

Your baby's feeding journey

Feeding a premature, small, or ill baby will take you on a journey which may have many ups and downs. Your baby may not be able to suckle for some time, but staff can support you with ways to achieve this.

The following information will explain how you can support your baby along the way.

Providing breastmilk

However, you choose to feed your baby in the long term, you will be asked to provide your breastmilk for your baby whilst they are on the neonatal unit. This is because your breastmilk is uniquely made for your baby and has many benefits for them now and as they grow. Your breastmilk:

- * provides the antibodies that help protect your baby against bacteria and viruses
- * boosts your baby's immature immune system
- * reduces the risk of a life-threatening gut infection called necrotising enterocolitis (NEC)
- * provides nutrients, growth factors and hormones that are crucial for the growth and development of your baby

Colostrum

Colostrum is the first milk you produce and comes in small amounts; every drop is precious and acts like a medicine for your baby. Your colostrum will be given to your baby as their first feed and then in the order you express it, this helps your baby's gut to grow and develop. A member of staff will help you to hand express and collect your milk in a small syringe.

Don't worry if you don't initially get any milk, it can be difficult to express when you are worried about your baby. It may take a few attempts, ask a member of staff to help you.

Your colostrum can also be used to give your baby **mouth care**, not only does it taste nice, but it also helps protect your baby from infection. You may hear staff talking about **buccal colostrum**, this is when your baby is not yet ready to have your milk as a feed but it can be given in very small amounts into their cheek so it can be easily absorbed. Your baby can have your colostrum this way, even if they are ventilated or nil by mouth.



How to express your milk by hand

1. Have your feeding syringe ready before you start, and try and find somewhere you feel comfortable either by your baby or in a room where you won't be interrupted
2. Start with a gentle breast massage, stroking from the back of your breast towards your nipple for one or two minutes
3. Cup your breast with your thumb and fingers in a 'C' shape about 2-3 cm back from the base of your nipple



4. Gently squeeze your fingers and thumb together in a rhythmic action; it may take a while before you see any milk appear



5. If no milk appears after a few minutes, simply move your fingers a fraction back or forward and try again to find the right spot
6. Only expect a few drops at a time
7. When the drops stop, move your fingers around to try a different section of your breast and then swap to the other breast
8. Once you have finished, place a bung on the end of the syringe and label with your details.
9. Please take your milk to your baby as soon as possible or ask a member of staff to take it for you.

If you find hand expressing is not working for you, speak to your midwife or nurse and she will give you some tips, there is also an excellent video:

[Expressing milk for your baby on the neonatal unit - Baby Friendly Initiative \(unicef.org.uk\)](https://www.unicef.org.uk)

Tips to help your milk flow

Look at me - Express near your baby whenever you can. Have a lovely photo of your baby or a video to use when you are not together



Remember my smell - Borrow a toy or blanket from your baby's cot, or you may be given a bonding square/heart to help you to connect when you are not together.

Touch - The more skin to skin contact (kangaroo care) you have, the more relaxed you will both be and the more milk you will make. Relaxing in a nice warm bath or shower, a back or foot massage and relaxation techniques will all help.



Night times - Instead of setting an alarm to express at night, try drinking a big glass of water before you go to sleep so you will need to get up to go to the toilet, it is always easier to waken naturally

Relaxation - Find a comfortable place to express where you're not worried about being disturbed. Make yourself a drink and get comfy. Close your eyes and imagine kissing your baby from the tips of their toes all the way up to their nose.



Remember - You are doing an amazing job; it is easy to get discouraged but every drop matters.


Skin to skin contact, talking, reading, and quietly singing to your baby will not only soothe your baby but will help you relax too.


Expressing by pump

Expressing can feel like a big pressure, it is important to remember that no matter how much or how little you express, your baby will benefit. Your midwife or nurse will show you how to use the pump and how to clean and sterilise your equipment in between uses.





Tips to get your milk supply established

 You will be supported to use an electric breast pump at a time right for you. Combining hand expression and using a breast pump is the best way to establish your milk supply.


 A member of staff will sit with you to check you're happy with expressing, including making sure the equipment fits you and that you have the pump on the best settings for you. Please ask a member of staff if you need help.




 Try and express at least 8 times, but if possible 10 times in a 24-hour period, including at least once in the middle of the night.

 Expressing frequently in the first two weeks sets up your milk supply for months to come.



 You don't have to express every 2-3 hours, you can express a few times close together, this is called cluster expressing but avoid leaving gaps of longer than four hours in the day and six hours at night between expressions.

 Try and massage your breasts before expressing this can help with your milk flow.

💧 If you manage to get 800mls or more in 24 hours by around two weeks, you have switched on your milk, you may now decide to express less often and express only enough for your baby's current needs. As your baby feeds more, your milk will naturally increase again to meet their needs (ask your nurse for more information)

💧 If your milk supply suddenly drops, don't panic, it hasn't disappeared. Try lots of skin-to-skin contact, breast massage and follow the tips on relaxation, your milk will then begin to flow again.

Having an ill or preterm baby can be stressful for the whole family and sometimes this anxiety can affect your milk supply. Often when milk supply is slow to increase, it resolves when your baby is well enough to have increased skin-to-skin contact or begins to have a go at breastfeeding.



You can use the box below to write any questions you might have about expressing your milk for your baby

What you can do to support your baby with feeding

While babies are still in the womb they start learning to feed. They have touch receptors around their mouth at just 7 weeks gestation, and they can also smell, lick, taste, and root (turn their head and open their mouth in response to stimulus). Babies also start sucking their fingers around 12 weeks. This is all in preparation for feeding.



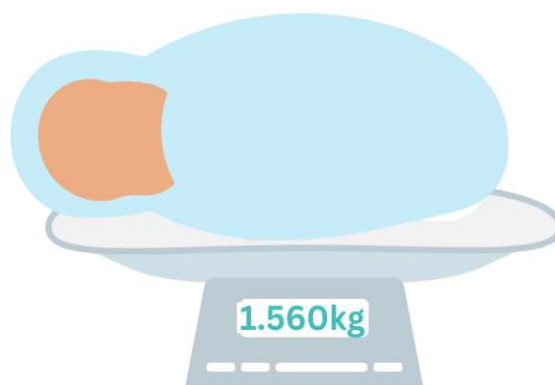
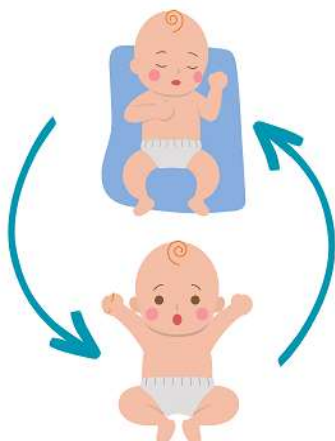
Babies generally go on to:

- Attach and do some suckling – around 28 weeks
- Suckle and swallow – around 31 weeks
- Co-ordinate sucks, swallows and breathing – around 32-34 weeks
- Become more established with feeding around 36-40 weeks but this can be later and is very individual to your baby.

We know that letting your baby go at their own pace helps with feeding/eating all through their life.

Skin to skin contact / kangaroo care and feeding

When babies are in skin contact it helps them regulate their sleep / wake cycles, calms them so they are more interested in feeding and helps them with weight gain. When your baby is ready, they will be able to move down towards the breast and lick, nuzzle and eventually attach. The more practice they have the better. If you choose to give bottles, feeding your baby in skin contact will also support all the above. [Skin-to-skin contact - Baby Friendly Initiative \(unicef.org.uk\)](https://www.unicef.org.uk/skin-to-skin-contact)



Non-nutritive sucking

Babies suck on their hands and fingers to calm themselves.

This is called non-nutritive sucking. Non-nutritive sucking has many benefits, it helps with feeding, gives your baby a positive oral experience and also helps them soothe and calm themselves. Non-nutritive sucking can also help with pain relief. You can do this by letting your baby suck on your finger, use a dummy or recently expressed breast.

Parenteral feeding (PN feeding)

Sometimes babies are not able to have milk straight away, in this case your baby will have an IV which is a thin tube that goes directly into a vein to give the nutrients they need. Your baby will still be able to have your colostrum given into their cheek (buccal colostrum) and be supported with non-nutritive sucking.

Tube Feeding

If your baby is premature or ill it is likely they will need a feeding tube. This is a fine soft tube that goes through the nose or mouth and into their tummy. They will need to be tube fed until they are able to coordinate sucking, swallowing, and breathing.

You will be asked if you and your partner wish to learn how to tube feed. This is beneficial for both you and your baby. You can hold your baby in skin-to-skin contact during tube feeds or if this is not possible you can position your baby in a more upright position in your arms which will be more comfortable and help their tummy empty better. You can also offer them your finger, a dummy, or an expressed breast to suckle. This helps with their digestion and helps your baby build a connection between suckling and feeling full.

Watching and interacting with your baby when they are tube feeding will help you notice signs such as different facial expressions and body movements that may mean the feed is too fast. You can lower the syringe to slow down the milk flow and this will help your baby to be more comfortable when feeding.

Getting ready to suckle

Very early in their journey, when in skin-to-skin contact, your baby may move down to the breast themselves. They do this by shuffling, bobbing or sliding downwards. They will feel the texture of the breast with their cheek and will then lick and nuzzle or attempt to attach. The more your baby has this opportunity the quicker they will progress.

Once your baby is attaching and attempting to suck and swallow more frequently you can observe them for feeding cues and offer the breast when they show signs of readiness.

Feeding cues

Feeding your baby is an ongoing process and the goal is to establish positive feeding experiences. Your baby will need time to develop their strength and endurance for feeding. Watch your baby for feeding cues to make sure they are ready to try a feed, your baby's nurse will work with you to make sure your baby has feeding opportunities when it is the best time for both you and your baby. Following your baby's lead and responsively feeding your baby has longer term benefits with less problems when your baby is taking solid foods and in the early years.

Feeding cues include:

- Your baby is wakeful / alert
- Bringing their hands to their mouth and make mouthing movements
- Turning their head and open their mouth – may be in response to touch (rooting)
- Making sucking movements

Crying is a late indicator of hunger and can use up energy and make your baby less able to feed. If your baby has started to cry, place them in skin to skin or cuddle and calm them before starting to feed.



Positioning for Breastfeeding

As your baby gets stronger a member of the neonatal team will support you with getting the right position for feeding so your baby feels safe and secure and can feed effectively.

Please look at the following information.

[Positioning & Attachment - The Breastfeeding Network](#)

Responsive bottle feeding

If your baby is having breastmilk by bottle or you decide to formula feed your baby, it is important that this is done by following their lead. Coordinating sucking, swallowing, and breathing is harder with bottle feeding as there is a free flow of milk so your baby will need support and time to get established.

Initially your baby may struggle to pause and breathe when bottle feeding. Help them pace the feed by watching their cues and they will tell you when they need a break. They may hold their hand up, splay their fingers and toes or spill milk out of their mouth, gently remove the teat or bring the bottle downwards to cut off the flow of milk, this will give them more control.

You may be shown different positions for feeding, your nurse will show you the best one for your baby's needs at the time. One position is the elevated side lying position, this can make feeding easier for your baby and takes less energy. It allows your baby to stop feeding and dribble any milk that they can't manage to swallow.

Your unit will use slow flow teats to support your baby when they start to bottle feed. Slowing the rate of the milk helps support your baby with their coordination and gives them more control.

Developing feeding skills

Babies develop their feeding skills at different rates. Your baby will need time to develop their skills and the stamina that is required to suckle for a full feed. In this time, they may continue to need nasogastric tube top ups.

Occasionally babies breastfeeding may find it helpful to attach with a nipple shield, your nurse will discuss this with you if they feel it would help.

Focus on the quality of the feed, rather than worrying about how much they have taken and follow your baby's cues and behaviour. As your baby's feeding skills develop, they will need less and less top ups by their tube. Your nurse will help you judge when your baby needs a top up and when they are feeding well.

Feeding Environment

The neonatal unit is a busy place and even though staff try to keep noise to a minimum, it is a challenging environment for you and your baby. You can help by:

- Trying to make the area you are in as quiet and comfortable as possible
- Dim the lights around you if possible
- Take time to relax and not be rushed
- Watch your baby's behavior / communication
- Follow your baby's lead

Your baby's expectations when feeding is that it will be safe, familiar, rewarding and comforting.



Communication, Interaction, and bonding

Why is communication so important?

A baby's behaviour is their language!

Babies love it when parents interact and respond to them as they build their special relationship, which is so important for their health, development, and happiness as they grow up.

You can talk, read, and sing to your baby as well as offer skin to skin and cuddles. Babies can recognise their parents voice and talking to your baby will also help develop their language.

Further information about supporting your baby's language and understanding their behaviour, can be found here:

[neonatal leaflet online.pdf \(unicef.org.uk\)](https://www.unicef.org.uk/neonatal-leaflet-online.pdf)

[How does my newborn baby communicate? – Brazelton Centre UK](#)