



Breastfeeding at Home

Prior to discharge from the NICU, a feeding plan should be discussed and written out for the family. The infant's gestational age, feeding endurance of the infant, and the mother's milk supply should be considered. Many preterm infants will be discharged with the plan to breastfeed every other feed with supplementation offered after feeding at the breast if pre- and postweights indicate that the infant is unable to transfer adequate volumes at the breast. The healthcare team and family should discuss options for providing supplementation, such as use of a supplemental nursing system (SNS), a feeding tube at the breast, or bottle feeding. Outpatient lactation follow up should be encouraged for feeding evaluation.

If supplementation is provided by bottle, the nurse, lactation consultant, or feeding specialist may discuss options for bottle-feeding systems. Wide-based nipples, which are often recommended for the breastfed full-term infant, may not be appropriate for the premature infant in the early days after discharge. In general, if it takes longer than 30 minutes to complete the bottle feeding, the infant may need a different bottle system. A standard or narrow-based nipple may be needed during the first week or two for the infant to extract milk. The mother may want to transition to a wide-based nipple at a later date. Alternative options, such as SNS for supplemental feeding, should be considered on an individual basis with close outpatient follow up to monitor weight gain.

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Breastfeeding at Home: Information for Parents

Most mothers of premature and special care infants are a little nervous about how they will manage breastfeeding once their infants are home. For this reason, health professionals encourage parents to spend as much time as possible in the neonatal intensive care unit (NICU) during the last week of their infant's hospital stay. During this period, the goal is to prepare you for the first few weeks at home. The healthcare team will help you create a feeding plan and determine whether you need to add any supplements to your milk to help your baby grow. The team will also discuss ways to tell if your infant is taking enough milk while feeding at the breast. We encourage you to ask your NICU nurse to schedule an appointment with the lactation consultant when the infant starts breastfeeding and again several days prior to his or her discharge.

Breastfeeding begins with skin-to-skin time and some nuzzling (suckling without swallowing much milk). Over time, your baby will learn to move milk out of the breast and begin to suck and swallow in a rhythmic pattern. As your baby gets closer to his or her due date, your baby will have more endurance and coordination to take a full feeding at the breast.

The journey toward full-time breastfeeding takes time. Be patient with yourself and your baby. Most babies who are born premature are not ready to fully breastfeed until they are 1–2 weeks past their due date. Term babies who have been very ill or have had surgery may need extra help to learn to breastfeed. This means your baby may be 41–42 weeks gestation before he or she is breastfeeding without additional supplements.

In general, you should continue to pump your breasts after nursing, while the baby is learning to breastfeed. Before you drop the number of times you pump each day, make sure your baby is getting enough milk and gaining weight. During the first week at home you may be pumping six to seven times per day after breastfeeding. If your baby gains weight that first week, you can drop to four to

five pump sessions after breastfeeding. Continue to gradually drop pumping sessions every 3–4 days if your baby is gaining weight and no longer needs to take a supplemental bottle after breastfeeding. Be sure to talk to your baby's provider or lactation consultant about any concerns you have with breastfeeding.

Your nurse will provide you with outpatient resources and support groups to help you after discharge. Remember to ask for the name and contact information of a board-certified lactation consultant you can call to answer questions or to provide one-on-one assistance.

How to Tell If Your Baby Is Getting Enough Milk

The following signs indicate that your baby is getting enough milk when breastfeeding:

- Your baby wakes up on his or her own every 2–3 hours.
- Your baby latches and stays on the breast sucking and swallowing for more than 10 minutes before falling asleep.
- Your baby sucks and swallows in a nice rhythmic pattern, taking 8–10 bursts of sucking and swallowing before pausing for 5–10 seconds.
- You can hear swallowing.
- Your breast softens during and after the feeding is over.
- When you pump after breastfeeding you remove less milk than you do if you did not breastfeed.
- Your baby is having 6–8 wet diapers and several dirty diapers every day.
- Your baby is gaining weight—6–8 oz/week—and growing well.

If your baby does not wake up on his or her own to feed, has a weak suck, and falls asleep after only 5 minutes at the breast, it is likely that he or she is not drinking enough milk. Be sure to contact your baby's healthcare provider if your baby is not feeding well.