Breastfeeding Your Infant in the Intensive Care Unit

Introduction
Your body knows that you delivered a baby with special needs and is already producing milk especially for your baby. Undoubtedly you have many questions and concerns. Since your baby is not able to breastfeed at the present time, you may be wondering if it is even possible. Although it will be necessary for you to make some adjustments that you may not have considered, it is very possible to breastfeed your baby. With this information and the support from the Lactation Consultant, nursing and medical staff, we will address your concerns and help make breastfeeding a positive experience for you and your baby.

Why breastfeed
Breast milk will provide your baby with calories and nutrients that are essential for his/her growth. One of the many ways breast milk differs from formula is that it contains antibodies. Antibodies provide protection against germs that cause infection. This protective factor is important because babies can easily develop many types of infection. Formula does not have this special quality. Breast milk also differs from formula in that it is more easily digested. Also, most premature infants will receive human milk fortifier during the hospital stay to support good bone development and body growth. Talk with your baby’s doctor about why this may be important.

Providing breast milk while the baby is too small or too sick to breastfeed offers you an opportunity to actively take part in your baby’s growth and development. Most importantly, it offers you an opportunity to share something special that only you can provide. Once you are able to put your baby to breast, you will experience a very comfortable closeness. Talk with your baby's nurse about Infant-Driven Feedings and how this will help you both learn to breastfeed when ready.

Suggestions for pumping and storing breast milk
a. Start pumping and hand expressing as soon as possible after your baby is born.
b. Nursing staff will assist you to get the equipment needed and will provide instruction about the use of the double electric breast pump.
c. Continue pumping your breast milk with the electric breast pump after you go home and store according to guidelines.

Guidelines for pumping
• Soon after the birth of your baby, begin pumping 8 to 10 times in 24 hours (as often as your baby would otherwise be breastfeeding).
• Important: It is the frequency and length of time pumping which stimulates your milk supply.
• During the night, pump at least once with no longer than one 5-hour stretch between pumpings.
• Pump while massaging your breast at least 10 to 15 minutes per breast per pumping.
• When your breast milk supply increases, pump until 2 minutes after the last drop of milk or 20 to 30 minutes total, whichever comes first.
• Consult with your Lactation Consultant to balance your supply with your baby’s individual needs and for any questions you may have.

Containers
The Intensive Care Unit will provide clean plastic containers to store your milk. Please label with infant’s name, date and time of pumping.
Helping your baby begin to breastfeed...

- You will develop a plan of care just for your baby, with the support of staff.

- You will be encouraged to hold your baby “skin-to-skin” as much as possible and offer your breast milk with mouth cares. This is helpful for your milk supply and getting ready to breastfeed.

- You will be able to assist nursing staff in developing a caring/holding/feeding schedule for your baby according to his/her unique cues.

- The nurse will show you how to position, stimulate, and best support both your baby and breast with breastfeeding.

- When your baby seems interested in sucking, massage your breast and express a little milk on the end of your nipple. This may help your baby to latch on.

- Do not be discouraged if your baby partially opens his/her mouth, attempts to latch on, and falls asleep. This is all part of the learning process. All good things take time.

- It is normal for premature babies to have a good feeding one time and not do as well the next time. They will continue to learn to breastfeed well with time and practice.

You know breastfeeding is going well when...

- Your baby is awake for most of the feeding.

- Your baby is positioned properly and latched onto the breast with correct mouth position.

- You see movement in your baby’s jaws, temples and throat. You hear swallows as your baby feeds.

- Your baby’s sucking may be rapid at first, followed by “gulps” and pauses. Gently stimulate your baby and massage your breast anytime the pauses are longer than 5 seconds.

- You should feel a drawing on your nipple and see movement in your areola that pulls but is not painful.

- Your baby is content after feeding, not fussy or tense and you may feel your breasts begin to soften.

- Your baby has 6 to 8 wet diapers and at least two bowel movements in 24 hours and begins to gain weight well.

- Your premature baby is improving latch, suck, and transfer of milk at breast. Staff will help you make a home feeding plan and how to know when/if you need to pump.

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Be sure to ask for help if you need it.

<table>
<thead>
<tr>
<th>Human Milk Storage</th>
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<tbody>
<tr>
<td><strong>Room Temperature</strong></td>
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<tr>
<td>≤79°F (26°C)</td>
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<tr>
<td>Infant in the Intensive Care Unit</td>
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<tr>
<td>Thawed human milk (previously frozen)</td>
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Your Special Instructions

Congratulations on the birth of your baby and your decision to breastfeed!

Babies that are premature or have special needs at birth may not be able to go to breast right away. When ready, your baby may only be able to go to breast once or twice a day until he/she is stronger. There are some positive things you can do to help your baby get ready to breastfeed. You can offer your breast milk with mouth cares and whenever he/she is ready to be fed by other methods in addition to as much skin-to-skin holding as possible.

- Always wash your hands prior to pumping or handling your milk.
- Wash all of your breast pump parts in hot soapy water after each use, rinse and sterilize in boiling water or a microwave steam bag. Let air dry.
- Pump or hand express your milk every 1 to 3 hours for a minimum of 8 to 12 times in 24 hours. This will establish and maintain your breast milk supply until your baby is fully breastfeeding.
- Always put your milk into the clean, covered, hard plastic containers that are provided by the Intensive Care Unit or hospital where you delivered. Talk with your baby’s nurse about how to best use your breast milk for mouth cares.
- The nursing staff will provide you with labels for the container of milk for your baby. You will need to add the date and time you collected the milk to the label.
- Inform the nursing staff if you need additional labels or milk containers.
- Bring your breast pump and/or pump kit with you to the hospital. Often you may be able to initiate a let-down with the pump prior to breastfeeding, saving your baby’s energy for the most important part of the feeding. If your baby is not yet ready to go to breast, you will be able to pump at the usual times recommended with your own pump or a hospital pump at the bedside.
- If you are pumping at home, bring your milk in to the hospital as instructed by your baby’s nurse.
- Bring your breast milk to the hospital in a cooler bag with ice packs to keep it cold.
- When you bring your breast milk to the Intensive Care Unit, make sure you hand it directly to your baby’s nurse and have her verify your baby’s name with you and the name on the label. Do not leave bottles of breast milk unattended, unlabeled or in a refrigerator not intended for breast milk storage. (For your baby's safety, any milk that has not been handled properly will be discarded.)

Additional Instructions:

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