

Expressing Milk For Your Premature Baby



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Medical Center. Mothers' milk provides important health benefits for premature infants, so whether you've decided to express milk for a short time or to breast-feed for several months, your milk is an important part of your baby's treatment plan. Many people think that giving birth prematurely limits a mother's ability to make enough milk, but this is not true. The extra stress, discomfort, and fatigue that go along with the birth of a premature baby can cause a slow start with milk production. In the first few days after giving birth, mothers may make just drops of milk each time they use the breast pump, so it is easy to get discouraged. Remember, these drops are like a medicine for your

baby, because they provide protection from infection. And-- this slow start usually gives way to an adequate milk supply by the fifth or sixth day after birth. Answers to the following common questions will help you get started with milk expression for your premature baby.

What Type of Breast Pump Should I Use?



Studies have evaluated the different kinds of breast pumps available to new mothers. The findings show that mothers who are expressing milk for premature babies should use a hospital-grade electric breast pump--ideally with a double collection kit, so that both breasts can be emptied at the same time. This type of pump is the most effective in stimulating release of the milk-making hormone, prolactin, which results in the greatest amount of milk. Mothers sometimes report that they have received a battery-operated or a less-powerful electric pump as a "baby shower" gift, and want to use it to express milk for their premature baby.

While this type of pump is suitable for a mother who uses it only once or twice a day and breastfeeds a full-term baby the rest of the time, it does not provide enough stimulation to establish and maintain a good milk supply for a mother who is pumping for a premature baby. If you have received one of these pumps as a gift, you will be able to use it later--after your baby comes home and is feeding well from the breast. But, in the first few weeks after premature delivery, you should plan to rent a hospital-grade electric pump.

How Often Should I Use the Pump?

During your first week or two of milk expression you should use the pump as frequently as 8-10 times daily--about as often as a healthy, full-term baby would feed at the breast in the early days after birth. The purpose of this frequent pumping is to stimulate prolactin during the time that your body is beginning to make milk in plentiful amounts. While you may get only drops of milk at first, frequent pumping is important in building an abundant, long-lasting milk supply. You may not see the results of your pumping immediately, but your efforts should pay off toward the end of the first week of milk expression. Do not set a clock to wake up at night to pump.

However, if you wake up on your own-as many mothers do-an extra night-time pumping may help boost your milk supply. You may want to call the nursery, check in on your baby, and use the pump before going back to sleep.

How Long Should a Pumping Last?



In the first few days after birth, most mothers express very small amounts of milk-from a few drops to a few teaspoons-at each pumping. During this time, a pumping session should last from 10-15 minutes, which is enough time to stimulate the release of prolactin. However, after the milk has "come in" several days later, and you produce more than half an ounce at each expression, you should use the pump until your milk has stopped flowing for at least 1-2 minutes. The last droplets of milk released during pumping contain very high levels of fat, which provides most of the calories in your milk. If you stop pumping after 10 or 15 minutes while your milk is still flowing, your baby may not receive these valuable fat calories. Also, your breasts need to be emptied as much as possible--

meaning that milk flow has stopped-otherwise your body thinks that the milk left in the breasts isn't needed, and less will be produced. A few mothers say that the milk never "stops" flowing while they pump. As a general rule, you should not pump for more than 30 minutes, even if milk continues to flow. Also, if you pump for this long at each milk expression, you do not need to pump as frequently as a mother who can express her breasts in less time.

What is a "Normal" Amount of Milk?



Nearly all mothers of premature babies worry about whether they are producing a "normal" amount of milk. Many things affect the amount of milk a mother produces-especially in the first few days after giving birth. A mother of a full-term breastfeeding baby produces only about an ounce of milk during the first 24 hours after birth, but by the 3rd or 4th day is making several times that amount. Mothers of prematures frequently take a longer time to go from a few drops to an ounce or more at a pumping. This condition is referred to as a delayed onset of lactation, and is related more to pregnancy complications-such as bedrest, medications for high blood pressure and premature labor, and Cesarean deliveries-rather than to premature birth itself. No one knows exactly why this is the case, but researchers think that the milk-making hormones or tissues in the breast may be affected temporarily by these complications and medications. A slower onset of milk production does not necessarily mean that a mother will not make enough milk for her baby-only that it may take her a few extra days in the beginning to catch up with mothers who have had uncomplicated deliveries. Ideally,

by the end of the second week of pumping, you'll be producing at least 500 ml (about two cups) of milk each day. This is the amount of milk that your baby will need at the time of hospital discharge. Thereafter, you will want to maintain or even increase this amount so that you have enough milk to feed your baby after discharge hospital discharge.

Can I Do Anything to Increase My Milk Supply?



Fatigue, pain, and stress—all of which are common among mothers of prematures—cause the body to release a substance that interferes with prolactin. While it may be difficult for you to overcome all of these barriers, most of these do diminish or become more manageable over time. Some things have been shown to increase the milk supply. First, try to spend as much time in the nursery with your baby as possible during these early days, if that is where you are the most relaxed. Family members often feel that mothers should stay at home and rest after giving birth prematurely, but mothers report that being separated from their babies

causes even greater stress. When you are in the nursery, request a comfortable chair, and use the breast pump at your baby's bedside where you can see and touch your baby. When you are not in the nursery, pump where you can see your baby's picture. If your baby's condition permits, ask to hold your baby in Kangaroo—or skin-to-skin—Care. Don't be afraid to take pain medications that your doctor has prescribed. These medications can be used safely with breastfeeding, and pain relief is important to milk production. In some instances, prescription medications may be used to stimulate prolactin and increase the milk supply. Typically these medications are used after the second week of lactation, and require a prescription from your obstetrical care provider.