Breastfeeding Your Late Preterm/Near Term Baby

Congratulations on making the decision to breastfeed your infant. Late preterm babies are born at 34 to 37 weeks gestation. Term infants are born at 37 to 39 weeks gestation. Because these babies are early, their brains have not had the opportunity to fully develop during pregnancy. Because of this, they may be less alert, have less strength to breastfeed and may have a difficult time keeping a latch on the breast. This can affect the ability to transfer milk from the breast.

Healthy, full term babies are good at letting us know when they are hungry and when they have had enough to eat. Healthy term babies will show feeding cues; suck effectively until they are full. At the end of the feeding session, they are relaxed and sleepy.

Babies born late preterm or early term do not have the same feeding behaviors. These babies may not wake up for feeds, or they may stop eating before they are full. They fall asleep easily at the breast. Since they cannot feed like a healthy term baby, they may not take enough in from the breast. If the breast is not effectively stimulated and emptied immediately after delivery your milk supply will be decreased or not fully established. The first two weeks after birth are the most critical time for establishing a complete milk supply. If you have not already started pumping, we would like you to begin now.

Pumping

Mothers’ milk supply varies greatly. The range is anywhere between 16 ounces (480 ml) to 34 ounces (1020 ml). By a week or so after giving birth, you should be making at least 16 ounces (480 ml) in a 24-hour period. We recommend that you pump after every breastfeeding session or in place of a breastfeeding session. You should have at least eight breastfeeding/pumping sessions in 24 hours. If you pump after breastfeeding the baby, you may get an additional ½ to 1 ounce of milk. If you pump instead of breastfeeding, you may get between 2 to 4 ounces. Using a hospital grade double electric pump will save you time and effort. You can rent one from Children’s Hospital of Philadelphia (CHOP). Call 267-426-5325 to make arrangements or you could rent one from the birth hospital. If you plan to purchase a pump once returning to work, please consider your options carefully. Electric pumps allow you to pump both breasts at once. This method is the most effective.

Breastfeeding

Offer the baby the breast every time he shows interest, but at least every 2 to 3 hours. You may need to wake your baby to feed. The baby probably will not feed from both breasts during a feeding session. Try not to have the baby spend more than 15-20 minutes at each breast.
Breastfeeding (continued)

Using a nipple shield may help your baby get more milk from the breast. It fits over your nipple while you are breastfeeding the baby. The shield will help your baby stay latched onto the breast and will help increase the amount of milk he can take from the breast. The nurse or lactation consultant will show you how to use it. Some women continue to use the shield until the baby’s due date or a few weeks beyond. Once the baby can take all feeds from the breast with the shield, you can begin to wean the baby off the shield. Some babies may need to use the shield until they stop breastfeeding.

Skin-to-Skin Contact

Hold your baby skin-to-skin as much as possible. The baby should be in a diaper and on your chest directly (no bra or clothing). You can put a blanket over the baby or in a wrap to increase skin-to-skin contact. Skin-to-skin contact may improve milk supply and with the infant on your chest, he will smell your milk. This method naturally encourages direct breastfeeding.

Pre- and Post-Weights (Test-Weights)

It is important to know how much your baby takes from the breast during a feeding session. If your baby is not gaining weight or there is concern about his ability to transfer milk, pre- and post-weights may be used. In the hospital, we can weigh the baby before and after breastfeeding to see how much the baby ate. This is called test-weighing:

- The baby’s weight gain in grams is how many milliliters (mls); the baby took from the breast.
- 30 ml = 1 ounce
- For example; if your baby weighs 30 grams more after a feeding, it means he took 30 ml of breastmilk.

This can be done in the pediatric care office if they have a scale that is accurate within 2 grams.

For late preterm/near term infants, we recommend that you rent at pump for at least the first month after delivery. Having a scale at home will allow you to know exactly how much the baby is taking from the breast. This will ensure that the baby is not under- or over-fed. If the baby is not getting enough of your milk, the scale will allow you to know how much to supplement. As the baby becomes more efficient at breastfeeding, you will be able to decrease the bottle feeds and stop pumping. To rent a scale, contact:

- CHOP at 267-426-5325
- www.medela.com
- 1-800-TELL-YOU

The Baby Weigh Scale is the most accurate.
Supplementing

After each breastfeeding session, you should pump your breasts. You can have a helper feed this pumped milk after each breastfeeding session. If you are by yourself, you can breastfeed and give the bottle, then pump. If you are not making enough milk by breastfeeding and pumping (at least 16 ounces (480 ml) in a 24-hour period), you may need to give your baby formula.

At Home and Follow-up Visits

Count your baby’s wet diapers. He should have at least six every day. He should have at least four yellow stools daily. Go to your pediatric health care provider for weight checks. Your baby should be gaining 4 to 7 ounces per week.

If you have any questions or concerns, call the CHOP Lactation Department at 215-590-4442 or your healthcare provider.