



**PRÉMA-  
QUEBEC**

For Premies

**BREASTFEEDING  
MY PREMATURE  
BABY**



## **Breastfeeding My Premature Baby**

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«To all the mothers who have expressed their milk for their babies, bravely and patiently, and without counting the hours or knowing how far they could travel on this journey ;

And to all the partners who have supported their spouse when the road was hard, and who made it possible for them to continue.»

# Breastfeeding Your Premature Baby

This book belongs to:

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Place your baby's photo here

Baby, you're \_\_\_\_\_ old.

*WE LOVE YOU SO MUCH!*

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# When your baby is born prematurely

Dear parents,

You have just given birth to a premature baby. It's an important step in the life of your family, and an unexpected event.

You may already be worried about your baby's health. You may be wondering what you can do, as parents, to help your baby thrive.

Mother's milk is the best gift you can offer your premature baby.

Mom, only you can give your baby milk specifically adapted to his specific needs as a premature baby. When you express your milk, you have something to give that is extremely well adapted to the needs of your premature baby. Your milk is a living substance that contains many growth factors and antibodies that will be particularly helpful in protecting your baby, who has specific needs for these components.

The partner, you have a special role to play in supporting the mother and baby every step of the way.

It's natural to have questions. In this booklet, we will suggest to you some of the resources that might be useful for you as you're learning to parent your baby.

At Préma-Québec, we've been through what you're going through, and we are here to help you.

*« NATURE DOESN'T DO  
ANYTHING IN VAIN. »*

*ARISTOTLE*



## Dear Mommy,

In the last little while, we've been through some special times together, and the adventure isn't over yet. I can tell already that we make a great team!

### **Have you thought about how you are going to feed me ?**

Mommy, did you know that you're the only one who can make food that is specially designed for me, your milk. Of course, I'm too little to drink directly from your breast right now. Until I'm ready, I can get your milk some other way. When I'm able to coordinate my sucking, swallowing and breathing, then I can go to the breast to nurse.

There will be people to help us, a team with a nurse and a lactation consultant. They'll have lots of tips for us.

In the hours or days following my birth, depending on my condition, we will be able to cuddle together skin-to-skin. These tender moments are called «Kangaroo care» when it comes to preemies. It will bring me warmth, comfort and security. Wearing only my diaper and a hat,

I am cuddled against your bare chest, mom or dad, I am calmer and I will sleep more deeply. These Kangaroo care sessions make me feel secure like when I was in your womb mom. All my vital signs stabilize (heart rate and respiration, oxygen and saturation needs, temperature, blood pressure...). During the Kangaroo care sessions, my feeding reflexes are stimulated. The kangaroo method is the perfect preliminary to breastfeeding! With time, it may well be that during these moments I will be able to show you that I want to breastfeed!

### **Do you know what's so good about your milk ?**

Since the minute, I was born and for up to four weeks after that, you produce milk specially designed for me, just right for my early prematurity. It has more protein, calcium, phosphorous and sodium chloride. It has everything I need to help me thrive and grow, in particular what my brain needs to grow: polyunsaturated fats, DHA, ARA, Omega 3 and 6, and other important things.

It helps my urine and my bowel movements; it's a laxative and is easily digested and full of the calories I need. Above it all, it helps me to be nourished and nurtured by your love until you can hold me in your arms.

Occasionally, in the case of very early prematurity, doctors decide to enrich your milk with a fortifier. That isn't because your milk isn't good enough or rich enough. It's just that sometimes we have to help nature along. It's just temporary, so please don't worry!

### **Are you going to have enough milk ?**

At the beginning, you might not produce a lot of milk, but that's normal. Some days you will be tired or worried about me, and you might produce less milk. Don't worry, though. There are no problems that can't be solved, and there are people around you to ask for help.

### **To breastfeed or not to breastfeed ?**

You know, we might run into difficulties along the way. There are lots of things that can happen. I want you to know that, whatever you decide, the important thing is to learn to be happy together.

*THANKS MOM!*

*I LOVE YOU WITH ALL MY*

*LITTLE HEART !*

## **Part 1 : First Contacts**

# **Meeting Your Baby For the First Time**

It's the moment you've been waiting for, dreaming about...When it actually happens, though, you may feel rather overwhelmed. This is a special time, and a good moment to get to know and create a bond with your baby.

When you meet your baby for the first time, let yourself experience the full range and intensity of your emotion. You will probably have many feelings at once. Over time, you will be affected by the highs and lows of your baby's health situation. It's a time of great intimacy with your newborn baby. Contrary to popular belief, you may not feel a wave of love for your baby the moment you see him. Give yourself time to develop attachment.

### **Here are some of the different ways you might be reacting :**

- Feeling worried and anxious about your baby's health and survival;
- Being surprised or alarmed by how tiny and fragile your baby looks;
- Resenting the situation;
- Feeling guilty about the situation;
- Finding it difficult to feel connected to your baby.

The health care staff is there to support you as you discover your newborn baby.

In spite of how real all these feelings are, you will learn to deal with them, and will come to understand that you are not responsible for the premature birth of your baby. Reminding yourself that time will heal the pain and you will overcome your feelings of helplessness.

## Kangaroo Care

When the kangaroo care method is used, your baby's need to expend energy is reduced to a minimum. This method encourages babies to use their instincts and inborn reflexes to their advantage. When you are feeling vulnerable about your baby's health, kangaroo care makes it easier for you to deal with your situation.

This is a scientifically proven method that offers numerous advantages for you as well as for your baby. Most parents who have used it find kangaroo care invaluable in helping them establish a stronger bond with their baby and fill the void created by the premature birth of their baby.

You can hold your baby skin-to-skin, whether you breastfeed or not. Both you and your baby will benefit from kangaroo care. These contacts are great to develop attachment with your baby. When held against you, your baby recognizes your smell, your heartbeat, your voice and can feel all the love you have for him.

## **Your Milk ; a Precious Gift for Your Baby**

Your milk is the only product that is biologically suited to your individual baby's needs : breast milk is the physiological norm for your baby's health and nutrition. A woman giving birth at 24 weeks of pregnancy will have different milk composition from a mother who gave birth at 34 weeks or 40 weeks of gestation. Your milk is a living substance that changes according to your baby's needs and the time of day.

**Your milk is always perfect for your baby!**

Starting from your baby's first day of life, your milk supplies numerous protective factors and unique properties. Studies have shown that babies who are exclusively breastfed are ready to come home earlier and are less likely to suffer from a range of illnesses. The protective properties of mother's milk are valuable building blocks of adult health, as well. The antibodies in breast milk ensure that babies are protected from specific illnesses (viruses, bacteria) in their environment and enable babies to use their energy for growth rather than for fighting repeated diseases.

Colostrum is the first milk secreted from the mammary glands, in the first hours and days after birth. It is usually quite thick and yellowish. When the mature milk comes in, it is white with a bluish tint. The first milk that you make is perfectly suited to the needs of a premature baby, especially in the first four weeks after birth.

Breast milk is always easier to digest and to absorb. This is especially important for a premature baby who does not have a lot of extra energy to spare for digestion. One of the enzymes in the mother's milk, lipase, helps digest and absorb milk fats that are essential for the development of the baby's brain and an important source of energy for the baby.

Breast milk contains living cells that are easily available and defend the newborn against bacteria that can penetrate into the baby's throat, lungs and intestines. These bacteria can cause different types of infections, such as pneumonia, diarrhea, necrotizing enterocolitis and meningitis.

Breast milk is rich in amino acids, makes easy for the baby to digest and absorb fats, doesn't overload the kidney, and has important immunological properties. Health care professionals recognize the many advantages for a premature baby to receive his mother's milk.

## Defining Your Breastfeeding Goal

You may have never thought about breastfeeding, or you may have not breastfed your first child. Today, you are in a very different situation. You may have learned that your milk can make a big difference to the health of a baby born prematurely. You may choose to pump your milk now, so it can be given to your baby and delay any decision about feeding your baby at your breast until later on. You may even decide to give your baby expressed milk without ever putting him to breast.

Questions and worries about how breastfeeding is going to go are common and normal. Mothers and fathers don't always have the same feelings and attitudes at the same time. Health care staff members are there to give you help, support, encouragement and information. Don't hesitate to ask for help.

## Expressing Your Milk

Between the 16<sup>th</sup> and the 22<sup>nd</sup> weeks of pregnancy, your breasts already begin producing milk (colostrum). Nature has planned for you to breastfeed, so if your breasts are properly stimulated there will be adequate milk for your baby. If possible, give a couple drops of colostrum to your baby, which can be placed on the tip of your baby's tongue. It will encourage you to continue to express your milk and will create a pleasant and positive experience for your baby. He will recognize the taste of your milk that is similar to your amniotic fluid!



During lactation, your breasts are like a factory that works on the principle of supply and demand. The more you express your milk, the more milk you will produce! It is essential to begin expressing soon after the birth of your baby. Ideally start expressing milk within 6 hours following the birth. This is the best way to stimulate your milk production, and to ensure that your supply is sufficient to meet your baby's needs. To make this happen, you should pump your milk approximately 8 times every 24 hours. If possible, do not let more than six hours go by without expressing. If for any reason, you could not begin to express your milk quickly after the birth, you should know that it is never too late to start. Depending on the case, you may need additional and specialized support, ask for it!

**There is no food to avoid during breastfeeding. The secret: variety and moderation.**

Alcohol passes into breast milk. Depending on body weight, alcohol consumption takes between 2 and 3 hours to be eliminated. Occasionally, a mother may consume a glass of alcohol but should then wait 2 to 3 hours before expressing breast milk.

Cigarettes are not a contraindication to breastfeeding. Children with smoking parents have more risk of respiratory infections. Prematurely born babies are particularly sensitive to this type of infection. It is recommended to stop tobacco usage or at least try to limit its consumption. If you smoke, try smoking immediately after expressing your milk (or breastfeeding). This way, nicotine will be at its lowest possible level in your breast milk the next time you express (or breastfeed).

Many mothers have a breast that produces larger amount of milk than the other side, it's completely normal! It's the total amount of milk you express in each 24-hour period that matters, rather than the amount expressed during each pumping session. After a week to ten days, depending on your individual body, you should be expressing a minimum of 500 ml every 24 hours. At this point, your baby probably isn't drinking all that milk! However, it's important to take advantage of the lactation hormones that are present in large quantities after birth to properly establish your milk production. If you are worried or unsure, a health care professional or lactation consultant can help you.

Many mothers find it easiest to hand express during the first 48 hours, because they can obtain more milk than they can with a pump, and because it is easier to express the colostrum directly into a special spoon or syringe that can be used to feed the baby. Don't be discouraged; it's natural for mothers to take a while to learn to express their milk. Continue your expression sessions for 15 or 20 minutes at a time. You will probably find that your milk production increases a little bit every day. If you are exhausted from labor or worried about your baby, and find that this seems to be affecting your milk supply, you might want to space your expression sessions 6 hours apart once during the night. Be proud of yourself and the work you're doing! Even trying something new can take courage on the part of a new mom.

## Keep Your Pumping Log

You'll find a Pumping Log at the end of this booklet. You can make copies of the page and fill them out, or you can make your own pumping log. We suggest you write down the total quantity of milk you've expressed at the end of each day. This will help you see how your milk production is increasing over time. The Pumping Log is also useful for the health care professionals you'll be working with. It's your own reference tool. It will also enable you to be sensitive to changes in your supply and to know if and when you might want to consult a breastfeeding specialist.

## **Part 2 : Breast Pumps**

Using an electric (hospital grade) breast pump makes it possible to express your milk from both breasts at the same time. This is recommended for mothers of premature babies. Expressing from both breasts increases the hormones that foster milk production and also reduces the time pumping takes in half. Two companies in Quebec offer hospital-grade pumps: Medela® and Mothers Choice Products (Ameda).

During the period to initiate and to increase your milk production (the first weeks after the birth of your baby), it is recommended to use a professional breast pump to offer simultaneous expression. Breast pumps sold in stores are not designed to be for this purpose.

**A pump should never hurt or cause injuries to the breast. If it does, consult a health care professional.**

Before you purchase a pump, you should ask a health care professional in your region about resources that are available. Perhaps a double pump kit can be purchased and you can rent a hospital-grade pump.

To rent a breast pump kit, it may be between \$60-100 /per month and you will have to purchase the accessory kit at \$60-85. There are everywhere in the province : pharmacies, big-box stores, breastfeeding support groups and specialty stores for moms. There are support groups and organizations that rent pumps, as well as some CLSC in Quebec; support and follow-ups are also available, and this can be a real advantage for mothers.

It is recommended to rent your breast pump from a location that is the closest to your home as possible. This will provide you with support and follow-up, which can be an advantage after returning to the house. Some insurance companies will reimburse purchase or rental costs for pumps and materials necessary to express milk for a premature baby.

## Cleaning and Sterilizing Pumps and Pumping Equipment

Before beginning to express your milk and after finishing the pumping session, you should clean the electric pumps you use at the hospital with a special cleaning product. Ask the hospital staff about the proper procedure to follow.

Before using your expression accessories, it is important to wash your hands thoroughly. The pump, pump kits and all pumping equipment need to be sterilized before you use them for the first time. Follow the manufacturer's instructions.

After each session, wash with soapy water all the pump parts and accessories. Rinse it in warm water, and let it air dry. Don't forget to take all the pieces of the pump apart, even the smallest ones, before you clean them.

During your baby's hospitalization, every 24 hours, your breast pump kit should be sterilized. To sterilize it, you can put them in a pot of boiling water for 5 minutes or put them in the top rack of your dishwasher on the hot drying cycle.

## Storing Your Expressed Milk

It's important to pay close attention to the labels on your containers of milk (bottles, bags or cups). Put complete information on the label: your baby's name, your name, date and time you expressed the milk.

After your pumping session, place your milk in a refrigerator or cooler. Your milk should be kept cool. It's better to freeze small amounts at a time, so that none of your milk is wasted. The nursing staff will be able to tell you how much breast milk to keep in the fridge for each day's needs.

### Storage Time

Breast milk storage time for premature babies and / or hospitalized :

- Up to 4 hrs at room temperature, freshly pumped milk (max. 25°C)
- Up to 4 days in the refrigerator, freshly pumped milk
- For 24 hrs, thawed and put in the refrigerator
- For 3 months in the freezer compartment of a refrigerator
- Up to 12 months in a freezer

*Indicated storage times are not cumulative.*

So, for example, you cannot store your milk for 4 months in a freezer and then 7 days in a refrigerator and / or 24 hours on the countertop.

You should avoid adding cool or refrigerated milk to the milk that has already been frozen. Breast milk should be thawed gently under warm water before use and warmed up just before it is given to the baby in water that becomes warmer and warmer. Once it is thawed, expressed breast milk should be served within approximately 24 hours kept in the refrigerator. **It cannot be refrozen.** Avoid stirring vigorously breast milk while handling it. **Expressed milk should never be heated in a microwave oven.** Microwaves heat liquids unevenly, creating hot spots in the milk. In addition, heating milk in a microwave or boiling it on the stove can destroy valuable nutrients in your milk.

All of these recommendations are to maintain the maximum properties of breast milk. On the other hand, be certain that even in a situation where your milk must be thawed quickly (in warm-hot water for example) it remains the food of choice for your baby.

## Transporting Your Expressed Milk

To move your expressed breast milk, a cooler is recommended.

\* For frozen or refrigerated milk, use ice packs.

Ice packs make it possible to keep frozen milk cold enough to prevent bacteria from forming and growing.

## Caring for Mom is good for milk.

In many cases, when you start breastfeeding your baby in the hospital, you end up watching the clock : running between hospital visits, pumping sessions, and time at home with your partner and family. Letting go of expectations about housework is a good investment in your self-care and the care of your baby. A little bit of dust and clutter and meals that aren't gourmet affairs are good trade-offs for some rest and relaxation. Your baby appreciates having well-rested parents to take care of him.

Take a few minutes for a walk outdoors, or to read a good book. As much as possible, try to put the guilt aside and put things into perspective. Remember that having a bad day doesn't mean that the rest of the week will be miserable. Above all, look after yourself and your baby rather than the chores on your to-do list.



Here are some of the hints experienced mothers share. Perhaps some will help you cope with the busy of pumping and rushing.

- Eat well : 3 well-balanced meals every day and several healthy snacks.
- Stay hydrated : you can drink water, juice, herbal teas... not just milk. In fact, there is no evidence that the quantity of milk a mother drinks is reflected in the quantity of milk she produces.
- Listen to a bit of music or watch TV while you're expressing your milk.
- Try to get enough rest and, if possible, take a nap during the day.

Prolactin, often called the «good feeling» hormone help mothers to relax while they are breastfeeding. The fact the prolactin is produced in large quantities during lactation ensures that the milk production is maintained.

## Establishing and Maintaining Your Milk Production

You can express a few drops of milk onto the areolas or spread them directly on your breasts to create proper suction. Place the nipple right in the middle of the areola; the nipple should always be properly centered. You can use lanolin creams (Lansinoh® or Purelan™) to lubricate your breasts. Apply a quantity of the size of a small pea to your breasts and gently massage.

### **Suction is created in two ways in a pump :**

- The «cycling speed» : this is the number of suction and releases per minute, which stimulate the milk let-down
- The «setting» or strength of the suction pressure, which helps draw out the milk.

Begin your pumping session with a high cycling speed (number of suction per minute) and on the lowest setting (level of pressure). Certain breast pumps have an «automatic cycling» feature that makes these adjustments automatically.

**Don't forget that pumping your milk should not be painful.**

When your milk ejection reflex is stimulated (you may feel tingling, or your milk may begin to leak), decrease the number of suction and keep the pressure at a comfortable level. Express milk from both sides at the same time for about 15-20 minutes. If the flow of milk slows down, increase the cycling speed again until the next milk ejection reflex.

Once the stream of milk slows down or stops («dries up») for at least 15 minutes, continue expressing for two minutes more, and then stop.

### If you experience pain :

- Check that your nipples are well centered in the flange;
- Reduce the suction pressure;
- Consult about the size of your nipple (flange).

Don't forget to consult someone knowledgeable about the right size of flange for you; various sizes are available and you should use one that fits your breasts and is not uncomfortable.

During your pumping session, you should be able to notice three milk ejection reflexes or «let-downs». A milk ejection reflex can feel like a tingling or a pins and needles feeling in the breasts, or you might notice milk trickling or leaving from your breasts.

Many mothers find it helps to keep a blanket or the pyjamas the baby wore the night before near them while they pump. A recent photo of your baby or a phone call to the neonatal nursing station to see how your baby is can also make pumping easier.



Choose a comfortable chair that will properly support your back to sit down. Your feet should be on the ground. Ensure that your shoulders are relaxed, without tension. If you are tense, anxious, hurried and uncomfortable this can be reflected in the volume of milk collected.

In some neonatal units, mothers can also pump at the baby's bedside. Mothers generally obtain more milk when they pump near their premature baby. Take the time to enjoy longer or more frequent sessions of skin-to-skin with your baby to stimulate your milk expression.

### **Part 3 : Producing Enough Milk For Your Baby's Needs, Today and in the Future**

Even if you get only a few drops of milk, it doesn't mean you won't be able to breastfeed your baby later on. If you feel awkward pumping, or if your milk supply doesn't reach the necessary level to meet the needs of your baby, if your production slows down or you run into other difficulties, don't hesitate to ask your doctor or nurse to arrange a visit from a lactation consultant.



## Breastfeeding Twins, Triplets ?

Yes, it is possible! You will need some help or hints, but you will be able to get one baby at a time to your breast! When your babies have learned to latch on well and they are gaining enough weight, putting two of them to the breast at the same time will help you save time. And you'll probably appreciate every instant of it!

## Medication

For a breastfeeding mother, the restrictions are not the same as for pregnant mothers. If you are experiencing pain, appropriate and safe pain medications can be prescribed for you. If you are having trouble coping with exhaustion or stress, or feel you may be experiencing post-partum depression, some pharmaceutical products can help. Exceptionally, taking a medication or treatment could force you to stop breastfeeding temporarily, or definitively. Don't hesitate to talk to your physician, a pharmacist, a lactation consultant or another health care professional about your situation and your needs.

Natural products are available without prescriptions. Be careful: some herbs can help, but none can replace frequent pumping or nursing sessions (at least 8 times per 24 hours).

Before taking a medication or over-the-counter product, ask a health care professional for more information, and mention that you are breastfeeding.

## Your Baby's Development

Remember that your baby is developing abilities. In order for his suckling reflexes to emerge, you should hold your baby as often as possible. As soon as your baby is ready, you can hold him for «kangaroo care» time.

Your premature baby does not have «abnormal» reflexes, but rather an immature nervous system. He has reflexes but they are sometimes less vigorous. As soon as his nervous system matures, he will become more efficient.

In the meantime, provide your baby with positive and pleasant experiences, for example, when caring for the baby, pass a small compress soaked in your milk on his lips so that he can taste the milk. As soon as his nervous system matures, he will become more efficient. The remedy is a tincture of time!

**Trust yourselves : you two make a great team.**

## Positioning Baby at the Breast

Sit comfortably with a pillow behind your back and one or two pillows at your side to support the baby. To see if your baby is sucking and swallowing effectively, watch to see whether his temples and earlobes are moving. His lips should be soft and angled. It's important to make sure your baby has his mouth open wide and takes the whole areola in his mouth. If your baby has trouble, try saying «Open wide».

Stimulate his interest by tickling his upper lip with your nipple. His rooting reflex will stimulate him to open his mouth wide. It's also possible to encourage him to open his mouth by stimulating it with your finger. At first, your baby may just lick the nipple, nuzzle your skin, and then fall asleep close to your breast. For your baby, mommy's smell is like perfume. He recognizes you and feels good in your arms.

One of the common problems of a premature baby's immature nervous system is that the baby can be easily irritated, may cry easily and also be colicky. If this is the case, there are a few things to look for: a baby who is restless because of gas or bloating can be having trouble with vitamins that may be necessary for his health and growth. Those that you're taking yourself to keep your milk supply up may not be useful or necessary. Before making the decision to stop giving breast milk or to give a breast milk substitute (formula), the hospital staff will explain the situation and the reasons for it. From session to session, little by little, baby learns.

For you and your baby, breastfeeding is a moment of tenderness. For your little one, it's also meal time. Your baby is up against your breast and is drinking your milk, benefiting from the special closeness as well as your milk. Your baby will learn to breastfeed by feeding at the breast. And you, dear mother, will learn to breastfeed by feeding your baby at your breast!

Certain people may tell you that it is less tiring for a baby to drink from a bottle, but this is false, an urban legend! Studies have taught us otherwise. Premature babies have fewer episodes of instability (less apnea, bradycardia, desaturations, choking) when they are breastfed rather than bottle-fed.



## Mother's Milk Bank

In 2014, Héma-Québec has been implementing a public breast milk bank for the purpose of providing breast milk to a specific clientele of premature babies. In some situations, mothers of prematurely born children may not offer or exclusively offer their milk. Women with an over production of milk may accept to donate it to Héma-Québec. These women must fill out a questionnaire and agree to have blood samples taken. The milk is analyzed and pasteurized making it safe and secure.

Studies show that premature babies who receive milk from milk bank are less sick, they have better development and this considerably reduces the risks of necrotizing enterocolitis (NEC).

## Getting ready to Bring Your Baby Home

You can start making your preparations before your baby is ready to leave neonatology. It's a good idea to plan to have help with the household chores. Perhaps a grandmother or a friend can be available. Try to have enough help so that you can focus all your energy on mothering. Make sure the people in your support system respect and understand the choices you and your partner have made.

The partner's role is an important one. You are the best person to protect your parent-child relationship. If necessary, you should be the one to limit visits that last too long or contact with people who express negative opinions about your parenting choices. You will act as the guardian (or law enforcement officer!) of your family's wishes and values. Sorting out these decisions is a normal and valuable part of integrating your new roles as a mother and father.

## Support System

Contact the people in your social system you think will be good at offering you the kind of support you need. If you need extra assistance, ask health care professionals to help you create a network. Social workers affiliated with your hospital or CLSC can help you if this is complicated or difficult in your situation.

Here are some suggestions parents of premature babies have shared. Your family, friends and people around you are often pleased to help, but they may need clear direction about what they can do for you. You could suggest that they :

- Cook (do the shopping, prepare meals);
- Do household chores (sweep, vacuum, do the laundry);
- Take care of your older children;
- Drive you to the hospital or clinic;
- Take you to your appointments;
- Take care of your domestic animals;
- Shovel snow in the winter, mow the lawn or clean the pool in the summer;
- Your 12-year old neighbour could walk the dog or get the mail;
- Your grandmother could rock the baby between feedings, giving you time to rest, take a shower or make a phone call;
- Your neighbour could make a double quantity of spaghetti sauce or soup to share with your family;
- Your sister-in-law could pick up vegetables, milk or bread when she is doing her own grocery shopping;
- Your uncle could pick up diapers or shampoo when he goes over to the drugstore.

There are also useful resources in your community. Here are some examples of people who may be available to help. Certified lactation consultants (IBCLC) is an allied health care professional who has specialized knowledge and skills to help prevent, recognize and overcome problems that can occur during breastfeeding. Lactation consultants have extensive education, training and supervised experience in breastfeeding.

Support groups and volunteers : one-on-one peer support and mother-to-mother support groups led by volunteer breastfeeding supporters provide telephone support, meetings, and drop-in services. They receive an initial training of 15 to 20 hours and in some cases more extensive training and professional development. Examples include «marraines d'allaitement» (breastfeeding godmother) or buddy programs, Nourri-Source, Naturo-Lait, Allaitement Quebec or La Leche League.

## When the Family Comes Home

Congratulations! Your baby is ready to «graduate» from hospital care and come home with you. Ironically, you may miss all those alarms that made you jump every time they alerted you to a potential problem in the hospital, during those long early nights. Once you're home, you might have some lingering doubts about your ability to care for your baby.

Trust yourself! Your baby is now ready to be a real part of your family life! By breastfeeding your baby several times, a day, you are giving him the best nutrition for his needs : nature's choice! If your baby isn't exclusively breastfed right now, don't be discouraged.

Some premature babies take several weeks before becoming expert feeders at the breast, and up to several months before breastfeeding exclusively. Latching on a baby can be difficult or even impossible in certain medical situations; in that case, expressing and offering your own milk through some other method makes it possible to give him breast milk. We have prepared some information to guide you in the early months of breastfeeding when you get home. Remember that love is more important than any technique we can teach you!

Even though we recommend «demand» or «cue feeding», your baby should be fed no less often than 8 times in 24 hours, whether he shows signs of needing to be nursed or not. Some premature babies are sleepy for several days or weeks. It is normal and healthy for your baby to wake up several times a night rather than «sleeping through the night»; this helps the baby to stay hydrated and maintain a good growth pattern.

Every baby has different needs and every family is unique. That's why it's essential to stay in contact with your health care team; they can answer your individual questions and tailor your care and support to meet your needs. Don't hesitate to ask for help.

## **Here is some basic information before your baby goes home.**

### **When my baby is at home...**

... How many diapers should my baby wet every 24 hours? \_\_\_\_\_

... How many bowel movements should my baby have every 24 hours? \_\_\_\_\_

... How much weight should my baby gain every 24 hours, every 7 days? \_\_\_\_\_

... Does my baby need vitamins? If so, what kind and at what dose? \_\_\_\_\_

... Does my baby need iron? If so, what kind and at what dose? \_\_\_\_\_

... Does my baby need supplements, such as fortifier or special formula? Should we supplement breastfeeding with «top-ups» of expressed breast milk or a substitute? If so, what should we give and how much does the baby need? \_\_\_\_\_

... Can we get a medical prescription or order for formula or supplements? \_\_\_\_\_

\_\_\_\_\_

## Glossary

**Premature or Preterm** : describes a baby who is born between the age of legal viability (180 days of gestation and the 37th week; the weight of premature babies is generally under 2200 grams.

**Extremely premature or Extremely preterm** : a baby who is born between 23 and 28 weeks' gestation is described as extremely premature, and the childbirth is an extremely preterm birth. These babies generally measure between 30 and 38 cm. In length and weigh between 500 and 1100 grams.

**Very premature or Very preterm** : a baby who is born between 29 and 32 weeks is described as very premature, and the childbirth as a very preterm birth. These babies generally measure between 38 and 41 cm. in length and weigh between 1200 and 1800 grams.

**Premature babies react to pain.** Some researchers have found that they can recognize smells such as their mother's smell, that they react to noises, and recognizes and prefer their mother's voice as earl as the twenty-fourth week of gestation.

**Apnea**: pause in respiration (the baby's breathing) that lasts longer than 15 to 20 seconds.

**Oxygen saturation level** : is the measure of blood oxygenation; it demonstrates the pulmonary capacity of the baby (whether the baby is breathing well).

**Bradycardia** : reduction of heartbeat to below 100 heartbeats per minute.

**Gavage** : a feeding method through which food (milk or other fluid) is introduced into the baby's stomach through a tube. It is used when babies are not yet able to suckle or nurse.

**Corrected age** : the age a premature baby would have been if he had been born on the expected date of birth. The corrected age is important in assessing the baby's development. When a baby is born preterm, a corrected age is calculated, dating from the time at which the baby would have reached full-term gestation and is used until the baby is about 2 years old.

For example :

- if the expected date of the birth was March 14 and the baby was born on January 14, the baby was born at 32 weeks of gestation. Since full-term pregnancy's last for 40 weeks, a baby born 8 weeks before the term will have a corrected age of 8 weeks less than if calculated by the actual date of birth. So on May 14, the baby in this example will have an actual or chronological age of 4 months and a corrected age of 2 months.

**Chronological age** : the actual age or the number of weeks or months since the birth.

**Gestational age** : the number of weeks from the date of the last menstrual period until the date of childbirth. This date may also be calculated through ultrasound results, the baby's weight, or physical exams.

## Resources

### Préma-Québec

25 de Lauzon Street, Suite 8, Boucherville QC J4B 1E7  
Phone : (450) 651-4909 | Toll-free : 1 888-651-4909

[www.premaquebec.ca](http://www.premaquebec.ca)  
[info@premaquebec.ca](mailto:info@premaquebec.ca)



prema.quebec



@prema\_quebec



Préma-Québec

### Information, Internet sites, Discussion Forums :

Parents often turn to the Internet to find out more about breastfeeding. We advise you to be careful about the information you find on the Web, as some may not be accurate and evidence-based. During this difficult period, parents are fragile and vulnerable. We recommend that you ask health care professionals and lactation consultants for the answers and assistance you need, in order to have clear and correct information. You can also consult a mother-to-mother support group or a La Leche League.

**Association québécoise des consultant·es en lactation**  
(to find an IBCLC in Québec) [www.ibclc.qc.ca](http://www.ibclc.qc.ca)

**World Health Organization (WHO)**  
[https://www.who.int/health-topics/breastfeeding#tab=tab\\_1](https://www.who.int/health-topics/breastfeeding#tab=tab_1)

**International Code of Marketing of Breast milk Substitutes**  
[www.who.int/nutrition/publications/infantfeed-ing/9241541601/en/index.htm](http://www.who.int/nutrition/publications/infantfeed-ing/9241541601/en/index.htm)

**United Nations Children's Fund (UNICEF)**  
[www.unicef.org](http://www.unicef.org)

**Héma-Québec**  
[www.hema-quebec.qc.ca](http://www.hema-quebec.qc.ca)

**La Leche League Canada**

[www.LLCC.ca](http://www.LLCC.ca) (see <http://groups.llcc.ca/> for Groups in your area)

**Fédération québécoise Nourri-Source**

1 866 948-5160

[www.nourri-source.org](http://www.nourri-source.org)

**Twins, Triplets and More :****Multiple Births Canada**

<https://www.multiplebirths.ca/>

**Association de parents de jumeaux et triplés de la région de Montréal**

[www.apjtm.com](http://www.apjtm.com)

**Association des parents de jumeaux et plus de la région de Québec**

[www.apjq.net](http://www.apjq.net)

**Resources for Health Care Professionals About Drug Safety During Breastfeeding****IMAGe**

Information médicamenteuse durant l'allaitement et la grossesse.

Centre hospitalier Mère-Enfant Ste-Justine

Phone : (514) 345-2333

**Pumps and Breastfeeding Aids****Medela**

Medela, Symphony® and Lactina® model pumps

Phone : 1 800 435-8316

[www.medela.ca](http://www.medela.ca)

**Mothers Choice Products**

Ameda, Elite™ or Platinum™ model pumps

[www.motherschoiceproducts.com](http://www.motherschoiceproducts.com)

## Domperidone

Domperidone (Motilium) is a drug that has, as a side effect, the increase of milk production, probably by increasing prolactin production by the pituitary gland. Domperidone must not be used as the first approach to correcting breastfeeding difficulties. It must not be used unless all other factors that may result in insufficient milk supply have been dealt with first. There are certain contraindications. Not everyone can take this medication. A doctor should evaluate the mother's health and her medical and family history, to validate if this medication may be right for her.

Domperidone is not a cure for all things and cannot by itself increase milk production significantly. To be effective, many other factors must be in place.

Before you use it :

- Make sure that the breast is sufficiently stimulated (minimum 8 times per 24 hours, and have a maximum of 6 hours between 2 stimulations, either by the baby or with the breast pump).
- Correct latch and positioning; this can have a rapid effect on your milk production.
- Use breast compressions throughout the nursing session in order to increase the quantity of milk the baby can transfer.
- Let the baby « finish » one side : your baby may prefer staying on one side for 20, 25 or 30 minutes before switching to the other one.
- Hand-express or pump milk after each feeding to increase milk production.

# Pumping Log

Notes \_\_\_\_\_

Day Date	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1							
2							
3							
4							
5							
6							
7							
8							
Total per day							

Notes \_\_\_\_\_

Day Date	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1							
2							
3							
4							
5							
6							
7							
8							
Total per day							

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