# Newborn Critical Care Center (NCCC) Clinical Guidelines

## Breastfeeding Guidelines for Preterm Infants and the Use of Donor Human Milk

### BACKGROUND

Exclusive breastfeeding is recommended until about 6 months, followed by a gradual introduction of complementary foods with continued breastfeeding for 2 years or longer as mutually desired by mother and infant (WHO, AAP, ABM). Medical professionals should promote, protect and support breastfeeding, especially for vulnerable and medically fragile preterm infants. The transition from enteral tube feedings to exclusive breastfeeding should involve frequent mother-infant skin-to-skin contact and ongoing support and guidance from the NCCC staff and providers.

### BENEFITS OF BREASTFEEDING

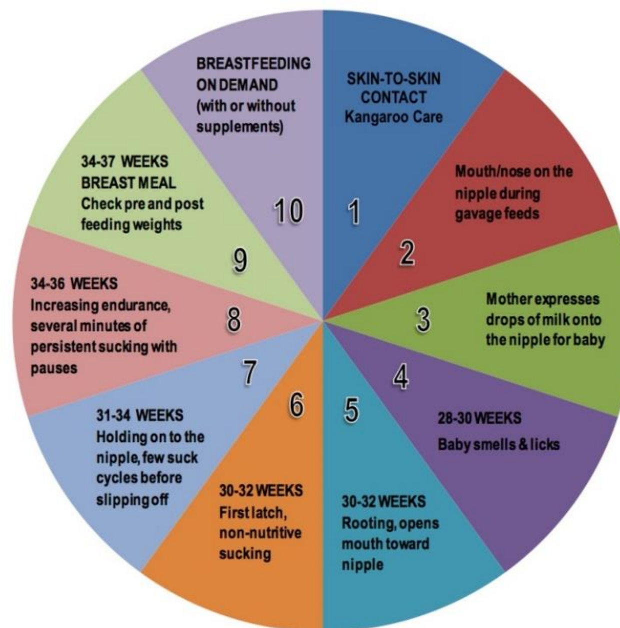
Data show that for children who were breastfed, the following acute and chronic pediatric disorders occur less frequently: otitis media, acute diarrheal disease, lower respiratory illnesses, sudden infant death syndrome, inflammatory bowel disease, childhood leukemia, diabetes mellitus, obesity, asthma and atopic dermatitis. (AAP) Children and adolescents who were breastfed as babies are less likely to be overweight or obese. Additionally, breastfed infants perform better on intelligence tests and have higher school attendance. (WHO)

### IMPORTANT POINTS

1. Breastfeeding should be discussed during prenatal visits, including all Maternal Fetal Medicine patients. Prenatal course should include a lactation consult.
2. After delivery, initiate a lactation consult. Lactation consultants take the mother a breastfeeding bag containing information and small containers for expressed colostrum soon after delivery and encourage her to provide breastmilk for her infant.
3. ***Pumping should begin within 6 hours after delivery, ideally within the first 2 hours. Pumping should occur every 3 hours to establish supply.***
4. For mothers with infants who are NPO, please refer to the Oral Immune Therapy Guidelines.
5. For infants transported from an outside hospital, the first telephone update should determine the mother's plan for infant feeding, encourage provision of breastmilk, and document her decisions in EPIC.
6. All staff should provide accurate information on benefits of human milk for infants in the NCCC, answer or refer questions to appropriate staff, and support mother.
7. Place infants skin to skin with mother as soon as medically possible. Continue to encourage skin-to-skin holding throughout hospital stay.
8. Arrange for home pump for mothers being discharged.
    - Contact Lactation (Vocera 4-7487 or *33) for more information. Pumps may be available from WIC and commercial insurance carriers.
    - Mothers without other pump options, who meet established criteria, may be loaned or provided an electric breastpump from the NCCC.
9. Encourage pumping at the bedside during or after Kangaroo Care.

10. Educate mothers about what to expect in the first week of pumping. Provide information regarding volume goals and check on progress frequently during the first 2 weeks of life.
11. Provide opportunities for non-nutritive sucking at the breast prior to breastfeeding. Depending on the gestational age of the infant, breastfeeding progresses as follows:
    - Expression and storage of breastmilk
    - Beginning enteral feeds
    - Skin-to-skin holding
    - Non-nutritive sucking at the breast (NNS)
    - Nutritive sucking with supplementary feeds progressing to full breastfeeding
    - Exclusive breastfeeding

**BREASTFEEDING STEPS**
**FOR THE PREMATURE BABY**




*Nicki Ward (2000). Adapted from Berlith Persson Helsingborg Hospital, Sweden.*

Your baby will progress at his/her own rate through these steps as his/her maturity and medical condition allows. Frequent expression of your milk helps maintain a generous milk supply to reward your baby for his/her efforts at each of these steps.

***Contact your baby's nurse or lactation consultant if you have any questions or concerns.***

| Goals for Milk Production (in 24 hours) | |
|---|---|
| Day of life 1 to 3 | Drops to 30 mL |
| Day of life 3 to 5 | 200 – 500 mL |
| Day of life 7 | At least 500 mL |
| Day of life 14 | At least 720 mL |

12. Discussion of the feeding plan and documentation of mother's milk supply **(especially in the first two weeks)** should be ongoing and include an update at least weekly in EPIC documentation.
13. Start to discuss mother's post discharge feeding plan by 30 weeks and confirm by 32-33 weeks. Discussion should include steps necessary to achieve her goal.
    - Assist the family to set a realistic feeding plan. Lactation and speech therapy are helpful resources.
    - Ideally, initial PO attempt would be at breast if mother desires to breastfeed.
    - If mother's goal is to exclusively breastfeed, she realistically needs to increase visitation once approaching discharge to establish effective breastfeeding and continue to demonstrate weight gain with exclusive breastfeeding.
    - Consider use of Care-by-Parent room to work on breastfeeding, even in the early stages.
14. Once breastfeeding, observe the infants ability to latch and sustain latch. Contact lactation for breastfeeding support. Many preterm infants may benefit from the use of a nipple shield to facilitate milk transfer.
15. Evaluate milk transfer: adequate milk supply, audible swallow, mother's perception of letdown reflex, breast softening, and pre / post weights.
16. Ensure parents have been educated on paced feeding. Parents should also recognize unsafe feeding patterns and stress signs.
17. Assist mothers with local resources for lactation support in her community. After discharge, she can be seen at UNC as an outpatient (Lactation Warmline 984-974-8078) for Speech and/or Lactation consultations.

**DONOR HUMAN MILK USE**

Donor breast milk is better tolerated than formula for preterm infants. Donor breast milk is supplied to UNC by the WakeMed Milk Bank or the Kings Daughters Milk Bank.

1. Use of donor breast milk and its risk factors should be discussed with mother prior to initiation for verbal consent.
    - Risk factors include: infection but milk is irradiated in attempt to prevent, contamination
2. Infants born <28 weeks gestation should be fed donor breast milk if maternal milk is unavailable until 32 weeks gestation. This includes fortification with Prolacta human milk derived fortification. This is only if mother is in agreement with donor breast milk use.
3. Donor breast milk may also be used as a bridge for other infants until maternal milk is available but mother must be pumping to establish supply. Otherwise formula should be utilized to ensure tolerance prior to discharge.

***Please also see Breastfeeding Medications and Contraindications guideline.***

**References and Resources:**


Academy of Breastfeeding Medicine Position Statement on Breastfeeding

AAP Policy on Breastfeeding and Human Milk

AAP Health Professionals Resource Guide


*Reviewed March 2023 – Lucas NNP / Deloache NNP / Lynch MD*