

Information about feeding

In the womb, your baby will have got all nutrients and fluid via the placenta and umbilical cord. When a baby is delivered prematurely, he or she will need to receive these nutrients in a combination of the following ways, depending on his or her maturity and health.

Total Parenteral Nutrition (TPN)

Placing a long, fine tube into a vein in the arm or leg means that mixtures of nutrients can be dripped directly into a baby's blood stream. Initially the mixture may contain glucose, salts and water, with amino acids, fats, vitamins and minerals being added in due course.

This TPN is particularly useful for babies who are very unwell or whose stomach and gut are not developed enough to digest food.

Tube feeding

Babies who are doing a little better can start to take food into their stomachs. Many very premature babies can't co-ordinate all of the muscles needed for swallowing, so a tube is passed through their nose (a naso-gastric tube), or their mouth (an oral-gastric tube), and down into their stomachs.



You will be encouraged to express milk and feed this via the tube using a syringe. Giving the baby early breastmilk helps stimulate his or her immune system and gut activity.

This is a great way of boosting your baby's ability to fight infections. The nurses should give you guidance on expressing milk.

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Because the tube passes through your baby's nose, it is quite possible for your baby to practise suckling at the same time as receiving a tube feed once he or she is mature enough. Research shows that this not only teaches the baby to feed properly, but it also helps digestion.

When you are ready, you can help tube feed your baby if you wish to.

Breastfeeding

Please see the free Bliss booklet *Breastfeeding your premature baby* for more information.

Deciding whether to breastfeed

The fact that your baby is in a neonatal unit will have come as an enormous shock to you. However, the good news is that you can still do many of the things you planned, including breastfeeding. Even if you have decided against breastfeeding, you could express your breastmilk for a little while. Giving this to your baby will help to protect him or her from many different illnesses.



If you choose to breastfeed, you should express your milk as soon as possible, and it can be stored in a fridge on the unit until your baby is ready to feed. As with all newborn babies, some find breastfeeding easier than others. This can depend on factors such as the baby's age, maturity and his or her medical condition.

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Many hospitals provide a private, quiet space for breastfeeding and might also provide breast pumps, sterilisers, bottles and milk banks to freeze expressed milk.

Providing breastmilk may help you to feel closer to your baby. But you must feel happy with whatever you decide to do.

Advantages of breastmilk

Breastmilk boosts a baby's defences against infections and protects him or her against gastroenteritis and chest infections.

Mother's milk also provides nutrients, growth factors and hormones that help your baby grow and develop during the vital early months after birth.

Breastmilk is also very easy to digest and is absorbed more easily than formula milks.

First milk

The first milk mothers produce is called colostrum. This is thicker and more yellow in colour than breastmilk, and contains a lot of infection-fighting proteins and cells.



You may find it easier to hand express colostrum than to use a breastpump. Even if your baby is not going to be fed for some time, the colostrum can be frozen until your baby is ready to have it.

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Supplemented feeds

It may be necessary to supplement colostrum in the early days with formula milk to ensure that your baby receives enough energy and fluid to get well quickly. Don't worry, you will always be consulted about this and it is just a temporary measure, since you will soon be able to produce enough milk for all your baby's needs.

Fortification

Your milk is produced to meet a baby's dietary needs, but the needs of some premature babies can be different. Some very premature babies grow more quickly if they get extra protein, minerals and vitamins. If so, you may need to add fortifiers to your expressed milk. These fortifiers are only used until your baby is strong enough to breastfeed.

Breastfeeding and drug use

Whilst almost all drugs and chemicals are passed from a mother's blood to breastmilk, it can be safe to breastfeed if you are still taking drugs **depending** on which drugs you are taking and how much. It is recommended that you seek advice as to which drugs are safe to breastfeed with and which aren't.

Infection in mothers/maternal infection

Infections in the mother, such as HIV or Hepatitis C status, also need to be taken into account in relation to breastfeeding. It is best to discuss concerns you might have about this with staff on the unit so that you can make an informed choice about breastfeeding. If you would like to discuss this with someone outside of the neonatal unit, confidentially and anonymously, there are several organisations that you can call for free, for support and advice. Please see the useful organisations listed on page 72.

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Bottle feeding

A baby cannot move to a bottle until he or she can co-ordinate breathing, sucking and swallowing. Once that has occurred, you can start with a specially designed bottle that holds only 25 to 50ml of milk and has a special teat.

Some babies need food that has been individually recommended by a dietitian to meet specific dietary needs, although many babies are given formula milk specially designed for premature babies.

