

*If you have any questions, ask your nurse, lactation consultant or physician.*

## Breastfeeding Pre-term and Late Pre-term Babies

Breast milk is important to your baby's growth and development. It provides the nutrition your baby needs and helps with digestion. Breast milk also helps prevent allergies and infection. We are here to support your efforts to feed your baby breast milk.

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

This information helps you with:

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

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

### Getting started

Your milk usually "comes in" 3 to 5 days after giving birth. Signs of good breastfeeding will include the following:

- Your baby has strong, slow-pulling sucks. You 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.

Until you are able to nurse your baby well, it is important to pump your breasts to maintain a good milk supply. Breastfeed your baby at least every 3 hours or more often. Wake your baby as needed. It is helpful to watch your baby carefully for "early feeding cues." While you are in the hospital, "rooming-in," or keeping your baby close to you in your room, helps you to recognize these cues. Try 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 wake the baby to nurse longer. Do not try breastfeeding longer than 15 minutes without success. Longer attempts that are not successful will only make the baby tired.

Each time your baby eats, note how your baby is breastfeeding.

The following information generally describes how your baby feeds. Choose which one best describes your feeding session, and follow the guidelines.

**No breastfeeding**

If your baby does not latch on or latches on, but has only a few suckles, your baby has not actually fed from the breast at this time.

- Stop after 15 minutes of trying to breastfeed.
- Feed your baby \_\_\_\_\_ ounces or \_\_\_\_\_ mL of supplement.
- 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 a partial breastfeed.

- Feed your baby half the usual amount of supplement, \_\_\_\_\_ mL. If your baby is still 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.

- You do not need to pump because the baby has stimulated milk production and removed milk from the breast.
- Supplement generally is 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 supplement, check with your baby's physician.

Check for the following to see if your baby is feeding enough:

- Weight gain or loss
- Number of wet and soiled diapers

Be sure to read the ***Breastfeeding and Diaper Diary*** on the next page.

## Keep in mind

As your baby's breastfeeding improves, you will need to pump less and you will not need to give them extra supplement. The goal is to have your baby nurse well at every feeding. As babies get closer to their original delivery due date, they usually start to suck longer and stronger, and need less supplement.

During a good feeding, allow your baby to stay 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 show it to your baby's physician during your first visit. This first check-up is very important because a nurse or physician will weigh your baby.

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, try to 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, try to continue to breastfeed through the first year (or as long as you and your baby would like).

