



♥ Breastfeeding Your Premature or Ill Baby ♥

Giving birth to a premature or ill baby is usually a surprise and stressful time for parents. You may be undecided about how you will feed your baby or maybe you had hoped to breastfeed, but aren't sure how to start now that your baby has been born early. This booklet provides helpful information about getting started with breastfeeding.

Mothers' milk provides important health benefits for premature infants!

- ♥ Mother's milk is easily digested and well tolerated.
- ♥ Mother's milk provides extra protection from infection.
- ♥ "Preterm" breast milk contains higher amounts of certain nutrients that premature babies need.
- ♥ Even small amounts of breastmilk after birth provide babies with certain health benefits that last through later infancy and childhood.
- ♥ Mothers benefit from breastfeeding as milk removal results in faster return of the uterus to normal non-pregnant size and there are additional long-term maternal health benefits.

Mothers often say that providing breastmilk is one of the few things they can do for their babies when the babies require care in the hospital.

Giving birth early DOES NOT LIMIT mother's ability to make milk.

Stress, discomfort, and fatigue that go along with the birth of a premature or ill baby can cause a slow start with milk production. Most mothers who express start with small drops of milk.

Frequent, regular use of the breast pump

will often increase amount to meet needs of your baby.



**Please bring every drop of breast milk you collect to the nursery.
Every ☹ drop of breast milk called colostrum is of value for your new baby!**

Getting started: The best time to start expressing breast milk is as soon as possible after birth when you are alert and able to move around. Your nurse in the hospital will assist you with use of the electric breast pump. At first, you may only produce a few drops of milk. Usually, most women produce less than an ounce of milk during the first day even after several times using the breast pump. This milk called colostrum is rich in "germ killers". It is very helpful for your baby. Be sure to save it and give it to your baby's nurse.

Collecting Breastmilk:

Always wash your hands with soap and water before you start.
Rinse soap off your hands and dry well.



♥ Your body is best prepared to build a good milk supply within the first few days after birth. Pumping *at least 8 times* a day is recommended. Many mothers state that they have the best success when they express milk every 2-3 hours including at least one time during the night.



♥ It helps to relax when you pump. Find a comfortable position in a private place.

♥ Think about your baby, look at a picture of your baby, touch things that belong to your baby...**baby thoughts**...to "turn on" the brain message to make milk before you start pumping.

♥ Warm compresses and massage of your breasts before and during pumping also helps.

♥ You will have the most success when you are with your baby. Pump immediately following a visit with your baby.

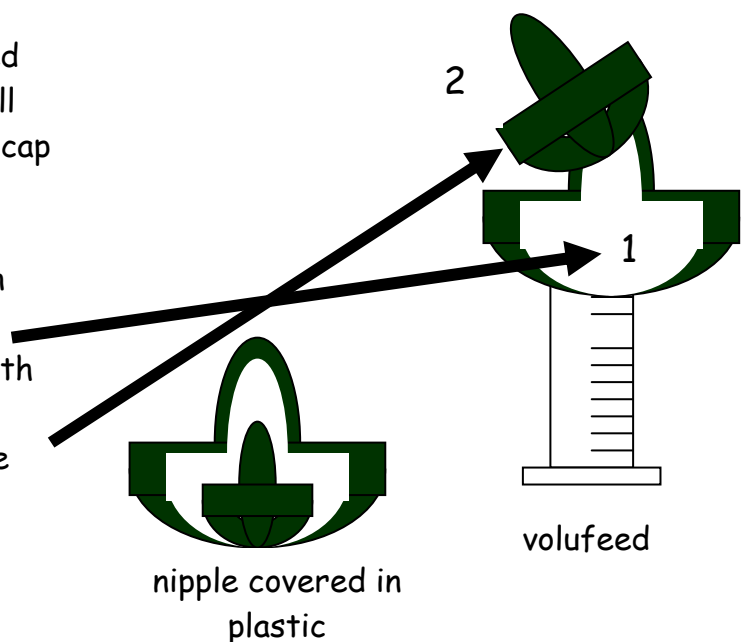
♥ Always pump both breasts for at least 10 minutes or 2 minutes after the last drop of milk is expressed. This will help to increase and sustain your milk supply.

Your nurse may give you tiny bottles called "volufees" to collect your milk in. She will also give you nipples covered in plastic to cap the bottles.

To cap bottle and prevent leaking:

1. Put the plastic cover from the nipple on top of the bottle.
2. Seal the plastic on top of the bottle with the nipple.

Do not use this nipple to feed baby. Store the milk in refrigerator or take to the nursery.



Breast milk storage and transport:

1. Store human milk in approved bottles. Your nurse may provide you with volufeeds or ask about other safe storage containers.
2. Always cool your milk in a refrigerator or freezer as soon as possible after pumping. We have special refrigerators for breast milk storage in the hospital. After discharge, you may store breast milk in a cooler at night to avoid "long walks to the kitchen".
3. Label the container with infant name, date and time of pumping so your baby can receive the freshest milk possible.
4. Always STORE BREASTMILK IN ICE or IN BACK of the refrigerator or freezer to avoid drafts/changes in temperature when the unit is opened. Do NOT store milk in refrigerator or freezer door.
5. Milk that will not be used completely by 48 hours after pumping should be frozen. Leave some space at the top of each bottle. Breast milk, like most liquids, expands as it freezes. The space will allow for expansion.
6. Do not add fresh breast milk to already frozen breast milk.
7. Do not refreeze thawed breast milk.
8. Bring your breast milk in a cooler on ice when traveling to the hospital.

Refrigeration Guidelines:

Freshly expressed milk	Refrigerator at 39.0 F for 48 hours
Frozen milk	Freezer box located inside a refrigerator-2 weeks
	Separate sections for refrigerator & freezer-3 months
	Deep freezer (chest & upright) at constant 19.0C (0.0F)- 6 months
Thawed milk	24 hours in refrigerator (Do not refreeze)

Additional tips:

- **All medicines and herbs may affect breast milk. Talk to you baby's health care provider about any medicines or herbs your are taking.**
- The frequency of pumping influences the volume of milk produced. If milk volume seems to be decreasing, increase the frequency of pumping and get plenty of rest to improve milk volume.

About breast milk:

Colostrum is the first milk your breasts produce in the early days of breastfeeding. This special milk is low in fat, and high in carbohydrates, protein, and antibodies to help keep your baby healthy. It is extremely easy to digest, and is therefore the perfect first food for your baby. It is low in volume but high in nutrition for your baby.

When you use the breast pump early and often, your breasts will begin producing mature milk around the third or fourth day after birth. Your milk will increase in volume and will begin to appear thinner and lighter in color. Frequent pumping will provide relief from the discomfort of engorgement. The color, consistency and odor of your breast milk may vary depending on your diet. Many mothers report that they consistently get more milk from one breast versus the other.

Your baby will receive the maximum nutritional and infection-fighting benefits of your expressed breast milk if it is fed fresh. Mother's milk is considered fresh when it is not frozen before being fed to a baby, although it may be chilled in a refrigerator. When mother's milk is frozen, some of qualities of the milk are reduced but frozen milk is still the best choice when fresh milk is not available.

What type of breast pump should I use when I go home?

Findings show that mothers who are expressing milk for newborns should use a **hospital-grade electric breast pump-ideally with a double collection kit to empty both breasts at the same time**. This type of pump is the most effective in stimulating release of the milk-making hormone, prolactin, which results in increased milk production.



Mothers sometimes report that they have received a battery-operated or a less-powerful electric pump as a "baby shower" gift, and want to use it to express milk for their baby. While this type of pump is suitable for a mother who uses it only once or twice a day and breastfeeds a full-term baby the rest of the time, it does not provide enough stimulation to establish and maintain a good milk supply for a mother who is pumping for a sick or premature baby. If you have received one of these pumps as a gift, you will be able to use it later after your baby comes home and is feeding well from the breast. But, in the first few weeks after this delivery, you should plan to rent a hospital-grade electric pump. **Call 1-800-TELL-YOU for pump rental information.**

How often should I use the pump?

During your first two weeks after delivery, you should use the pump **as frequently as 8-10 times daily-about as often as a healthy, full-term baby would feed at the breast in the early days after birth**. The purpose of this frequent pumping is to stimulate your body to make milk in large amounts. You may only get drops of milk at first however frequent pumping will often make lots of milk. Do not set a clock to wake up at night to pump. However, if you wake up on your own-as many mothers do-an extra nighttime pumping may help boost your milk supply. You may want to call the nursery, check in on your baby, and use the pump before going back to sleep.

**Pump
8 - 12 x
per day**

Early, frequent pumping and complete emptying of the breasts are very important for establishing a good milk supply. In the beginning, try to express your milk **8 to 12 times in each 24-hour period**. This includes one pumping session at night. The hormones involved in stimulating milk production are at their highest levels during the night.

How long should a pumping last? At first, pump both breasts for 10 minutes. Use the pump until your milk has stopped flowing for at least 1-2 minutes.
You will produce more than half an ounce at each pumping in a few days.

Human milk is made based on supply and demand.

Frequent removal of milk → ↑↑↑ milk supply

Infrequent removal of milk → ↓↓↓ milk supply

At first, pumping is NOT as effective as the baby in stimulating hormones to make milk.

Baby thoughts, warm compresses and massage before you pump will help release the hormones needed to make milk. Persistent feeding or pumping for the first 2 weeks establishes your milk supply and breast cell development for long term breastfeeding.



Making "high calorie" breastmilk:

The last drops of milk released during pumping contain very high levels of fat, which provides most of the calories in your milk. **Continue pumping until your milk flow slows down to get this high calorie milk.** If you stop pumping after 10 or 15 minutes while your milk is still flowing, your baby may not receive these valuable fat calories. Also, your breasts need to be emptied as much as possible--meaning that milk flow has stopped--otherwise your body thinks that the milk left in the breasts isn't needed, and less will be produced.

A few mothers say that the milk never "stops" flowing while they pump. As a general rule, you should not pump for more than 30 minutes, even if milk continues to flow.

What is the normal amount of milk?

Nearly all mothers worry about whether they are producing a "normal" amount of milk.

Many things affect the amount of milk a mother produces--especially in the first few days after birth. A mother of a full-term breastfeeding baby produces only about an ounce of milk during the first 24 hours after birth, but by the 3rd or 4th day is making several times that amount.

Mothers of premature infants often take a longer time to go from a few drops to an ounce or more at a pumping. This condition is referred to as a delayed onset of lactation, and is related more to pregnancy complications--such as bed rest, medications for high blood pressure, premature labor, and Cesarean deliveries--rather than to premature birth itself. No one knows exactly why this is the case, but researchers think that the milk-making hormones or tissues in the breast may be affected temporarily by these complications and medications. A slower onset of milk production does not necessarily mean that a mother will not make enough milk for her baby--only that it may **take her a few extra days in the beginning to catch up** with mothers who have had easier deliveries. Ideally, by the end of the second week of pumping, you'll be producing at least 500 ml (about two cups or 16 ounces) of milk each day. By the end of three weeks, you should be pumping 750 ml or 25 ounces daily. This is the amount of milk that your baby will need at the time of hospital discharge.

**You should be pumping 25 ounces every day by 3 weeks after birth.
Ask for help if your milk supply is less than this.**

Can I do anything to increase my supply?

Fatigue, pain, and stress can cause the body to release a substance that interferes with prolactin. While it may be difficult for you to overcome all of these barriers, most of these do become more manageable overtime. Some things have been shown to increase the milk supply.

- ♥ First, try to spend as much time in the nursery with your baby as possible during these early days, if that is where you are the most relaxed. Family members often feel that mothers should stay at home and rest after giving birth prematurely, but mothers report that being separated from their babies causes even greater stress.
- ♥ When you are in the nursery, request a comfortable chair, and use the breast pump immediately after your visit.
- ♥ When you are not in the nursery, pump where you can see your baby's picture.
- ♥ If your baby's condition permits, ask to hold your baby.
- ♥ Are you pumping *at least* 8 times a day? If not, increase the frequency of pumping to 8 or more times a day. Some mothers must pump 12 times a day during growth cycles that last 2-3 days to increase milk supply.
- ♥ Don't be afraid to take pain medications that your doctor has prescribed for pain relief. These medications can be used safely with breastfeeding, and pain relief is important to milk production.

If you think your milk supply is not increasing or your volume of milk is decreasing, seek assistance from your baby's nurse or our lactation consultant on increasing milk supply. In some instances, certain medications can be used to increase the milk supply.

Community Resources:

Children's Hospital Lactation Services 313-745-1432

Hutzel Hospital Lactation Services - 313-745-7701

Huron Valley Sinai Hospital Lactation Services - 248-937-5057

Sinai Grace Lactation Services - 313-966-1268

LaLeche League Support Groups - 1-800-LA-LECHE (1-800-52-53243)

Medela Breastpump rental - 1-800-TELL-YOU (1-800-8355-968)

Mother to Mother Program (Wayne County), WIC - pager 313-958-6574