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Breastfeeding Pre-term and Late Pre-term Babies

Breast milk is important to your baby's growth and development. It provides needed nutrition. Breast milk also aids in digestion and helps prevent allergies and infection (not provided by formula). We are here to support your efforts to feed your baby breast milk.

This information is a helpful guide to breastfeeding a baby who is pre-term or late pre-term and has difficulty sucking.

This information outlines steps to help you with:

- Breastfeeding your baby
- Maintaining a good supply of breast milk

In the hospital, your nurse, lactation consultant and physician can answer any questions you may have.

Getting started

Until your baby is able to nurse well, it is important that you pump your breasts to maintain a good milk supply. Signs of good breastfeeding will include the following.

- Your baby has strong, slow-pulling sucks. Mom should feel tugging, but no pain.
- You see or hear your baby swallow. Swallows sound like a quiet sigh. Bottle-feeding swallows are much louder.
- Your breast feels softer after the baby nurses, once your milk "comes in," usually 3 to 5 days after giving birth.

Breastfeed your baby at least every 3 hours or more often. Awaken your baby as needed. It is helpful to watch your baby carefully for "early feeding cues." While you are in the hospital, "rooming-in" with your baby helps you to recognize these cues. Attempt to breastfeed when you see your baby:

- Awake or starting to stir
- Putting their hands to their mouth
- Moving their mouth

Each time you breastfeed, offer the breast for 10 to 15 minutes.

If your baby nurses well, but becomes sleepy after about 5 minutes, try to awaken the baby to nurse longer. Do not attempt breastfeeding longer than 15 minutes without success. Prolonged attempts that are not successful will only tire the baby.

Each time your baby eats, note how your baby is breastfeeding. **Choose which of the following best describes how your baby feeds, and follow the guidelines for the one that best applies to you.**

No breastfeeding: If your baby does not latch on or latches on, but has only a few suckles, your baby hasn't actually fed from the breast at this time. Then:

- Stop after 15 minutes of attempting to breastfeed.
- Feed your baby _____ ounces or _____ mL.
- Pump both breasts at the same time for at least 15 to 20 minutes. If milk still is flowing after this time, keep pumping 1 to 2 minutes after the flow ends.

Save this milk for the next feeding.

Partial breastfeeding: If your baby nurses less than 10 to 15 minutes, this is considered a partial breastfeed. Then:

- Feed your baby half the usual amount of supplement, _____ mL. If your baby remains hungry, offer the breast again. Some babies get a burst of energy after the supplement and may now nurse well from the breast.
- If your baby is still hungry and cannot latch on, give more supplement until the baby is satisfied.
- Pump both breasts at the same time for at least 15 to 20 minutes. If milk still is flowing after this time, keep pumping 1 to 2 minutes after the flow ends.

Save the milk for the next feeding.

Total breastfeeding: If your baby nurses strongly (slow-pulling sucks with swallowing noted) for 15 minutes or longer on at least 1 breast, then this is considered a good, complete feeding session. When this happens:

- You don't need to pump because the baby has stimulated milk production and removed milk from the breast.
- Added supplements generally are not needed.
- If your baby is still hungry, you may offer the other breast.

If you have concerns about whether your baby is getting enough milk or needs a supplement, check with your baby's physician. Weight gain/loss and number of wet/soiled diapers indicate feeding adequacy. Be sure to read the ***Breastfeeding and Diaper Diary*** below.

Keep in mind

As your baby's breastfeeding improves, you will need to pump less and no extra supplements will be needed. The goal is to have your baby nurse well at every feeding. As babies get closer to their delivery due date, they tend to suck longer and stronger, and need less supplement.

During a good feeding, allow your baby to remain at the breast as long as the baby is nursing well (strong, slow-pulling sucks with audible or visible swallowing).

Breastfeeding and Diaper Diary

Keep this diary at home to check that your baby is getting enough to eat. Your baby's output (urine and stool), along with weight gain, are good signs of adequate breastfeeding. Use the diary on page 4, and take it to your baby's first physician's visit. This first check-up is very important because your baby will be weighed.

Your baby is getting enough to eat if, in each 24-hour period, your baby has at least 8 to 12 breastfeeding sessions and the following output:

- **Day 1 of life:** 1 urine and 1 stool (black/green: meconium)
- **Day 2 of life:** 2 urines and 1 to 2 stools (black/green to brown: transitional)
- **Day 3 of life:** 3 urines and 1 to 2 stools (brown/green: transitional)
- **Day 4 of life:** 6 to 8 urines and 3 or more seedy, yellow stools. This pattern should continue for every day past day 4

Note: You should not see black, tarry stools (meconium) after day 3.

If you have concerns about your baby's urine and stool pattern or weight gain, talk with your baby's physician right away.

To help your baby get the full benefits that breast milk provides, breastfeed exclusively for the first 6 months. This means your baby gets no other foods (except vitamin D) or fluids unless directed by your baby's physician. Your baby's physician will guide you on when to start solid foods. However, continue to breastfeed through the first year (or as long as you and your baby would like).

Northwestern Medicine – Health Information Resources

For more information, contact Northwestern Memorial Hospital's Alberto Culver Health Learning Center (HLC) at hlc@nm.org, or by calling 312.926.5465. Health information professionals can help you find the information you need and provide you with personal support at no charge.

For more information about Northwestern Medicine, please visit our website at nm.org.

Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312.926.3112.

The entities that come together as Northwestern Medicine are committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care, providing access to treatment and programs in a nondiscriminatory manner and eliminating healthcare disparities. For questions, please call either Northwestern Memorial Hospital's Patient Representatives Department at 312.926.3112, TDD/TTY 312.926.6363 or the Northwestern Medical Group Patient Representatives Department at 312.695.1100, TDD/TTY 312.926.6363.

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