

BREASTFEEDING
YOUR SPECIAL BABY

St♥Mary's
FAMILY BIRTH
CENTER

October 2006

Dear Mom,

Congratulations on the birth of your beautiful baby! What a wonderful decision you have made to provide breast milk for your baby. Our Lactation Specialists at St. Mary's are here to support your breastfeeding relationship. If your baby is having any difficulty breastfeeding while in the NICU, please call the lactation warmline at 608-258-6474 or 1-800-336-6650, to arrange a consultation. A Lactation Specialist would also like to meet with you prior to having your baby discharged from the NICU, so we can support you in your transition to home. We request at least a 24 hour notice, so we can schedule enough time for your visit with us.

PLEASE REMEMBER TO BRING YOUR OWN BREAST PUMP WITH YOU WHEN YOU VISIT YOUR BABY IN THE NICU AFTER YOU ARE DISCHARGED FROM THE HOSPITAL.

We look forward to meeting you and working with you!

Sincerely,

St. Mary's
Lactation Specialists

We realize that both boys and girls breastfeed,
but for the sake of simplicity we refer to the baby
as “she” throughout the booklet.

If your baby is separated from you after birth because she was born prematurely or has an illness or birth defect that interferes with your being able to feed her, the happiness you feel about giving birth may be mixed with sadness and disappointment. You may worry about your baby's health and survival. Your plans for caring for your baby are altered by her special needs. If you delivered prematurely, you may not be ready for the baby and may not have decided such things as a name or how you will feed her. Maybe you decided to breastfeed and no longer think it is possible, or planned to bottle feed and are now considering breastfeeding because you (or your doctor) feel that your baby needs the added benefits breast milk provides.

Whether you have decided or are still undecided, you **CAN BREASTFEED YOUR BABY!** Many mothers with premature or sick newborns (even multiple births) have successfully breastfed. In order to establish and maintain your milk supply until your infant is able to nurse, you will have to express milk with a quality electric breast pump. The milk can then nourish your infant when she can have breast milk and until the baby can breastfeed from you.

The purpose of this booklet is to provide you with the information you will need to develop and maintain your milk supply, to teach your baby to nurse from your breasts and, finally, to take your breastfeeding baby home. You have available to you for advice and support this booklet, the doctors and nurses caring for you and your baby, and the lactation specialists. When pumping milk for your baby, you are contributing something which no one else can. It is important for you to remember this, especially if you have friends and/or family who are not supportive of your efforts, or if you are feeling depressed and discouraged over your separation from your baby.

WHY BREASTFEED YOUR BABY?

You may sometimes get discouraged if you have to pump your milk for a long time and you may wonder if all the effort is worthwhile, and if formula would not be just as good for your baby as breast milk. Here are some of the reasons for all your hard work.

1. Premature infants are especially at risk for infections. Breast milk, especially colostrum, provides your baby with antibodies and special immunity to fight off infection.
2. Colostrum, the fluid present in your breasts during pregnancy, is especially rich in protein (which your baby needs to grow), vitamin E (which helps to maintain red blood cells), and antibodies to prevent infection, even though the amount of colostrum produced is relatively small.

3. Breast milk contains a higher content of amino acids and nucleotides your baby needs. These are necessary for the infant to form proteins needed to survive and grow. Some of these are not provided in formula.
4. Breast milk is much easier for your baby to digest than formula. The nutrients in breast milk are absorbed better and therefore used more completely. Breastfed babies are less likely to develop colic.
5. Breastfed babies are less likely to develop necrotizing enterocolitis (a serious intestinal problem which can occur in premature and sick babies). Although it does occur in infants who receive only fresh breast milk, the incidence is lower.
6. A breastfed baby is less likely to develop “feeding intolerance” – which means that the baby cannot digest her feedings. When this happens, the feedings must be stopped or a special formula that the baby can digest must be found. Babies digest the fats and proteins in their mother’s milk more easily than those in formula.
7. Infants who receive breast milk for the first 6 months of life are less likely to develop allergies. These allergies include milk and other food allergies, as well as environmental allergies such as hay fever or asthma. This is especially important for a family with a history of any type of allergies, and for premature infants who are more likely to develop allergies.
8. Breast milk has more lactose (milk sugar) than formula, which improves the baby’s ability to use all the nutrition in breast milk.
9. Although the iron content in breast milk is low, it is completely absorbed. Premature infants are especially prone to anemia, so the improved iron absorption can be a significant help. Your baby may need a vitamin supplement even when breastfed, because a small baby may not take enough milk to meet vitamin and iron needs.
10. While breast milk may not contain enough calories and other nutrients to meet a very small baby’s needs, human milk fortifier can be added to your milk, if needed.
11. Breastfed babies are much less likely to develop respiratory and ear infections. Vomiting and diarrhea are not seen as often in breastfed babies as in those fed formula.
12. Providing your baby with your breast milk is something only you can do for your baby. It can help you through the days while you are waiting to take over the total care of your infant. Providing breast milk for your baby can help you feel closer to her, even though you are physically miles away.

KEYS TO ESTABLISHING THE LET-DOWN REFLEX

Your milk supply is established by regular pumping. The “let-down” or “milk ejection” reflex is the release of milk from the storage areas within your breasts. This brings the milk down to the milk sacs under the areola, from which it can be sucked out by the baby or, until she can nurse, by pumping.

A let-down may feel like a tingling sensation, or you may feel a gush of milk. Some women cannot tell when their let-down occurs, yet are able to have a good flow of milk. It is difficult to establish a let-down reflex when pumping milk without also nursing a baby. Tension, stress, and separation from your baby may slow down milk release. Here are some suggestions for establishing a let-down:

1. Learn to relax. Have someone massage your back between your shoulder blades. Plan time to rest. Eat 3 well-balanced meals and 3 nourishing snacks per day.
2. Warm wet towels, washcloths, heating pad, hot water bottle, or immersing your breasts in a pan of warm water for 5-10 minutes just prior to pumping or breastfeeding will help increase your milk flow, especially if you are engorged.
3. Gently massage your breasts before pumping to help empty them as completely as you can. Stroke your breasts firmly but gently with the palms of your hands, always toward your nipple. Massage from the shoulder down, from under your arm over, from your waist up, and from the center of your chest in. Alternate hands, working around the breast and massage each breast several times.
4. Get as much rest as you can. Fatigue and stress can limit or reduce your milk supply. Try to get in one or more naps during the day.
5. Go for a relaxing walk or drive.

6. Try some other activity which will build your morale, such as an afternoon with friends or a dinner out with your partner or a friend.
7. Dim the lights and play some soothing music while pumping.
8. Use the relaxation exercises you may have learned in prenatal classes while pumping your milk. Two or three deep cleansing breaths may help you to relax.
9. Gently stimulate your nipples. Nipple rolling (place your thumb and forefinger on opposite sides of your nipple and roll it between them) and giving your nipples a gentle tug is a good way to stimulate a let-down and helps pull the nipple out if it is flat.

10. Stay in touch with your baby when you can't come to the nursery. Call the NICU at 608-258-6840 and ask to speak to your baby's nurse. Get the information you need about your baby's condition, progress and behavior. This can help you feel closer to your baby.
11. Concentrate on a picture of your baby. If you don't have one, ask her nurse to take one. We have a digital camera in the NICU. Place a piece of clothing or a blanket she was wrapped in on your shoulder while you pump.
12. If your baby cannot nurse but is well enough to be held, try holding her next to your breast and nipple to get your baby used to the position and encourage your let-down and milk supply.
13. Try not to focus on how much milk is coming out while pumping. Throw a towel or baby blanket over the bottles so you can't see the volume. Use calming techniques. Feeling anxious about the amount of milk you are getting can inhibit milk flow.
14. Do "Kangaroo" or skin-to-skin time with your baby when you visit. This skin-to-skin contact not only benefits your baby in many ways, but helps to stimulate your hormones that stimulate milk production and your let-down reflex. You may want to pump at your baby's bedside if you feel comfortable doing this.

15. Try pumping your milk during or immediately after a visit with your baby. You can pump in privacy in the family room in the NICU. Please bring your own breast pump with you.
16. If you smoke, remember that nicotine crosses into the breast milk, reduces milk production, and inhibits the let-down reflex. If you cannot quit at this time, try to cut down on how much you smoke and avoid cigarettes for at least 15 minutes before or during pumping or nursing. Never smoke, or let anyone else smoke, when the baby is in the same room or vehicle, etc. Avoid alcohol and other drugs.
17. Sinus medicines also inhibit milk production and let-down. If your nose is stuffed up, try using other methods of relief, such as a vaporizer or inhaler. If an antihistamine or decongestant is necessary, a short-acting one instead of one that lasts 8 or 12 hours is better for you when breastfeeding. Please consult your doctor whenever you are breastfeeding and using any medication. Also, call your lactation specialist who may have updated information on medications and mother's milk.

PUMPING

Equipment for pumping:

1. Electric breast pump
2. Double shield electric pump kit
3. Labels
4. Indelible ink pen (ink that won't run in water)
5. Sterile bottles (provided by NICU nurses) or syringes

BREAST PUMP

The electric pump consists of an electrically operated suction pump attached to plastic shields and collection bottles or bags. This pump works automatically, gently pulling the nipple and releasing it in a motion like a baby nursing. The pedal pump works on the same principle, but your foot provides the power. Your lactation specialist will give you a list of "quality" Brand-name pumps.

Quality brand electric pumps and other nursing supplies may be purchased from St. Mary's Lactation Services. Contact your lactation specialist for pump rental information.

Pumps are also available for rent or purchase from a pharmacy or medical supply company. A list of rental locations is available from the Family Care Suites nurses or the lactation specialist.

The rental price may be reimbursed by insurance. Check with your insurance company.

GUIDELINES FOR BREAST PUMPING NICU BABY

Usually an infant will attempt to breast feed within 1-2 hours after birth. With an ill or premature infant, moms should try to start pumping within 6 hours.

Double pumping (pumping both breasts at the same time) is an excellent way to stimulate milk production. Prolactin levels (hormone needed for milk production) may be higher when double pumping compared to single pumping (pumping one breast at a time).

1. Wash your hands well before expressing or pumping milk.
2. Decreasing stress and feeling comfortable and relaxed directly affect ability for milk to “let down” when pumping. Decrease distractions, sit comfortably with pillows for extra support, relax shoulders and body. Visualize being in a relaxing place, think about your baby breast feeding, look at a photo of your baby. Warm packs and massage to breasts before pumping help increase milk flow.
3. Turn pump on and off with trumpet in place on your breast. If unable to do this, ease trumpet over or off nipples from the side. Make sure nipple is centered, so it won’t rub against the inside of the trumpet.
4. Start with “low” suction, increase as is comfortable. Once milk comes in, use whatever suction is needed to express your milk comfortably.
5. Breast pumping is important for two reasons. It will give breasts stimulation, as well as empty the breasts. **Often when pumping the first few days, you may not get much colostrum, possibly only a few drops or less. The amount pumped the first few days is not as important as the stimulation to the breasts. Frequent, early pumping will prepare your body for good milk production later.**
6. Pump for 15 minute sessions – about 8 times a day (a total of about 120 minutes). Typically a baby would nurse every 2-3 hours, but may take longer sleep periods and then “cluster feed” to catch up. Your goal is to pump about every 2-3 hours during the day, although you may “cluster pump” as well, to make up for skipped pumping. Do not allow yourself to become engorged.
7. Empty the milk from your pump collection container into sterile containers obtained from the NICU. Do not touch the inside of the container. Place an infant label from NICU on the outside of the sterile container. Write the date and time of the pumping on the label. Make sure that the label has the correct information on it.

STORING AND TRANSPORTING YOUR MILK AFTER DISCHARGE

In order for your milk to benefit your baby, great care must be taken in the handling of the pumped milk.

1. Anything that comes in contact with the milk must be washed with warm, soapy water, using a bottle brush to remove any residue of milk from small parts, and rinsed thoroughly after every use.
2. Always wash your hands and clean under your finger nails before handling your breasts, equipment or the milk.
3. You will be provided with plastic bottles by your NICU nurse.
4. To clean, first wash the bottles/lids in hot soapy water or put them in the top rack of the dishwasher for cleaning. Then boil the lids and bottles one minute, or use microwave steam bags. Recap bottle and lids to store after allowing bottles and lids to air dry and cool.
5. Cap with sterile lid. Do not fill bottle up. Leave room for the milk to expand as it freezes. It is not safe to cover the bottle with just a nipple, as the holes in the nipple can let milk leak out and germs get in, making the milk unsafe for baby.
6. **STORAGE GUIDELINES:**

Colostrum (milk expressed within first 5 days after delivery)

- If kept at room temperature 80-89 degrees F., 12 hours

Mature Milk

- If kept at 60 degrees F., 24 hours
- If kept at 70 degrees F., 10 hours
- If kept at 79 degrees F., 4-6 hours
- If refrigerated, 5-8 days

Frozen Milk (Put in the coldest part of your freezer)

- Freezer compartment located inside a refrigerator, 2 weeks
- Separate door refrigerator/freezer, 3-4 months
- Separate deep freeze at constant 0 degrees, 6 months

DO NOT STORE BREAST MILK ON FREEZER DOOR SHELVES.

We have a deep freezer and a refrigerator in our NICU just for the storage of breast milk. When you bring in your milk, tell the nurse storing it for you if there is any unfrozen milk, which we can then refrigerate and use within 24 hours. The rest will be kept frozen and used in the order pumped.

7. Refrigerate all milk immediately after pumping. If it might not be used within 24 hours, freeze the milk after it is chilled. Do not add warm milk to already chilled or frozen milk. This can cause some thawing of the frozen milk, which can lead to growth of germs. If you wish to add milk to an already frozen bottle, chill it first.
8. Always transport the frozen milk in an ice chest or other insulated cooler without ice. A clean towel or Styrofoam beds can be used to fill the extra space and provide good insulation. Insulated bags containing reusable ice packs, meant for transporting breast milk may be used. They can be obtained from your nurse.

Frozen milk should be kept in a frozen state during transport to reduce the risk of thawing, which can lead to germ growth. Thawed milk cannot be refrozen and therefore must be used within 24 hours of thawing. Unfrozen milk must be transported on ice or with reusable ice packs.

THAWING BREAST MILK

Following the proper procedure for thawing breast milk permits the minimum wastage of the milk while providing the maximum safety from contamination.

1. Never leave breast milk out to thaw at room temperature.
2. Hold the bottle of milk under cool or lukewarm tap water or allow the bottle or bag to stand in warm water to thaw. The water level should not cover the top of the bag or bottle cap. Warm the milk to body temperature. NEVER MICROWAVE or heat the milk in a pan on the stove. Heating destroys the immune cells. Serious burns have occurred from microwave heating milk unevenly or from microwaved bags or bottles exploding when shaken.
3. Gently shake the bottle or bag since the milk will have separated.
4. Throw away any milk the baby does not drink from the bottle. It cannot be refrigerated and used again because germs from the baby's mouth will have gotten into the milk and can grow enough to make the baby sick if the bottle is kept and used for a later feeding.
5. Do not refreeze thawed milk. Thawed milk which has not been warmed for use should be stored in the refrigerator and used within 24 hours of thawing.

BREASTFEEDING YOUR BABY

Preparing for Breastfeeding

There are things you can do to help your baby adjust to breastfeeding.

1. Kangaroo Care (Skin to Skin). Even if your baby is very tiny and still in an incubator and receiving oxygen, you can safely hold your baby close to you and keep her warm without interfering with her breathing, heart rate, temperature, or oxygen supply. You will need to wear a loose blouse or gown that opens in the front and remove your bra. The baby, dressed only in a diaper, is placed directly against your skin, upright, between your breasts. You then close your blouse or gown around the baby. Your body will keep her warm.
2. Before your baby is able to suck and swallow safely, she can be offered your empty breast. Practice with the position at your breast and the taste and feel of your nipple will help her get started without actually nursing from the breast. Feeling the nipple against her nose and mouth, or just licking it, will help her become familiar with the breast and may stimulate your milk production and let-down. Eventually she will start to suckle.

BREASTFEEDING

The day finally comes – your baby can nurse from you. All that work had a definite purpose. The nurse hands you your baby. You offer your breast and she wrinkles up her forehead and looks up at you as if to say, “Now what’s this, mom?” and refuses to suck. Don’t panic! Remember, your baby has come a long way and has had many adjustments. Relax and give her time to make this adjustment – she will. Some babies are naturals. They latch on as if they know all along that this is how they were meant to eat. However, if your baby is not used to getting her milk from your breast, she may need help and patience to make the transition. The following suggestions may be helpful:

1. Plan your visit to coincide with your baby’s feeding schedule. Her nurse will provide that information. If you are not able to come at the times her feedings are scheduled, ask her nurse about changing the baby’s feeding schedule so you can be there.
2. Find a comfortable position. There are couches and chairs available in the Family Room. If your baby cannot be taken in there, ask for a comfortable chair (rocking chairs are available), a pillow and a screen for privacy. A pillow on your lap will help support the baby so you can hold your baby close comfortably. A stool for your feet may also help you hold your baby close without hunching over. If you have your own breastfeeding pillow, bring it along.

3. Do the same relaxation exercises to stimulate your let-down as you did for pumping. Once you can relax about your baby's nursing, you should find you let-down more easily. Turning on the electric pump may help the transition, as the sound becomes associated with a let-down.
4. Massage your breasts and express a little milk onto your nipple so your baby can taste it.
5. Make your nipple stand out as much as possible by drawing it out with your fingers, nipple rolling, or applying cold water to the nipple. It may help to use the breast pump briefly at the start of the feeding, just enough to pull your nipple out. If you have a problem with nipples that won't pull out, ask the Family Care Suites (FCS) nurse about getting breast shells. They are available on Family Care Suites (FCS).
6. If your baby is sleepy, try to awaken her. Methods to awaken a sleepy baby include:
 - a. Unwrap the baby unless she has been having trouble keeping up her temperature recently. Your body heat will keep her warm.
 - b. Change her diaper.
 - c. Rub her tummy, pat her feet, or gently massage her body.
 - d. Gently exercise her arms.
 - e. Bring her to a sitting position and do slow, gentle baby sit-ups.
7. Nursing skin-to-skin, with the baby only wearing a diaper stimulates more effective sucking. If necessary, you can drape a receiving blanket over both of you to help keep her warm.
8. Hold your baby in a well-supported position with her whole body facing yours. A pillow under her head, back and bottom supports the baby and encourages better sucking with less effort. Rest your feet on a low stool.
9. Cup your breast in your hand with 4 fingers underneath and behind your areola and your thumb above and behind the areola.
10. Turn your baby so her entire body faces your breast, not just her face. Align your baby so your nipple points to her nose vertically. Lightly stroke her lips with your nipple to cause her to open her mouth. You may need to learn forward until she gets on breast, then sit back, bringing the baby to you. Do not stay leaning over the baby.
11. Encourage the baby to open widely by gently pushing down on her chin. Some babies, however, tend to close their mouths or bite when pressure is applied to their chins. If this happens, stimulate her lower lip again. When her mouth is wide open and her tongue is down, direct your nipple and some of the areola toward the roof of her mouth to stimulate sucking. If your baby doesn't open to latch, place your little finger, pad side up, into her mouth, and gently stroke the roof of her mouth to stimulate sucking. Short nails and clean hands are very important.

12. To help the strength of her suck and to keep her from tiring, lift your breast slightly and center your nipple in her mouth so your breast is not pressing on her lower jaw. Slide the hand supporting the breast forward, and curve your index finger and thumb around your baby's jaw so her chin is resting in the curve between your thumb and index finger. Your breast will still be supported by 3 fingers to keep its weight off her chin and mouth. This is known as the "dancer's hand" position.

13. Don't get anxious! If your baby doesn't suck right away, try massaging a little milk into her mouth to give her the idea that this is where to get her milk now. If the baby still doesn't suck, relax for a bit, let your baby get used to being in that position and enjoy this new closeness to your child. She'll probably start sucking when she gets hungry. If not, try gently stroking from her throat forward under her chin, imitating somewhat the motions made while sucking. Do not stroke her cheeks, as this will only confuse the baby and her rooting reflex. Your milk supply will be stimulated even if your baby only licks your nipple or has her mouth close to your nipple.
14. If you find your baby becomes impatient and angry at the breast, you may want to try nursing her when she is just waking, since she is more likely to learn how to breastfeed at this time than when she is too hungry and impatient to try something new.
15. Offer the breast as a pacifier when she is not particularly hungry. This will help her get used to it when she is not too hungry and impatient.
16. If your let-down is strong, your baby may not be able to swallow a big gush fast enough and may choke or refuse to try again. Try expressing until you let-down before offering your breast. Some mothers find they can control their milk flow by holding the areola right behind the nipple, and by squeezing and relaxing the hold, adjust the flow of milk to their baby's needs.

17. If your baby starts nursing well but falls asleep, try massaging some milk into her mouth, stroking her chin, burping, changing her diaper, stroking the top of her head in a circular motion, walking your fingers down her spine, changing breasts, repositioning the baby, stroking her from her chin down her throat, or unwrapping her.
18. As you nurse and relax, your baby's head may fall away from your breast, and she may bite your nipple to stay on which can hurt your nipple. Hold her close so that her nose lightly touches your breast by supporting her on a pillow on your lap. Place your feet on a low stool to help keep your knees bent, but do not put them on the floor of the baby's crib or incubator cabinet.
19. Nurse at least 15 to 20 minutes of actual sucking/swallowing time from each breast, if possible. Burp your baby between breasts and after nursing. If she nurses for only a short time, double pump for 10 minutes. If she feeds from one side only, pump the other side after the feeding to maintain milk production, relieve fullness, and provide breast milk for supplementing, if necessary, or to be fed to her when you can't be there.
20. Start nursing each feeding from the breast from which you fed second. A safety pin on that bra strap can remind you to start with that breast. Or you may choose to wear an elastic band on your wrist, leaving it on the side you last breastfed on.
21. Feeding from one breast and massaging during the feeding provides larger amounts of the fat content in your milk until your baby is strong enough to take the second breast after emptying the first. If you only nurse from one breast, it is important to pump the other breast until empty after the feeding (no longer than 15-20 minutes).
22. Always break suction by inserting your finger into the corner of the baby's mouth and between her gums before taking her off breast.
23. If your baby is nursing well and your milk supply is good, your baby's nurse will weigh her. She can be weighed (clothed and wrapped) before and after the feeding to see that she is getting enough milk. This can prevent unnecessary supplements. With a little practice you can tell by how your baby acts when she has gotten enough at breast and not have to rely on others to tell you.
24. If you have to supplement your baby's feeding (and babies often need supplements while making the transition from tube and/or bottle feedings to the breast) use pumped milk as much as possible instead of formula.

25. If your baby will not take your nipple at all, or your nipple is just too big for her to get her mouth around it at this time, try a nipple shield over your nipple. Often, if you can get your baby started nursing with the nipple shield, you can remove it and get the baby directly on your nipple. Try to limit the use of the nipple shield as much as possible. You don't want your baby to get used to it instead of you, although most babies make the adjustment from nipple shield to nipple without difficulty. Nipple shields are kept in the NICU and your baby's nurse can get one for you. Your lactation specialist and baby's physician need to be aware of the nipple shield use as they will need to follow up with you at home. **You will be given a nipple shield instruction sheet when you receive your nipple shield. It is very important to follow these written instructions.**
26. If possible, as the day of your baby's discharge gets near, try to arrange to spend several feedings, if not all day, at the hospital to breastfeed your baby on demand without giving any supplements. That way you can nurse her when she gets hungry, as often as every 2 hours, and she will get used to the breast as the only source of feeding.
27. Breastfeed every feeding if possible or pump after each feeding if the baby does not nurse long enough to soften at least one breast. Milk production is based on the law of supply and demand. The greater the baby's need, the greater the amount of milk you will produce. If your milk supply is decreasing, ask to see a lactation specialist.
28. If your baby does not seem to be able to make the adjustment from the bottle to breast while she is in the hospital, do not give up. Many mothers who have not been able to feed their babies on breast at all in the hospital have found that they were able to make the transition after taking their babies home and proceeded to nurse happily until mother and/or baby decided to wean. The lactation specialists will be able to provide breastfeeding support.
29. Babies may be fussy whether fed by breast or bottle. Do not stop breastfeeding because of the fear of not providing enough milk. Your baby may continue to be just as fussy (or fussier) while formula fed. The lactation specialist may be able to assist with soothing and calming fears.
30. Your baby should have at least 6 to 10 wet diapers and several bowel movements a day. Some premature infants, however, may be constipated, especially if receiving formula or iron supplements.
31. The first days home may be difficult for the whole family. Allow your baby and yourself a period of adjustment before deciding breastfeeding isn't working for you.
32. When you first get home, go to bed with your baby close by. Rest as much as possible, between and during nursings.

33. Nurse your baby every 2-3 hours, or as advised by your neonatologist or NICU nurse. Supplement as prescribed after each breast feeding. It is best if someone other than mom can feed the supplemental bottle, so she associates only breastfeeding with you.
34. Gradually increase nursing time and decrease supplements until you have weaned your baby completely off supplements.
35. You will know that your baby is getting enough milk if she has 6-10 wet diapers and several bowel movements each day; she is content for at least 2 hours after feeding; your breasts feel full before she nurses and are softer after; and she looks like she is thriving (periods of being alert, good muscle tone, looking plumper). Your baby's doctor will probably want to see her within one week after you take her home and fairly frequently after that. The doctor will be checking her weight to make sure she is getting enough to eat.
36. As your baby gets older she will probably space her feedings out more. If this happens, then she suddenly wants to nurse more often again, this does not mean you are losing your milk or that it is getting weak. When your baby is going through a growth spurt, she'll need more to eat, and she knows the way to help you make more milk to meet her increased needs is to nurse more frequently. This will only last a short time (a day or two) until you are giving her more milk each feeding, and she will increase the time between feedings again.
37. Unless your baby is a super nurser when you first take her home, you may find it necessary to continue pumping for 2 to 4 weeks after taking her home.

As you prepare to leave the Neonatal Intensive Care Unit with your baby, we would like to congratulate you for choosing to breastfeed. Your efforts to increase and maintain milk production, along with learning to breastfeed will be richly rewarded through a close mother-infant relationship and a healthier baby.

Do not hesitate to call for support/assistance from St. Mary's Hospital Lactation Specialist Department (608-258-6474 or 1-800-336-6650) or the nurses who cared for your baby in the NICU (608-258-6840).

St. Mary's Hospital Lactation Department
October 2006

IMPORTANT TELEPHONE NUMBERS

St. Mary's Hospital
Neonatal Intensive Care Unit (NICU)
608-258-6840

St. Mary's Hospital
Lactation Specialists Warmline
608-258-6474
1-800-336-6650