

Breastfeeding the Preterm Baby

WHY YOUR MILK MATTERS

When you give birth early, your milk is higher in many of the nutrients that your baby needs, such as protein and iron. Your milk contains live cells that help protect your baby against infection and disease and strengthen your baby's immune system. Your milk has enzymes to help your baby digest food. Its growth factors help your baby's gut mature. No other food can give your baby these.

Research has found that preterm babies who miss out on mother's milk may get sick more often and more severely. Later on, they also may have more vision problems, bone problems, and delays in development.

BIRTH TO DAY 4

Your preterm baby may breastfeed well from birth. But if not, start pumping. The sooner, the better. If you can, start within the first six hours. Use a hospital/rental pump. Plan to double pump 8-10 times per day for 10-15 minutes. For more details, see our sheet, "Reaching Full Milk Production with a Breast Pump."

Expect to pump just a little milk at first. But even drops are important to your baby. Every pumping you do "puts in your order" for more milk. This is how you can tell your body to make more milk.

DAYS 4 TO 10

Expect to see a big change by Day 3 or 4. Where there were drops, you'll likely see ounces. If your baby is not yet breastfeeding, use your pump to try to reach full milk production by Day 10. Your body is primed and ready to do this right after birth. If you wait until later, this can be much harder. When you reach 25 to 35 ounces (750 to 1050 ml) per day, you are there.

When you start to pump more milk on Day 3 or 4, try these tips to boost your supply faster:

- **Pump longer**—until 2 minutes after the last drop of milk or 20-30 minutes. (Drained breasts make milk faster.)

When a baby is born early, many mothers grieve the loss of the birth they had planned. Although your baby may need medical help, providing your milk is the one thing **only you** can do for your baby. Your milk can be key to your baby's health.



- **Hand-express milk into the pump flange afterwards.** By draining your breasts more fully, you'll make more milk.
- **Don't go longer than 5 hours** between pumpings until you reach full production. (Full breasts make milk slower.)
- **Pump 8-10 times each 24 hours.** You don't have to pump on a set schedule. You can pump every hour for part of the day to fit them all in.
- **Massage your breasts** during pumping.
- **Check your breast flange fit.** Flange fit can change as you pump more. See the photos in "Getting a Good Flange Fit" under "Breast Pumping" on www.ameda.com.

Once they reach full production, most mothers can pump less—6-7 times per day—to maintain their milk. If you can sleep all night without too much breast fullness, go ahead. Any milk that your baby does not need right away can be frozen for later.



“Your milk is the only source of certain live cells and enzymes that help protect your baby’s health.”

The following extra steps have been found to be of no benefit to you or your baby: cleaning the breasts before pumping, sterilizing pump parts after each use, and throwing away the first milk pumped. Most hospitals no longer recommend these steps.

STORING YOUR MILK

Follow your hospital’s rules for milk collection and storage. Most hospitals suggest that you:

- Use glass or hard plastic containers approved for food storage.
- Use a tight-fitting lid, rather than a bottle nipple.
- Label the milk with the baby’s name and the date and time of the pumping.

Your hospital may give you bottles and lids to use.

Milk storage times may differ from those for full-term healthy babies. Ask your hospital for the storage times it recommends at room temperature, refrigerator, and freezer. You can use the Ameda Cool ‘N Carry™ or other insulated tote to keep the milk cool between home and hospital.

BOOSTING MILK PRODUCTION

If your production drops to below 25 ounces (750 mL) per day, try these ideas to bring it up.

- Massage your breasts before pumping.
- Pump longer. (Drained breasts make milk faster.)
- Hand-express milk after pumping.
- Hold your baby skin-to-skin before pumping.
- Switch to a hospital/rental pump, if you’re not already using one.
- Pump more times each day.
- Ask your lactation consultant to talk to your doctor about prescribed medications and/or medicinal herbs that can boost milk production.

STARTING TO BREASTFEED

Your baby’s ability to breastfeed will depend on how early your baby was born and her health. Your hospital may also have policies that affect when you start breastfeeding. Even before then, try to hold your baby skin-to-skin as much as you can. This helps your baby stay warm, calm, and sleep better. And it may help you make more milk.

Your baby has feeding skills even before you start breastfeeding. Research done in Sweden, where 98% of mothers breastfeed, found that:

- At 28 weeks, babies can root at the breast and latch-on,
- At 31 weeks some babies can suck and get milk.
- By 36 weeks, most preterm babies can fully breastfeed.
- Babies with health problems tend to take longer to breastfeed well.

When ready to take food by mouth, babies can go to the breast first. Studies have found that preterm babies may have fewer heartbeat and breathing problems when fed by breast than by bottle. A baby who is not taking full feedings at the breast can be fed milk in other ways until she is breastfeeding well.

When it is time to start breastfeeding, begin when your baby shows feeding cues. Look for signs like:

- Sucking around the gavage tube.
- Putting her hand to her mouth.
- Nuzzling and turning her head toward you with a wide open mouth.

Think of your first breastfeedings as practice.

- Your baby may lick or mouth the nipple at first.
- Many preterm babies suck in short bursts and fall asleep quickly.
- It may take several feedings before your baby breastfeeds well.
- If your baby does not get much milk at first, it’s okay, because she will be given more milk after breastfeeding.

To make the move to full breastfeeding, seek help from a board-certified lactation consultant (IBCLC). To find one near you, check www.ilca.org.

This is general information and does not replace the advice of your healthcare provider. If you have a problem you cannot solve quickly, seek help right away.

Every baby is different, if in doubt, contact your physician or other healthcare provider.