

Breastfeeding guidelines for the late pre-term infant

Goals

- Promote, support and sustain breastfeeding in the late pre-term or near-term infant.
- Maintain optimal health for you and your baby.

Principles of care

- For a healthy, late pre-term infant, start breastfeeding within one hour of birth.
- Immediate and extended skin-to-skin contact can improve postpartum stabilization of your baby's heart rate, respiratory effort, temperature control, metabolic stability and early breastfeeding. To help your baby avoid getting cold, hold your baby skin to skin on your chest with a warm blanket draped across his/her back. Be sure to keep the baby covered when changing the diaper. Keep a hat on the baby and double wrap, if necessary, when you're not providing kangaroo care.
- Have the baby stay in your room 24 hours a day if he/she is physiologically stable and healthy.
- A lactation consultant will initiate a feeding plan within the first 24 hours from delivery; the plan will be adjusted as needed.
- If your baby is admitted to the Neonatal Intensive Care Unit (NICU) and is not successfully latching or is unable to breastfeed, start pumping as soon as possible. Pump setup should occur within two to three hours of delivery if you're in stable condition.

You're encouraged to pump every two to three hours for a total of eight to 12 times per 24 hours. Pump your breasts with a hospital-grade double electric pump for 15 minutes each session.

- The most likely reason for not providing human milk to premature infants is lack of availability.

Staff will encourage you to pump to ensure that your milk is available for your baby. Your successful commitment to supplying your milk is likely to have significant medical benefits for your baby in both the short and long term.

- Staff will closely monitor late pre-term infants for effective feedings.
- Many late pre-term infants will require supplements until about 40 weeks gestational age.
- Try to feed your baby every three hours. You may need to wake your baby to feed if he/she does not indicate hunger. It's very important that your baby be breastfed (or breast milk-fed) at least eight times per 24-hour period.

- Limit feeding attempts to 10 to 15 minutes. If your baby is excessively sleepy, has a weak or uncoordinated suck, or does not sustain a latch, stop.
- Supplement with 5 to 10 ml per feeding on Day 1 if your baby is not vigorous at the breast or cannot sustain a latch. Use either expressed breast milk, if available, or formula.
- Supplement with 10 to 30 ml per feeding thereafter if your baby is not effectively breastfeeding. This can be either expressed breast milk, if available, or formula.
- If supplementing, you should pump for 15 minutes using a hospital-grade double electric breast pump after every feeding.
- Ask staff how to observe your baby for feeding cues and to use the feeding and pumping logs.
- You're encouraged to follow up at the Center for Breastfeeding Support or with your pediatrician within 24-48 hours of discharge from the hospital.