

- **Establish & maintain adequate maternal breastmilk supply.** Assist mother to commence expressing ideally within the first hour after birth, with ongoing expressing at least 8-10 times in 24 hours.
- **Encourage extended maternal presence and parental participation in care.** Consult with parents in the planning of breastfeeding progression. Give parents accurate information and advice regarding transition to breastfeeding and encourage their involvement in recognising and responding to their baby's needs.
- **Early and frequent kangaroo care and breast contact enhances the development of feeding capabilities and positively influences the transition to breastfeeding.** Encourage kangaroo care and breast contact between tube feeds and for around 30 minutes before a breastfeed when possible.
- **Tasting and smelling breastmilk provides important sensory stimulation for the preterm baby and may enhance the development of effective feeding behavior.** Use expressed breastmilk for mouth care, on pacifiers during non-nutritive sucking or place drops of breastmilk on the lips during kangaroo care and tube feeds. Place a breastmilk soaked cotton stick/cotton ball 1-2cms from baby's nose several times a day during nasogastric feeding and just before breastfeeds. A breast pad worn by the mother and placed near the baby's nose may also be used.
- **Breast contact and breastfeeding should be initiated without limitations when the baby is medically stable and showing signs of readiness to feed regardless of gestational age and weight.** Initiate non-nutritive sucking when the baby is stable regardless of weight and gestational age. Allow spontaneous non-nutritive sucking at the breast during kangaroo care. Offer breastfeeds whenever baby shows feeding cues and mother is present regardless of scheduled feeding times.  
See full policy for indications for nipple shields or bottle feeds.
- **Use a developmentally supportive approach. Observe for appropriate state behavior, stability or stress cues. The quiet alert state is the most conducive to successful breastfeeding.** Allow feeds to continue as long as the baby shows signs of stability, good coordination of sucking/swallowing/breathing and optimal colour. If the baby shows signs of stress while breastfeeding, temporarily stop breastfeed, provide skin to skin contact and allow the baby to re-organise before offering the breast again. If the baby does not return to a quiet alert state, the remainder of the feed should be tube fed while the baby is held skin to skin against the mothers' breast.
- **Assess each breastfeeding attempt individually and top up according to 'A guide to top-ups after breastfeeds for preterm and unwell babies'** *Breastfeeding assessment* is the key to decision making about top ups.
- **Consider moving to baby led/semi-demand full breastfeeding when the baby ready.** The baby is allowed unrestricted baby-led, cue based access to the breast while mother is present but should have at least 8 breastfeeds every 24 hours (use white boards to track number of feeds). The baby can have 1x 4 hour gap overnight if the baby has fed well during the day and there are no concerns about weight or output. Continue to give top-ups where indicated.

**The baby may be ready for baby led/semi-demand breastfeeding if they:**

- Are medically stable with no concerns regarding hypoglycaemia.
- Are >34 weeks, gaining weight and tolerating 3/24 feeds.
- Wake spontaneously for most feeds, are alert and regularly showing signs of readiness to feed.
- Attach and breastfeed well 3-4 times per day.
- The mother is available for extended periods during the day. Consider using rooming in facilities for night feeds.

**Consider returning to 3hrly feeding if:**

- Output is inadequate
- Weight gain <10gms/kg/day on 2 occasions
- Baby is not waking for at least 8 feeds per 24 hours or tiring and not able to complete feeds.

- **See full clinical practice guideline for indications for referral to multidisciplinary team for review**
- **Continued expressing is recommended after most breastfeeding attempts to protect mother's milk supply until baby is gaining weight well on full breastfeeds. After consultation with a Lactation Consultant and/or experienced midwife/nurse, expressing may be gradually ceased.** After discharge, many mothers will need to express a few times each day to maintain supply until the baby is around 3kg and/or 40 weeks corrected age or when feeding becomes more effective. See Lactation Consultant for written feeding plan/expressing advice at discharge.
- **A follow - up appointment with the Breastfeeding Clinic should be offered to parents on discharge.**