



NCCU CLINICAL GUIDELINES
SECTION: 7

BREAST FEEDING

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Breast feeding the preterm and term infant
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BREAST FEEDING THE PRETERM AND TERM INFANT

Breast milk is specifically designed for human infants with both the mother and infant gaining physically and emotionally from the breastfeeding experience. Breast milk has the correct biochemical constituents necessary for optimal growth and development and assists in the prevention of respiratory and intestinal infections and the onset of allergies. Premature infants may require individually tailored fortification of human milk to reach recommended intakes and acceptable growth rates.

HEALTH BENEFITS FOR THE INFANT

- Greater enteral feeding tolerance and more rapid achievement of full enteral feeds.
- Reduced risk and severity of infection both short and long term.
- Reduced risk and severity of necrotizing enterocolitis.
- Reduced risk of atopic disease for infants with family risk histories.
- Enhanced retinal maturation and visual acuity.
- Enhanced developmental and neurocognitive outcomes.
- Greater physiological stability during breastfeeding compared to bottle feeding.

HEALTH BENEFITS FOR THE MOTHER

- Breastfeeding stimulates the uterus to contract, thus aiding the involution process and reducing the risk of postpartum haemorrhage.
- Breastfeeding reduces the risk of breast cancer and epithelial ovarian cancer.
- Psychological significance of making a unique contribution to the care of their preterm infant by expressing and breastfeeding.

OUR AIM IS TO MAXIMISE BREASTFEEDING OUTCOMES BY PROMOTING CONSISTENCY IN CARE AND INFORMATION FOR MOTHERS WHO INTEND TO BREASTFEED THEIR INFANTS, BOTH PRETERM AND TERM.

All staff should complete BFHI eLearning packages: Module 1 – 4

[Baby Friendly Health Initiative \(BFHI\) Educational Tools](#)

BREAST FEEDING THE PRETERM INFANT

- Ensure that prior to the mother's discharge from hospital, she is provided with information regarding expressing, labelling, transporting and storage of breast milk, hire/purchase of breast pumps and related equipment, and access to expressing facilities within the nursery and of the community-based breastfeeding support and information services available.

- Mothers are to be provided with continuing access to support and information about the establishment and maintenance of lactation, breast and nipple care, and positioning and attachment. Breastfeeding is to be introduced at a pace that matches the infant's energy reserve and ability to suck.
- Introductory suck feeds are to be breastfeeds, early breastfeeding is less physiologically stressful than is early bottle-feeding. The infant has a greater ability to control the flow of milk during breastfeeding, and has more stable patterns of oxygenation.
- Breastfeeding may commence when the infant is medically stable and eliciting signs of readiness to suck; this may occur as early as 30 - 32 weeks gestation. From 34 weeks gestation onwards, the ability to coordinate sucking, swallowing, and breathing improves as the infant matures.

SIGNS OF READINESS TO SUCK MAY INCLUDE:

- Sucking on a feeding tube or pacifier
- Rooting reflex
- Swallowing own saliva
- Putting their fist in their mouth
- Resisting gavage feeds

Encourage the mother to have skin to skin contact with her infant, preferably for at least 30 minutes before a breastfeed. (The infant may be tube fed in this position if required). Infants in skin-to-skin contact make rooting and mouthing movements and move toward the nipple, while mothers frequently report feelings of milk ejection, leaking, and expression of larger milk volumes following skin to skin cuddling. Initial introductions to the breast often involve non-nutritive sucking (ideally just after the mother has expressed), with a gradual transition to nutritive sucking.

It is preferable that orogastric inserted tubes be replaced with nasogastric inserted tubes when the infants shows increased readiness to suck as this facilitates the correct sucking action. Where this is not possible, it is preferable that the OGT is taped to the top lip.

BREASTFEEDING THE TERM INFANT

For information on establishing lactation, breastfeeding the well term infant, breastfeeding challenges or suppression of lactation refer to Section 8 Newborn Feeding

http://kemh.health.wa.gov.au/development/manuals/O&G_guidelines/sectionb/index.htm

RECOMMENDED FURTHER READING

- J. Riordan, K. Wambach. Breastfeeding and Human Lactation 4th Edition 2009
- R. Mannel, P.J. Martens, M. Walker (Eds). Core Curriculum for Lactation Consultant Practice. 3rd Edition 2012
- W. Brodribb (Ed). Breastfeeding Management, 4th Edition 2012.
- R. Lawrence, R. Lawrence. Breastfeeding: A Guide for the Medical Profession 7th Edition, 2010.