

Smaller electric or battery-operated pumps are ideal for mothers who are separated from their babies for part of the day—while at work, for example. But they seldom provide enough breast stimulation to create and maintain an adequate milk supply for a premature baby. This is especially true during the critical first month after you give birth. You may be able to use a smaller pump to remove extra milk after she* has come home and is feeding well at the breast.

Using a breast pump

The way you use a breast pump is just as important as the type of pump you use. In general, try to express your milk about eight times a day during the first 2 to 4 weeks after you give birth. Frequent pumping is the only signal that tells your body to produce milk. Each time you use the breast pump, large amounts of the milk-making hormone, prolactin, are released into your bloodstream. This causes the breasts to step up their production of milk. The amount of prolactin gradually returns to its original level over the next 2½

to 3 hours, and your body needs a new signal (another pumping session) to release it again. This release of prolactin in response to regular pumping is the mechanism that creates and maintains milk production in mothers of premature babies. In the first week after your baby's birth, try to use the breast pump every 2 to 3 hours during the daytime for about 15 minutes at each pumping session. You do not need to set an alarm to wake up at night. However, if you awaken on your own, you probably will want to call the NICU to check on your baby. Then use the pump before you go back to sleep.



*This booklet alternates between "she/her/hers" and "he/him/his" when referring to babies.

For the first day or two, you may produce only a few drops of thin, yellowish milk when you pump. This early milk is called colostrum. It contains large amounts of substances that help protect your baby from infection. Even very small amounts should be collected for feedings. Over the next several days, these drops of milk will gradually become measurable amounts, and the color and consistency will change. When you are expressing about an ounce at each pumping session, you are ready to change from the 15-minute pumping sessions to a pattern that fits your individual milk-flow pattern. Once you are collecting about an ounce each time you pump, adjust your schedule so that you use the pump for 2 additional minutes after the final drops of milk have stopped flowing. For some mothers, the drops of milk stop after 10 minutes; for others, this may take as long as 30 minutes. Getting your breasts as empty as possible each time you pump signals your body that all of the milk it produces is needed. Complete and regular emptying of the breasts is the only way your body knows to continue producing milk.



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Labeling, storing and transporting your milk

Each NICU has policies about handling mother's milk for premature babies; ask your baby's nurse to explain them. However, some guidelines are common to all nurseries. First, always wash your hands carefully with soap and water before beginning to use the breast pump. Make sure you clean and dry your breast-pump equipment according to the instructions you receive from your baby's nurse.

Store your milk in containers that are recommended or provided by the NICU. Use a clean storage container each time you pump—even if you are expressing only small amounts of milk. Label the container with your baby's name, the date and time you expressed the milk and any medications you are taking. All NICUs have a policy about how, and for how long, mother's milk should be stored. Talk with your baby's doctor or nurses about whether you should refrigerate or freeze the milk you collect at home. Also, ask how much milk you should put into each container. This will decrease the chance that any milk will be discarded because your baby

could not receive the full amount within a particular time limit.

Your milk can be transported from home to the NICU in any container that keeps it cool or frozen. An insulated lunch bag or a cooler can be ideal for carrying your expressed milk. Many NICUs provide special carrier bags for this purpose, so be sure to ask.





Some mothers have different breastfeeding goals, especially if they had not originally intended to provide milk for their babies. For example, they may want to provide mother's milk exclusively for the first month and then alternate these feedings with infant formula until the baby is discharged from the NICU. These mothers may choose to pump frequently (eg, six to eight times daily) during the first month, and thus make more milk than their babies need. The extra milk can be

frozen for use at a later time, and the mothers can stop pumping at the end of the first month or so.

Other mothers—especially those with young children or with jobs outside the home—may be unable to pump more than four or five times daily. As a result, they usually will produce less milk each day. As their babies grow and require more milk, supplementation with infant formula can be offered to keep up with the baby's increasing needs.

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After the feeding has ended, try to hold your baby in the kangaroo position for at least 20 minutes more. This may help him digest the milk and will be a pleasurable time for both of you.

You may also choose to provide a pacifier for your baby. Many studies have shown that nonnutritive sucking (sucking without actually drinking milk) can relax and comfort premature babies during gavage feedings. Ask your baby's nurse if it is okay to dip the pacifier into a little of your milk so that the baby has a pleasurable taste while sucking.

If your baby's condition does not permit kangaroo care, you can still provide comfort during feedings. If she must remain in the incubator or radiant warmer, ask the nurse to show you how to contain, or support, her with your hands. This technique provides your baby with a sense of boundaries and security, aids in relaxation and may help to keep her heart and breathing rates stable. If she seems more relaxed with a pacifier, offer her one, and continue to provide containment for about 20 minutes after the feeding has ended.



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Your own diet and good health

Nearly all mothers wonder if they are eating the proper foods to make nutritious milk. Women whose babies are in the NICU often report that they have no appetite, and eat little, especially if they have a long trip from home to the hospital. Your body will make nutritious milk for your baby even if your diet is less than ideal. But in the process of making milk, you may use up your own body stores of certain nutrients. Continue to take your prenatal vitamins to help meet some of your body's ongoing needs. Your diet is not likely to affect the quality of your milk. However, it may reduce the amount of milk, especially if your lack of appetite is related mostly to stress and anxiety.

Keep your diet in mind as you complete your milk-volume record each day.

Many mothers whose babies are in the NICU may be taking prescription medications. Most medications (including over-the-counter nonprescription drugs) can be taken safely while you are providing milk for a premature baby. You should discuss any medication or supplement you are taking with your baby's health care providers. The doctor or NNP will be able to advise you whether your medication is compatible with breastfeeding, and he or she also can consult with other health care specialists on this topic if necessary.

The baby's clothing

Your baby's nurse will help you determine what type of clothing and blankets your baby needs while breastfeeding. Very small premature babies are mostly tasting instead of drinking milk. They can be placed in the football hold wearing just a diaper and a cap. A shirt is not needed because the skin of the mother's breast is extra warm from the heat that is released when milk is produced. The nurse can drape a blanket around the baby to protect her from drafts. If your baby is clothed for breastfeeding, be sure that she is not swaddled in a blanket. The extra thickness of a blanket can keep her from getting close enough to you to breastfeed effectively. However, most premature babies will need a blanket wrapped around their backs to prevent heat loss, even if they are fully clothed.

Knowing how much milk your baby drinks

Typically, premature babies do not take more than a few drops of milk during the first breastfeedings in the NICU. A full gavage feeding is often given during or after

the breastfeeding. As your baby begins to drink from the breast at each feeding, the nurse will adjust the gavage feeding so he gets the necessary amount of milk to gain weight. Milk intake can be measured very accurately by a procedure called test-weighing. Your baby is weighed immediately before and after breastfeeding with highly accurate scales. The difference between the before and after weights (measured in grams) is the same as the amount of milk (measured in cubic centimeters, or cc) taken during the feeding.



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