

Breastfeeding preterm, unwell, or small babies

A guide for parents and carers



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Developed by Breastfeeding Service.

This booklet is for parents or carers of babies who are small, preterm, or born with special conditions. It provides information on what to expect as you and your baby begin your breastfeeding journey. Breastfeeding is a learned skill which needs practice before you feel confident. Once established, breastfeeding is easy and enjoyable for most mothers and babies. Our Nurses, Midwives, Doctors, and Lactation Consultants are here to help, and most problems can be solved with the right support.

Spending time with your baby

Congratulations on the birth of your baby! If your baby needs to be admitted to Special Care Nursery (SCN), we encourage you to spend as much time as you can in SCN while still setting aside time for rest. This gives you and your baby more opportunities for skin to skin contact and learning to breastfeed.

Why is breastfeeding important?

Preterm, small, and unwell babies are more vulnerable than well babies born at the right time and a normal size. This makes breastfeeding even more important. Breast milk has antibodies that help fight and protect against infection and many other properties that optimise healing and support growth and development. Your breastmilk is perfect for your baby and adapts to meet your baby's changing needs. Babies who are NOT breastfed are at greater risk of a range of infections, asthma, allergies, and diabetes.

Breastfeeding also has many benefits for mothers such as a reduced risk of some cancers and stronger bones in later life. The frequent close contact during breastfeeding is comforting for your baby and helps build that special relationship between mother and baby.

Breastfeeding in challenging situations

At first, small, preterm, or unwell babies may be too premature or too tired to breastfeed. Your baby may attach to your breast but might fall asleep before finishing the feed. If this happens, giving extra 'top up' feeds of your expressed breastmilk will help your baby get enough milk to grow until they are able to fully breastfeed.

Sometimes a baby may need to be fed by a nasogastric tube until they are strong enough to breastfeed. This is a feeding tube inserted by a nurse or midwife into your baby's nose down into their stomach, and milk is slowly fed to your baby through the tube. As your baby grows and matures and develops better feeding skills, the nasogastric tube will be used less and less and finally baby will not need tube feeds.

Establishing your milk supply

If your baby is not able to breastfeed at first, it is important to start expressing within an hour of birth (if possible) to stimulate your milk supply. Your breasts will produce small amounts of colostrum in the first few days, from a few drops to a couple of ml. We recommend that you continue to **express at least 8 to 10 times every 24 hours** if your baby is not breastfeeding or only having a couple of breastfeeds each day. If your baby is breastfeeding a lot, you may only need to express for short periods after feeds to collect 'top up' milk.

Your midwife, nurse or a Lactation Consultant will teach you how to hand express and use a breast pump. They will advise you on the right breast pump for your situation and frequency of expressing for your baby's needs.

Your milk normally 'comes in' on the 3rd or 4th day after birth but this may take up to a week. By the time your baby is about 2 weeks old, you may produce around 600-1000mls in 24 hours. Mothers of twins may produce more than 1000mls in 24 hours. The more milk you remove from your breasts by breastfeeding and expressing, the more milk you will make.

Please ask for a copy of our "Expressing breastmilk right from the start" handout for more information about expressing breastmilk.

Skin to skin contact (please see our Kangaroo Care handout for more information)

When you and your baby are learning to breastfeed, skin to skin contact may be the first step. Skin to skin contact is a special way of holding your baby (just wearing a nappy) against your skin, on your chest with a blanket over the two of you. Skin to skin contact may start as soon as your baby is medically stable. Ask your nurse/midwife when you can begin skin to skin contact.

Holding your baby this way gives you an opportunity for physical attachment and bonding with your baby. When your baby is held this way (ideally for at least an hour at a time), baby may:

- Become more effective at breastfeeding
- Sleep more deeply
- Have better growth, including brain growth and maturity.
- For mothers, skin to skin contact may also improve your breast milk supply.



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IMPORTANT NOTE

When you are holding your baby skin to skin it is important to check your baby is pink, warm, and able to breathe easily. Keep your baby's head uncovered so you can see baby's nose and mouth. Check baby's head is turned to the side in the 'sniffing' position with baby's chest in contact with your chest. If you are likely to fall asleep and there is no one to observe you and your baby, we recommend placing baby back in the cot.

Learning to breastfeed – your position

There are many ways to position yourself for breastfeeding, and it is important that you find your own comfortable position. If you are sitting down to feed, try to make sure that your back and feet are supported (use a footstool if needed). You can use extra pillows to support your back or to help raise your baby if required

Many women also find 'laid back' positions comfortable and supportive for baby's body.

Breastfeeding while lying down on your side can be very comfortable and you can rest while your baby feeds. Try to lie fairly flat with a pillow under your head and your shoulder on the bed. Lie well over on your side. A pillow supporting your back may assist with this.

Learning to breastfeed - your baby's position

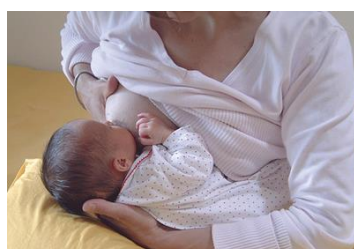
There are different ways that you can hold your baby for breastfeeding. Whichever way you choose, here are a few tips to help make sure that your baby can feed well.

- Your baby should be unwrapped, well supported, and held very close to your body.
- Baby should be facing your breast, with head, shoulders, and body in a straight line.
- Baby's nose or top lip should be opposite your nipple.
- Baby should be able to reach the breast easily, without having to stretch or twist.
- Move your baby towards your breast rather than moving your breast towards your baby.

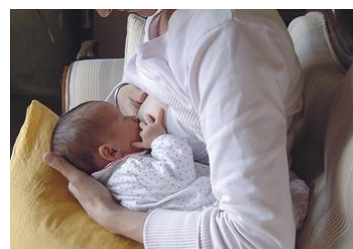
Baby led attachment: Holding your baby upright between your breasts will encourage baby to follow their own natural instincts and attach to your breast. This method may work best for you and your baby.



'Cradle hold' (Fig 1)



'Transitional hold' (Fig 2)



'Football hold' (Fig 3)

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Attaching your baby to the breast

Correct positioning and attachment is the key to successful breastfeeding. A well-attached baby causes no nipple pain and drains the breast well. This helps to build a good milk supply.

Position your baby's nose or top lip opposite your nipple. Shape your breast like a sandwich or point your nipple towards baby's nose and gently brush baby's lips with the lower part of your areola (the dark area around the nipple). Wait until baby's mouth is opened wide, then quickly bring baby onto your breast.



(Fig 4)
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Positioning and Attachment Checklist

- Mother and baby are comfortable. (Fig 5)
- Baby is unwrapped and held close to your body, facing your breast 'CHEST TO CHEST'
- Your hand supports your breast if necessary, so baby can take a large mouthful of breast
- Encourage your baby to open their mouth wide and bring baby onto your breast, pointing your nipple towards baby's nose - 'BABY TO BREAST.'
- Baby's chin is touching your breast - 'CHIN TO BREAST.'
- Both lips are flanged out, with the lower lip well down on your areola.
- After some initial rapid sucking, baby will change to deeper, rhythmical sucking and swallowing.
- Breastfeeding should not be painful once baby is well attached. If you feel pain, put a clean finger into the side of your baby's mouth to break the suction, remove baby from your breast and try again.



Top-up feeds

Small and preterm babies may become tired while breastfeeding and may go to sleep before they have had enough milk to grow. Top up feeds are small amounts of extra milk fed to your baby after a breastfeed. Your nurse/midwife will help you use the guide in your baby's cot side folder to decide if your baby needs a top-up after each breastfeed.

Your expressed breastmilk (EBM) is the best milk for top-up feeds. However, in some cases, before the mother's milk supply is established, there may be a need to use infant formula for top-ups. Infant formula will only be used with your consent if there is a medical need for top-ups, and there is not enough expressed breastmilk. Once your breastmilk is "in" your EBM will be used instead of formula.

How are top-up feeds given to my baby?

While breastfeeding is being established it is recommended to avoid the use of bottles and teats. This is because the way a baby sucks on a bottle and teat is different from the way a baby sucks on the breast. Sometimes a baby may learn to prefer the teat and might have difficulty feeding from the breast.

Top-up feeds can be given by nasogastric tube, syringe or 'finger feeding.' The method chosen will depend on your baby's medical needs, your baby's age, and the volume of the feed. Staff will advise you about the different options for your baby and show you how to 'finger feed' if this is the right method for your baby.

Once your baby is attaching and breastfeeding well 3-4 times a day, top up feeds by bottle can be considered. Talk to your nurse/midwife or lactation consultant about this. Sometimes top-up feeds have to be given by a bottle and teat because other methods are not suitable. Staff can support you to maintain breastfeeding during this time. It is also your choice if you prefer to give top-up feeds by bottle and teat.

Going Home

When your baby is having more breastfeeds, you may spend some nights in one of the parent flats to be with your baby 24 hours a day, so that you are both ready for discharge home. When your baby can take all feeds at the breast (and possibly with some top-ups) and is gaining weight well, baby may be ready for discharge home. Your baby's doctor may also advise that your baby stays in hospital until baby's weight is at least 2.2kgs to be sure that your baby will be able to maintain a normal body temperature at home.

It is important to continue watching how well your baby feeds at home. You may need to offer a top-up if baby is too sleepy at some feeds. You may be provided with a written feeding plan to assist you to know when to give a top-up and how much to give. Some ongoing expressing may be recommended if your baby is still small or preterm at the time you are discharged home. At any feed your baby requires a top-up, we recommend you also express your breasts.

Your nurse/midwife may recommend a Breastfeeding Support Clinic appointment after discharge home for more guidance such as when to reduce expressing and to check that your baby is feeding and growing well. SCN staff may make the appointment for you before you go home, or you can ring the number provided over the page and make an appointment yourself.

Signs that your baby is getting enough milk.

Once your milk is in and your baby is attaching and feeding well at your breast and not needing tube feeds or top up feeds, you will know if your baby is getting enough milk if:

- Attachment to your breast is comfortable.
- Your breasts will feel softer after feeds.
- You can hear your baby swallowing during feeds.
- Baby is alert and looks well and is fairly contented.
- Your baby is gaining weight steadily.
- Your baby has at least 5 very wet nappies and 1- 3 or more soft yellow poos per day.

Tell us how you feel.

Please feel free to discuss any concerns about breastfeeding your baby with your nurse, midwife, lactation consultant or doctor. We aim to ensure that you and your baby have the best possible help when learning to breastfeed. Breastfeeding is different for every mother and baby and in challenging situations, extra information and help is often needed. We are here to help.

Where to get help:

The Australian Breastfeeding Association (ABA) 24-hour helpline

Ph. 1800 686 268 www.breastfeeding.asn.au

Grampians Health Ballarat Breastfeeding Service Ph. 0439 981 937

Maternity Outpatients 1011 Mair Street Ballarat. Mondays, Tuesdays, and Fridays by appointment

Parent Place Cnr. Sturt and Albert Streets, Ballarat. Thursdays by appointment

Grampians Health Horsham Breastfeeding Support

Maternity Outpatient Clinic 20 McLachlan Street Horsham Ph 5381 9010

24 Hour Maternal and Child Health Advice Line Ph. 132 229

