



Corporate
Lactation Services

INFORMATION ON BREASTFEEDING YOUR LATE PRETERM OR EARLY TERM BABY

MAKING THE DECISION TO BREASTFEED YOUR BABY

Congratulations on your decision to provide the gift of your milk to your baby! The benefits of your milk to your infant are many. The short-term benefits are protection from infection and illness such as respiratory and gastrointestinal illness, ear infections and meningitis. There are also many long-term benefits for your baby such as increased IQ, decrease in celiac disease, diabetes, asthma and decreasing the likelihood that your baby will be re-admitted to the hospital.

HOW DO I KNOW IF MY BABY WAS BORN EARLY?

Late preterm infants are born between 34-36 6/7 weeks. Early term infants are born between 37 and 38 6/7 weeks. Early infants may appear mature and competent, born only a few weeks early and often only slightly smaller than full term babies. However, they are not as mature in their feeding and breathing as a baby born full term.

Early infants may have a greater chance of feeding difficulties in the first few days to weeks of life. It is important to be ready for the challenges and to know the extra measures that may be needed to ensure your baby gets all the milk that he/she needs. In the early weeks, your infant may need to also get your milk in other ways.

Babies are born early for a variety of reasons. You may deliver early if you have a medical condition or if you are having twins. Please discuss any medical conditions you may have with your Lactation Consultant since this may impact your milk supply. She can help you know if your medications or health conditions may affect your milk production.

WHAT ARE SOME OF THE CHALLENGES WITH BREASTFEEDING YOUR LATE PRETERM/EARLY TERM INFANT?

When your baby is born early, it may take some time for your baby to have the energy to finish a feeding. We often see that babies who are early are not able to finish their feeding or will start to show signs they are getting stressed. Some of the ways you may recognize signs of feeding distress and that your baby needs a break or a feeding by an alternate method are the following:

- Tongue thrusting
- Milk pooling in mouth
- Dribbling milk out of mouth
- Fingers splaying - "stop" sign
- And/or eyes widening.

It's important to recognize these signs and to stop the feeding and allow your baby to rest, preferably skin to skin.

These feeding challenges can become apparent on the first day but that is not always the case. Sometimes, late preterm infants will go through a "honeymoon" period and do not display these behaviors until day 2 or 3. Some of the things we watch for are jaundice, low blood sugar and dehydration. As your baby gets older and becomes more mature, you will see less of these signs of stress with feeding. Your baby's medical team will also be watching your baby closely for weight loss. It is normal for babies to lose a little weight in the first few days, but your baby's health care team will watch that it is not too much weight.

Because your baby is early, immature, and perhaps small, he/she will need time to be able to breastfeed easily and effectively. During the time your baby is learning, it will be important to protect your milk production. You will likely need to help your milk production along especially in the early weeks so that you can develop a milk supply that fits your baby's needs for the later weeks.

HOW TO MAKE BREASTFEEDING ENJOYABLE, SAFE AND DEVELOPMENTALLY APPROPRIATE

- Start breastfeeding and/or hand expressing within 1 hour after delivery
- Feed your baby at least every 3 hours.
- If your baby is sleepy with nursing or you do not hear swallowing with feedings, it can help to massage your breast while your baby is at breast.
- Follow the attempt at feeding with breast massage and hand expression to get your colostrum to flow out.
- Pumping with a multiuser hospital-grade rental electric breast pump after each nursing session is also helpful. It is normal to not see much colostrum while pumping the first day. Often, it is easier to see some flow with hand expression.
- There are tools that can be used to help your baby with breastfeeding. Sometimes, we find that using a nipple shield over your nipple can help increase how much milk your baby is able to take from the breast. Please speak with the Lactation Consultant at the hospital before you leave if you are having a difficult time with breastfeeding.
- In the early days when you are working to get breastfeeding off to a good start, it can feel frustrating at times. Asking for help early on can give you ideas of what to expect and how to best get your milk production established. Also discuss with your baby's medical team how you would like any supplements to be given to your baby. The bottle is the most typical method, but sometimes a spoon, finger-feeding or cup may be used.
- Once discharged, continue to follow up with your Corporate Lactation Services (CLS) Lactation Consultant for support and education. It may also be helpful to see a Lactation Consultant or Healthcare Professional who is experienced with managing lactation issues as needed.
- Follow up with your Pediatrician within 1-2 days of discharge and request weekly weight checks until breastfeeding and weight gain are well established. This may be at your baby's original full-term date. This will also help you with transitioning from the Triple Feeding Plan (explained below) faster.
- Request "weighted breastfeeds", also called milk transfer weights, during your appointments. This will show how much milk your baby is getting during a feeding. Babies born early can be known as "the great pretenders" and can appear to be nursing well. Knowing how much milk your baby is taking in while breastfeeding is important. A plan can then be put into place if your baby needs extra nutrition.

WHAT IS TRIPLE FEEDING?

Triple feeding is a combination of pumping and breastfeeding that is often temporarily recommended to protect your milk supply and make sure your baby gets enough to eat until he/she is ready to do it all on his/her own.

This plan can be tiring, so it should be looked at as a temporary bridge until your baby is a little older.

With triple feeding, feed your baby at the breast for about 20 minutes. It can help to plan the diaper change about halfway through the feeding when your baby is sleepy to wake your baby up for the second half of the nursing session.

Then, pump for about 15 minutes.

While you are pumping, your baby is offered the additional milk needed to complete the feeding. This may be done at every feeding and needs to be completed within 1 hour to help save energy for you and your baby. The extra milk can range from 5-10 mL on the first day, and 10-30 mL thereafter. The feeding method and amounts may vary depending on your baby's clinical situation.

Every baby is different, and every day is different so watching your baby for changes will help you to know how your baby is progressing. Some babies that are born early need all their feeds supplemented while others only need a portion of their feeds supplemented. This plan is followed until your baby improves enough to stop supplementation.

Do not stop a triple feeding plan abruptly or rapidly. Gradually weaning off the pumping will ensure the maintenance of a generous milk supply. By staying in close communication with your Pediatrician and Lactation Consultant, you will be able to choose a plan that works best for you and your baby.

TIPS AND LINKS TO HELP YOU

Refer to the "Diapers of the Breastfed Baby" handout. This came in your packet from Corporate Lactation Services. Looking at your baby's stool can help you know if your baby is getting enough milk. If you are not sure, contact your Lactation Consultant.

Some women can use a nipple shield and will not need to go to bottle feedings. Nipple shields are useful until your baby is more mature. Using a nipple shield often still requires pumping after nursing: <https://www.youtube.com/watch?v=bofx-3-NkEY>

Hand expression is very important prior to/or after nursing. Any drops you get should be given to your baby immediately. Here is a video on how to hand express: <https://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html>

Paced bottle feeding or supplemental nursing systems will help you maintain breastfeeding. If you are not sure what this looks like, please ask your Health Care Provider for help or call your Lactation Consultant for support.

A few words of encouragement:

Your baby will need a bit more time to mature	With maturity, your baby will be strong enough to exclusively breastfeed without all the extra pumping and bottles.
Triple feeding is like running a marathon. No, more like running a triathlon.	Don't give up! Take breaks if needed and ask someone else to do the bottle feeding to give you time to focus on breastfeeding and pumping.
Cuddle with your baby.... Skin to skin	Skin to skin contact will help your baby with temperature control, heart rate and transitioning to the world. It will also help with your milk production.

WE ARE HERE TO SUPPORT YOU IN YOUR BREASTFEEDING GOALS

We are here to help you develop a customized plan. For breastfeeding concerns, call your lactation consultant at 888-818-5653

My Lactation Consultant is: _____ Ext: _____

REFERENCES

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