

## Breast Feeding Your Premature Baby

**T**he early birth of your baby should not keep you from breast feeding. Even if you have not thought about breast feeding before, you can still choose to do it. Even babies born several months early and weighing as little as three pounds (1300 grams) have been able to breast feed. In fact, breast feeding is the best start you can give your baby.

Breast milk is easier to digest, so breast-fed babies have fewer stomach and intestinal problems. Also, breast milk contains antibodies that can protect babies from some infections. Studies have shown that breast feeding is easier and less stressful than bottle feeding for the premature baby.

Once your baby is physically stable and able to suck and swallow, breast feeding can be started. Talk to your baby's doctor about your baby's condition. Ask the doctor when your baby might begin to breast feed. Be sure to let the nurses know you want to breast feed. Ask your nurses or a lactation consultant to help you through the first few feedings.

When your baby is ready to breast feed:

Try to nurse at least every 2 to 3 hours. You can nurse more often if your baby needs it. The more you nurse your baby, the fewer bottles he or she will receive and the quicker your baby will learn to breast feed.

The premature baby feeds more slowly and can tire easily if the feeding is too long. Premature babies do a lot of licking and

sucking on the breast before they actually start to feed. They should be allowed to do this. It is common for them to suck at least 5 minutes before they begin to eat. Expect to spend 45 to 60 minutes at each feeding. Stop when your baby falls asleep and refuses to suck.

Your baby's doctor may want your baby to receive a supplement. This is easy to do at the breast using a feeding tube device while your baby is nursing. Your nurse will show you how to do this and give you help.

Don't expect too much of your baby in the beginning. As he grows and gets older, breast feeding will improve. You will most likely have to help your baby to open his mouth wide enough and attach to the areola. Many premature babies nurse only one breast at each feeding, so you will need to pump or massage and express the other breast.

Positions for breast feeding:

### FOOTBALL HOLD

1. Place a pillow alongside the breast your baby will be nursing on.
2. Place your baby in a sitting football hold on the pillow.

3. With your hand opposite the breast you are using, support your lower breast. Place your fingers beneath the areola and your thumb on top and above the areola.
4. Using your index finger, pull down on your baby's chin and open his mouth wide. Check to be sure your baby's tongue is down.
5. Once your baby is correctly attached, use your index finger to support his chin.

#### MODIFIED CRADLE:

1. Place a pillow on your lap.
2. Support the breast you plan to use for nursing with the hand on the same side. (For example: left hand supports left breast).
3. Your other hand and arm will be brought around your baby to support his head and back.
4. Use the hand supporting your breast to guide the areola into your baby's mouth. This may feel awkward at first, but it provides a lot of support and guides your baby's head toward your breast.
5. Do not stop your baby from licking and sucking just prior to latching onto your breast. This is good because it causes your milk to "let down."
6. When your baby latches on, continue to support his head and neck. This will keep your baby from falling off the areola and just sucking on the nipple.

7. Whether using the football or cradle hold, be sure you are using proper "latch-on" techniques. Your baby should have:
  - Mouth wide open.
  - Nose lightly touching your breast.
  - Chin almost resting on his chest.
  - Abdomen touching your abdomen.
  - Hips and legs tucked in close to your body.
8. You should see your areola being drawn in as your baby is sucking. There should not be any smacking or clicking noises with nursing.

#### Using a breast pump:

If your baby is not able to breast feed right now, you should still begin to pump your breasts as soon as possible. This will keep your hormone level up and stimulate your milk to come in.

1. Begin pumping as soon after delivery as possible. While in the hospital, use the Medela electric pump.
2. Pump on a regular schedule to keep your hormone levels up and trigger your body to produce milk. Without regular pumping, your milk supply will dry up.

3. We suggest that at first you pump every 3 hours during the day. Pump at least 10 to 15 minutes on each breast if pumping one breast at a time. Pump a total of 10 to 15 minutes if double pumping. Pumping at least 8 times in 24 hours is recommended. At night, you can plan to sleep without pumping for up to 5 hours.
4. Double pumping is best because pumping time is cut in half. This raises hormone levels and improves milk supply.
5. Save ALL colostum/milk. Baby's first feeds are very small – even a little of your milk is important.
6. If you need to rent or buy a pump to use after discharge from the hospital, ask your nurse for the list of “Resources for Breast Pumps” (PI-122). Also ask for:

- PI-124: “Pumping and Storing Breast Milk for Your Infant in the Hospital.”
- PI-123: “Breast Pumping for Your Healthy Baby.”
- PI-168: “Breast Milk for a Hospitalized Newborn: General Information.”

7. If you have trouble getting milk with a pump, try pumping for 5 minutes, stop, drink an 8-ounce glass of fluid, and resume pumping.

If you are at home and are having difficulty with breast feeding, remember that help is just a phone call away.



If you have any questions,  
call your doctor  
or your baby's doctor.