INFORMATION FOR PARENTS

Breast milk and your preterm baby

Although your baby may require additional medical care, you are an essential part in their care. Even if you feel you don't want to breastfeed your baby after discharge, please continue to read this leaflet to see if you would consider expressing milk for your baby while they are on the neonatal unit. Your milk will help protect them from infection, which is very important for premature babies.

Who is this leaflet for?

- Parents of a baby who has been born preterm (baby born before 37 weeks of pregnancy)
- Parents whose baby is at risk of being born preterm

Why is breast milk particularly important for a baby who is born preterm?

- **Protection against infection** – your breast milk contains antibodies that help your baby fight infection now and in the years to come. This is especially important in preterm babies as they are more prone to infection. The first milk you produce (colostrum) is particularly rich in infection fighting antibodies and can be given to your baby even if they are unwell.

- **Protecting the baby’s gut** – preterm babies are particularly at risk of a tummy problem called necrotising enterocolitis, which can be extremely serious. We don’t know the exact cause of this condition but know that babies who are on breast milk rather than formula are less likely to get it.

- **Bonding** – at a stressful and worrying time, expressing your breast milk and giving it to your baby can help build a strong bond between you both. The neonatal team can also provide you with ‘bonding hearts’, which are small pieces of material that are swapped between parents and baby. Having something which smells of your baby close to you can help your milk flow when expressing your milk by hand or breast pump. Your baby will recognise your smells, which can help them feel calmer, even when you’re not physically there.

- **Promote healthy growth** - your breastmilk is full of proteins, fat and nutrients your baby needs to grow.
Your body is unique and the milk you produce in the first few weeks is higher in fat, protein, energy and nutrients, which are essential to meet the higher nutrimental needs of your preterm baby.

- Additional benefits of breastmilk are:
  o Reducing the risk of cot death, hospital admissions, childhood leukaemia (cancer of white blood cells), obesity, allergies, your baby’s ability to learn and cardiovascular disease in adulthood.
  o Health benefits for mum – women who breastfeed are at a lower risk of breast cancer, ovarian cancer, osteoporosis (weak bones) and obesity. They also have lower chances of developing type 2 diabetes later in life and cardiovascular disease, as well as a reduced likelihood of postnatal depression.
  o It saves money.

How do I express milk?

- The midwives and neonatal nurses are very experienced and will be able to help show you how to express and provide you with the equipment. There is also a team of Infant Feeding Healthcare Support Workers who provide focused feeding support in hospital and at home.
- Aim to start as soon as you feel well enough after the delivery. The earlier you start to express, the sooner we will be able to provide your unique breastmilk for baby. Your midwife or the neonatal team can provide support with hand expressing and provide you with a “liquid gold” pack to collect those precious drops of colostrum.
- Aim to express 8-10 times in 24 hours (e.g. every 2-3 hours), especially in the first few days to weeks.
- To get your milk flowing. To maintain a good supply please also express at least once overnight. Colostrum is called ‘liquid gold’ for a reason – it is small but mighty and any quantity, no matter how small, is well-received by staff, and more importantly your baby.

What do I do with the milk?

- Write your details and your baby’s details on the syringe/bottle, along with the time and date.
- The milk can then be placed in the fridge or freezer (please discuss with your nurse for advice) ready for use when appropriate.

What happens if I can’t get enough milk?

- Don’t panic as this is very common, especially in the first few days.
The midwife and neonatal nurse will be able to check you are using the best technique and give you some pointers to help boost your milk making hormones, e.g. expressing by your baby’s cot or with a photo of him/her and increasing the amount of skin to skin contact with your baby. We can also refer you to the Infant Feeding team for more support if needed.

- For some babies donor breastmilk may be an option for a short period while you are trying to increase your supply. Your doctor or nurse can discuss this with you and see if your baby would qualify for this.
- If you have tried all the usual ways to increase milk supply, please discuss this with your baby’s doctor and we may be able to give you a letter for your GP asking they prescribe you a medication that may help.

Some reliable websites/online resources:

- **Bliss - Parent Information Guide**: [https://issuu.com/bliss-charity/docs/parent_information_guide](https://issuu.com/bliss-charity/docs/parent_information_guide)


- **Successfully breastfeeding your premature baby - La Leche League GB**: [https://www.laleche.org.uk](https://www.laleche.org.uk)

Further sources of information
NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)
Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

**Patient Experience Team (PET)**
PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King’s Mill Hospital**: 01623 672222
**Newark Hospital**: 01636 685692
**Email**: sfh-tr.PET@nhs.net