

Tips from the Trenches – #1

Pumping for Premies –

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Getting started –

1. Colostrum might be easier to hand-express than to pump, because it's so thick. It's only made in teaspoonfuls, not ounces.
2. Try to start pumping/ hand expressing colostrum as soon as possible – preferably within 6 hours – of giving birth. The sooner you get started, the faster your milk will come in.
3. Beg, borrow, or rent a hospital grade pump ASAP for when your milk “comes in” – even the really good high-end personal pumps aren't designed for round-the-clock use.
4. Have the flanges fitted to your nipples – they do come in different sizes. Properly fitted flanges shouldn't rub and your nipples shouldn't get stuck. You'll get more milk because you'll get emptied out better. And you won't get sore.
5. Don't press the flanges into your breasts – that can block off the milk ducts. Hold them so that the edges are flat against your skin.
6. Ask that your first colostrum be the first feeding your baby gets. This is important for preventing “NEC” – a serious intestinal infection that is 20 times more likely to occur in premature babies that are formula-fed.

While in the hospital--

7. While you're in the hospital, keep your pump, parts, collection bottles, labels, a pen to write date & time, lanolin, bra pads, and drinking water on your tray table – and keep it in arm's reach. That way you won't have to get out of bed to pump.
8. Pump/hand express as often as possible in the first week. The more you do, the faster the transitional milk will come in, and the more you'll get when it does. Try not to go longer than 3 hours.
9. Go visit your baby as much as you feel up to – and pump right when you return to your room. You'll have better let-downs. Some NICUs even have a pumping room there that you can use.
10. Have your partner take pictures of your baby that you can look at while you pump.
11. Let the NICU nurses know you'll be breastfeeding, and that you'll want to hold your baby as soon as he's medically stable enough. Even “just” holding your baby before he's ready to start feeding will do wonders for your hormone levels.
12. If you're able to do “kangaroo care” – skin-to-skin holding – your baby may nuzzle and lick your nipples and try to latch on! Follow his lead – even if he doesn't get much milk in these early practice sessions, he's learning your smell and taste. And this helps your hormone levels, too.

Once you're home—

13. At home, set up a “pumping station” with the above items (see #5), so everything's handy.

14. For middle-of-the-night pumping, make your nightstand into your pumping station, and add a cooler tote with blue ice to put the milk in until morning.
15. MANY things affect how much milk you make. You had no control over developing complications during your pregnancy – blood pressure, gestational diabetes, preterm labor, or how early your baby came. But those things, and/or the medicines that treated them can impact how soon your milk comes in and how much you make. The factors that you can control are how often you pump and whether your pump flanges fit. And how often you pump. And how often you pump!
16. Keep pumping often, even if you don't get much milk. It's not about how much milk you get, it's more about continuing to tell your breasts to keep making more. And they will, if you keep telling them to!
17. DO NOT compare how much milk you get to anyone else – too many things are different for every mom and baby.
18. Go to visit your baby as much as is practical (see #7 above). The closer he gets to coming home, the more you'll want to be there.
19. DO keep a record of how much milk you get per day. If the 24-hour total starts to drop, ask for help immediately. There are medicines that can help, too, but they take up to 4 days to have an effect.
20. It is normal to get more milk at some pumpings and less at others, and for that to be inconsistent. And it's normal to get more from one side than the other.
21. Make pumping a priority – not only are you the only one who can do it – your body knows exactly how far along your pregnancy was, and is making milk specific for your baby's gestational age, and with antibodies for your family's home environment.
22. Try not to go longer than 3 hours between pumping; but one time interval of 4 hours at night is ok if you make up for it during the day. Remember that term newborns feed about every 2 hours, and preemies have even smaller stomachs, and will want to feed even more often.
23. Have a goal of 8 or more pumping sessions per 24 hours, but don't obsess about being exactly "on time" for each one.
24. Pumping for 100-120 minutes / 24 hours is a good goal, but it's more important to have more and shorter sessions than a few longer ones.
25. It's ok to stop mid-session for a few minutes to answer the phone, go to the bathroom, tend to an older child, etc. You may even get another/better/extra let-down that way.
26. Pump until you're empty each time – not a specific number of minutes. Getting empty is what tells your pituitary to keep increasing supply. Keep going for a minute or two past the last drops of milk, in case you get one more let-down.
27. Use breast compression to help get empty faster – this also increases fat/calorie content of your milk (which is already richer than term milk!)
28. It's ok to drink caffeinated beverages again – the amount in 2 cups coffee/ day is AAP approved while breastfeeding – and the tiny amount that comes through into your milk may just help prevent apnea in your baby.
29. Before sitting down to pump, go to the bathroom, and be sure you have: all the pump parts, including an extra collection bottle, your cell phone, a healthy snack, and a large glass of ice water.

30. In the first couple of weeks, be sure you've taken your meds for uterine cramping before pumping, if you have a dose due.
31. While pumping, close your eyes and think about your sweet baby getting well and growing because of your milk!
32. Even though you ARE Supermom for doing all this pumping for your baby, you ARE NOT Wonder Woman. Accept absolutely every offer of meals, help with housework, and invitations for older kids to go play at friends' houses. If specific offers don't get made, ask. Write down names and phone numbers of people who say "Call me when things settle down, and I'll come help/bring food, etc. then. Then call them back – the week the baby comes home – even though you'll be feeling better, you'll need to devote your time to your baby, not cooking, laundry, etc. Remember that the people offering to help will be blessed by helping you as much as you will be, and don't deny them that opportunity!

Getting Baby to Breast--

33. Ask that breastfeeding (not a bottle) be the first feeding by mouth your baby receives. There is some evidence that this can help prevent nipple confusion.
34. Ask the nurse to call the Lactation Consultant to help you get your baby latched on the first time when he's ready to start feeding at breast.
35. Since bright lights make a baby not want to open his eyes, ask for dim or indirect lighting – usually the "breastfeeding room" has this option, and most NICUs have dim lighting around the isolettes.
36. Premature babies can concentrate and focus on the breast better if they are "flexed and centered" - held in a position with legs flexed at hips and knees, and arms flexed at elbows with hands together in the midline. Many NICU nurses know this and will swaddle them in this position for you.
37. Once baby is latched on and takes a few suckles, you can use breast compression whenever he pauses to get him going again.

After Baby is Home, too! –

38. Realize that getting a premature baby to feed at the breast is a transitional process, not a singular event. Progress often comes in a "3 steps forward, 2 steps back" pattern. It's a learning process for both him and you. But it IS SO WORTH IT to persevere, even though the process may take several weeks.
39. You'll need to keep up your pumping routine, and give "top-ups" of your pumped milk until baby is fully at breast to keep your supply up and to keep baby gaining weight appropriately. Babies learning to breastfeed early aren't very good at getting you emptied out. They are great at snuggling and looking sweet, though.
40. Continue doing Kangaroo Care at home as much as possible – you have lots of bonding to do – and the more opportunities baby has to be near the breast, the more he'll want to give it a try.

41. As baby gets more milk at breast, you won't have to pump as much! Sometime around when you would have been 36 weeks pregnant, baby will start nursing MUCH better – hang in there!

Breast Care—

42. If it hurts to pump after your milk is in, something's wrong – get help!
43. Several times daily – after pumping – check your breasts for knots / lumps / plugs. You may need to massage those areas during pumping / feeding.
44. If a lump / plug persists, (and you're not allergic to peanuts or soybeans) try taking Lecithin (Soy Lecithin) 1200mg (check the strength and do the math) 4 times daily. You'll find this in the “dietary supplements” section of your grocery or drug store, and yes, it's safe while breastfeeding.
45. If you get fever and flu-like symptoms, and have a sore, red area of one breast – call your doctor – this is mastitis, and needs to be treated immediately with antibiotics. Be sure to mention that you're breastfeeding / pumping so you'll get antibiotics that are safe.
46. If you or your baby has gotten antibiotics for any reason (ruptured membranes, group B strep, C/Section, etc.) look for white spots in your baby's mouth periodically – this is oral thrush, which is contagious to you when baby goes to breast. If your nipples start to have burning pain and are getting pink or you get cracks at the bases of the nipples, this could be nipple thrush, and needs to be treated to keep from getting worse. Ask the lactation consultant whom to call.

Old Wives' Tales that have a grain of truth—

47. “Premature babies sleep until their due date.” Premature babies are sleepier, and do have to be awakened to feed. Their feeding cues (when they start to give them) are much more subtle. Sometime around their due date, they do begin to wake up more and feed better.
48. “You can't fit a size XL nipple into a size S mouth.” True, but you'd be surprised how wide a preemie can open his mouth, when there's dinner involved! If there's still a mismatch, you may need to keep pumping for a little while longer. His mouth will grow; your nipples won't.
49. “You can't spoil a newborn.” True. Enough said.

And one that doesn't—

50. “Never wake a sleeping baby.” Babies sleep for a lot of reasons – including that they are neurologically immature. Preemies, especially, may sleep through their own hunger pangs and not get enough to eat if you wait for them to wake up. As they get close to their due date, and have been growing well for awhile, they begin to wake on their own!

Resources:

Nyqvist, KH. Breastfeeding Preterm Infants. Chapter 7 in Supporting Sucking Skills in Breastfeeding Infants, edited by Catherine Watson Genna. Sudbury, MA: Jones and Bartlett, 2008.

Lang, Sandra. Breastfeeding Special Care Babies. 2nd ed. London: Elsevier Health Sciences, 2002.

Gotsch, Gwen. Breastfeeding Your Premature Baby. Schaumburg, IL: La Leche League International, 1999.