milk is ready when it is between room and body temperature. Here are some "don'ts" to keep in mind:

- Don't warm milk in the microwave. It changes the milk and causes hot spots that can burn your baby's throat.
- Don't heat the milk in a pot on the stove. High heat can make the milk too hot for your baby, and it destroys the antibodies your baby needs.

2. When is the best time to pump?

Typically, most women get more milk in the morning. A good time to pump is 30-60 minutes after breastfeeding and at least an hour before breastfeed. Try not to pump right before breastfeeding, or your milk flow may be very slow for the baby

3. How much milk should I expect to pump?

How much milk you can pump will vary. These are some of the factors:

- Your baby's age. When breastfeeding is going well, you make more milk at one month than at one week.
- Time since your last breastfeeding or pumping.
- Time of day. Most moms pump more milk in the morning.
- How much practice you've had with your pump.
- Your mood. If you're relaxed, you'll likely be able to pump more milk than if you're stressed.

If you are fully breastfeeding, here are some averages:

- If you pump between breastfeeding, expect about half a feeding.
- If you pump for a missed breastfeeding, expect a full feeding.



Feeding amounts will vary by your baby's age. During the first week, a feeding is about 30-60 ml. In weeks two to three, a feeding is about 60-90 ml. After week four, a feeding is about 90-120 ml. Babies often take more milk from the bottle than you pump in one pumping session. This does NOT mean your milk supply is low. The faster, steadier flow of the bottle may cause many babies to overfeed. When fed from the bottle, many babies feed less often. When fed at the breast, babies often feel full on less milk. These smaller, more frequent feedings promote healthy eating habits. If your baby will be getting regular bottles, you may want to get the bottle with the slowest flow. A slower flow may help discourage overfeeding.

4. I am not getting as much milk as I used to.

Some mothers find that after expressing for many weeks their milk supply decreases. This is because a baby is better at getting the milk from the breast than a pump. When you are able to feed your baby at the breast, you will find that with frequent feeds, your supply will soon increase. If you are unable to feed your baby at the breast, expressing more often will help to increase your milk supply. After a week or so, you may be able to return to your previous expressing schedule.



Don't forget you can contact Jane Palmer Midwifery for assistance for using the Ameda Elite Breast Pump or if you need information on accessories. We have a lactation consultant on staff +61 2 9890 5687

