

Mothers' Milk in the Neonatal Intensive Care Unit

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**BC WOMEN'S
HOSPITAL+
HEALTH CENTRE**



An agency of the Provincial
Health Services Authority

Making Milk in the Neonatal Intensive Care Unit

Your Name: _____

Your Baby's Name: _____

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How Can I Help My Baby?

You can help your baby by providing your breastmilk. Since your baby is in a Neonatal Intensive Care Unit (NICU), he or she may be too small or too sick to breastfeed right away. Human milk is important “medicine” for NICU babies. Your own milk provides unique properties that are not available in other types of feeds. Giving your infant breastmilk can help your baby while he or she is in the NICU and later in life as well.

Infants who receive breastmilk have lower rates of:

- Sudden Infant Death Syndrome (SIDS)¹
- Infections¹
- Allergies¹
- Obesity¹
- Illnesses such as diabetes, asthma and some childhood cancers¹

Providing breastmilk is the one thing, which only you can do, and may help you feel close to your baby while you are apart from each other.

¹British Columbia Ministry of Health. (2011). *Baby's Best Chance: Parents' handbook of pregnancy and baby care*. 6th ed. 3rd revision. (ISBN 0-7726-5371-2). Victoria, BC: Open School BC.

When Your Baby Is Unable to Breastfeed ---

Until your baby is well enough to breastfeed, you can provide your milk by expressing. Even if you did not plan to breastfeed your baby, it would be very helpful to your baby if you express your milk while your baby is in the NICU.

Colostrum and breast milk have many benefits for your baby. In the beginning, you will produce colostrum, thick milk that is rich in protein and infection fighting cells. Premature babies can digest breast milk more easily than formula. Breastmilk protects your baby against many types of infections.

Hand express your milk as soon as possible after birth. This will tell your body to start making milk. Your milk may be stored and fed to your baby through a feeding tube when he or she is ready to feed.

Getting Started ---

Building and keeping your milk supply is an important job. By expressing your milk using your hands and a good pump, you are trying to imitate what your baby would be doing if your baby was able to breastfeed.

Express often:

- Begin hand expression within the first 1 to 6 hours after delivery.
- Add an electric pump at 24 hours.
- Babies feed every 2-3 hours so you will need to pump your breasts every 2 ½ to 3 hours during the day, and once or twice during the night. Aim for at least 8 times in 24 hours.
- Try to focus on the total number of pumpings each day, not the time between pumping.
- Pumping less often for a longer time will not help you build a good milk supply.
- Hand express/pump until your milk no longer flows easily.

- Create a regular pumping schedule. You can keep track of how often you pump by using the pumping charts in the back of this booklet or some mothers prefer to use their cell phone or other electronic device to keep a record of their pumping routine. There are apps available to help you with your pumping. Try “Milk Maid” <http://itunes.apple.com/us/app/milk-maid/id369466778?mt=8> or the free app.

Remember that your postpartum nurse, your baby’s nurse and the lactation consultants are here to support you and to answer any of your questions.

The Law of Supply and Demand ---

The more you empty the milk from your breast, the more milk your breasts will make.

The cycle of making milk and emptying your breasts must be done over and over again in order to keep up your milk supply. If you pump only 5 times a day there will be a little less milk the next day. If you pump 4 times a day there will be even less again. If you sleep through the night, your milk supply will drop as your milk is not removed and your body thinks the milk is not needed.

At the beginning, you may only see a few drops of milk when you pump. What you will be pumping is colostrum. It is the perfect food for your baby’s first small feedings. As the days go by, your milk changes to meet your baby’s needs and becomes thinner and whiter. You will go from expressing a few drops of colostrum, to pumping 2 ounces (60 mL) or more of milk at every pumping, by 2 weeks.

Massage and Hand Expression

Help your milk to flow by doing breast massage and hand expression. In the first 24 hours, hand expression works better than using a pump. By the end of the first 24 hours, it is best to combine breast massage, hand expression and pumping. Doing this helps increase your milk supply.

Breast Massage

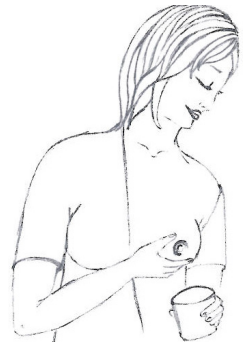
1. Wash hands with soap and water.
2. Relax, take deep breaths, and think positive thoughts about your baby.
3. Massage your breasts by:
 - Placing fingers at the top of the breast and firmly pressing them into the chest wall. Then move your fingers in a circular motion on one spot on the skin.
 - After a few seconds, move to the next area, slowly moving around the breast. Continue to do this, moving closer to the brownish area, which is called the areola.

Some mothers find warmth helps them relax. Try wrapping each breast in warm moist towels or disposable diaper for 10 minutes before expressing. Taking a bath or shower so the breasts are covered with warm water also helps. Heat helps the milk flow.

Hand Expression

Hand expressing your milk takes time to learn. The first few times you may not get very much colostrum or milk and it may take you up to 45 minutes to express both breasts. After some practice, you will be finished in 20 to 30 minutes.

1. Wash hands with soap and water.
2. Sit up and lean forward.
3. Gently rub your nipple.
4. Hold a sterile container under the nipple.
5. Cup your breast in one hand; and place your thumb and forefinger about 1 inch behind the areola.



6. Press your fingers back toward the chest wall and then towards each other gently squeezing the thumb and finger together. Repeat rhythmically.



7. Rotate your hand to reach all around the areola. Change sides every few minutes, using one hand, then the other, on both breasts.
8. Express until no more milk comes out, at least 10 minutes each breast.

“Hands on” Pumping



Using both your hands and an electric pump to express your milk is called “hands on pumping”. Focus on hand expression in the first 24hrs to stimulate your breasts to make more milk. When your baby is about 24 hours old, start using an electric breast pump plus hand expression.

Building and keeping your milk supply is an important job. Regular expression is key to starting and keeping your milk production. Express your breasts at least 8 times in 24 hours. This means expressing every 2 to 3 hours during the day and at least once or twice at night. Do not leave long gaps between expressions. Pumping less often will result in you making less milk over time. Use your hands and a pump to get the most milk!

A useful video to watch is <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>. If your baby is in the BC Women's NICU, you can watch the whole video by going to the link on the desktop on the computer in the parent lounge.

Hands on Pumping

1. Wash your hands with soap and water.
2. Put together the clean equipment.
3. Massage your breasts.
4. Place the breast shield over your nipple and areola. Make sure that your nipple is in the middle of the shield.
5. Set the suction on low and turn on the pump. Slowly raise the suction. Pumping may feel uncomfortable but it should not hurt.
6. **Double Pump:** Pump both breasts at the same time for about 10 minutes or until the milk stops flowing.
7. **If you prefer to single pumping,** pump one breast and use your hand to **compress and massage** your breast while you pump. Compression is done by putting your hand around the base of your breast (where the chest wall and breast meet), cupping your breast tissue and applying pressure as you move toward your areola. Pump the first breast for 5 minutes then turn the pump off, switch to the second breast and pump for 5min then turn the pump off. Repeat these steps for a total of 20 minutes or until your milk stops flowing once again.
8. Once you have finished pumping, **hand express** each breast – switching back and forth – letting the milk drip into the flange part of the pump kit. Express until your milk is no longer flowing easily and breast are soft.
9. Develop your own method. You will discover what helps you get the most milk out.

Helping Your Milk “Let - Down”

Your milk will gradually increase over the first 3-5 days. The **“let-down”** refers to the flow of milk from the cells where milk is made, through the breast, to the nipple.

Here are some ideas that may help your milk flow:

- Spend time “skin-to-skin” cuddling with your baby.
- Pump at your baby’s bedside.
- Have a picture of your baby, a lock of your baby’s hair, or one of your baby’s blankets with you while you pump.
- Listen to music, read, or think happy thoughts.
- Take a few minutes to get comfortable and relaxed before you pump.
- At home, pump in a private place where you pamper yourself and think about your baby.
- Have a glass of water, juice or a soothing, warm, non-alcoholic drink before you pump.
- Massage one of your breasts while you pump the other.
- Pump after you have had a bath, shower, or hold warm cloths to your breasts.

Breast Pumps

BC Women’s NICU has electric pumps either for you to use at your baby’s bedside or in our pump room. Ask your nurse to show you where the equipment is located, answer your questions about pumping and help you get started.

Choosing a Breast Pump for Home

Having an effective electric breast pump at home is important so that you can pump both at the hospital and at home. The electric breast pump takes the place of your nursing baby.

You can either buy or rent an electric pump for home. It may be cheaper to buy a good electric pump if you will be pumping for a long time (2-3 months or more). If you prefer to rent, there is information on renting a breast pump in the Family Lounge. Talk to your social worker if you need financial help.

There are many types of breast pumps available. A good electric pump will cost about \$300.

Try to find a pump that can be plugged in rather than run on batteries. Consider getting a pump that allows you to double pump (pump both breasts at the same time).

Manual pumps, pumps that you use by hand, are not strong enough to start or keep up a good milk supply. Manual pumps are helpful for mothers who only need to pump once in awhile.

Collecting Your Milk

Containers

In the beginning, collect your colostrum by dripping it into a medicine cup and then draw it up with a syringe. Every drop counts! Ask your nurse for assistance and some 1ml or 3 mL syringes.

As your milk supply increases, you will begin to pump into plastic bottles.

- Use a new bottle each time you pump.
- New bottles are found in the pump room.
- Try not to touch the inside of the bottle or lid.
- Fill the bottle up to 50 mL mark so that there is space for the milk to freeze.
- Use provided bottles, not freezer bags, to bring your milk to the Nursery.

Labels

Pre-stamped labels with your baby's name on it are available at the Nursery front desk.

- **Label each bottle.**
- Write the date and time that the milk was pumped on the label.
- Place label so that the measurement lines on the bottle can be seen.
- Place a green dot on the lid of each bottle of milk that is pumped during the first week after birth. This marks your early milk and helps us to identify the colostrum.

Storing your Milk

Storing

Special care with hand washing and milk storage is important in the NICU. Refrigerate or freeze your milk as soon as possible after you pump to reduce the risk of bacteria growth.

Ask your baby's nurse whether you should refrigerate or freeze your milk. Keeping in touch with your baby's nurse is important. When you phone to ask about your baby, let your baby's nurse know when you plan to bring your milk to the hospital. This way extra milk will not be taken from the freezer and thawed.

Your milk can be stored up to:

- 4hrs at room temperature.
- 72 hrs in the refrigerator.
- 1 month in a refrigerator freezer that has a door inside the refrigerator.
- 6 months in a refrigerator freezer that has a separate outside door
- 12 months in a deep freeze.

Our deep freezers have *limited space*. Once 2 large bins of milk are stored, please try to arrange to keep your extra milk at home.

Cleaning Your Pump Parts in the NICU

Your baby's nurse will give you your first pump kit in a blue storage box. You can store your pump kit at your baby's bedside. Your baby's nurse can show you how to put your pump parts together. There are also directions in the pump room and attached to each pump.

After each use, wash all pump parts that come in contact with milk. This includes:

- Breast shield.
- Yellow one way valve and white flange.

You do not need to wash the tubing or yellow cap. If breastmilk gets into the tubing, start again with a new pump kit. It is too hard to clean the tubing well.

Washing your Pump Parts:

1. Rinse pump parts with cold water.
2. Wash with hot water and liquid dish soap.
3. Rinse the soap off with hot water.
4. Shake off water and air dry in the blue box.

After pumping, clean the Breast pump with Cavi Wipes. Cavi Wipes are found in the pump room. Please use gloves when using Cavi Wipes.

Once a day, wash your blue box with soap and warm water, dry with a paper towel and change the green sterile towel. Ask your baby's nurse for a new sterile towel.

Nursing aides will replace your pump kit and blue box from your infant's bedside every 3 days.

Cleaning Your Pump Parts at Home _____

Once a day you need to disinfect your pump parts. There are 2 ways to disinfect your equipment: boiling and dishwasher. With both methods, you must first wash your equipment before disinfecting. Wash your equipment the same way you do in the hospital. Do not wash or disinfect the tubing unless milk gets into it.

Boiling Method

- Place equipment in large pot. Cover all pieces with water and use lid.
- Bring water to a boil and boil for 5 minutes. Use a timer so water does not boil dry – or equipment may melt!
- Use lid to drain water from pot. Let equipment cool and dry in pot.

Dishwasher

- Set dishwasher on the hottest cycle. Your hot water tank must be set at 180 F
- Place equipment on top rack, with open end of equipment down
- Run complete wash and dry cycle

Storing Equipment

Let the equipment cool and dry. If you are not ready to use it right away, store it in a clean, covered container or zip-lock bag.

Transporting Your Milk

Carrying Milk to and from the Hospital

- Put your freshly expressed milk in a lunch kit that keeps food hot or cold, or thermal lunch kit, with frozen gel packs. This makes sure that the milk is kept cold while you go to and from the hospital.
- Pack frozen milk in a thermal lunch kit or sturdy-walled cooler with frozen gel packs to help keep the milk frozen. Remove any extra air by putting crumpled newspaper or paper toweling around the bottles. If the bottles are full of frozen milk they will stay frozen for about 3 hours.
- Give your milk to your baby's nurse. If you are pumping more milk than your baby needs, please store this extra milk at home in the freezer.

Shipping Milk

1. Call a shipping company. Couriers listed below.
2. Ask for a late pick up and overnight shipping.
3. Pack your milk as close to pick-up time as possible and store in a freezer until pick-up.
4. Packing instructions listed below.
5. If you are shipping to our NICU, ship your milk Monday through Thursday and tell the shipping company to deliver the milk to the front desk of the BC Women's NICU.
6. BC Women's Hospital is unable to pay for shipping your milk. The cost will remain with your family.

Packing your Milk for Shipping

- To ship milk you need:
- A sturdy cooler and a cardboard box to put the cooler in.
- Frozen gel packs.
- Plastic bags or zip lock bags.
- Packing tape.
- Shipping labels.
- Old newspaper or Styrofoam chips to fill any additional space in the cooler.
- Marking pen.

Shipping or transporting your Milk over 3 hours

Pack frozen labeled milk containers into bags and place bags tightly together in the centre of the sturdy cooler. Add frozen gel packs and use Styrofoam chips or crumpled newspaper to fill extra space around the milk. This will keep the milk frozen for about 24 hours depending on the amount of frozen milk and the outside temperature. Use frozen gel packs. Do not use regular ice.

Shipping or transporting your Milk over 24 hours

Pack frozen labeled milk containers into bags and place bags tightly together in the centre of the sturdy cooler. Dry ice must be used instead of frozen gel packs. Call the shipping company for more information about using dry ice. Dry ice gives off carbon dioxide so containers should not be transported by car.

Place the cooler in a cardboard box, seal and attach completed shipping label.

Note: Your milk will thaw more quickly if bottles are partly full, if there are fewer bottles and in warm weather. You may need to use extra frozen gel packs to keep your milk frozen.

Couriers

Milk can be shipped by bus or courier. Here are some examples:

- Dan Foss: 604-524-5959
Areas covered include Okanagan, Fraser Valley, Whistler/Squamish, Greater Vancouver, Vancouver Island and Kamloops.
- Greyhound Couriers Pick up & delivery: 604-523-3600 or 604-681-3526 - Cheaper if dropped off and picked up.
- FedEx Nationwide: 1-800-463-339
- UPS Nationwide: 1-800-742-5877
- Purolator: 1-888-744-7123

Airline Travel with Human Milk

The rules about carrying milk through airport security checkpoints change. Check with the airline if you:

- Wish to carry on board more milk than your baby would need during your flight
- Are flying without your baby but wish to carry more than 3 ounces (90ml) of milk

Otherwise, let security know you are carrying human milk at the security checkpoint so they can inspect it. Separate the milk from any other liquids, gels, and aerosols in zip lock bags. Gel freezer packs must be less than 100ml. Be prepared to check your milk if the airline will not permit carry-on. More information can be found at: <http://www.tsa.gov/travelers/airtravel/children/formula.shtm>

Donating Your Milk

If you have at least 100 ounces of extra breastmilk, please consider donating it to the BC Women's Hospital Milk Bank. All donors must complete a screening process similar to blood donation. Call the Lactation Consultants at 604-875-2282.

Taking Care of Yourself

It is important to take good care of yourself during this difficult time. Try to eat well and rest as much as you can to stay healthy. Having someone to help you is useful.

Rest

Pumping for your baby is a full time job. It is important to give yourself time to put your feet up and rest. Even if you do not sleep, resting helps you cope with all that is going on. Stress and your emotions can lower your milk supply. Most mothers find the time they spend skin to skin with their babies is very relaxing and restful.

Food

You may forget to eat meals in your concern for your baby. Your many trips to the hospital can make it hard for you to find time to eat. Try to eat small healthy snacks until your appetite is better. Accept all offers of prepared food and ask friends and family to make casseroles that you can freeze and then heat quickly.

Fluids

Let thirst be your guide. You need enough fluid so that your urine is pale. Have a glass of water, juice or a warm, non-alcoholic drink each time you express your milk. You do not need to drink milk to make milk! Try to limit fluids with caffeine (tea, coffee, or cola) to one or two a day.

Time for Pumping

It is important to pump at least 8 times a day.

- Ask your partner or support person to help you with anything that might keep you from pumping as often as you need to.
- Let friends and relatives help by bringing meals, doing housework, and caring for other children.

Nighttime Pumping Shortcut

Here is a nighttime pumping short cut that will help you pump 3 times while staying in bed for 8 hours. You can try this once your milk supply is established.

1. Pump at bedtime. Have your partner wash your pump parts and set up your supplies for the next pump. Have a cooler with frozen gel packs at your bedside.
2. Drink a big glass of water. This will naturally wake you up in about 4-5 hours.
3. Do a second pump 4 hours later when you wake up to go to the bathroom.
4. Put the milk and pump parts in the cooler without washing them.
5. Do a third pump 4 hours later when you wake up in the morning. Wash pump parts before pumping.

Smoking and Alcohol and Illegal Drugs

When you smoke, the nicotine passes into your breastmilk. Nicotine may lower your milk supply and may cause your baby to be fussier. Try to stop smoking or cut down on the amount you smoke.

Alcohol passes into your breast milk. While it is best not to drink alcohol, an occasional drink will not harm your baby (1 to 2 drinks/week). Drinking a large amount of alcohol may lower milk supply and slow down the 'let-down' reflex. Alcohol is not stored in breast milk but is constantly removed and spread into the blood stream. The time it takes for alcohol to clear from breast milk depends on the mother's weight and the number of drinks consumed.

Mother risk is a helpful internet site that tells you how long it may take your body to clear alcohol.

<http://www.motherisk.org/>

If it takes longer than 3 hours for the alcohol to clear from your breast milk continue to pump your breasts and discard this milk.

If you use any illegal drugs, please speak to your doctor or midwife.

Taking Medications

Almost all medications that you take will pass into your breastmilk. Most of the time this is not a problem. Check with your baby's doctor, nurse or pharmacist when you are taking any medication, over-the-counter drug, or herbal remedies.

Other resources:

- <http://motherisk.org>
- "Medications in Mother's Milk" by Thomas Hale. You can find this at the Family Resource Library located in the Ambulatory Care Building (the building with Starbucks).

Keeping Your Breasts Healthy

Common Problems

Sore Nipples

Your nipples may be tender in the first week or two of pumping. Rubbing a few drops of your expressed milk may be soothing in the first few days. Some mothers use a very small amount of lanolin cream. If you are still in hospital, ask your postpartum nurse. If your nipples stay sore, or become dry and cracked these ideas may help:

- Check that the pump suction is not too strong – this is the most common reason for sore nipples.
- Expose your nipples to air.
- Change breast pads frequently if wet.
- Begin pumping on the side that is less sore.
- If you have questions about nipple creams you can ask the lactation consultant.
- If your nipples continue to be sore, call the lactation consultant, your doctor or midwife. Prolonged cracked nipples can lead to a breast infection.

Engorgement

Engorgement is when your breasts become really hard like the back of your hand and are sore. Frequent hands-on pumping, warm showers with breast massage and cold compresses will help to soften your breasts and feel more comfortable. If your breasts continue to be hard and sore, call the lactation consultant, your doctor or midwife. Unrelieved engorgement can decrease your milk supply.

Sore Breasts: Mastitis & Plugged Ducts

Mastitis is an infection of the breast tissue and/or milk ducts.

You may have mastitis if:

- One or both breasts feel firm, swollen, hot, and sore with redness or red streaking.
- You have a fever over 38° C.
- You suddenly feel sick with chills and aches, as if you are getting the flu.

If you think you have mastitis:

Speak to your doctor or midwife. You could also speak to your baby's nurse, community health nurse, lactation consultant or call a nurse at HealthLink – phone 811.

Mastitis is treated by:

- Antibiotics: if your symptoms are not gone within 24 hours of frequent expressing/pumping and massage your doctor will prescribe an antibiotic that is safe to take while pumping
- Emptying your breasts often by breastfeeding or pumping.
- Resting: rest is very important to treat mastitis.

Helpful hints:

- Try to completely empty each breast:
 - Pump or breastfeed every 2-3 hours.
 - Combine hand expression with single and double pumping, if it is too painful to breastfeed.
 - Massage above and then over the tender area moving towards the nipple. This may be too sore.
- The discomfort you feel may block the let-down reflex. If mastitis is in one breast, express on the other side first, and then double pump both breasts as soon as a let-down occurs.
- Heat may help – apply moist heat. Have a warm shower or get into a tub of warm water to encourage the milk to flow.
- Take pain relievers like Ibuprofen to help with the discomfort and fever.
- Your breast milk is still safe for your baby even if you are taking antibiotics and pain relievers.
- Some mothers find cold (gel packs or ice) help decrease swelling.

The most important thing to treat and prevent mastitis is to keep your breasts well emptied. Learn how to hand express so you can remove the milk at times when you are not able to pump when needed.

Plugged Ducts

Plugged ducts can also cause an area on your breast to be sore. This can be mistaken for mastitis but you will not have a fever or flu like symptoms with plugged ducts. Plugged ducts usually clear up in 24 to 48 hours with more frequent emptying of the breasts. Heat and massage while expressing/pumping can help. Try to maintain a regular schedule of expressing/pumping.

- **Low Milk Supply**

Your milk supply may drop after you have been pumping 4-5 weeks. This may happen if you do not pump effectively or often enough or if you are very worried about your baby. Sometimes it just happens in spite of frequent and effective expressing/pumping. Previous breast surgery can also result in ongoing low milk supply even with regular pumping.

Tell your baby's nurse or see the lactation consultant right away

if you begin to get less and less milk each day for 2 or 3 days in a row or if your total amount of milk is less than 500mL a day, 6 weeks after giving birth. Your nurse can arrange a time with the lactation consultant to come to talk to you at your baby's bedside or you can come to the drop-in sessions. The lactation consultants hold a drop in sessions every Tuesday and Friday at 2pm in the NICU Interview room (located next to the parent lounge).

Steps that may help you to make more milk:

1. Increasing your pumping

- This is the first step to increasing your milk supply. Pump more often. You may pump 8 times or more a day, as well as during the night.
- Remember that pumping more than 20 minutes each time does not help build your milk supply.
- Pump both breasts at the same time.
- Pump at your baby's bedside.
- Skin to skin holding. Make a plan with your baby's nurse for routine holding.
- Incorporate breast massage before and during pumping. This will often help you to produce more milk.

2. Add Medications or herbs:

Domperidone (Motilium®, Novo-domperidone®):

- Domperidone helps to increase levels of prolactin, the hormone that stimulates milk production.
- It is used with effective breastfeeding and/or pumping.
- It is safe for use in breastfeeding mothers.
- It may take up to a week to see an increase in your milk supply.
- It requires a doctor's prescription. Your doctor or midwife can answer any questions that you have about how to take this medication. If you are from out of town, make an appointment at the Family Practice Clinic at Women's Hospital.

Note: When your milk supply has increased, you can gradually decrease the medication. Be sure to reduce the medication slowly over several days. If you notice that your milk supply starts to decrease again, go back to the dose that you were on the day before.

Herbs

- Not all herbs are safe for mothers to take when they are giving their milk to their babies.
- Fenugreek, blessed thistle, fennel and raspberry teas may increase your breastmilk supply. To date there are no known high quality human research studies that confirm herbs increase milk supply. Always talk to your health care provider before taking any herbs.

Where to Get Help

B.C. Women’s Hospital NICU 604-875-2136

B.C. Women’s Hospital Lactation Service..... 604-875-2282

- Out-patient clinics available
- For an out-patient clinic appointment 604-875-3135
- To page the Lactation Consultant 604-875-4200
Pager # 01767
- Milk bank 604-875-2282

Family Support Resource Centre..... 604-453-8335

- For more resources, check: www.bcwomens.ca/fsrc

Family Practice Clinic (on-site) 604-875-2029

Medical support for mothers who do not have a physician in town. Open Monday to Friday.

In Your Community: Your Public Health Unit and Nurse

- Call the health unit in your area to speak to a community health nurse or to find a breastfeeding clinic close to where you live.
- Public Health Unit phone numbers are found in the blue pages at the back of the phone book.
- Burnaby Hospital NICU 604-412-6330
- Abbotsford Regional Hospital NICU 604-870-7494
- Royal Columbian Hospital NICU 604-520-4578
- Surrey Memorial Hospital NICU 604-585-5609 local 775609#
- Richmond Hospital NICU 604-244-5293
- Peace Arch Hospital NICU 604-531-5512
- Lions Gate Hospital NICU 604-984-5863
- St. Paul’s Hospital NICU 604-682-2344

Any questions?

Use this space to write down any questions or problems you may have and bring them with you when you visit.

Your baby's nurse will be able to answer your questions.

Developed by the
Neonatal Program Feeding Committee

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BCW 953