



Breastfeeding Your Early Preterm Baby

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BREASTFEEDING YOUR EARLY PRETERM BABY

Congratulations on the birth of your baby! This booklet is designed to help you to provide breast milk for your preterm baby. Having accurate information will help you learn what to expect and help you achieve your infant feeding goals. Preterm babies require specialized care in a Neonatal Intensive Care Unit (NICU). In this booklet we use the term healthcare provider to describe the many people you may receive support from during your stay in the NICU. This could be your Doctor, Nurse, Midwife, Lactation Consultant, Dietitian, Physiotherapist, Speech and Language Pathologist, Occupational Therapist, or other professional.

Throughout this resource the words mother, mothers, and breastfeeding are used. Some parents may prefer to use the term chestfeeding rather than breastfeeding and will describe themselves with words other than woman and mother.



WHY IS BREAST MILK IMPORTANT FOR PRETERM BABIES?

Breast milk is the ideal food for all babies and vital for preterm babies. A mother's milk is especially suited to her own baby. Your colostrum and breast milk are unique to your baby. Your breast milk adapts to meet the needs of your growing baby.

PRETERM BREAST MILK IS VERY IMPORTANT FOR:

- Supporting growth and development, as it is suited to the unique needs of preterm babies.
- Providing protein for brain growth.
- Providing antibodies to protect preterm babies from infection.
- Increasing feeding tolerance and decreasing the risk for developing necrotizing enterocolitis (known as NEC).

BABIES WHO ARE NOT BREASTFED MAY BE AT A HIGHER RISK FOR:

- | | |
|------------------------------|---------------------------------|
| • Ear infections. | • Obesity and overweight. |
| • Lung and breathing issues. | • Some childhood cancers. |
| • Diarrhea. | • Sudden Infant Death Syndrome. |
| • Diabetes. | |

An early preterm baby may need extra nourishment to support their growth needs. This may include adding human milk fortifier, nutrients, and/or fat to the expressed breast milk.

Although preterm babies may not breastfeed in the beginning, Kangaroo Care and breast milk are very important for them. Until preterm babies are able to feed directly from the breast, mothers can express and pump their milk to feed to their baby.

NECROTIZING ENTEROCOLITIS



is a serious condition that may affect the intestine of preterm infants. Giving your milk early may lower your baby's risk of having NEC. Discuss with your healthcare provider how you can provide your milk as soon as possible to your baby.



Holding your baby skin-to-skin during Kangaroo Care, providing breast milk, and breastfeeding help your baby's brain grow.



WHY IS BREASTFEEDING IMPORTANT FOR MOTHERS?

- Gives the mother an important role and builds confidence in caring for her baby.
- Promotes building a strong emotional bond between mother and baby; hormones that produce breast milk assist with this.
- Keeps mothers healthier, may lower your risk of Type 2 diabetes and breast and ovarian cancers.

WHEN WILL MY BABY BE ABLE TO FEED DIRECTLY FROM THE BREAST?

Preterm babies may be fed with a feeding tube inserted through their nose or mouth which goes directly to their stomach. Breast milk can be fed to your baby through this tube. Some babies may not be able to have any milk right away. They will be fed by intravenous (IV).

Early preterm babies are still learning to coordinate sucking, swallowing and breathing. As you spend time with your baby and hold them in Kangaroo Care you will learn your baby's feeding cues. When your baby is showing feeding behaviours like rooting and sucking, your healthcare provider will help support you and your baby to learn to breastfeed.

If your baby is not ready to breastfeed directly at the breast because of their medical condition – such as needing breathing support - but is showing feeding cues, discuss with your healthcare provider how to provide supportive oral experiences.

WHAT IS COLOSTRUM?

Colostrum is milk that is produced by your breasts during pregnancy and during the first few days after your baby is born. It is thick, sticky, concentrated milk and is usually yellow, clear or white, although it could be other colours as well. Some mothers express a few drops of colostrum while others express more each time. It is normal to only get small amounts in the beginning. It is important to continue expressing even if you don't see colostrum. This will help stimulate your breasts to make more milk. Colostrum provides the perfect nutrition for your baby and helps to protect your baby from infection. It is often called 'liquid gold' because it is so valuable for your baby. Every drop is important!

WHAT IS ORAL IMMUNE THERAPY (OIT)?

Fresh colostrum may be given to your baby as a small drop inside your baby's cheek. This milk is absorbed through the lining of the cheek and has been shown to provide immune protection, lower risk for infections and inflammation, support early oral feeding and better weight gain and may help breast milk production. This extra protection provided by OIT is especially important for your preterm baby. Discuss with your healthcare provider how to collect and provide OIT for your baby.



HELP YOUR BABY GET A GOOD START BY:



- Learning how to hand express early - ideally in the first hour after birth.
- Hand expressing and pumping 8 or more times in 24 hours
- Holding your baby in Kangaroo Care as long as possible.
- Offering your breast as soon as your baby is ready.

KANGAROO CARE

Holding your baby skin-to-skin is one of the best things you can do for your baby.

When your baby is held skin-to-skin, they can hear your heartbeat, feel your breathing and smell and feel your skin.

Plan to hold your baby wearing only a diaper against your bare chest and covered with your shirt, a blanket, or a wrap as soon as possible after birth for continuous and prolonged periods of time. This is called Kangaroo Care. If your baby is unable to be held in Kangaroo Care you can still provide loving touches that are helpful for both you and your baby. Discuss with your healthcare provider how you can provide hand hugging to your baby so they feel safe.



Cuddle and hold your baby day or night for as long as possible.

Be your baby's advocate! If the hospital staff don't offer Kangaroo Care, ask for help to do it.



WHY IS KANGAROO CARE IMPORTANT?

- Stabilizes your baby's heart rate, breathing, and blood sugar.
- Helps your baby's brain grow and develop.
- Keeps your baby warm through your body heat.
- Helps your baby to:
 - Feel safe and secure.
 - Be calm and cry less.
 - Sleep better, saving energy for growing.
- Helps improve your baby's comfort during procedures.
- Helps you and your baby get the best start possible with breastfeeding
- Helps your milk flow and improves your milk supply.
- Helps you develop special immunity to the germs found in the NICU. This immunity is then passed to your baby in your breast milk and protects your baby from infection.
- Promotes bonding and getting to know each other.
- Helps you to become more confident and relaxed.

Discuss with your baby's healthcare team how they can support you to hold your baby in Kangaroo Care. It is less stressful for most babies when parents pick up (or transfer) their baby. Hold your baby for as long as possible. More time is better. When your baby is held for more than a full sleep cycle (60 minutes) they are able to experience the benefits of Kangaroo Care. Your partner, other family members, or support person can also provide Kangaroo Care to comfort and nurture your baby if you are unable to be with your baby all the time.

HOW DOES KANGAROO CARE HELP MY BABY'S BRAIN DEVELOP?

Nerve cells are still developing in preterm babies. In the last 14 weeks of pregnancy, your baby's brain grows 400%. In Kangaroo Care, your baby is in a place where they experience the world by:

- Smelling your milk.
- Tasting your milk.
- Touching your skin.
- Moving with you.
- Staying warm through your body heat.



HELPFUL RESOURCES: Learn More About Kangaroo Care.



HANDOUT

[Kangaroo Care Information for Parents](https://www.perinatalservicesbc.ca/Documents/Resources/Breastfeeding/PSBC_Kangaroo_Care_Information_for_Parents_VFinal_Spreads.pdf)

www.perinatalservicesbc.ca/Documents/Resources/Breastfeeding/PSBC_Kangaroo_Care_Information_for_Parents_VFinal_Spreads.pdf



VIDEO

[Kangaroo Care in BC](https://www.youtube.com/watch?v=7cq8aj_4zbA&t=150s)

https://www.youtube.com/watch?v=7cq8aj_4zbA&t=150s



VIDEO

[Kangaroo Care Step by Step](https://www.youtube.com/watch?v=VOJGhwMuWfU&feature=youtu.be)

<https://www.youtube.com/watch?v=VOJGhwMuWfU&feature=youtu.be>



VIDEO

[Kangaroo Care Transfer Demonstration](https://www.youtube.com/watch?v=uag8NkVnbwk&feature=youtu.be)

<https://www.youtube.com/watch?v=uag8NkVnbwk&feature=youtu.be>



VIDEO

[Kangaroo Care Information for Parents](https://www.youtube.com/watch?v=aj3E1KwuGiw&feature=youtu.be)

<https://www.youtube.com/watch?v=aj3E1KwuGiw&feature=youtu.be>

GETTING STARTED

MAKING MILK FOR YOUR BABY

If your baby is not yet able to feed at the breast, you can establish your milk supply by hand expressing and pumping. Both methods remove milk from your breast so that you can feed it to your baby. It is important to remove milk as many times as your baby would feed, 8 or more times in 24 hours, including at least once during the night. Discuss with your healthcare team how to express and store your breast milk, how to use a breast pump, and how to breastfeed your baby when they are ready.

HOW DO I HAND EXPRESS?

To hand express colostrum for your baby:

- Wash your hands well.
- Hold your baby skin-to-skin prior to expression.
- Relax, take deep breaths, and think positive thoughts about your baby.
- Have a syringe or clean container ready to collect breast milk.
- Gently stroke and massage your breasts to help begin the flow of milk.
- Form a "C" with your fingers at least 1 to 1.5 inches from the edge of the areola.

TIPS FOR SUCCESSFULLY PRODUCING BREAST MILK:



- Begin early and frequent hand expression and pumping within 6 hours of birth and preferably within the first hour.
- Hand express and pump 8 or more times in 24 hours.
- Use hands-on pumping with a hospital grade double electric pump.

- Press back toward your chest wall.
- Gently compress your breast by bringing your fingers towards each other. Avoid sliding your fingers down toward your nipple.
- Relax the pressure.
- Repeat rhythmically, moving around your breast so you are expressing from the entire breast. It may take several minutes before you see any milk.
- Continue this until the flow of colostrum or milk has stopped. You may want to switch hands and switch from one breast to the other as often as it works for you.
- The average length of time needed to express may vary.
- If you have concerns about your milk volume discuss with your healthcare provider ways to increase your supply.

HAND EXPRESSION TECHNIQUE **Expressing milk should be comfortable, not painful.**



1



PRESS (BACK TOWARD YOUR CHEST)



2



COMPRESS



3



RELAX

HELPFUL RESOURCES: **Learn more about expressing breast milk.**



VIDEO

[Hand Expressing Breastmilk](https://www.healthyfamiliesbc.ca/home/articles/video-hand-expressing-breastmilk)

<https://www.healthyfamiliesbc.ca/home/articles/video-hand-expressing-breastmilk>



VIDEO

[Expressing milk for a Preterm or Ill baby](https://www.healthyfamiliesbc.ca/home/articles/tips-breastfeeding-preterm-babies)

www.healthyfamiliesbc.ca/home/articles/tips-breastfeeding-preterm-babies

HOW DOES MY BODY MAKE BREAST MILK?

During your pregnancy your body prepares for breastfeeding your baby. Two important hormones involved in breastfeeding are prolactin and oxytocin. Prolactin is an important hormone because it makes milk. You can increase prolactin by:

- Breastfeeding your baby often.
- Stimulating your breasts 8 or more times in 24 hours by hand expressing and pumping.
- Stimulating your breasts at least once at night. Missing the overnight pumping may lead to a decrease in your milk supply.

Oxytocin is released while you breastfeed, hand express, or pump. Oxytocin is an important hormone because it releases the milk from your breasts. This is called let-down.

During let-down you may feel:

- Tingling in your breasts.
- Milk leaking from one or both breasts.
- Cramps or contractions in your uterus or womb.
- Nothing. A lack of these signs does not mean that you don't have a let-down.

You will make more milk, faster, with frequent hand expression and effective pumping!



WHAT CAN I EXPECT DURING THE FIRST FEW DAYS?



DAY 1

- Begin expressing colostrum by hand ideally within the first hour after birth.
- Hand express 8 or more times in 24 hours. You can do this hourly when you are awake. Ensure you hand express at least once during the night.
- Some mothers express a few drops of colostrum while others express more each time. It is normal to only get small amounts in the beginning. Every drop of milk is important.
- Early and frequent breast stimulation and milk removal help increase your milk supply.
- Kangaroo Care with your baby.



DAY 2

- Transition to a hospital grade double electric pump once your milk supply increases.
- Continue with hand expression and pumping 8 or more times in 24 hours. Do this at least once during the night.

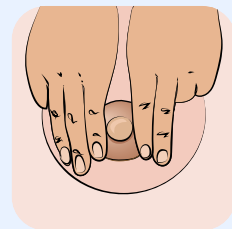


DAY 3

- Hand express and pump 8 or more times in 24 hours.
- Continue to pump at least once during the night since the hormone (prolactin) that helps milk production is highest at night.
- Take only one 4 hour break during the night.
- Your breasts may become fuller as your milk volume increases. This is normal.
- If your breasts become over filled and uncomfortable, this is called engorgement. Cold compresses on your breasts and frequent milk removal should help. Many mothers also find that reverse pressure softening is useful.
- Frequent milk removal is important to prevent engorgement.
- Reverse pressure softening is a way to soften the dark area around your nipple and this helps the milk to come out. Try reverse pressure softening before you express.

REVERSE PRESSURE SOFTENING

1. Place your fingers on each side of your nipple.
2. Push inward toward the chest wall. Hold for about a minute.
3. Rotate your fingers around the nipple and repeat.
4. If part of your areola is still firm, repeat on that area.
5. Reverse pressure softening may be a bit uncomfortable but should not hurt.
6. Remember that you are pushing fluid away from the areola.



If breast fullness or engorgement continue to be a problem, be sure to discuss with your healthcare provider.



DAY 7

- Expect a significant rise in breast milk volume by day 7. If you aren't seeing an increase in the volume of milk, discuss with your healthcare provider.



DAY 14+

- Your volume of breast milk should be increasing quickly over the first 10-14 days.
- Combining hand expression and pumping is helpful to enhance breast milk supply for most mothers.
- Continue hand expressing and pumping 8 or more times in 24 hours, including at least once at night. One stretch of 4 hours between milk expression sessions is usually fine. Many mothers like the 4 hour stretch to be during the night.
- Discuss with your healthcare provider regularly about hand expressing and pumping and your milk supply. Your healthcare provider may advise you to pump more often.

KANGAROO CARE

- Continue Kangaroo Care with your baby in hospital and at home. You and your baby will enjoy being close at home. Create a safer sleep plan that works for your family before you go home

PUMPING

Using a breast pump may be an effective way to collect breast milk and stimulate your milk supply.

It is best to pump both breasts at the same time. This is called double pumping. Double pumping is faster than pumping one breast at a time.

It may be helpful to rent or buy an electrical breast pump to use when you are not in the hospital with your baby. Manual pumps, pumps that you use by hand, may not be strong enough to start and keep up a good milk supply when your baby is in the NICU.

Check with your healthcare provider about where to rent a hospital grade pump to use at home.

If you have trouble with the operation of your breast pump, discuss with your healthcare provider, contact the pump rental company or consult the manufacturer's website.

DOUBLE PUMPING: PUMPING BOTH BREASTS AT THE SAME TIME

- Use two pump kits as directed by the hospital.
- Hospital grade double electric pump is best.
- Double pump until the milk stops flowing.
- Consider using the "hands-on pumping" technique where you gently massage and compress your breasts while you pump using a double electric pump.

HELPFUL RESOURCES: Learn more about how to increase milk supply.



VIDEO

[Hand Expressing Breastmilk](https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html)

<https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>

HOW TO BUILD A PLENTIFUL MILK SUPPLY

- Pump and hand express 8 or more times in 24 hours.
- Massage your breasts before pumping and compress your breast during pumping.
- Pump at least once during the night when prolactin levels are highest.
- Sleep a maximum of 4 hours between pumping at night.
- Hand express after pumping as this will help your breasts make more milk.
- Express until your milk is no longer flowing easily and your breasts are soft.

GETTING READY TO PUMP

- Wash your hands with soap and water or a waterless antiseptic cleanser before expressing and handling breast milk or feeding equipment.
- Pump in a comfortable place for you.

TIPS FOR PUMPING SUCCESS

- Pump before, during, or after Kangaroo Care with your baby.
- Pumping after Kangaroo Care is helpful as your milk hormones are higher after skin-to-skin contact.
- Hold or touch your baby as much as possible.
- Use warm compresses, gentle massage, and hand expression to stimulate the let-down reflex before you begin pumping.
- Pumping should be comfortable. If you develop sore nipples, discuss with your healthcare provider about the correct breast flange size and suction setting. A proper fitting flange is important.

PUMP EARLY.

PUMP OFTEN.

PUMP EFFECTIVELY.

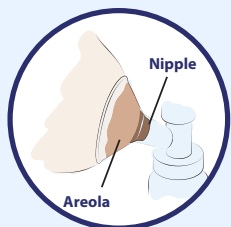


- Flange size will vary between pump companies and brands.
- The needed flange size may be different between breasts, and may change over time.
- Low milk supply can often be prevented by early, frequent pumping. If this problem persists, ask your healthcare provider for help.

PROPER FITTING

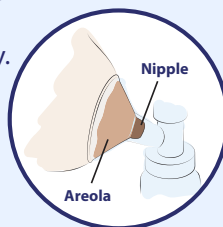
TOO SMALL

The nipple rubs along the side of the tunnel. Try a larger size. Some mothers need a different size on each breast.



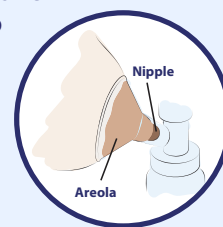
CORRECT FIT

The nipple is centred and moves freely.



TOO BIG

The nipple and excessive areola are pulled into the tunnel. Try a smaller size. Some mothers need a different size on each breast.



WHAT IS A MILK SUPPLY JOURNAL?

This is a record of how much milk you pump and express each time. Record the time and the amount of breast milk that you pumped and expressed. Also check off when you hold your baby during Kangaroo Care. Use the milk supply journal and the feeding record provided on pages 14-17. Recording your pumping and expressing sessions helps you to remember how many times you pump and express each day and monitor the amount of breast milk you are making.

HOW DO I CARE FOR PUMPING EQUIPMENT WHEN BABY IS IN HOSPITAL?

Discuss with your healthcare provider how to care for, clean, and store your pumping and feeding equipment.

BREAST MILK STORAGE GUIDELINES FOR A PRETERM BABY IN HOSPITAL

Storage times may vary so discuss your hospital's guidelines with your healthcare provider. Freshly expressed breast milk should be used within 24-48 hours of pumping. See breastmilk storage guidelines on [Page 13](#).

- Use sterile storage containers recommended by the hospital.
- Discuss with your healthcare provider how to label your breast milk containers according to hospital instructions. Be sure to include your baby's name, date, and time you expressed.
- Fresh breast milk is best for your baby. Refrigerate breast milk right after pumping if not being used.
- Freeze breast milk that will not be used within 24-48 hours.
- Pour your freshly expressed breast milk into a new sterile storage container each time you pump. Do not mix breast milk from different pumping sessions.

HOW DO I SAFELY TRANSPORT MY BREAST MILK TO THE NICU?

Deliver your fresh breast milk to the NICU as soon as possible.

- Place breast milk in a clean bag/container.
- Use a clean insulated cooler or container with a freezer pack. Avoid using regular ice if possible. Ice is warmer than frozen milk and may cause the milk to thaw faster.
- Discuss with your healthcare provider how to label your breast milk and where to store the breast milk you bring to the hospital.

FRESH 
IS BEST FOR
YOUR BABY!

FEEDING YOUR BABY AT THE HOSPITAL

FEEDING EXPRESSED BREAST MILK

Expressed breast milk can be fed to your baby using different methods. The method used should suit your needs and the needs of your baby. These supplemental feeding methods are used to support breastfeeding until your baby becomes stronger and is able to breastfeed better. You and your healthcare provider can discuss the pros and cons of each method and decide what is suitable and safe for your baby.



- **Naso-gastric or oro-gastric tube:** a tube that goes into your baby's stomach through his/her nose (nasogastric tube) or mouth (orogastric tube) to feed your baby.
- **Lactation aid:** a feeding tube leading from a container to your nipple. When your baby breastfeeds, your baby receives milk from your breast and through the feeding tube at the same time.
- **Finger feeding:** a feeding tube coming from a container is placed along the soft side of your finger. Your baby will feed by sucking on your finger and the feeding tube at the same time.
- **Cup:** a small cup is held to your baby's lips so that s/he can sip from it. Your baby sets the sipping rhythm. Do not pour milk into your baby's mouth.
- **Syringe, dropper, or spoon:** sometimes used for giving small amounts.
- **Nipple shield:** A specially made device that fits over your nipple. It may help your baby latch, suck and stay on the breast. Your milk will come through the holes at the tip of the nipple shield.

Discuss with your healthcare provider to learn more about the various methods of feeding your baby. It is important to be shown how to use any of these methods to be sure that you are feeding your baby safely and comfortably.

HELPFUL RESOURCES: Learn more about feeding methods.



[Healthy Families BC Alternative feeding methods for Newborns](https://www.healthyfamiliesbc.ca/home/articles/video-alternative-feeding-methods-newborns)

<https://www.healthyfamiliesbc.ca/home/articles/video-alternative-feeding-methods-newborns>

NON-NUTRITIVE SUCKING

Non-nutritive sucking is done by most babies to satisfy their urge to suck. It helps with digestion, coordination of sucking and breathing, and can also help soothe your baby. Your baby can do this by sucking at your breast after you have expressed your milk or discuss with your healthcare provider about other methods such as sucking on your finger or using a pacifier. It is important that you have the information that you need to make an informed decision. Non-nutritive sucking is also important to soothe a baby, especially when parents can't be present to calm their baby.

WHAT IS PASTEURIZED DONOR HUMAN MILK?

Milk from a baby's own mother is always first choice. When your milk is limited or not available, pasteurized donor human milk is the next best thing to help your baby develop well and be healthy. In these hospitals, donor milk is offered to babies who meet the hospital criteria. Milk from a certified milk bank is very safe. It goes through a careful screening process, testing, and pasteurization.

The BC Women's Provincial Milk Bank website explains that pasteurized donor human milk can protect preterm or very low birth weight babies against life-threatening illnesses such as necrotizing enterocolitis (NEC). Pasteurized donor human milk may also protect against serious infections and complications.

Many of these components can only be found in breast milk and are not in infant formula. If you have more milk than your baby needs, consider donating some of your milk to the BC Women's Provincial Milk Bank. There are milk collection depots throughout the province that collect and send breast milk to BC Women's Provincial Milk Bank for pasteurization and storage.

HELPFUL RESOURCES: Learn more about donating your milk.



WEB

BC Women's Provincial Milk Bank

<http://www.bcwomens.ca/our-services/labour-birth-post-birth-care/milk-bank>

TRANSITIONING TO BREASTFEEDING

Preterm babies go through specific stages as they learn to breastfeed. This is like learning any new skill.

Parents can also learn their babies feeding cues, when to start and stop feeds, to provide a positive and safe learning experience.

Preterm babies slowly become better at breastfeeding as they transition to fully feeding from the breast. Discuss with your healthcare provider when you and your baby are learning to breastfeed.

Please refer to [Page 11](#) for step-by-step guidelines outlining the preferred transition to breastfeeding. This is the progression you may see, however your baby will move through each step at their own pace.

HELPFUL RESOURCES: Learn more about baby feeding cues.



VIDEO

Healthy Families BC Baby Feeding Cues and Behaviours

<https://www.healthyfamiliesbc.ca/home/articles/video-about-baby-feeding-cues-and-behaviours>

TRANSITIONING TO BREASTFEEDING

THIS IS THE PROGRESSION YOU MAY SEE. YOUR BABY WILL MOVE THROUGH EACH STEP AT THEIR OWN PACE.

1

KANGAROO CARE

Begin Kangaroo Care/Skin-to-skin contact



2

OBSERVE

Observe your baby for feeding cues, such as rooting and putting their hand to their mouth



3

POSITION

Position your baby so that your baby's mouth is close to the nipple and watch for your baby to lick and sniff



4

EXPRESS

Express breast milk on to your nipple and gently rub it along your baby's lips. This will help your baby become familiar with the taste and smell of your breast milk.



5

LATCH

Baby is able to latch on to the breast and begins to suck and swallow



6

INCREASE FREQUENCY

Your baby may breastfeed more often each day until they are ready to breastfeed at every feed



7

STAY CONNECTED

Stay together with your baby as much as possible. This will help you and your baby get to know one another and you will be better able to respond to your baby's cues

TIPS FOR SUCCESS



In the early days of learning to breastfeed, your baby may be overwhelmed with the milk flow. You may need to express your breast milk for a short time before you latch your baby. Your baby will gradually feed comfortably at your full breast.

IF YOUR BABY MOVES TO A DIFFERENT HOSPITAL

Your baby may be moved to another hospital closer to your home when s/he no longer needs intensive care. This may be a stressful time for both you and your baby. The new hospital may have different routines and practices from what you are used to. Here are some suggestions to help you and your baby adjust.

TIPS FOR DISCUSSING YOUR BABY'S CARE AT THE DIFFERENT HOSPITAL

- Discuss your feeding goals with staff so everyone can work towards them together.
- Let staff know that you would like to hold your baby in Kangaroo Care for continuous and prolonged periods of time.
- Discuss how you can be involved in your baby's care so you will feel confident when it is time for your baby to go home.
- Ask who provides breastfeeding support at the new hospital and the new community and ask to meet with this person.
- It is important for you to feel confident caring for your baby. If you have already been discharged from the hospital, request to stay together with your baby both day and night (rooming-in) before your baby is discharged. Being together with your baby can help the two of you practice and become more confident with breastfeeding.

WHEN BABY GOES HOME

When your baby goes home from the hospital, you will have a feeding plan to help you and your baby continue to breastfeed. Pumping may need to continue and slowly decrease as your baby becomes stronger and breastfeeding improves. Ongoing breastfeeding support will help you and your baby continue to breastfeed once at home. Make plans with your healthcare provider for follow-up.

HOW DO I CARE FOR PUMPING EQUIPMENT WHEN BABY IS AT HOME?

At home, follow the manufacturer's instructions for cleaning the breast pump after each use.

- Take apart breast pump tubing and separate all parts that come in contact with the breast/breast milk. Inspect tubing after each use. Clean outside of the tubing with a damp cloth. Do not submerge tubing in water.
- Rinse pump kit parts with cool water first to remove milk residue.
- Wash parts in a clean basin, not sink, with warm soapy water.
- Rinse thoroughly and place on a clean paper towel or dish towel to air dry.
- Store kit in a clean, re-sealable plastic bag, or plastic container with fitted lid.
- Sterilize all pumping equipment once a day, according to manufacturer's directions. Some kits may be placed in the dishwasher to clean or in microwave bags for this purpose if indicated by the manufacturer.

BREAST MILK STORAGE GUIDELINES WHEN BABY IS AT HOME

Milk storage guidelines are different once you and your baby are at home. Here are some suggestions for storing your breast milk at home:

- Use a clean storage container that is BPA free, or bags made for freezing breast milk.
- Label the container with the date you expressed the breast milk.
- To avoid waste, store breast milk in the quantity needed for one feeding.
- Use fresh milk whenever possible.
- Use colostrum and oldest milk first whenever fresh milk is not available.
- If not being used, freshly expressed milk should be refrigerated or frozen.
- Avoid storing milk on the door of the fridge or freezer as temperatures are warmer there.
- Do not refreeze breast milk that was previously frozen.
- You may add chilled fresh breast milk to already frozen breast milk. Do not add warm breast milk to frozen breast milk.

- Defrost breast milk in the fridge or under warm running water. Do not cover the cap of the container with water.
- In the event of a power outage or freezer failure, carefully look at each container of stored breast milk. Partially defrosted milk with ice crystals may be re-frozen. In the absence of ice crystals, expressed breast milk should be thrown out.

USE THE FOLLOWING GUIDELINES UNLESS ADVISED DIFFERENTLY BY YOUR HEALTHCARE PROVIDER.

BREAST MILK STORAGE TIMES FOR PRETERM & SICK BABIES IN THE NICU

***Discuss with your healthcare provider about safe milk storage time's specific for your baby.*

	FRESHLY EXPRESSED BREAST MILK <small>**Colostrum for oral immune therapy should be freshly expressed and not refrigerated**</small>	BREAST MILK THAWED IN A REFRIGERATOR, BUT NOT WARMED	BREAST MILK THAWED AND BROUGHT ROOM TEMPERATURE	BABY HAS STARTED FEEDING
ROOM TEMPERATURE (20° C) (68°F)	Up to 4 hours (Immediate refrigeration is best)	Up to 4 hours	Up to 4 hours (Immediate refrigeration is best)	For Completion of feed, then discard
REFRIGERATOR TEMPERATURE (4° C) (39°F)	Up to 48 hours	Up to 24 hours	Up to 4 hours	Discard
FREEZER (Seperate-door freezer) (-18° C) (-.04°F)	Best: Up to 1 month Acceptable: up to 3 months	DO NOT REFREEZE		
DEEP FREEZE (-20° C) (-4°F)	Up to 12 months	DO NOT REFREEZE		

BREAST MILK STORAGE TIMES FOR HEALTHY FULL TERM BABIES

	FRESHLY EXPRESSED BREAST MILK	BREAST MILK THAWED IN A REFRIGERATOR, BUT NOT WARMED
ROOM TEMPERATURE (20° C) (68°F)	Up to 6 hours	Up to 4 hours
REFRIGERATOR TEMPERATURE (4° C) (39°F)	Up to 5 days	Up to 24 hours
FREEZER (Seperate-door freezer) (-18° C) (-.04°F)	Up to 6 months	DO NOT REFREEZE
DEEP FREEZE (-20° C) (-4°F)	Up to 12 months	

* These recommendations are for healthy full-term babies who are at home. If your baby was born prematurely or has a health condition, safe storage times are much shorter. Discuss with your health care provider or call HealthLink BC at 8-1-1.

HELPFUL RESOURCES Learn more about expressing and storing breast milk.



Healthy Families BC Alternative feeding methods for Newborns

<https://www.health.gov.bc.ca/library/publications/year/2019/BBC-7th-edition-FINAL-Nov2019.pdf>

IF YOUR BABY REQUIRES FORMULA

If your baby is receiving formula for a medical reason or you have made an informed decision to feed formula discuss with your healthcare provider about how to safely prepare, store, and feed formula.

If you are supplementing your baby with infant formula, your baby should have sterile liquid formula such as ready-to-feed or liquid concentrate. Powdered infant formula is not sterile and therefore not suitable for infants who are premature, low birth weight, and/or at risk for infection.

BREASTFEEDING SUPPORT IN YOUR COMMUNITY

While going home is exciting, it may also be stressful as you adjust to life at home. You will benefit from ongoing breastfeeding support until breastfeeding is well established. This support is available from a variety of services, including the following:

HealthLinkBC Call at **8-1-1** to speak with a registered dietitian or nurse. Translation services are available in more than 130 languages. Dietitians are available Monday to Friday 9 AM to 5 PM and nurses are available anytime. For deaf and hard of hearing assistance (**TTY**), call **7-1-1**. You can also email a HealthLinkBC dietitian.
Website: healthlinkbc.ca

La Leche League Canada encourages, promotes and provides mother-to-mother breastfeeding support and information.
Website: lllc.ca

British Columbia Lactation Consultants Association is an organization of international board-certified lactation consultants (IBCLCs) and others who wish to protect, support and promote breastfeeding.
Website: bclca.ca

Baby's Best Chance: Parents' Handbook of Pregnancy and Baby Care.
A reference guide to help new parents from pregnancy, through birth, and in the parenting of a baby up to six months of age.
Website: <https://www.health.gov.bc.ca/library/publications/year/2019/BBC-7th-edition-FINAL-Nov2019.pdf>

CONTACT YOUR LOCAL HEALTH AUTHORITY FOR MORE INFORMATION:

Public Health Offices and Hospitals may offer additional breastfeeding services such as lactation consultants, support groups and phone consultation.

Vancouver Coastal Health
Phone toll-free: 1-866-884-0888
Lower Mainland: 604-736-2033
Website: vch.ca

**Provincial Health Services
Authority of BC**
Phone: 604-675-7400
Website: phsa.ca

Fraser Health
Phone toll free: 1-877-935-5669
Phone: 604-587-4600
Website: fraserhealth.ca

Northern Health
Phone: 250-565-2649
Website: northernhealth.ca

Interior Health
Phone: 250-469-7070
Website: interiorhealth.ca

First Nations Health
Phone: 604.693.6500
Website: fnha.ca

Island Health
Phone: 250-370-8699
Website: islandhealth.ca

The Infant Development Program of the Infant and Child Development Association of BC
Offers home-based prevention and early intervention services to infants and children up to 3 years old. Consultants assess children and help families get the tools, skills and community connections they need to promote optimal child development and support developmental challenges. To find a program in your area, ask your public health nurse or healthcare provider.
Website: icdabc.ca/programs/infant-development-program

Milk Supply Journal Week 1

Use this form if your baby is not able to breastfeed or is just learning to breastfeed.

EXAMPLE	Hand Express/ Pump/ Breastfeed	Skin-to-skin
Time	9:30	✓
Amount	3 mL	
Time	11:30	✓
Amount	5 mL	
Time	2:00	✓
Amount	5 mL	
24 Hour Total	13 mL	

Goal:

Day 1: Hand express breast milk 8 or more times today.

Day 2: Continue with hand expression and begin double pumping at least 8 or more times in 24 hours (at least once during the night). Even if your baby is able to feed at the breast, pump with a hospital grade double electric pump. Double pump for 15 minutes at least every 3 hours. Pump at least once per night and don't wait more than 4 hours between pumping.

Instructions:

- Record the time and amount of milk each time you pump.
- Check off when you hold your baby in Kangaroo Care.
- Holding your baby Kangaroo Care before you pump will help increase your milk supply and your baby will enjoy it.
- When your baby is breastfeeding, use the feeding record on page 17.

Date	1	2	3	4	5	6	7
Day of life:	Hand Express/ Pump/ Breastfeed	Hand Express/ Pump/ Breastfeed	Hand Express/ Pump/ Breastfeed	Hand Express/ Pump/ Breastfeed	Hand Express/ Pump/ Breastfeed	Hand Express/ Pump/ Breastfeed	Hand Express/ Pump/ Breastfeed
	Kangaroo Care	Kangaroo Care	Kangaroo Care	Kangaroo Care	Kangaroo Care	Kangaroo Care	Kangaroo Care
1 Time							
Amount							
2 Time							
Amount							
3 Time							
Amount							
4 Time							
Amount							
5 Time							
Amount							
6 Time							
Amount							
7 Time							
Amount							
8 Time							
Amount							
9 Time							
Amount							
10 Time							
Amount							
11 Time							
Amount							
12 Time							
Amount							
24 Hour Total							

Milk Supply Journal Week 2

Use this form if your baby is not able to breastfeed or is just learning to breastfeed.

Date		8	9	10	11	12	13	14	
Day of life:		Hand Express/ Pump/ Breastfeed	Kangaroo Care	Hand Express/ Pump/ Breastfeed	Kangaroo Care	Hand Express/ Pump/ Breastfeed	Kangaroo Care	Hand Express/ Pump/ Breastfeed	Kangaroo Care
1	Time								
	Amount								
2	Time								
	Amount								
3	Time								
	Amount								
4	Time								
	Amount								
5	Time								
	Amount								
6	Time								
	Amount								
7	Time								
	Amount								
8	Time								
	Amount								
9	Time								
	Amount								
10	Time								
	Amount								
11	Time								
	Amount								
12	Time								
	Amount								
24 Hour Total									

Goal:
Hand express and double pump at least 8 times in 24 hours.
Sleep a maximum of 4 hours between pumping at night.

Instructions:

- Record the time and amount of milk each time you pump.
- Check off when you hold your baby in Kangaroo Care
- Holding your baby
- In Kangaroo Care before you pump will help increase your milk supply and your baby will enjoy it.
- Hold your baby Kangaroo Care as much as possible.
- Your volume of breast milk should be increasing over the first 10-14 days. Talk with your health care provider regularly about hand expressing and pumping and your milk supply.
- Continue hand expressing after pumping to help ensure that your breasts are thoroughly drained.
- When your baby is breastfeeding, use the feeding record on page 17.

Notes:

Milk Supply Journal Week 3

Use this form if your baby is not able to breastfeed or is just learning to breastfeed.

Date	15	16	17	18	19	20	21
Day of life:	Hand Express/ Pump/ Breastfeed	Hand Express/ Pump/ Breastfeed	Hand Express/ Pump/ Breastfeed	Hand Express/ Pump/ Breastfeed	Hand Express/ Pump/ Breastfeed	Hand Express/ Pump/ Breastfeed	Hand Express/ Pump/ Breastfeed
1 Time	Kangaroo Care	Kangaroo Care	Kangaroo Care	Kangaroo Care	Kangaroo Care	Kangaroo Care	Kangaroo Care
Amount							
2 Time							
Amount							
3 Time							
Amount							
4 Time							
Amount							
5 Time							
Amount							
6 Time							
Amount							
7 Time							
Amount							
8 Time							
Amount							
9 Time							
Amount							
10 Time							
Amount							
11 Time							
Amount							
12 Time							
Amount							
24 Hour Total							

Goal:
Hand express and double pump at least 8 times in 24 hours.
Sleep a maximum of 4 hours between pumping at night.

Instructions:

- Record the time and amount of milk each time you pump.
- Check off when you hold your baby in Kangaroo Care.
- Holding your baby in Kangaroo Care before you pump will help increase your milk supply and your baby will enjoy it.
- Hold your baby in Kangaroo Care as much as possible.
- Your volume of breast milk should be increasing quickly over the first 10-14 days.
- Talk with your health care provider regularly about hand expressing and pumping and your milk supply.
- Continue hand expressing after pumping to help ensure that your breasts are thoroughly drained.
- When your baby is breastfeeding, use the feeding record on page 17.

Notes:

FEEDING RECORD FOR THE EARLY PRETERM BABY

A feeding record is a helpful way to keep track of how much your baby is eating. This will help you and your health care provider to know that your baby is growing well. It may be helpful to total the feeds, urine, and stools every 24 hours.

[illegible]

NOTES:

[illegible]

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Booklet Information:

The advice provided in this resource does not replace health advice from your health care provider. For more information, call HealthLinkBC at 8-1-1 to speak with a registered dietitian or nurse. Translation services are available in more than 130 languages. Dietitians are available Monday to Friday 9 AM to 5 PM and nurses are available anytime. For deaf and hard of hearing assistance (TTY), call 7-1-1. You can also email a HealthLinkBC dietitian.

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