

Providing Breast Milk for a Sick or Preterm Baby

When your baby is born too early or if your baby is sick, your baby might need to be cared for in a special baby unit, called NICU (neonatal intensive care unit). It can be a very stressful time. You might have hoped to breastfeed your baby and now you and your baby are separated. Your baby might not even be able to nurse yet. You feel vulnerable and out of control, thinking you can't do anything for your baby. However, your baby – however small he is – needs you. He recognizes your voice. Hearing the mother's voice (for example during a painful procedure) reduces the pain for the baby. Your presence is ever so important. A premature infant who receives lots of attention from his parents, who is being touched by and held in skin-to-skin contact with his mom and dad, grows better and is healthier, and is



discharged earlier from the hospital. Your care, love, and warmth are essential. Hold your baby skin-to-skin as soon and as often as you can. ([Read handout "Skin-to-skin Contact."](#))

Help with the care of your baby as and where possible. Ask the nursing staff what you can do! Last, but not least:

Breastfeed, or if the baby can't feed at the breast yet, express breast milk. Breast milk is the optimal nutrition for any baby, especially for the premature and sick baby! If your baby was born too early, your milk adapts to the higher needs of the baby. Breastfeeding or giving breast milk to your preterm or sick baby is important for his short- and long-term health and development and it allows you a distinct role in the care of your baby. You might wonder: Should I start expressing milk, even when my baby can't even receive milk feeds yet? When should I start expressing milk? How often? What kind of pump should I use? How should I use the pump? How much milk should I expect to express each day? How can I stimulate production when I don't reach the required amount? In this handout I will address these questions.

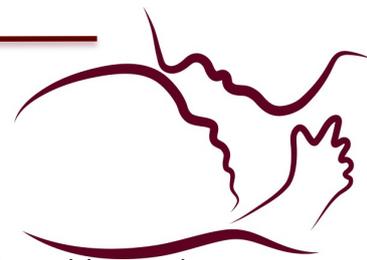
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1. Start Pumping Early and Frequently

Whether your baby can or cannot receive milk feedings, start pumping as soon after delivery as possible. Research has shown that women who pump before one hour after birth versus women who pump after one hour have almost twice the amount of milk at one week (Parker 2012, 2015).

Continue to pump 8 or more times per day. Pumping 8 times or more per day notifies your breasts that they need to start producing milk. The pump takes the place of your baby if he were able to breastfeed. He would be feeding 8 or more times each day. Pump about every 2-3 hours while you are awake. During the night pump sessions can be less frequent. However, try not to leave more than 5-6 hours between your last pump session in the evening and your first session the next morning. Your sessions do not have to be on a schedule. Pump whenever you can. If you miss a session, pump more often later in the day. If you can, pump even more: 10-12 times, especially during the first 1-2 weeks. Early and frequent milk removal in the first weeks is essential.

Pump both breasts for about 15 minutes each time. When the milk stops flowing, do some



hand massage to remove the remaining milk. Rotate your hands around the breast to empty all areas.

2. Use a Hospital Grade Pump

If after the birth you need to be separated from your baby for any reason or latching to the breast isn't possible yet, then it is best to use a hospital grade pump. It is the only type that is designed to start your milk supply when you are not breastfeeding yet. If a hospital grade pump is not available, then a bilateral personal use pump would be your second choice. Use a bilateral pump kit. This stimulates your milk supply better than pumping each breast individually. For more information read handout ["Choosing a Breast Pump."](#)

3. Correct Use of the Pump

Expressing breast milk is a skill that you need to learn. In handout ["Expressing Breast Milk"](#) you can read information to help you use the pump correctly and effectively.

4. Hands-on Pumping

When using a pump to express milk, you might think that the pump should do all of the milk-removal work. However, using your hands before, during and after pumping (also called "hands-on pumping"), can make a big difference; You may remove as much as double the amount of milk. In handout ["Hands-on Pumping"](#) you can read a step-to-step guide to hands-on pumping.

5. Stimulate Let-Down Reflex

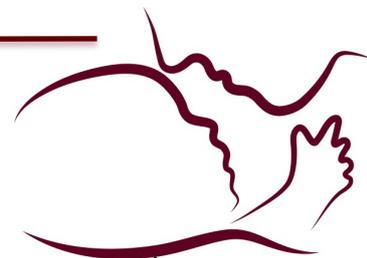
Let-down is when the milk is flowing easily. Stress is a major problem for your let-down reflex and is common, of course, when your baby is in the NICU. Here are some suggestions to help:

- Hold your baby skin-to-skin before pumping.
- Massage your breasts.
- If possible, try to pump in close proximity to the baby. If this is not possible, look at a picture of your baby, smell baby smells, think of your baby, think of holding him or her.
- Eat and drink something while pumping.
- Don't watch the collection bottle.
- Wear a rice sock around your neck or lay it over your breasts while pumping: fill a clean sock with uncooked rice and tie it shut. Some people add pleasant smells such as lavender or chamomile to aid in relaxation. Heat it in the microwave for about two minutes. Check the temperature to make sure it isn't too hot. Wear it around your neck or lay over your breasts.

You can read more suggestions to stimulate your let-down and help you get comfortable and relaxed in handout ["Expressing Breast Milk"](#) and ["Increasing Breast Milk Supply"](#).

6. A Few Things to be Aware of

Foods, herbs and medication: There are certain foods, herbs, and medication that may increase milk supply, such as cooked oatmeal, fenugreek, blessed thistle, metaclopramide, and domperidone. Always discuss the use of herbs and medication with your baby's neonatologist.



Things to avoid: There are certain things that you need to avoid as they are known to reduce breast milk supply. Caffeine, smoking, and alcohol inhibit the let-down reflex. Birth control pills and injections (especially the ones that contain oestrogen), decongestants, antihistamines, severe weight loss diets, excessive amounts of mints, parsley, and sage may also reduce breast milk supply.

Retained placenta, hypo- and hyperthyroidism: Small bits of the placenta left in the womb (retained placenta), a low or over-active thyroid can affect breast milk supply and/or milk flow.

Read more information in handout [“Increasing Breast Milk Supply”](#) and talk to your doctor if you have questions or concerns.

7. Keep a Pumping and Feeding Log

Keep track of your progress on a pumping log. (An example of a pumping log is given below.) It will tell you if you are pumping the expected amount or if you need to do more pumping to keep up an abundant breast milk supply.

8. Seek Help

Ask a knowledgeable nurse or lactation consultant in the NICU to help you. Every situation is different and they can give you advice based on your unique situation.

Day Since Birth	Date & Time	Amount Pumped	Daily Total	Target
Day 1				drops
Day 2				drops
Day 3				25 - 75 ml
Day 4				75 - 150 ml
Day 5				150 - 225 ml
Day 6				225 - 300 ml
Day 7				300 - 375 ml
Day 8				375 - 450 ml
Day 9				450 - 525 ml
Day 10				525 - 600 ml
Day 11				600 - 650 ml
Day 12				650 - 700 ml
Day 13				700 - 750 ml
Day 14				750+ ml