



Triple Feeding: What's That?

Ideally, a baby will latch and remove milk well and you will produce enough milk for baby to gain adequate weight. If this supply and demand works out well, no interventions are necessary and you will just breastfeed away! However, if baby won't latch and/or baby is not gaining adequate weight, the situation needs sorted out. This can be done by "Triple Feeding."

This regimen is intended to
assess milk supply and
assess baby's ability to remove milk,
PLUS increase milk supply (if needed),
promote weight gain and thus energy to nurse.

Circumstances which require triple feeding

- Triple feeding instructions might be given as a back-up plan before the next appointment, so you will only institute the plan if nursing doesn't go as planned, ie milk doesn't come in, baby doesn't latch well, or baby never acts satisfied. You will offer the supplement only "as needed." If she takes it, then pump.
- Triple feeding might be necessary for every feeding session until the next visit, if baby has not been gaining for a while and the situation needs turned around. In this case, you will offer the supplement even if baby comes off the breast sound asleep. If she allows the feeding device into her mouth and then swallows, she has room for more, so keep going.

Triple Feeding BEFORE milk comes in

- If baby isn't latching well in the first couple days, pumping will help stimulate milk to come in and any colostrum that is removed should be fed to baby to boost her immunity.
- If baby loses 10% or more of birth weight before milk comes in, start triple feeding, but in this order:
1.Nurse 2.Pump 3.Supplement
(rather than 1.Nurse 2.Supplement 3.Pump)
- If there isn't enough colostrum to make the feeding volume goal, make up the difference with donor milk or formula. If there is extra colostrum, store it for next time.
- Supplement volume goals (minimums)
 - 25-48hrs - offer 10-15ml
 - 49-72 hrs - offer 15-30ml
 - 73-96 hrs - offer 30-45ml
- If milk comes in more and baby latches and swallows, she will get more at breast and take less supplement to fill up.
- If baby refuses the supplements, this indicates she is removing milk better and stimulating the breasts, so less pumping is needed.

Triple Feeding AFTER milk comes in

- This regimen is intended to assess milk supply and assess baby's ability to remove milk,
- PLUS increase the supply and promote weight gain and thus more energy to nurse.

Three Steps: (1.Nurse 2.Supplement 3.Pump)

1. Nurse every 3 hours (start to start) plus sooner on demand, when baby is hungry and breasts are full.
 - Try to empty the 1st breast and then offer the 2nd breast until no more swallowing sounds are heard with breast compressions.
 - A nursing session should be done in 40 minutes or less. If it takes longer, baby is not yet efficient. Because there are only 24 hours in a day, limit baby's time at the breast to about 30-40 minutes, so you can accomplish steps 2 and 3. Once you are exclusively nursing, taking a bit longer is OK since you don't have more work to do.
2. Supplement with previously pumped breastmilk.
 - If there is too little previously pumped breastmilk to satisfy hunger or reach a volume goal (if given a goal), use donor milk or formula also.
 - If she refuses or takes very little supplement, she likely got enough from the breast.
 - If however, she takes a full feeding from the bottle after nursing, she likely didn't get much from the breast.
 - On day 7 and after, most term babies drink about 3oz every 3 hours. Smaller babies will take less for a while, but will eventually need that volume also.
3. Pump
 - Pump both breasts to empty, while your helper supplements baby.
 - If you are alone, supplement baby and then pump.
 - Try to pump soon after nursing, as this will assess how much available milk baby left behind and empty the milk cells to stimulate them to increase supply.
 - If baby refuses the supplement, mom doesn't need the extra "demand" on her breast so can skip pumping.

When to stop triple feeding

- As issues of low milk supply and/or poor milk removal improve, she will get more milk during step 1.
- Then less supplement will be needed.
- And then less pumping will be needed.
- Ultimately, if milk supply is adequate, baby will get all her milk directly from the breast and gain 1oz per day.
- As baby gains weight, gets "energized" and can be trusted to accurately communicate hunger and fullness, triple feeding can be "weaned" to just as needed.

Surviving Triple Feeding

- Triple feeding is exhausting, but hopefully temporary.
- Ideally, all 3 steps are done every 3 hours throughout the day, and if baby will sleep, allow one 5 hour stretch of sleep during the night.
- Once over birth weight, gaining 1oz per day, and demanding all feedings, don't wake her at night.
- It is understood that it's impossible to do every step every feeding. You might skip a nursing session but just supplement and pump, or another time you might skip the pumping at the end. Do your best.

After triple feedings, put baby skin-to-skin, as this helps the breastfeeding process. As you are aware, though, there are only 24 hours in a day! Your baby needs rest in order to grow and you need rest in order to produce milk and function.

Record keeping and monitoring weight

- It can be helpful for you to log nursing, supplementing and pumping episodes, as you will need to coordinate care with your helpers and you will be very tired.
- This information can also be very helpful for your healthcare provider to monitor progress and make adjustments to the feeding plan.
- As successes or set-backs are recognized, the regimen is adjusted accordingly.
- Close follow up with regular weight checks are in order to avoid excessive weight loss, monitor for progressing jaundice, to help babies get "over the hump" and back to birth weight, and then continue gaining adequate weight.

Redefining success

- If this does not work out as planned, realize that breastfeeding does not have to be "all or nothing."
- Success can always be re-defined and a modified long term feeding plan can be set-up that includes as much breastmilk and as much nursing as possible and feasible.

Scales

- If weight gain is a struggle and baby doesn't accurately communicate hunger, renting a scale may answer some questions. Some babies act full before they've consumed enough to gain weight, so it's difficult for parents to know how much to supplement.
- Daily naked weights taken before a feeding can reassure parents that baby is gaining at least 1 ounce per day.
- A scale can also measure how much milk makes it to your baby's tummy during a nursing session.
 - This can be calculated by weighing your baby WITH a diaper on, before and after a feeding. Don't change the diaper during this time!
 - The difference between the two weights is equal to how much milk your baby ingested.

- 30 grams = 30mL = 30cc = 1 ounce
16 ounces = 1 pound
- If you have been instructed to bottle or syringe feed your baby a certain volume of milk at each feeding, you can use the scale to determine how much milk your baby took in with nursing, and then supplement the remaining amount.

Interpreting Triple Feeding Information

When you log nursing sessions, volumes pumped and volumes of expressed breastmilk, donor milk or formula fed to baby, there are assumptions that can be made from this data.

1. The first assumption is that if a TERM average sized baby over 7 days old has gained at least 1oz per day, they have likely been consuming a volume of milk each day within a range of about 24-32 ounces per day.
2. A known data point is how many milliliters of formula was fed in 24 hours. Your breastmilk volume is however much of 24-32 ounces was NOT formula.
3. Now it is known about how many milliliters of breastmilk was fed in 24 hours. If it wasn't fed via a bottle, it must have been removed directly from the breast by baby. This tells us baby's milk removal ability.

This information is not exact and thus can only be used to monitor trends, as there are major assumptions being made. In most cases, it doesn't really matter how much milk baby nurses from the breast, as long as they are gaining on whatever they are getting.

For some mothers, being able to monitor progress can be very encouraging that progress is being made, and sometimes it tells the hard truth that all is not going well. At that point, informed decisions can be made to develop a long-term feeding plan that is reasonable and hopefully includes some breastmilk and nursing.

Milk/Colostrum volumes per day of life for term babies:

Age	Ounces per day	Amount every 3 hours
Day of birth	1-2oz	5-10 mL
(25-48hrs) Day 1	2-4oz	10-15 mL
(49-72hrs) Day 2	4-8oz	15-30ml (½-1oz)
(73-96hrs) Day 3	8-12oz	30-45ml (1-1½ oz)
(97-120hrs) Day 4	12-16oz	45-60ml (1½-2oz)
Day 5	16-20oz	60-75ml (2-2½oz)
Day 7	20-24oz	75-90ml (2½-3oz)
1-6 months	28-32oz	

How much do premis and smaller babies need?

Multiply baby's weight in pounds by 2.5.
Example:
5lb baby X 2.5oz = 12.5oz per day.
Increase volumes as tolerated. Small babies will eventually need at least 24oz per day.

Remember this!!

At 7 days old, expect about 24oz per day, which is 1oz per hour. So if baby last ate about 3 hours ago, she'll need about 3oz.