

Premature Babies: Breastfeeding a 34-38 Week Premi

Breastfeeding a 34-38 Week Late Preterm Newborn

- Nursing a baby that is born a bit early can be challenging.
- Late preterm babies often don't have health problems or look very premature, but they are at risk for breastfeeding problems due to latch difficulties and lack of stamina to get the job done.
- Many of them do not communicate hunger and fullness well, so it's up to you to be sure they get enough to eat.
- Sleepiness and jaundice may set in at about the time of hospital discharge.

Triple Feeding is often necessary for premis

Refer to the triple feeding instructions described elsewhere for details. To follow are instructions to adapt the regimen to premature babies.

- 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.
 1. Nurse
 2. Supplement
 3. Pump
- Limit baby's time at the breast to about 20-30 minutes to avoid feeding fatigue. Some premis don't have stamina to spend so much time at the breast and then follow this with a supplemental feeding. Baby needs rest in order to grow and you need rest in order to produce milk and function.
- Premis likely require lots of breast compressions to stimulate their swallowing reflex and keep them awake and nursing.
- When triple feeding is accomplished, it is still good to put baby skin-to-skin, and perhaps more latching, as this helps the breastfeeding process. As you are aware, though, there are only 24 hours in a day!
- When your baby matures and gets stronger, she will be able to give you better cues, like crying when she is hungry and acting content only when her tummy is truly full.
- Close follow up with regular weight checks are in order to avoid excessive weight loss, monitor for progressing jaundice, to help baby get "over the hump" and back to birth weight, and then continue gaining adequate weight.

Feeding volumes in preterm babies

- The number of ounces per 24 hours needed can be calculated by multiplying baby's weight in pounds by 2.5.
- Example: 5.5 pound baby X 2.5oz = 14 ounces needed per day.
- Push beyond this as needed in order to gain 1oz per day. They will eventually need at least 24 ounces per day as with term babies. Many will reach 32 ounces per day.

Feeding frequency in preterm babies

- Some preterm babies perform better at the breast if nursed every 3-4 hours (start to start) rather than the usual every 2-3 hours that term babies nurse.
- Offer the breast at least every 3-4 hours or sooner at the first sign of feeding cues.
- Some premis do not wake up on their own to indicate hunger, and then act like they're full before they get enough to gain weight.

- Premis are often difficult to wake up, so if it's a "no-go," try again in 15 minutes.
- Try laying her on a firm surface to wake her up.

Positioning and Latching

- Preterm babies often have low muscle tone, so the cross cradle hold works well, which is discussed in detail elsewhere.
- Skin-to-skin nursing will keep baby warm, but keep baby wrapped up in between times, because some premis don't maintain their temperature well and will get very sleepy if they get cold. A stocking cap may help keep her warm.
- Preterm babies often have uncoordinated suck/swallow/breathing cycles.
- Their reflexes for rooting and sucking may be immature and require a strong stimulus, so a **nipple shield** may help them maintain a better latch and stronger suction to remove milk better.
- They will likely be able to nurse without a shield over time, if you continue to try.

Breast Pumps

- Premature birth is a risk for low milk supply, so consider using the highest quality pump you can afford, at least to get things off to a good start.
- A hospital grade pump can be rented, and will likely remove milk more efficiently and comfortably, thus optimizing the odds of a good milk supply.

Feeding device options

- These are described in detail elsewhere:
 1. a bottle with a standard silicone nipple with a narrow base (Ventaire, Evenflo, Dr. Brown, Medela, Parent's Choice)
 2. a curved syringe or tube attached to a syringe while suckling a finger
 3. supplemental nursing system (tube placed at the nipple)
 4. cup
- Each method has pros and cons, and must be individualized and modified as circumstances change.

Bottles

- People are often overly concerned that giving a bottle will cause the baby to prefer the bottle over the breast. Most babies will transition back and forth just fine, if a proper bottle nipple is used.
- Exhausted parents will find bottle feeding less cumbersome, as baby can easily regulate milk flow to avoid feeding fatigue and improve weight gain. A faster flow nipple may be needed, as a baby should be able to consume about 1 ounce in about 5-10 minutes.
- More details described elsewhere.

Scales

- If weight gain is a struggle and baby doesn't accurately communicate hunger, renting a scale may answer some questions. This is described in detail elsewhere.