

Breastfeeding

your ill or premature baby



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An ill or very tiny baby may not be able to breastfeed at first.

However, it is important that your child is given breast milk at this time, so that your baby benefits from the antibodies, hormones, enzymes and growth factors contained in it. Breast milk is also easy to digest and breastfeeding will help you feel closer to your baby.

Breast milk is important because your baby can benefit from:

- **reduced risk of infections;**
- **fewer digestive problems or serious gut problems;**
- **better mental development;**
- **lower risk of developing diabetes;**
- **reduced risk of allergies where a family history exists.**

Photo 1: You can still bond with your baby even though he or she is ill



GETTING STARTED

If your baby is not ready to feed directly from the breast, it is important that you begin to express milk as soon as possible after the birth. This will help your milk production and ensure it is established for when your baby is able to breastfeed.

EXPRESSING MILK

To reduce the risk of infection, always wash your hands with soap and water and wash your breasts, with water only, before expressing. Dry with disposable paper towels, kitchen roll or a clean towel. Take a daily bath or shower too.

Relax and allow yourself enough time to express. It may help to have a picture or a piece of your baby's clothing nearby, to help you think about your baby.

Gently massage your breasts before you express, as this will help the milk flow (photos 2 and 3). At first you may only get a few drops of colostrum but if you persevere you will produce more. Remember the more often you express, the more milk you will produce.

Photo 2: Massage your breast before you try to express



MAINTAINING A GOOD MILK SUPPLY

When expressing your milk, try to match your newborn baby's feeding pattern. This means expressing 6-8 times a day, including at least once during the night. Express from each breast until the flow stops, or until you feel you have obtained enough milk. At times your milk supply may lessen. Don't panic as this will be temporary. Your supply will return if you continue expressing frequently.



Photo 3: Massaging your breasts will improve your milk supply

USING A BREASTPUMP

Some mothers find they like to express using a breastpump. It's important to wash and sterilise your breastpump collection kit each time it is used. Make sure you understand how to clean and sterilise your pump before going home from hospital. Ask your midwife or health visitor if you are unsure.



Photo 4: You may prefer to use an electric breastpump

STERILISING THE EQUIPMENT

- After each use rinse in cold water then wash carefully in warm soapy water using a bottle brush.
- Rinse in cold water and dry with a disposable paper towel or kitchen roll.
- Before your next expression, steam sterilise or immerse in cold chemical sterilising solution for at least 30 minutes.

EXPRESSING MILK BY HAND

Some mothers prefer to express their milk by hand. They feel it's more natural and they are more in control. No special equipment is needed and it can help to get baby latched on when you begin breastfeeding.

1. Wash your hands and breasts. Make yourself comfortable and begin by massaging your breast using gentle movements as shown in photos 2 and 3.
2. Hold a small sterilised container near the breast, eg small bowl or plastic jug.
3. Place your thumb and first finger opposite each other behind the edge of the darkened area around the nipple (areola). You may be able to feel the milk reservoirs under the skin - these feel different to the rest of your breast.
4. Start by gently pressing your thumb and finger back towards your chest wall, then press and release the breast tissue between your thumb and forefinger. Avoid rubbing or sliding along the nipple as this may cause damage to the skin.
5. At first only a few drops will appear, but continue pressing and releasing and your milk will start to flow. When the flow stops rotate your fingers around the areola to release milk from all the segments of the breast.
6. When the flow stops completely change to the other breast and continue expressing until you feel you have obtained enough milk.



Photo 5: Position your finger and thumb at the edge of the areola

STORING BREAST MILK

Collect your breast milk in a sterile plastic or glass container. Expressed milk should be placed in the main compartment of the refrigerator away from other foods and preferably not in the fridge door. Your fresh breast milk can be safely stored in a refrigerator at 2-4°C for 48 hours.

Each container must be carefully labelled with your baby's name and the date and time of expression. Appropriate labels will be provided by the hospital. Breast milk storage bags are not recommended for premature or ill babies.

FREEZING AND THAWING

Fresh breast milk is best but if it is not going to be used within 48 hours, this expressed milk can be frozen in a freezer at -18°C for 3 months. It is safest to thaw milk slowly in the refrigerator. If you need to defrost it quickly, stand the container in a jug of tepid water. Once defrosted, use within 12 hours. NEVER defrost breast milk in a microwave and NEVER refreeze breast milk.

TRANSPORTING BREAST MILK

When you are home from hospital, fresh breast milk should be brought to your baby soon after expressing it – ideally every day. If you cannot visit daily then freeze your milk if it will not be used within 48 hours. When bringing your milk to the hospital carry it in a small cool bag with ice packs.

ESTABLISHING BREASTFEEDING

The neonatal unit staff will encourage you to have skin-to-skin contact (known as kangaroo care) and to try breastfeeding when your baby seems ready. At first some babies may only open their mouths to latch on but not suck. Expressing a few drops of milk by hand onto your baby's lips can help encourage your child to latch on. Keep trying once or twice every day and eventually, with help, your baby will learn.

CUP FEEDING

Where possible it is best to avoid bottle feeding while your baby is learning to breastfeed. Cup feeding can be a good alternative at this time. Your baby should be held in an upright position while being fed using a special small plastic cup (photo 7). Gradually fewer cup feeds will be required until the baby is able to breastfeed at every feed.

Photo 6: Skin-to-skin contact will benefit mum and baby



LOOKING AFTER BABY AND YOURSELF

If you are taking any medication please check with your midwife or health visitor that it is suitable to take while breastfeeding.

Caring for a baby who is still in hospital can be a stressful, tiring time, so try to get enough rest and remember to eat and drink regularly.

BRINGING BABY HOME

You will probably be both excited and nervous about taking your baby home. It is normal to worry about whether your baby is getting enough milk. The hospital staff will teach you how to recognise a good breastfeed by showing you how to correctly position and attach your baby. A baby who is feeding properly will have approximately 6 wet nappies daily and normal yellow-mustard coloured stools.

Once you're home, have your baby weighed regularly. Your health visitor will do this in your own home or at your local baby clinic.

LOCAL CONTACT NUMBERS

If you need support and information about breastfeeding before or after your baby is discharged from hospital, you can contact:

- the unit from which your baby was discharged;
- your midwife;
- your health visitor;
- local breastfeeding support groups (a list of local groups is available at www.healthpromotionagency.org.uk);
- La Leche League, Tel: 028 2564 7951;
- National Childbirth Trust Breastfeeding Counsellors, Tel: 028 9084 1565;
- Northern Ireland Mother and Baby Appeal (NIMBA), Tel: 028 9332 9933.

Photo 7: Cup feeding is a useful alternative when breastfeeding is not possible





This resource was prepared by a subgroup of the Northern Ireland Breastfeeding Strategy Group.



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