

Supporting Mother and Baby **Towards**Successful Breastfeeding From Hospital to Home

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# Objectives

- 1. Understand the maturation of the infant suck and identify various sucking patterns.
- 2. Review latch and techniques to support transfer of milk from mother to infant.
- 3. Review infant feeding stress cues.
- ${\bf 4.\ Discuss\ strategies\ to\ support\ mother's\ milk\ production.}$
- 5. Discuss decision-making when choosing a nipple to support infant breastfeeding.



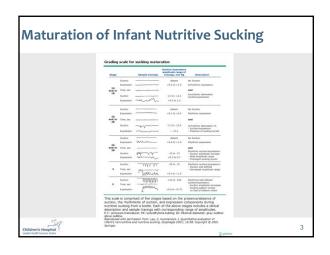
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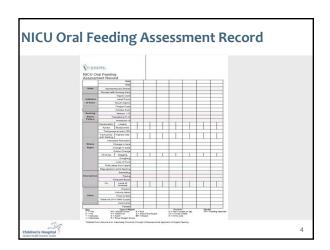
## Case Study

- Infant girl born at 29 weeks 1 day 900grams
- HUS, BPD, ROP, Sepsis, NEC Negative
- CPAP, RA at 4 days
- Transferred at 30 weeks on full feeds of EBM/HMF
- Initiated breastfeeding at 32 weeks with transfer of small amounts
- Bottles introduced as transition slowed
- 36 weeks refusing to suck/sleepy
- Attempts to bottle on ROSS newborn nipple 18o/kilogram/day of EBM
- No longer breastfeeding but mother pumping

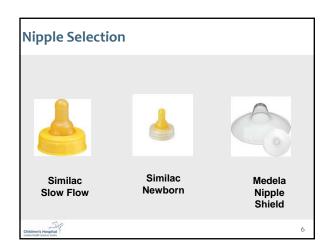


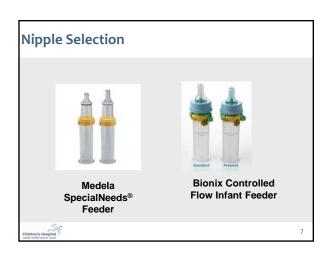
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CARE PLAN - Initial Plan	
<ul> <li>Feed by Nasogastric tube only for the next 48 hours</li> <li>Adjust feeding to 140/ml/kg/day (EBM with 2pkg of Human Milk Fortifier in 50cc of EBM)</li> <li>Observe infant for cueing</li> </ul>	
Review plans with mother on rounds	
Offer non-nutritive sucking with soother	8

# 48 Hours – 72 Hours Introduce breastfeeding when infant is cueing otherwise continue nasogastric tube feeds Available rooming for the mother Assess the volume transferred by scale

# Discharge

- Frequent weight checks-consider a loaner scale, doctors office nurse weighing baby
- Follow-up support-involve Public Health nurse
- Top up feeds with Neosure to meet infants required volumes



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### References

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