Breastfeeding your Premature Baby

Advantages of breast milk/breastfeeding your premature baby:
- More easily digested proteins in breast milk.
- Fewer infections in the infant because of anti-inflammatory and anti-infective agents in breast milk.
- Better weight gain because of the presence of lipase which helps digest milk fat more efficiently.
- Higher fat content in breast milk.
- Increased eye and brain development because of long chain fatty acids and antioxidants.

Getting ready:
- As a mother of a premature baby, you have a very important role in providing the most normal nutrition possible for your baby.
- Some babies will be able to breastfeed sooner than others depending on your baby’s health, gestational age, ability to coordinate suck/swallow/breathe, and sucking strength.
- If your baby is not able to come to the breast because of medical reasons, he/she may be fed by nasogastric tube/finger feeding/bottle feeding, using your expressed breast milk.
- To get started, learn how to express your milk. There are three methods: hand (manual) expression, pumping (double electric pumping with a hospital grade pump is recommended to establish and maintain long term milk supply) or a combination of hand expression and pumping.
- Pump every 2-3 hours or 8-10 times in 24 hours for 10-25 minutes.
- Pump to help build your supply even if your baby is doing some breastfeeding, because a premature baby’s suck is not as strong or as effective as a full term baby’s suck.

Effective breastfeeding positions:
- The most effective positions for breastfeeding your premature baby are football/clutch hold and cross cradle hold.
- Occasionally preterm infants need to use a nipple shield to create the negative pressure needed to extract the milk from the breast; discuss this with your Lactation Consultant.

For further information contact:
- Local Public Health Nurse
- International Board Certified Lactation Consultant (IBCLC)
- Local breastfeeding support Group
- Saskatchewan HealthLine 811
How do I know if my baby is getting enough breast milk when I am at home? Look for the following clues:

- Long rhythmic draws in the jaw right up into temple.
- Regular swallowing (i.e., every 3-4 sucks or less, usually audible)
- Infant content after feeding
- Breast fullness appears less after feeding
- Frequent wet diapers (i.e., 5-6 heavy clear voids/day)
- Regular, yellow seedy stools (i.e., 2-10/day)
- Back to birth weight by 2-3 weeks
- Gaining ½-1 ounce or 15-30 grams/day for the first three months

How do I know if my baby needs a supplement in addition to breastfeeding?

- Preterm babies often require a supplement in addition to breastfeeding until they get closer to their due date.
- Supplements can be given by supplemental nursing system, finger feeding or bottle; discuss these options with your Lactation Consultant.
- Follow the above guidelines to determine when, how much, and how long your baby needs to be supplemented; your Lactation Consultant can be helpful in discussing a plan.
- If your milk supply decreases or seems low, discuss ways to increase your supply with your Lactation Consultant.

Resources in the Community:

- Lactation Consultants and Nutritionists available for consultation at some Public Health Centres
- Family physician
- Provincial Healthline: 811

Websites:  
- [www.drjacknewman.com](http://www.drjacknewman.com)
- [www.lalecheleague.org](http://www.lalecheleague.org)
- [www.infactcanada.ca](http://www.infactcanada.ca)
- [www.saskatoonhealthregion.ca](http://www.saskatoonhealthregion.ca)

References:

1. AAP  Breastfeeding and the use of Human Milk, Pediatrics 2012