Breastfeeding Your Late Preterm Baby

Growing a Baby-Friendly Ontario!

Provincial Council for Maternal and Child Health
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MICHAEL GARRON HOSPITAL
TORONTO EAST HEALTH NETWORK

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Breastfeeding Your Late Preterm Baby

Congratulations on the birth of your baby! This booklet will help you learn to breastfeed and/or feed breast milk to your late preterm baby. Late preterm babies born at 34, 35 or 36 weeks of pregnancy are not term babies even though they may look full term. Their lungs, muscles, sucking ability, brain and nervous system are still developing. Although many late preterm babies breastfeed well, others may need more help with learning to breastfeed. Breast milk provides the best nutrients to support their growth and brain development. This booklet contains information to help you learn what to expect. 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 does a late preterm baby need extra support to breastfeed?

It is especially important for late preterm babies to be breastfed and be fed breast milk. Some late preterm babies need extra support to breastfeed. Late preterm babies can have fewer energy reserves and a greater need for calories. A preterm baby's brain is not yet fully developed. That is why they require the essential nutrients that are present in breast milk to protect and develop their immature brains. Good feeding is important for your baby to grow, maintain his/her blood sugar and get enough fluids. Although some late preterm babies learn to breastfeed easily from birth others may not feed well because they:

- Are more sleepy and have fewer and shorter awake periods.
- Have a weak suck that makes it more difficult for them to get enough breast milk.
- May find it difficult to suck, swallow and breathe in a coordinated manner as they are still learning these skills.
- May not awaken for feedings and don't consistently show signs of wanting to feed, also called feeding cues.
- Tire easily and may fall asleep and not take in enough milk and calories to help them grow. Falling asleep is not always a sign that they are finished eating.

These behaviours may make it more difficult for the late preterm baby to get enough breast milk by breastfeeding until they mature and get stronger.

Why is rooming-in or being with your baby important?

You and your baby belong together. Keeping your baby in your room with you both day and night (rooming-in) is recommended as soon as you and your baby are medically able. When you stay together, you can hold your baby skin-to-skin, get to know your baby, watch for your baby's feeding cues and respond quickly to them. Your baby will feel secure by your warmth, touch and odor that s/he recognizes.

Your late preterm baby may need to be cared for in the Neonatal Intensive Care Unit (NICU) or Special Care Nursery at first. You can stay with your baby there as much as possible. Throughout this booklet, the term NICU will refer to both the Neonatal Intensive Care Unit and Special Care Nursery.

Why is breast milk important for your baby?

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.
- Breast milk is very important for:
  - Growth and development.
  - Providing protein and fat for brain growth.
  - Providing antibodies to protect late preterm babies from infection.

Holding your baby skin-to-skin, touching and talking to your baby, breast milk and breastfeeding all help your baby's brain to grow.

- Babies who are not breastfed are at a greater risk for:
  - Ear infections.
  - Diarrhea.
  - Overweight and obesity.
  - Sudden Infant Death Syndrome.
  - Lung and breathing issues.
  - Diabetes.
  - Some childhood cancers.

Although some late preterm babies may not be able to feed directly from the breast in the beginning, breast milk is very important for them. Mothers are encouraged to hand express or pump their milk to feed to their baby until s/he is ready to feed directly from the breast.

Why is breastfeeding and providing breast milk important for mothers?

Breastfeeding and providing breast milk:

- Helps mothers care for their baby.
- Keeps the hormones active that produce breast milk. These hormones help mothers cope during this stressful time.
- Promotes bonding between mothers and babies.
- Keeps mothers healthier, decreases the risk of Type 2 diabetes and some cancers.
- Is convenient and is readily available.

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

As babies mature, they develop their ability to coordinate sucking, swallowing and breathing. If your baby is showing signs of wanting to feed like rooting, let your health care provider know because s/he can help you make sure that breastfeeding gets off to a good start.

Many late preterm babies require supplemental feedings or IV fluids until they are ready to do the entire feeding directly from the breast. If you need to supplement your baby, use your expressed breast milk before giving other supplements.

Breastfeeding can be combined with other feeding methods until your baby can fully breastfeed at every feeding and is growing well.

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, concentrated and thick. 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!

Skin-to-Skin Contact and Kangaroo Care

Holding your baby skin-to-skin is one of the best things you can do to help your baby. When your baby is held skin-to-skin, s/he can hear your heartbeat, 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.

Why is skin-to-skin contact important?

- Stabilizes your baby's heart rate, breathing and blood sugar.
- Keeps your baby warm through your body heat.
- Helps your baby's brain to grow and develop. Nerve cells are still growing in the late preterm baby. Skin-to-skin contact stimulates these nerves to grow. Your baby is in a place where s/he experiences the world through touch, smell, hearing, taste and movement.
- Helps your baby to:
  - Feel safe and secure.
  - Be calm and cry less.
  - Sleep better, saving energy for growing.
  - Be comfortable during procedures.
- Helps your milk flow and may improve your milk supply.
- Helps you develop special immunity to the germs found in the NICU. This immunity is then passed on to your baby in your breast milk and protects your baby from infections.
- 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 upright, chest-to-chest between your breasts. When you hold your baby securely against your skin, s/he will feel calm and may show more interest in breastfeeding. Your partner can also provide skin-to-skin contact to comfort and nurture your baby.

Cuddle and hold your baby day or night for as long as possible.
Be your baby's advocate!
Ask your health care provider to help you learn how to do skin-to-skin!

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

The best way to make enough breast milk for your baby is by breastfeeding whenever your baby shows hunger cues. Your late preterm baby may not be mature enough to fully feed at the breast. If your baby is not able to breastfeed for very long, or at every feeding, you will need to help establish your milk supply by hand expressing and pumping. Both methods remove breast milk from your breast so that you can feed it to your baby. It is important to express milk as many times as your baby would feed, at least 8 times in 24 hours, including at least once during the night.

Your health care provider 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 ready.

Tips for getting off to a good start:

- Begin early and frequent hand expression and pumping of colostrum preferably within the first hour after giving birth and if that is not possible try to begin within 6 hours.
- Hold your baby skin-to-skin as much as possible.
- Breastfeed your baby first, then hand express and pump any remaining breast milk and feed it to your baby. Compress and massage your breast while your baby is feeding to help your baby get more breast milk.
- Breastfeed or remove milk by hand expressing and pumping at least 8 times in 24 hours. This should include at least once during the night. If you are pumping, use a hospital grade double electric pump whenever you can.
- Hand express for a few minutes before and after pumping.
- Massage your breasts for a few minutes before hand expression and pumping.
- Massage or compress your breasts while double pumping.

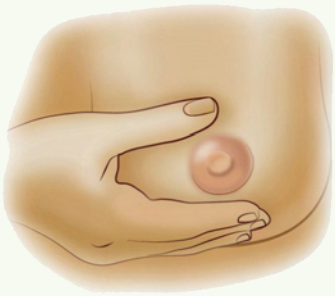
How do I hand express?

To hand express colostrum for your baby:

- Wash your hands with soap and water or use waterless antiseptic cleanser before pumping or handling breast milk.
- 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.
- 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 without sliding them towards the nipple.
- Relax your fingers for a couple of seconds then repeat the same motion.
- Move your hands around your breast, 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 express again until the flow of milk has stopped.
- At first you may 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.
- Hand expression takes practice to learn, it will get easier.

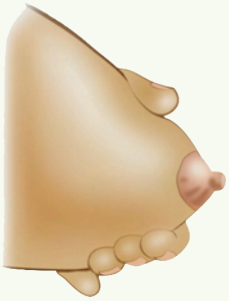
Technique for Hand Expressing Breast Milk

Key steps: PRESS – COMPRESS – RELAX



press
(back towards your chest)

compress



relax

Watch a video on expressing breast milk.

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

https://med.stanford.edu/newborns/professional-education/breastfeeding.html

Expressing milk should be comfortable, not painful.

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 more often.
- Stimulating your breasts at least 8 times in 24 hours by breastfeeding, 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.
- Feel milk leaking from one or both breasts.
- Observe more swallowing as your baby is breastfeeding.
- Feel cramps or contractions in your uterus or womb.
- Feel nothing. A lack of these signs does not mean that you don't have a let-down.

You will make milk faster with frequent breastfeeding, hand expression and effective pumping!

Between days 3-5 your breasts will be making more milk and they may become firm. This is normal. 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 technique may help with engorgement.

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. Your baby will be able to latch better on this softened areola.

If breast fullness or engorgement continue to be a problem, be sure to talk to your health care provider.

What can I expect while my baby is learning to breastfeed?

A late preterm baby goes through specific stages as they learn to breastfeed. This is like learning any new skill. Start breastfeeding your baby when s/he is showing signs of wanting to feed and feeding cues. Some babies are able to breastfeed once a day and others are able to breastfeed at many feedings each day. Let your baby do what s/he can, then hand express and pump. Your baby will slowly become better at breastfeeding. Ask your health care provider for help when you and your baby are learning to breastfeed. This is what you may see:

Skin-to-skin/kangaroo care.

↓

Observe your baby for feeding cues, such as waking up, rooting, sucking and putting his/her hand to his/her mouth. In addition to indicating that your baby is hungry, these signs also indicate that your baby is learning to coordinate sucking, swallowing and breathing during feeding.

↓

Position your baby so that your baby's mouth is close to your nipple and watch for your baby to lick and sniff.

↓

Express breast milk onto your nipple and gently rub it along your baby's lips. This will help him/her become familiar with the taste and smell of your breast milk.

↓

Your baby may latch on to your nipple and begins to suck and swallow.

↓

Your baby may breastfeed but may require additional supplementation until s/he can breastfeed more efficiently.

↓

Stay together with your baby as much as possible. This will help you and your baby get to know one another and you will be better able to respond to your baby's cues.

↓

Room in with your baby. If the hospital staff do not offer rooming-in, ask for help to do it.

How do I know if my baby is getting enough breast milk?

Most babies lose weight the first few days after birth. This is normal. When your baby begins to gain weight, this is a sign that s/he is getting enough breast milk to grow.

These are signs that your baby is getting enough milk:

- Your baby feeds at least 8 times every 24 hours.
- You can see your baby actively swallowing during the feed, with some short pauses.
- Your baby has enough wet and dirty diapers according to his age.
- Your baby is active and has a strong cry.
- Your baby has a wet, pink mouth, and bright eyes.

Find more information for nursing mothers on the Best Start Resource Center website: www.beststart.org/resources/breastfeeding/index.html

Download "My Breastfeeding Guide" or "Breastfeeding Matters" booklet, "Guidelines for Nursing Mothers" chart and other breastfeeding resources.

GUIDELINES FOR NURSING MOTHERS

Your Baby's Age	1 WEEK							2 WEEKS	3 WEEKS
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS		
How Often Should You Breastfeed? Per day, on average over 24 hours	At least 8 feeds per day. Your baby is sucking strongly, slowly, steadily and swallowing often.								
Your Baby's Tummy Size	Size of a cherry		Size of a walnut		Size of an apricot		Size of an egg		
Wet Diapers: How Many, How Wet Per day, on average over 24 hours	At least 1 WET	At least 2 WET	At least 3 WET	At least 4 WET	At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE				
Soiled Diapers: Number and Colour of Stools Per day, on average over 24 hours	At least 1 to 2 BLACK OR DARK GREEN		At least 3 BROWN, GREEN, OR YELLOW		At least 3 large, soft and seedy YELLOW				
Your Baby's Weight	Most babies lose a bit of weight in the first 3 days after birth.		From day 4 onward, most babies gain weight regularly.						
Other Signs	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.								

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Breast milk is all the food a baby needs for the first six months.

You can get advice, help and support from:

- **Your health care provider.**
- **Telehealth Ontario's specialized breastfeeding services support line at 1-866-797-0000 or TTY at 1-866-797-0007.**
- **Bilingual Online Ontario Breastfeeding Services directory at www.ontariobreastfeeds.ca.**

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Pumping

The need to pump is dependent on:

- How often your baby is breastfeeding.
- How well your baby is sucking and swallowing.
- Your milk supply.

Talk to your health care provider about what is best for you and your baby. Using a hospital grade double electric breast pump plus hand expressing is the most 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.

Double pumping: pumping both breasts at the same time

- Use two pump kits as directed by 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 before and during pumping.
- 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.

https://med.stanford.edu/newborns/professional-education/breastfeeding.html

How to build a plentiful 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.
- At night, avoid intervals of more than 4 hours between pumping sessions.
- Hand express after pumping.

Pump early. Pump often. Pump effectively.

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Getting ready to pump

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

Tips for pumping success

- Pump just before, during or after contact with your baby.
- Hold or touch your baby as often as possible.
- Hold your baby skin-to-skin often, especially before you pump.
- 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 frequent hand expression and pumping. If you are worried, 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?

A milk supply journal is a record of each time you breastfeed your baby and express milk. Many mothers also like to keep track of when they are skin-to-skin with their baby. An example of a milk supply journal can be found on page 19. If your baby is beginning to feed well at the breast, you may prefer to use the Feeding Record on page 20.

How do I care for pumping equipment when my baby is in the hospital?

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

Breast milk storage guidelines when your 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 so if you can, give this to your baby right away. Otherwise refrigerate your breast milk right after pumping. Freeze your 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 milk from different pumping sessions.

FRESH IS BEST!

How do I safely transport my breast milk to the NICU?

Deliver your fresh breast milk to the NICU as soon as possible.

- Place your breast milk containers 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 that you bring to the hospital.

Feeding Your Baby at the Hospital

In the beginning, your late preterm baby may need help to get all of the breast milk s/he needs when breastfeeding. You can support your baby to breastfeed better. Compress and massage your breast while your baby is feeding to help your baby get more breast milk in a shorter period of time. If your baby still does not drink enough milk while breastfeeding, you can supplement him/her with expressed breast milk.

Feeding expressed breast milk

Expressed breast milk can be fed to your baby using different methods. The method used should suit you and your baby's needs. 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 (naso-gastric tube) or mouth (oro-gastric 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 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.

Discuss these methods with your baby's health care provider.

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.

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. Introducing a bottle early can lower breastfeeding success and duration and may lead to a lower milk supply. Some preterm babies may need to be fed with a bottle. Talk with your health care provider on how to reduce 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 Your 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 often with your baby.
- Make sure you participate in your baby's care with support from your health care providers as you get to know your baby.
- Ask who provides breastfeeding support at the new hospital and ask to meet with this person.
- 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.
- Find out what breastfeeding supports are available in your community.

When You Take Your Baby 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 is important to be sure that both you and your baby are doing well.

How do I care for pumping equipment when my 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 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.

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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 and pumping. Fresh expressed breast milk is always best for your 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, or in a container with warm water. Make sure that the water does not get into the milk.

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, 2017)	
Chilled breast milk brought to room temperature	• 1-2 hour
Freshly expressed breast milk at room temperature (16-29°C)	• 4 hours
Fresh milk in refrigerator (≤4°C)	• 4 days
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 (≤-17°C)	• 6 months
Throw out all milk that is older than the above storage times!	

Read more about expressing and storing breast milk.

www.beststart.org/resources/breastfeeding/Expressing_Fact%20Sheets_Eng_rev2.pdf

If your baby is receiving 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 to 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 are at risk for infection.

Breastfeeding support in your community

While going home with your baby 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 *Find a Lactation Consultant Directory* 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.
FASD Ontario	www.fasdON.ca	

Milk supply journal for mothers of a late preterm baby

Use this form if your baby is not able to breastfeed or is just learning to breastfeed.

EXAMPLE

	Skin-to-skin
Time 9:30 Amount 3 mL	✓
Time 11:30 Amount 5 mL	✓
Time 2:00 Amount 5 mL	✓
24 Hour Total 13 mL	

Goal:

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

Day 2: Continue hand expressing and double pumping for 15 minutes at least every 3 hours during the day and once during the night until your baby begins feeding well.

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 20.

	Date														
		1		2		3		4		5		6		7	
		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														
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8	Time														
	Amount														
9	Time														
	Amount														
10	Time														
	Amount														
11	Time														
	Amount														
12	Time														
	Amount														
24 Hour Total															

Feeding Record for the late 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.

Date	Time Started	Time on breast	Amount Supplemented			Skin-to-skin	Diapers	
			Expressed breast milk (EBM)	Formula		✔	Urine	Stool
dd/mm/yyyy	hh:mm							
Example	9:15	8 min.	25 mL	None	25 mL	✔	✔	✔

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Booklet contact Information:

To order copies or reproduction information, contact the Best Start Resource Centre at: beststart@healthnexus.ca or 1-800-397-9567.

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