

# Breastfeeding Your Late Preterm Baby

Late preterm babies are born after 34 and before 37 weeks of pregnancy. While they may have arrived only a few weeks early, they are still growing and developing. Breastfeeding can be a wonderful way to support their growth, development, and bonding.

## Feeding Your Baby Born at Late Preterm

Your late preterm baby may or may not be able to directly breastfeed at first depending on age, development, and whether they are admitted to the hospital's Neonatal Intensive Care Unit or Special Care Nursery. Your little one might need some extra attention when it comes to feeding. Your late preterm baby may get tired during feeding, may be working on coordinating sucking, swallowing, and breathing, or may have medical complications that make direct breastfeeding, bottle feeding, or tube feeding more difficult. At home, waking your late preterm baby up for feedings every 1-3 hours is recommended.



## Look for These Signs of Effective Breastfeeding:

- Your baby is active the majority of the feeding and not mostly asleep
- You can hear and see your baby swallowing frequently
- Your breasts are softened after breastfeeding
- Your baby does not cough, sputter, or change colors at the breast

### Pro Tip!

Usually babies become much better at breastfeeding and easier to wake around their due date!

## Signs of Sufficient Breast Milk Intake

Diapers	Babies 6 days old and older should have at least 2-3 poops and at least 6 wet diapers in 24 hours	Look for light yellow colored urine from birth and stools that are yellowish and seedy by 5 days old
Weight	Your pediatrician will help you keep track of your baby's weight to make sure that your baby is gaining appropriately	Babies usually lose weight the first few days after birth, then start to gain. We expect your baby to be back to birth weight by two weeks of life

## Late Preterm Babies May Need A Little Extra Nutrition

If your baby falls asleep at the breast without signs of enough good, active drinking, they may need extra milk fed another way temporarily. Babies need to eat well at least 8-12 times in 24 hours.

- If your baby is sleepy during a feeding, your baby may require supplementary nutrition. Options include your expressed breast milk, donor human milk, infant formula, and in cases where an infant is unable to be fed all nutrition, IV fluids.
- Extra milk or formula may be fed using a syringe, cup, at breast supplementer or bottle depending on your preferences and whether your baby is admitted to the NICU.
- If your baby is admitted to the NICU, your baby's medical team may recommend that your breast milk is fortified to provide additional calories, protein, and nutrients to compensate for their early delivery.

## Establishing and Maintaining Your Milk Production

Milk production is driven by supply and demand.



Make sure to have at least 8 sessions of effective breastfeeding or milk expression in 24 hours.



Ensure that your pump flanges fit appropriately and that you are aware of how to use your pump.



Consider using hands-on pumping to maximize efficiency.

## Supply & Demand

Every time your baby drinks your milk when breastfeeding or your milk is expressed by pumping or hand expression, your body receives a signal to produce more milk.

### Pro Tip!

If you're expressing milk while separated from your baby, consider looking at photos or videos of your baby, smelling a piece of their clothing or a blanket, or meditation.

**You know your baby best! We hope that this handout will help you to be informed about caring for your baby born late preterm!**

As your baby gets older and is more alert during breastfeeding, less supplementation and pumping will likely be necessary. Your Nest Collaborative IBCLC can help you navigate this transition. Schedule your follow up appointment with your Nest Collaborative IBCLC by going to our website [www.nestcollaborative.com](http://www.nestcollaborative.com) or by calling (888) 598-1554. We look forward to continuing to work with you to meet your breastfeeding goals!



#### Resources:

1. Boies, E.G., Vaucher, Y.G. and the Academy of Breastfeeding Medicine. (2016). ABM clinical protocol #10: Breastfeeding the late preterm (34–36 6/7 weeks of gestation) and early term infants (37–38 6/7 weeks of gestation). *Breastfeeding Medicine*, 11(10), 494–500. <https://doi.org/10.1089/bfm.2016.29031.egb>
  2. Kellams, A., Harrel, C., Omage, S., Gregory, C., Rosen-Carole, C., and the Academy of Breastfeeding Medicine (2017). ABM clinical protocol #3: Supplementary feedings in the healthy term breastfed neonate. *Breastfeeding Medicine*, 12(3), 1–11. <https://doi.org/10.1089/bfm.2017.29038.ajk>
  3. Hackman, N. M., Alligood-Perocco, N., Martin, A., Zhu, J., & Kjerulff, K. H. (2016). Reduced breastfeeding rates in firstborn late preterm and early term infants. *Breastfeeding Medicine: The Official Journal of the Academy of Breastfeeding Medicine*, 11(3), 119–125. <https://doi.org/10.1089/bfm.2015.0122>
- Muelbert, M., Harding, J. E., & Bloomfield, F. H. (2019). Nutritional policies for late preterm and early term infants - Can we do better?. *Seminars in Fetal & Neonatal Medicine*, 24(1), 43–47. <https://doi.org/10.1016/j.siny.2018.10.005>