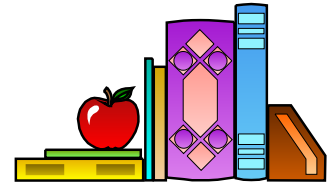


Breastfeeding the Baby That Is “Just a Little Early”

You didn't expect to have your baby before her due date, but here she is and there are a few things that will help both of you get to her due date.



Taking home a baby that is less than 39 completed weeks gestation has a few breastfeeding challenges that aren't usually present with a full term baby. Many of these babies breastfeed very well in the hospital, but then don't do quite so well when they go home. In order to make sure your baby is getting plenty to eat and that you have a robust supply, here are some guidelines to help you move to a wonderfully satisfying breastfeeding relationship.

1. Early babies have very subtle feeding cues. While we generally want babies fed on demand, it is sometimes difficult for early babies to let parents know when they want to eat. Some of them don't seem to act hungry, or would rather sleep than eat.
 - a. There is a delicate balance between early babies eating and sleeping – they need both
 - b. Some babies will do better if they nurse 6-8 times in 24 hours rather than 8-10
 - c. Wake your baby using skin to skin so she wakes naturally on her own
 - d. Limit total feeding times to 30 to 40 minutes (including supplementing if necessary)
 - e. Do NOT try to wake the baby to feed every two hours
 - f. If she wants to eat every hour or hour and a half for several feeds, and then sleep for 4 hours, that's perfectly OK.
2. Insurance pumping: Since the baby isn't supposed to be born yet, she isn't really designed to work for her food. We don't want to place the responsibility for initiating and maintaining your milk supply on her alone. It is important for you to pump at least 5 to 6 times a day for 10 minutes on each side (or 15 minute double) to increase and maintain your milk supply. Consider using a hospital grade pump until the baby reaches her actual due date as it will be more effective than a single-user pump.
3. Kangaroo Care: Spend as much time as you can holding your baby skin to skin. Wearing only a diaper, she should be placed upright on your chest between your breasts. This can improve your milk supply, increase breastfeeding success, gives you a chance to rest with your baby, and keeps your baby warm, allowing her to use her breastmilk calories to grow. This is the best way to wake her up if you need to. Generally 20-30 minutes of skin to skin will trigger her nursing instincts, and this position helps her initiate baby-led breastfeeding. Slouch on the couch!
 - a. You can also put her skin to skin with a braless cami or low cut t-shirt over both of you. Add a maternity blouse or a man's shirt – tie the two tails in a knot under the baby's bottom, button it up and you can go anywhere – even for a walk around the block and no one will know you have her skin to skin. Or, you can use the cami and a sling or wrap to accomplish the same thing. That way you don't feel as though you have to be confined to the bed.
4. If you are having difficulty getting the baby latched on effectively, please call your lactation consultant for help. Some of these early babies need special breastfeeding devices in the beginning.
5. Keep a nursing diary with the baby's stool and urine output, number of breastfeeds/24 hours, and how much you pump. Supplement your baby with the extra breastmilk that you get from pumping, using a little cup.

6. You should take the baby back in to see her health care provider about two days after you go home for a weight and color check. Please call your lactation consultant after that visit with the baby's weight, to let her know how the feeds are going.
7. By the time the baby is 40-42 weeks, you will find that she'll probably nursing more frequently, effectively and efficiently. Once she is gaining weight well, is nursing vigorously at each feed, and is at her due date, you can begin to cut down the number of insurance pumpings.
8. Please get the baby's weight checked every week until her due date, or as often as her health care provider or your lactation consultant suggests.