

ALTERNATIVE FEEDING METHODS:

While baby is growing and learning to breastfeed, a small tube (NG tube) may be inserted through the nose to the stomach to give your baby breast milk, donor milk or formula. Preterm babies, when ready, can be fed by **bottle** with 'pacing technique,' **cup** or **syringe** while they learn. Research has shown there is no advantage to choosing cup, syringe, or 'finger feeding' over bottles with preterm babies when they are learning to breastfeed.

Nipple shields can work well for these babies when they are ready to latch or once your milk comes in. Research has shown that some babies are more stable and transfer more milk at the breast when using them.



TYPES OF PRETERM BABIES:

Low Birth Weight

In Infants less than 5lb, 8oz, regardless of when born.

Preterm

Infants born at less than 37 weeks.

Late Preterm

Infants born at 34-37 weeks.

Early Term

Infants born at 37-38 weeks.

Research shows that breastfeeding is less stressful than bottle feeding. However, preterm babies are very sleepy and have weaker muscles and reflexes so breastfeeding can be harder for them to get milk from the breast.

Don't expect too much from your baby in the beginning. As they grow and get older, breastfeeding gets easier for both of you.

REFERENCES: Mohrbacher, Nancy. Breastfeeding Answers Made Simple, Riordan & Wambach. | Breastfeeding and Human Lactation 5th Ed., HCroal PRHC/POPC/Breastfeeding Clinic/2018

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BREASTFEEDING

THE PRETERM, LATE PRETERM, EARLY TERM & LOW BIRTH WEIGHT BABY



Depending on how early your baby was born, they may have a few steps between birth and full breastfeeding.

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GETTING OFF TO A GOOD START

HOLD YOUR BABY SKIN-TO-SKIN:

Place baby upright on your bare chest with only a diaper on. Baby's head is turned to the side as you rest back in a chair. You do not need to limit the time doing skin-to-skin unless your baby is unstable.

BABIES held skin-to-skin; stay warmer, cry less, have better heart rates, breathing rates, blood sugars and less pain and stress.

MOTHERS holding babies skin-to-skin make more milk, are less stressed, have less postpartum depression and increased bonding. Skin-to-skin is important even if you choose not to breastfeed.

PREMATURE AND LOW BIRTH WEIGHT BABIES OFTEN HAVE:

- Short awake times and are very sleepy
- Poor temperature control and low blood sugar
- Weak muscles and take longer to breastfeed
- Increased risk of infections
- Higher occurrence of jaundice

START MILK EXPRESSION

- Start within one (1) hour after delivery if possible
- Use a double electric pump and start with the 'initiation setting' for the first 3–5 days. The pump is set for a 15 minute cycle. You can also single pump with hand expression or initially just start with hand expression.
- Massage/compress your breast when pumping.
- Pump/express 8–12 times in 24 hours (every 2–3 hours in the day).
- Pump/express at night, but rest for one 4–5 hour break.
- Pump to the last drop, as that milk will be higher in fat. If you are making a lot of milk, stop at 60 ml (2oz) from each breast. Pumping time is different for each person (from 5–20 minutes) once your milk is in.
- Hold or touch your infant during and after milk expression or look at your baby when pumping.

Each mom will make a different amount of milk. **It is normal to have low amounts of colostrum (early milk) and drops only for the first three (3) days. Milk production will increase between day 3 and 8.**

Give your baby breast milk no matter how much you make. Preterm babies have better health outcomes when they receive your milk. Sometimes you will need to supplement your milk with donor milk or formula if you are not making enough.

KEEP CALM AND LATCH ON

Premature babies start slowly with:

1. **'Non-nutritive sucking'**- Sucking on an empty breast or soother. This helps baby digest during tube feedings and decreases their stress.

And progress to:

2. Weak shallow suckling and long pauses. May or may not take milk from breast. Energy levels are low and baby may only go to breast 1–2 times a day.
3. Suckling bursts become longer and baby takes some milk. Baby needs tube, cup, syringe or 'paced' bottle feeding 'top-ups.' Energy levels remain low but breast attempts can be more frequent.
4. Breastfeeding with a weak suckling pattern. Breastfeeding at each feed possible with continued 'top-ups'.
5. Semi-demand breastfeeding with 'top-ups' every other feeding or 1–2 times/day.
6. Breastfeeding on demand. Strong, mature suck with frequent swallowing bursts. Baby takes good amounts of milk to grow.

The older or very healthy preterm baby may start at one of these later steps.