

Had a very small Preterm Baby?- Dreamed of breastfeeding but wonder if it is still possible - You can!

This is my story of how it is possible, how it might work for you at the Rosie Neonatal unit /SCBU and what you need to do to make it happen.....and by the way I had triplets

Benefits of your milk for your small preterm baby- Preterm milk is constituted differently to that of a mother whose baby arrives at the normal time – nature has been very clever and it has a richer fat content and has the much needed nutrients to help your small precious baby. Babies who receive human milk in these early days are much less likely to develop a bowel condition called NEC which if happens will almost certainly require surgery. The milk kitchen will add extra bits and bobs to your milk but it is the best thing for your baby.

Those horrible first days - getting your milk supply going

It is a huge shock to have a preterm baby and in those early days there is an unreal quality to everything and you can feel all your dreams have been shattered. You are probably very tired and scared and physically may be having to recover from a difficult birth or a c – section birth(as I did). However these early days are important if you want to breast feed.

Suggested first Steps-

Getting the colostrum- Your breasts will have the rich colostrum which is so good for your baby. Get the mid wives on Lady Sarah or Lady Mary wards to introduce you to the Medula double breast pump as early as possible that first day after the birth. Have a picture of your baby by you and try to produce those first few drops. It will hurt initially or at least feel strange but even if your baby is not yet able to take your milk the Milk kitchen will freeze it for you both. You may only produce a few drops or mls but that's ok. Keep asking for help if you experience difficulties using the pump.

My story – I felt like a bus had run me over but I still got up in the early hours to try to pump but I hadn't realized that you needed to set the pump strength higher- a very kind mid-wife showed me and then I was fine. It was a few days before they tried milk with any of my babies but I was so proud when

my daughter Natasha, who had rejected some donor milk that day, took mine and tolerated it well. I remember hugging her nurse. I did feel very tired and frightened but I felt despite all that was going on this must be good for my tiny babies.

Establishing a Milk supply whilst your baby can't nurse directly

If your baby is on the neonatal unit it may be weeks before you can try to nurse your baby. Typically your baby will come home around the time of their due date so this may seem weeks away and in the meantime you are trying to hold yourself and the father together emotionally whilst you ride the rollercoaster journey of any preterm birth parents- however it is still possible and even if you do it for a short while your baby will benefit.

A new born baby will stimulate your body to establish a milk supply for its needs – you need to use the pump in the same way by establishing a pump routine. **You need to pump 7-8 times a day to do this! And pumping in the early part of the day is the most important as it is when you are producing the most of the breast feeding hormones- prolactin and oxytocin. Note quantity is less important as this stage than frequency.**

Suggested timetable which fits the Rosie Ward rounds-

3-3.30 am- Set your alarm to get up and do this.

6.30-7am- Just before your breakfast. Perhaps allowing you time to see your baby prior to the morning ward round

8.30-9.45am Pump during the morning ward round if you are on the unit.

11.30-12.30 Pump just before you go to lunch.

2-2.45. Pump if you can post lunch and before the afternoon ward round

4.30-5.30 Pump during the afternoon ward round

7.30-8.30pm Pump after you have had something to eat

11-12pm Last pump of the day!

Adjust to fit the current ward round times.

Hints and tips

3am? Are you mad I hear you say, well when you get your baby home they will be waking up at this time anyway because nature tells them this is when you produce the most milk, due to the hormone prolactin. Pumping at this time will ensure you will establish a milk supply for breastfeeding at home. If you find this is too much then just try to pump as many times in the morning as you can. You will find you will probably produce 2/3's of your milk in the first half of the day.

Pump if you can after any contact with your baby, especially after when you have had any skin-to skin contact, for example after Kangaroo care – all this contact stimulates the production of oxytocin, the ‘milk let down’ hormone.

Frequency is more important at the stage than quantity as your baby will only need a few mls in these early stages but stimulating your body gives your breasts the message that they need to produce milk.

Getting milk ‘letdown’ can be a problem whilst you can’t hold your baby so pump with a photo or a muslin that your baby has been lying on or ask the staff to allow you to pump beside your baby.

Engorged breasts or lumps are a common painful problem so get a handpump and pump in the bath if this happens. Massage the area in the direction of the nipple whilst pumping.

Try to pump at regular times and your body is likely to respond- if you can keep a diary of how much you produce each time and this will tell you which are your best times and the staff can also use it to advise.

There will be a lactation consultant nurse or midwife on Sarah ward to ask if you run into problems.

If all this seems too much don’t worry the more days you give your baby your milk the better it will be for its small gut and be proud of what you have achieved.

My story- I would lie in bed and ask myself why I was doing this but once I would get up and pump in the early hours I would always be pleased with how much I produced. I found the first 3 pumps of the day would produce 2/3rds of my total milk. I had terrible problems with letdown but found these would resolve if I could get as much contact with my babies as possible. The days I cried was when I produced the most milk. Over the weeks the small bottles got fuller and I moved to the bigger ones- perhaps this will be possible I thought.

Both my girls found my nipple when we were doing kangaroo care- Natasha got there and was all confused why we would not allow her to feed(she was on CPAP and had an NG tube in her mouth)- however I was so proud of how clever she was to have been able to find my nipple after all these weeks. My other daughter Marianne shortly after found my nipple and I remember so well she just licked it and broke into a huge smile. Isn’t nature so wonderful!

During the first 7 weeks on the NICU my babies only ever had my milk and never developed NEC or had any bowel problems.

Your Baby is on SCBU- trying breastfeeding for real!

Well done if you are still pumping at this stage, at a reasonable frequency (ideally around 7-8 times a day) you have a real chance of being able to breastfeed when you both get home.

Let the staff know of your wishes and ask them to not give a bottle until you have both established the technique.

Remember Breastfeeding is a joint activity and you both need to learn how to do it. You don't want any nipple confusion at this early stage.

Get as much help as possible to get the positioning right and both of you strip down as much as possible. Skin to skin contact will make the 'latchon' process more likely to work. Its nature's way.

Your tiny baby will tire easily but don't worry just keep trying and if it is not working ask for the help of a lactation consultant or the La Leche league members Rachel or Mary who come to the hospital twice a week(Mondays and Wednesday in my day). Even my son learnt to latch on with their help.

The staff in SCBU will keep a record of how things are going and will top up with formula or your milk through the NG tube.

My Story- Natasha who was the first to get to SCBU learnt to latch on quite quickly but would be easily distracted but we kept going. The staff shortly before her discharge wanted to make sure she could use a bottle. I was very upset and wanted them to wait until I felt sure we both had the technique right. I am glad to say the staff respected my views and let me continue until I was happy. They tried her with a cup and when I was happy we both knew how to breastfeed I let her have a bottle.

Marianne also learnt to latch on quickly and I tried reasonable successfully to feed them on a double nursing pillow before she came home.

My son Luke came to SCBU as quite an old boy, one month after his due date and unfortunately we never really got the latch on process to work, except one time with the La Leche people.

Post Discharge- you are both going home!

The hospital staff say your baby can come home. In some ways this will be unreal and you will be scared all over again but they are right and if you have any concerns they are at the end of a phone. In terms of breastfeeding if you kept a pumping diary and you were producing close to 600mls or more you have enough milk as your baby is much more efficient than a pump.

If you feel you don't have enough milk don't worry you can build it up at even this stage- I suggest specking to a lactation consultant or the La Leche league members. They will probably suggest going to bed with your baby for the weekend and feeding on demand! It usually works. Breastfeeding is all about demand and supply.

My post discharge story-

Natasha was discharged on her due date, Marianne 3 weeks later and Luke 5 weeks after that.

Natasha turned out to be a brilliant breast feeder and I loved being able to share those cosy moments with her. Marianne seemed to lose the knack from when I was in the unit practicing with her and hers sister but once home we were able to reestablish proper feeding.

Luke never really learnt how to latch on properly and in the end I decided to pump for him as also he was the weakest of the three. I would breast feed the girls during the night which I enjoyed and after any pumping sessions for Luke. I had about a baby's worth of milk although I knew I could have built this up more especially if Luke had learnt how to feed. So my babies had, in the end, a mixture of breast milk and formula.

Ten months after the kids were born my home double pump broke down and I decided not to get a new one and around the same time Natasha decided to stop breastfeeding. However Marianne continued to have a morning and/or evening feed for another 3 months, when she was over a year old.

I felt sad but very proud that I had had the opportunity to have done something so natural and share those special moments with my babies, especially after what had been an unusual pregnancy and such a difficult start.

My thanks to all on the unit who helped me achieve this dream, Rachel and Mary from the La Leche league and of course to my babies who learnt with me. Marianne born 636grams, Natasha 740grams and Luke 760grams- all now close to or just above the average weights for their corrected ages.





If anyone would like to speak to me for advice please email me or perhaps meet me at the preterm parents support group- Fiona Phillips (email Tripletmum@ntlworld.com)