A Guide To

Late Preterm Infant Feeding

The heart and science of medicine.

THE University of Vermont MEDICAL CENTER

TABLE OF CONTENTS

Congratulations on your decision to breastfeed!

Breastfeeding offers a number of benefits:

FOR BIRTHING PARENTS

- Allows bonding time between you and your baby
- Decreases post-partum bleeding
- Lowers your risk of breast cancer and ovarian cancer
- Lowers your risk of obesity and heart disease
- By one month after delivery, mothers who breast feed get more sleep than parents who formula feed
- Lowered risk of post-partum depression

FOR BABY

- Lowered risk of ear infections, diarrhea and life threatening infections
- Lowered risk of Sudden Infant Death Syndrome (SIDS)
- Lowered risk of developing asthma, allergies and diabetes
- Lowered risk of developing certain cancers, such as leukemia and lymphoma
- Lowered risk of childhood obesity
- Late Preterm infants are more susceptible to infections so the anti-infective and anti-inflammatory cells in breast milk are very important
- Breast milk helps promote brain development better than formula, the proteins and fats are different than in milk for a full term infant, and made more specifically for your late preterm infant

What does “late preterm” mean?

A late preterm infant (LPI) is a baby born three to six weeks early, or between 34 and 36+6 weeks. In the last six weeks of pregnancy, the baby usually gains about one half pound per week, so babies born a few weeks early can be smaller than full term newborns.

It is important to remember that LPIs are still premature and have their own special health needs. Recent studies show that LPIs are at a greater risk for potentially serious health problems than full term newborns, so it is important for parents to be aware that special needs may arise because your baby is just a few weeks early.

Six things you should know and watch for:

1. FEEDING

Feeding problems of LPIs often relate to their under developed suck and swallow reflex, altered sleep-wake patterns and decreased stamina. Poor feeding can increase risk for hypoglycemia (low blood sugar) and hyperbilirubinemia (jaundice/yellow coloring to the skin) .

- Your newborn may tend to feed slower and for shorter periods and may need to be fed more often than full term babies.
- Look for time when your infant is quiet and alert to start feedings since this is when infants feed best.
- Your newborn may not be able to take in as much breast milk or formula as a full term infant.
- Doing skin to skin at least 30 minutes per day will increase milk volume.
- Your newborn needs to feed often for the first several days to help prevent jaundice.
- If your baby begins to refuse feedings, even for less than a day, contact the baby’s nurse, lactation consultant and/or primary care provider.
- All families who have a baby who is born early will have a feeding plan written for them by the lactation consultant and primary care provider which will include how often to feed the baby, when to give extra breast milk or formula, and how often to pump, if needed.

2. SLEEPING

An LPI may be sleepier than most full term newborns and may sleep through feedings, therefore, she or he should be awakened to eat after 2-3 hours.

- All infants, including LPIs, should always be placed on their backs to sleep on a flat sleeping surface that is free of pillows, blankets and stuffed toys/animals.
- All infants should not bed share (sleep in the same bed, couch, recliner, etc.) with their parents. It is encouraged to have your infant sleep in the same room as you, but returned to their own crib when you are ready to sleep.

3. BREATHING

LPIs may be at a greater risk for breathing difficulties. Normal rate of breathing is 30-60 breaths per minute. If your baby seems to be having trouble breathing, you should contact the baby's primary care provider immediately or dial 911.

- Symptoms of breathing difficulties can be fast breathing, whining, nasal flaring, retractions (can see ribs when breathing) and central cyanosis (a blue coloring of the infants face and chest).

4. TEMPERATURE

LPIs have less body fat and may not regulate their body temperature as well as full term infants. Normal temperature ranges for an infant are 36.5 to 37.5 Celsius or 97.7 to 99.7 Fahrenheit.

- Holding your baby skin to skin as much as possible will help keep their temperature stable.
- Ask your provider how they prefer your infant's temperature to be taken.
- Like all newborns, your baby should be kept away from drafts.
- Room temperatures should be warm enough to maintain the baby's normal temperature. A good rule of thumb is to dress your baby in one more layer than you are wearing.
- Avoid overdressing your baby, especially while they're sleeping.
- Notify your primary care provider if your baby's temperature is too high or too low. Check your baby's temperature whenever he/she feels cool or warm, or excessively irritable or sleepy.
- A fever is temperature higher than 38 Celsius or 100 Fahrenheit.

5. JAUNDICE

LPIs are more likely to develop jaundice, which is a yellowing of the skin caused by a high bilirubin level in the blood. If not identified and treated, high bilirubin can lead to severe nervous system damage. Your doctor will order a bilirubin blood test on your infant before discharge.

- Infants should be seen by their primary care provider within 24-48 hours of leaving the hospital. They should be seen at anytime if their skin becomes yellow or they are not feeding well.
- Jaundice starts in the face and moves down the body as the level increases.
- Jaundice usually peaks at the 5th to 7th day after birth.
- Signs of jaundice may be sleepiness, irritability, and back and neck arching.

6. INFECTION

LPIs have an immature immune system and are more likely to develop infections in the first few months of life.

- Notify your primary care physician if your infant has any signs of infection including cold symptoms, difficulty breathing, high or low temperature, sleepiness, or irritability.

Feeding Log

Use the following log for the first days after your child's birth to keep track of your baby's feedings and eliminations. If your baby is not meeting the daily goals, please contact your pediatrician.

Instructions:
Over the course of 24 hours, fill in the times your baby feeds, **the goal is 10-12 times a day.**

For quality, leave notes to yourself about your baby's behavior.

Example: sleepy, sucking/swallowing

Write down what kind of supplement and how much you are using.

Example: Amount and EBM, Formula, or PDHM

For each feeding period, mark whether or not your baby wets or stools.

Hand expressing or pumping, even if your preterm infant seems to be breastfeeding well, and giving the baby a little extra in the first couple days, will help establish an adequate milk supply. Mark each time you pump or hand express, at the appropriate time.

Your baby should be weighed frequently in the first few weeks of life.

FIRST 24 HOURS												
Feeding Times	1	2	3	4	5	6	7	8	9	10	11	12
Goal: At least 10-12 feedings in 24 hours												
Quality												
Details: Sleepy? Sucks, swallows?												
Supplementation Amount, and EBM/DHM,/formula												
Wets												
Goal: At least 1 in 24 hours												
Stools												
Goal: 1 or more in 24 hours												
Breast Pump Usage												

DAY TWO												
Feeding Times	1	2	3	4	5	6	7	8	9	10	11	12
Goal: At least 10-12 feedings in 24 hours												
Quality												
Details: Sleepy? Sucks, swallows?												
Supplementation Amount, and EBM/DHM/Formula												
Wets												
Goal: At least 2 in 24 hours												
Stools												
Goal: At least 2 in 24 hours												
Breast Pump Usage												

DAY THREE												
Feeding Times	1	2	3	4	5	6	7	8	9	10	11	12
Goal: At least 10-12 feedings in 24 hours												
Quality												
Details: Sleepy? Sucks, swallows?												
Supplementation Amount, and EBM/DHM/ Formula												
Wets												
Goal: At least 3 in 24 hours												
Stools												
Goal: At least 3 in 24 hours												
Breast Pump Usage												

Vermont Lactation Resources

(*Underline indicates LC covered by VT Medicaid)

ZipMilk.org — provider directory

The Lactation Network — LactationNetwork.com

Works with insurance payers to provide coverage for IBCLC services

Chittenden County

- **UVM Medical Center Inpatient Lactation Consultants**
  802-847-5249 Monday-Sunday 8 am-8 pm
- **Visiting Nurses of Chittenden County (No IBCLC)**
  802-658-1900
- **In-home Lactation Consultants**
  Mary Bibb, IBCLC
  802-899-4845

  Kristen Bird, FNP IBCLC
  802-922-2568
  kristen@babybirdlactationservices.com

  Chelsea Clark, RN, IBCLC
  802-363-3297
  chelseavt@gmail.com

  Peggy Cohen, LM IBCLC
  802-355-8509
  peggysalvacohen@gmail.com

  Judith W. Fayre, RN IBCLC
  603-568-8282
  www.Judithfayre.com

  Alice T. Gonyar, RN, IBCLC
  802-488-4333

  Alicia Lamonda, LPN IBCLC
  413-884-4259
  Alicia@happybabyhappyhome.com

  Leah Macaulay, PNP IBCLC
  802-578-6800

  Sally McFadyen, IBCLC
  802-865-2562

  Alice Norris, RN IBCLC
  802-373-4956
  norris.alice@gmail.com

Vermont Lactation Resources

Lizzy Parah, RN IBCLC
802-370-7142

Courtney Walker-Borch, FNP IBCLC
802-999-1895
courtneywalkerfnp@gmail.com

Emily Warner, RN IBCLC
thrivecommunitylactation.com
thrivecommunitylactation@gmail.com

Franklin County

- **In-home Lactation Consultants**

  Chelsea Clark, RN IBCLC
  802-363-3297
  chelseavt@gmail.com

  Peggy Cohen, LM IBCLC
  802-355-8509
  peggysalvacohen@gmail.com

  Alice T. Gonyar, RN IBCLC
  802-488-4333

  Lizzy Parah, RN IBCLC
  802-370-7142

  Courtney Walker-Borch, FNP IBCLC
  802-999-1895
  courtneywalkerfnp@gmail.com

- **Franklin County Home Health** (ask for IBCLC)
  802-527-7531

Lamoille County

- **In-home Lactation Consultants**

  Peggy Cohen, LM IBCLC
  802-355-8509
  peggysalvacohen@gmail.com

  Alice T. Gonyar, RN IBCLC
  802-488-4333

  Vicki (Sacco) Rich, RN IBCLC
  802-888-3470

  Emily Warner, RN IBCLC
  thrivecommunitylactation.com
  thrivecommunitylactation@gmail.com

Vermont Lactation Resources

Addison County

- **In-home Lactation Consultants**

  Peggy Cohen, LM IBCLC
  802-355-8509
  peggysalvacohen@gmail.com

  Judith W. Fayre, RN, IBCLC
  603-568-8282
  www.Judithfayre.com

  Alice T. Gonyar, RN IBCLC
  802-488-4333

  Vicki Kirby, RN IBCLC
  802-236-4136

  Alice Norris, RN IBCLC (Starksboro)
  802-373-4956
  norris.alice@gmail.com

  Emily Warner, RN IBCLC
  thrivecommunitylactation.com
  thrivecommunitylactation@gmail.com

Rutland County

- **In-home Lactation Consultants**

  Peggy Cohen, LM IBCLC
  802-355-8509
  peggysalvacohen@gmail.com

  Alice T. Gonyar, RN IBCLC
  802-488-4333

  Lisa Kerns, IBCLC
  802-236-7946

  Vicky Kirby, RN IBCLC
  802-236-4136 or 802-948-2172

Washington County

- **In-home Lactation Consultants**

  Central Vermont Home Health & Hospice (ask for IBCLC)
  802-223-1878

  Peggy Cohen, LM IBCLC
  802-355-8509
  peggysalvacohen@gmail.com

Alice T. Gonyar, RN IBCLC
802-488-4333

Alice Norris, RN IBCLC (Duxbury, Waterbury, Waitsfield)
802-373-4956
norris.alice@gmail.com

Emily Warner, RN IBCLC
thrivecommunitylactation.com
thrivecommunitylactation@gmail.com

- **The Center for Breastfeeding at CVMC**
  802-371-4415 or 802-371-4299

Orange County

- **In-home Lactation Consultants**

  Emily Warner, RN IBCLC
  thrivecommunitylactation.com
  thrivecommunitylactation@gmail.com

- **Gifford Medical Center**
  802-728-2274

La Leche League

Offering mother-to-mother support to women who want to breastfeed their babies, La Leche League helps families meet their breastfeeding goals through:

- Experienced breastfeeding leaders accredited by La Leche League International.
- Virtual and in-person meetings
- Creating a supportive community of breastfeeding families.
- Helping families learn about the ages and stages of breastfeeding.

La Leche League Meetings in Vermont:

To find out more about the meetings, and La Leche League, visit **www.lllmarivt.org**

- NE Kingdom
- Essex Junction
- Royalton
- Middlebury
- Montpelier
- St. Johnsbury

Pasteurized Donor Human Milk

Vermont Donor Milk Center—802-276-0030
Provides pasteurized donor human milk (with a prescription), lactation consults, and postpartum resources. Open 7 days by appointment. Essex Junction, VT. **VTDonorMilk.com**

VT BREAST PUMP SALES AND RENTALS

- **Lactation Resources of Vermont** – many VT locations
  802-878-6181 or 802-236-7946
- **Acelleron**— all counties
  877-932-6327
  acelleron.com
- **Keene Medical Products** – many VT locations
  802-863-2114
- **Lactation and Birthing Solutions**– Morrisville
  802-888-3470
- **Natural Beginnings** – Addison/Rutland counties
  802-236-4136
- **Corporate Lactation** – All counties
  888-818-5653
- **Aeroflow –** All counties
  844-867-9890
  aeroflowbreastpumps.com

New York Lactation Resources

- **CVPH Lactation Clinic**
  Monday-Saturday 9 am-4 pm
  518-562-7142
- **MOMS Program** (Medicaid eligible, no prescription needed)
  518- 873-3500
- **Alice Hyde Hospital, Malone NY** (Part-time IBCLC, CLC on every shift)
  518-481-2244
- **Saranac Lake Health Department**
  518-891-4471
- **Plattsburgh WIC Office**
  518-565-4835
- **Clinton County Health** (IBCLCs available)
  518-565-4848
- **Nature's Way Mother's Café**
  babycafeusa.org

Lactation Home Visits

- **Alice T. Gonyar, RN, IBCLC**
  802-488-4333
- **Laura Sigel, CLC**
  518-534-8773

NY BREAST PUMP SALES AND RENTALS

- **Westside Medical Supply**
  585-227-8750 x 103
- **Byram Healthcare**
  877-902-9726
  byramhealthcare.com
- **Edge Park edgepark.com**
  888-394-5375

Helpful Websites for Feeding Information

GLOBAL HEALTH MEDIA PROJECT BREASTFEEDING VIDEOS

- Short videos available in many languages. Videos on what to do about sore nipples, latch, cup feeding, hand expression

globalhealthmedia.org/videos/breastfeeding/

STANFORD HOSPITAL NEWBORN NURSERY

- Videos on latch, hand expression, maximizing pumping

med.stanford.edu/newborns.html

FIRSTDROPLETS.COM

- Website with videos to support the successful initiation of breastfeeding

firstdroplets.com

TOM HALE INFANT RISK CENTER

- Information on medications and breastfeeding

infantrisk.com/

LACTMED

- Online database for drugs and medication use while breastfeeding

https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm

KELLYMOM.COM

- Information about almost everything you would want to know about breastfeeding, i.e. How much milk your baby might take from bottle if not feeding at breast, diet while breastfeeding, breastfeeding and working

kellymom.com/

BIOLOGICAL NURTURING

- Laid Back position for breastfeeding, how to get a sleepy baby to breastfeed

biologicalnurturing.com/

THERAPUTIC BREAST MASSAGE – Maya Bolman

- Therapeutic breast massage is a light massage technique that mothers can use to help relieve breast swelling and engorgement. It is a light sweeping touch, as if putting on lotion, in the direction of the armpit. You can use a lubricant like olive oil or do it dry.

https://vimeo.com/65196007

MOTHER-BABY UNIT

Baird 7

111 Colchester Avenue

Burlington, VT 05401

THE University of Vermont MEDICAL CENTER

Updated 9.2023

UVMHealth.org/MedCenter