

# 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 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 two 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/her from breastfeeding
  - Baby may have gotten bottles in NICU and won't breastfeed well
  - Parent found that pumping was less painful than breastfeeding their 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 usually yields more milk than pumping sequentially

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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
  - 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 is different
- Suction makes it stick to parent's breast/chest
- No suck-release cycle (protection of parent's supply??)
- 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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### Pump flange fit

- If not possible to observe, some questions to help narrow down fit possibilities:
  1. Can parent pump \*comfortably\* with pump at highest suction level?
  2. Does side of nipple touch inside of nipple tunnel during suck?
  3. Does nipple plus approx ½” areolar tissue draw past kink in shield during suck?

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### Pump flange fit

- Sometimes lubrication is needed for comfort
- Lansinoh is sticky; can increase drag. Other lanolin brands better for pumping.
- Non-lanolin creams/ointments, such as Motherlove, Earth Mama Angel Baby, others
- Coconut oil or olive oil

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### Pump flange fit

- Don't put lubricant across face of nipple while pumping—may block nipple pores
- Can spread leftover lube over nipple face when done pumping, if nipples are sore

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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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- If parent has 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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## Skin-to-skin

- 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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## Weaning

- 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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## Weaning

- Parent 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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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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Questions?

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