

Breastfeeding Your Early Preterm Baby



For the parents of:

Born:

Contacts/Telephone Numbers:

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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 early preterm baby, born before the 34th week of pregnancy. Having accurate information will help you learn what to expect and make coping easier. Preterm babies require specialized care in a Neonatal Intensive Care Unit (NICU) or Special Care Nursery. Throughout this booklet, the term NICU will refer to both the Neonatal Intensive Care Unit and Special Care Nursery. In this booklet we use the term health care provider. This could be your doctor, nurse, International Board Certified Lactation Consultant, dietitian, physiotherapist, speech and language pathologist, occupational therapist, or other professional.

As a mother, you are the most important person to help your baby grow and develop. Being with your baby as much as possible, holding your baby skin-to-skin, providing breast milk or breastfeeding are ways you can support your new baby.

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 baby and changes over time.
- Preterm breast milk is very important for:
 - Growth and development and is especially suited to the needs of preterm babies.
 - Providing protein for brain growth.
 - Providing antibodies to protect preterm babies from infection.
- Babies who are not breastfed are at a higher risk for:
 - Ear infections.
 - Lung and breathing issues.
 - Diarrhea.
 - Diabetes.
 - Overweight and obesity.
 - Some childhood cancers.
 - Sudden Infant Death Syndrome.

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 be able to breastfeed in the beginning, skin-to-skin contact and breast milk are very important for them. Until premature babies are able to feed directly from the breast, mothers can express and pump their milk to feed to their baby.





Holding your baby skin-to-skin, 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.
- Hormones that produce breast milk help mothers cope during this stressful time.
- Promotes bonding between mother and baby.
- Keeps mothers healthier, decreases the risk of Type 2 diabetes and some cancers.
- Is convenient and readily available.

When will my baby be able to feed directly from the breast?

Babies born before 34 weeks may be fed with a feeding tube inserted through the nose or mouth which goes directly to the 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. When your baby is showing feeding behaviours like rooting and sucking, your health care provider will help you and your baby learn to breastfeed.

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 yellowish, very concentrated and thick. Some mothers express a few drops of colostrum while others will express more each time. This is normal and all that your baby needs. 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 in a small drop inside your baby's cheek. This milk is absorbed through the lining of the cheek and is believed to provide natural immunity against many types of infections by destroying bacteria and viruses in the throat, lungs and digestive system. While research is ongoing, it is believed that this extra protection is especially important for the preterm baby. OIT may not be used at all hospitals. Ask your health care provider if this can be done for your baby.

Help your baby get a good start by:

- Learning how to hand express colostrum early.
 - Expressing and pumping breast milk often.
 - Holding your baby skin-to-skin as much as possible.
 - Offering the breast as soon as your baby is stable.
-

Skin-to-Skin Contact and 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, s/he can hear your heartbeat, feel your breathing and smell and feel your skin. This is familiar and comforting to your baby. Hold and cuddle your baby often and for as long as possible. Plan to hold your baby skin-to-skin as soon as possible after birth for continuous and prolonged periods of time. This is also called kangaroo care.



*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 skin-to-skin, ask for help to do it.*

Why is skin-to-skin contact 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 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 be more confident and relaxed.

Your baby will be dressed in a diaper, then placed in an upright position on your chest and covered with your shirt or a blanket. When you hold your baby securely against your skin, s/he will feel calm. Skin-to-skin contact will give you and your baby the best start possible with breastfeeding. Your partner can also provide skin-to-skin contact to comfort and nurture your baby.



How does skin-to-skin 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%. When you hold your baby skin-to-skin, your baby is in a place where s/he experiences the world through touch, smell, hearing, taste, and movement. These experiences with you are absolutely key to their brain development. During skin-to-skin, the baby:

- Smells your milk.
- Tastes your milk.
- Touches your skin.
- Moves with you.
- Is kept warm by your body.

Read or hear more about skin-to-skin contact and kangaroo care in the NICU.

www.kangaroomothercare.com/skin-to-skin.aspx

www.youtube.com/watch?v=iN1UiAVyZZk

www.youtube.com/watch?v=svNB3yz2v8E

www.youtube.com/watch?v=MateX87u9k

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, at least 8 times in 24 hours, including at least once during the night.

The staff in the NICU will help you learn how to express and store your breast milk, how to use a breast pump and how to breastfeed your baby when s/he is able to.

How do I hand express?

To hand express colostrum for your baby:

- Wash your hands well.
- Find a place where you are comfortable and relaxed.
- Apply warm compresses to your breasts before hand expressing, when able.
- Gently massage your breasts from the outside towards the nipple by using a rolling motion with the hand flat or fist.

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.
- Pump using a hospital grade double electric pump.

- Hold your breast with one hand, not too close to the nipple. The thumb and fingers of your hand should be opposite each other and about 2½-4 cm (1-1½ inches) back from your nipple. Lift your breast slightly, and gently press the breast inwards toward your chest.
- Lightly compress your thumb and fingers together while keeping your thumb and finger deep in your breast towards your chest.
- Relax your fingers for a couple of seconds then repeat the same motion.
- Move your hands around your breast, massaging each area so you are expressing milk from the entire breast. Continue this until the flow of milk slows down. Switch sides and repeat on the other breast. Continue to alternate sides, massaging the breast and expressing again until the flow of milk has stopped.
- At first you will get a few drops of colostrum. Don't get discouraged; this is normal.
- Collect the milk on a teaspoon or a container provided by the hospital, that can then be used to give your baby the colostrum.
- Hand expression takes practice to learn. It will get easier.

Expressing milk should be comfortable, not painful.

Hand Expression Technique

Key steps: PRESS – COMPRESS – RELAX



press
(back towards
your chest)



compress



relax

Watch a video on expressing breast milk.

www.newborns.stanford.edu/Breastfeeding/HandExpression.html

www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Hand-expression/

How does my body make breast milk?

During your pregnancy your body also 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 at least 8 times in 24 hours by hand expressing and pumping.

Oxytocin is made 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 breast milk by hand and with a pump within 6 hours of birth, if possible within the first hour.
- Use a hospital grade double electric pump. Hand express first, then pump.
- Hand express and pump 8 or more times or as much as you can. You can do this hourly when you are awake.
- Don't worry about the amount of colostrum you express. Early and frequent breast stimulation and milk removal help increase your milk supply.

DAY 2:

- Continue with hand expression and pumping at least 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.
- Frequent milk removal is important to prevent engorgement.
- 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. Reverse pressure softening is a way to soften the dark area around your nipple and this helps the milk to come out.

Reverse Pressure Softening



1. Place your fingers on each side of your nipple.
2. Push towards your ribs. 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 talk to your health care provider.

BY 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, talk to your health care provider.

DAY 14:

- 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. Your health care provider may advise you to pump more often.
- Combining hand expression and pumping is helpful 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.

Pumping

Using a breast pump is 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 also helps you make more milk, faster.

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

If you have trouble with the operation of your breast pump, talk to your health care 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 for 15 minutes.
- Continue to pump longer if you still have milk coming.
- Massage your breasts as you pump.
- Consider using the "hands-on pumping" technique where you gently massage and compress your breasts while you pump using a double electric pump.

Watch a video about massaging your breasts during pumping to increase milk production.

www.newborns.stanford.edu/Breastfeeding/MaxProduction.html

How to build a good milk supply

- Pump and hand express at least 8 times in 24 hours.
- Massage your breast before and 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.

*Pump early. Pump often.
Pump effectively.*

Getting ready to pump

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

Tips for pumping success

- Pump before, during or after skin-to-skin contact with your baby.
- Hold or touch your baby as often as possible.





- Keep photos or other reminders of your baby near your pump, or pump in your baby's room.
- 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, talk to your health care provider about the correct breast flange size and suction setting.
- Low milk supply can often be prevented by early, frequent pumping. If this problem persists, ask your health care provider for help.
- Rest often.
- Consider using a pumping bra to free up both hands so you can massage your breasts while pumping. Talk to your health care provider about how to make one.

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 skin-to-skin. 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?

Ask your health care provider how to care for, clean and store your pumping equipment.

Breast milk storage guidelines when baby is in hospital

Storage times may vary so ask about your hospital's guidelines. Fresh breast milk should be used within 24-48 hours of pumping.

- Use sterile storage containers recommended by the hospital.
- Clearly 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. Freeze breast milk that will not be used within 24-48 hours.
- Pour your freshly pumped breast milk into a new 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 an insulated cooler or container with a freezer pack.
- Ask your health care provider to show you 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 health care 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.

Talk to your health care 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.

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 talk to your health care 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 donor milk?

Some hospitals use milk from a milk bank that provides pasteurized donor breast milk from carefully screened women. In these hospitals, donor milk is offered to babies who meet the hospital criteria. The NICU will always use the mother's own milk before using donor milk. Milk from a milk bank is very safe. It goes through a careful screening process, testing and pasteurization.

The Rogers Hixon Ontario Human Milk Bank website (www.milkbankontario.ca) explains that pasteurized donor human milk can protect preterm or very low birth weight babies against life-threatening illnesses such as necrotizing enterocolitis (NEC). Donor milk also protects against serious infections and complications. Donor milk has everything that is needed to help babies develop well and be healthy. Many of these components can only be found in breast milk and are not in infant formula.

Transitioning to breastfeeding

Preterm babies go through specific stages as they learn to breastfeed. This is like learning any new skill. Preterm babies slowly become better at breastfeeding as they transition to fully feeding from the breast. Ask your health care provider for help when you and your baby are learning to breastfeed. This is the progression you may see.



Read more about baby feeding cues

www.health.qld.gov.au/rbwh/docs/maternity/feeding-cues-term.pdf

Risks of early introduction of bottles

If you are considering using a bottle to feed your baby, you should discuss this with your health care provider so you understand the risks. It is important that you have all of the information on how the use of bottles affects breastfeeding. This will help you make an informed decision.

When 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 do skin-to-skin for continuous and prolonged periods of time with your baby.
- 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 health care provider for follow-up.

How do I care for pumping equipment when baby is at home?

Guidelines change for caring for pumping equipment once your baby is home.

- Wash all pump kit parts, collection containers and feeding equipment with hot soapy water and rinse well with hot water.
- Sterilize all pumping equipment once a day, according to manufacturer's directions.
- Place on a clean towel to dry.
- Store clean, dry kits in a clean bag. They are ready for pumping.

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 or pumped the breast milk.
- Store breast milk in the quantity needed for one feeding to avoid waste.
- Refrigerate or freeze breast milk after expressing or pumping. Fresh expressed breast milk is always best for baby. If you have excess breast milk, you can freeze it.
- 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.

Use the following guidelines unless advised differently by your health care provider.

| Breast milk storage guidelines for healthy babies who are at home (Academy of Breastfeeding Medicine, 2010) | |
|--|---|
| Chilled breast milk brought to room temperature | • 1-2 hour |
| Freshly expressed breast milk at room temperature (16-29°C) | • 3-4 hours |
| Fresh milk in refrigerator ($\leq 4^{\circ}\text{C}$) | • 72 hours |
| Thawed milk in refrigerator | • 24 hours from when it started to thaw |
| Cooler with a freezer pack | • 24 hours |
| Refrigerator freezer (separate door) | • 3-6 months |
| Deep freezer ($\leq -17^{\circ}\text{C}$) | • 6-12 months |
| <i>Throw out all milk that is older than the above storage times!</i> | |

Read more about expressing and storing breast milk.

www.beststart.org/resources/breastfeeding/Expressing_Fact%20Sheets_Eng_rev2.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 talk with your health care 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:

| AGENCY | CONTACT INFORMATION | SERVICES OFFERED |
|---|--|---|
| NICU or hospital breastfeeding clinic | Contact your local hospital or the hospital where your baby received care. | Speak to a nurse or an International Board Certified Lactation Consultant at a hospital clinic. Receive assistance with breastfeeding challenges. |
| Bilingual Online Ontario Breastfeeding Services | www.ontariobreastfeeds.ca | Search for breastfeeding services near you. |
| Public health home visit or breastfeeding clinic | Contact your local public health unit. www.health.gov.on.ca/en/common/system/services/phu/locations.aspx | Speak to a nurse about any breastfeeding concerns or questions. Home visits, breastfeeding clinics and support groups may be available to provide assistance with breastfeeding. |
| Mother-to-mother breastfeeding support | Contact your local public health unit to find out if this service is available in your area. | An experienced volunteer mother may be able to answer your questions and guide you through challenges. |
| La Leche League Canada groups | www.lllc.ca | Promotes and provides mother-to-mother breastfeeding support and education through group meetings and individual support from a La Leche League Leader. |
| Telehealth Ontario Specialized Breastfeeding Services | 1-866-797-0000 TTY: 1-866-797-0007 | New and expectant moms now have access to expert advice and support for breastfeeding 24 hours a day, 7 days a week, through a telephone advisory service. This free service is provided by Registered Nurses who have also received training in breastfeeding and lactation support. |
| International Lactation Consultant Association (ILCA) | www.ilca.org | The <i>Find a Lactation Consultant Directory</i> lists International Board Certified Lactation Consultants who are current members of ILCA and provide services to mothers. |
| Best Start Resource Centre | www.beststart.org | Ontario's Maternal Newborn and Early Child Development Resource Centre is a bilingual health promotion organization, promoting the health of women and families, before, during and after pregnancy. On the website you will be able to find resources on preconception, pregnancy, infant feeding and child development. |
| Motherisk | www.mothersrisk.org 416-813-6780 1-877-439-2744 | Motherisk counsellors are available to provide guidance and support Monday through Friday, from 9 a.m. to 5 p.m. EST. An online database is available about medication safety, herbal and nutrition products, and substance use during pregnancy and breastfeeding. |

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 Amount 9:30 3 mL | | ✓ |
| Time Amount 11:30 5 mL | | ✓ |
| Time Amount 2:00 5 mL | | ✓ |
| 24 Hour Total 13 mL | | |

Goal:

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

Day 2: Continue with hand expression and 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 and once during the night.

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 skin-to-skin.
- When your baby is ready, hold them skin-to-skin as much as you can.
- Holding your baby skin-to-skin 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 | Skin-to-skin | Hand Express/ Pump/ Breastfeed | Skin-to-skin | Hand Express/ Pump/ Breastfeed | Skin-to-skin | Hand Express/ Pump/ Breastfeed | Skin-to-skin | Hand Express/ Pump/ Breastfeed | Skin-to-skin | Hand Express/ Pump/ Breastfeed | Skin-to-skin | Hand Express/ Pump/ Breastfeed | Skin-to-skin |
| 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.

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 skin-to-skin.
- Holding your baby skin-to-skin before you pump will help increase your milk supply and your baby will enjoy it.
- Hold your baby skin-to-skin 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:

| Date | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| 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 Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount |
| 2 | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount |
| 3 | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount |
| 4 | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount |
| 5 | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount |
| 6 | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount |
| 7 | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount |
| 8 | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount |
| 9 | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount |
| 10 | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount |
| 11 | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount |
| 12 | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount | Time Amount |
| 24 Hour Total | | | | | | | |

MILK SUPPLY JOURNAL, WEEK #3 Use this form if your baby is not able to breastfeed or is just learning to breastfeed.

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 volume of milk each time you pump.
- Every day, total the volume of milk you pumped.
- Check off when you hold your baby skin-to-skin.
- 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:

| Date | 15 | | 16 | | 17 | | 18 | | 19 | | 20 | | 21 | |
|-------------------|--------------------------------------|--------------|--------------------------------------|--------------|--------------------------------------|--------------|--------------------------------------|--------------|--------------------------------------|--------------|--------------------------------------|--------------|--------------------------------------|--------------|
| Day of life: | Hand Express/ Pump/ Breastfeed | Skin-to-skin | Hand Express/ Pump/ Breastfeed | Skin-to-skin | Hand Express/ Pump/ Breastfeed | Skin-to-skin | Hand Express/ Pump/ Breastfeed | Skin-to-skin | Hand Express/ Pump/ Breastfeed | Skin-to-skin | Hand Express/ Pump/ Breastfeed | Skin-to-skin | Hand Express/ Pump/ Breastfeed | Skin-to-skin |
| 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 | | | | | | | | | | | | | | |

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]



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