

A close-up photograph of a newborn baby's feet sticking out from a hospital bed. The baby is lying on a white blanket, and the feet are positioned in the center-left of the frame. The background is a blurred hospital room with medical equipment and a window. The text is overlaid on the right side of the image.

**Providing milk of
their own mother to
infants at risk**

Proactive discussion about own mother's milk (OMM) during initial antenatal or post-birth consultation

(Do not wait for mothers to ask feeding questions)

- We've spoken about what you can expect if your baby is born at 26 weeks with respect to treatment in the NICU. Let's spend a minute on what you can do to help your baby avoid complications and stay as healthy as possible during the NICU hospitalization.
- Your baby will need your milk as part of his/her overall treatment plan.
- Your milk nourishes your baby and helps him/her fight many of the common problems of premature birth.
- Receiving your milk reduces the chances that your baby will develop common complications of prematurity, such as infections and bowel disease.



Why is my milk so important for my baby?

- OMM is best for all babies, but it's especially important for babies who are born prematurely.
- Premature babies have spent less time in their mother's body than full term babies, so some of the babies' organs and systems are not fully grown or developed. Also, they haven't had time to receive the same defences against infection from their mothers as full term babies.
- When mothers give birth prematurely, their milk is rich in substances that help to make up for the babies' shorter time in the womb. Mother's milk helps the babies' body organs grow as they should and also gives the babies an extra boost of protection against infection and other complications.
- The other reason why we hope you'll provide your milk is that we don't want to feed formula to premature babies during the early weeks after birth. The latest research makes us think that formula may actually increase the chances your baby will develop complications – especially during the very early period after birth.





But I've been very ill myself (or I have a chronic disease) that means I have to take prescription medications. Surely these aren't safe for a premature baby.

- Most mothers who give birth prematurely have been – or are still – ill themselves and, because of this, are taking medications that make them concerned about providing milk.
 - In almost all situations, OMM is still best for premature babies.
 - In the first days after birth, your baby will receive very small amounts of your milk, so little if any of the medication reaches him/her. These are the same 'early days' that we are most concerned about feeding formula to your baby.
 - As we increase the amount of feeding over the first few days and weeks, many mothers are recovering from their pregnancy complications and often need lower doses and/or fewer medications.
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- However, we'll check your specific medication to make sure it doesn't cause problems in your baby. We can also call your doctor who prescribed the medications so that he/she understands our decision.
 - We always balance any concerns about medications with concerns about feeding formula to premature babies. There are lots of studies that tell us that your milk is almost always better than formula, regardless of the medications you're taking.



But, I'm not sure I want to breastfeed my baby. I was planning to feed from the bottle.

- Lots of mothers of premature babies feel the same way. When a baby is born early, mothers often haven't even made up their mind about how they will feed. Oftentimes, when a mother has made a decision to feed formula, she changes the decision when her baby is born prematurely.
- Right now, your baby is too small to drink his/her milk directly from the breast, so you will start by removing your milk with a breast pump. We'll feed the pumped milk to your baby using a tiny feeding tube.
- During your baby's NICU hospitalization, you can talk to the doctors, nurses and other mothers to decide about how long you want to provide milk and whether you want to go on to feed your baby directly from the breast.

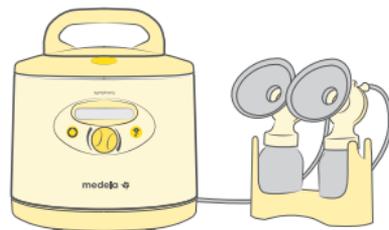
- For example, many mothers want their babies to have only their milk but some want to feed their babies from both the breast and the bottle. Some other mothers want to pump their milk and feed it only by the bottle.
- The important thing is that you start removing your milk as soon as possible, and save every drop so we can feed it to your baby. You can make a decision about how to feed your milk as your baby grows.



But I'm afraid that pumping will hurt.

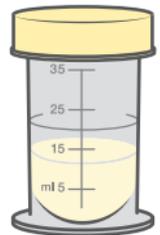
My friend used a breast pump and she quit because it hurt.

- Many mothers have a friend or family member who has said that pumping is painful, so it is natural to think that all breast pumps hurt.
- These stories about pain are almost always because the mothers were using either a low-quality breast pump or using the breast pump incorrectly (for example turning pressure up too high). It is hard to pump if you don't have the right support.
- However, we'll make certain that you are using a high-quality breast pump and we'll show you exactly how to use it. One of our experts will sit with you during the entire first pumping session to help you use the pump comfortably.



How long will my baby need my milk? Do I need to use the pump the whole time my baby is in the hospital?

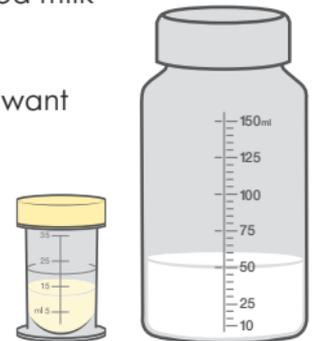
- The most important time for your baby to receive your milk is during the days after birth when he/she first starts to receive feedings. The milk you make during this time is called colostrum, and it's more like a medicine than a milk.
- Colostrum provides many special substances that your baby's intestines need to grow and develop as healthy as possible. Colostrum also has many special substances to help your baby develop his/her own defences to fight infection. These same substances are not in formula or even in donor human milk.
- We'll also put some drops of colostrum in your baby's mouth to help boost his/her ability to fight infections.
- We want to use only your milk during these critical first days – ideally through the first 2 weeks or so.



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- After the first couple of weeks, your baby benefits from receiving as much of your milk as you can provide. Infections are always a possibility during the NICU hospitalization and your milk reduces your baby's chances of getting an infection and of developing lung and bowel diseases that are common in premature babies.
 - If you're able to provide milk until your baby's discharge (or longer), several new studies suggest that this helps your baby's brain grow and develop. This brain growth is very rapid through full term gestation (your baby's due date), but after that your baby would continue to get the special nutrients that only your milk can provide.
 - If you're able to continue to provide milk after your baby goes home from the NICU, the milk will continue to help protect your baby from germs that he/she may be exposed to from other children or family members. Also, lots of research shows that OMM has an effect on brain development when it is fed after NICU discharge.

But I don't have any milk yet. Why should I start pumping so soon?

- Most mothers produce only a small amount of colostrum at first – sometimes just a few drops. Think of this colostrum as 'medicine'. Your baby needs only a few drops of it to cover the inside of his/her mouth and intestines. It's like a special 'paint' that seals off the baby's fragile insides from germs.
- Even though only small amounts of milk are removed at first, it's still important that you use the breast pump. The special suction cycle you will use on the breast pump is like the sucking pattern of a full-term baby. Just like a baby, using the pump sends signals to your breasts to start making milk. You may not remove much milk right away, but the signals are important to establishing a good milk supply over the next days and weeks.
- So, just as a full-term baby would start feeding right after birth, we want you to start pumping right after birth.
- Once your milk starts to flow (we call this the 'milk coming in'), you should begin to pump regular volumes of milk that increase greatly over the first 2 weeks of lactation.



But, what if I am not able to make any milk? I tried to breastfeed my first baby and had to quit because I did not have enough milk.

Other reasons:

**My breasts are too small / I do not have a good diet /
Inadequate milk runs in our family**

- Lots of mothers have these concerns and you're right – if you had problems with breastfeeding previously or have a family history of breastfeeding problems, be sure to let us know to watch you more closely to make sure that your milk production is on track.
- However, earlier problems with breastfeeding often occur because mothers didn't have the right help from experts at the time. We see this frequently with our NICU mothers.



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- Nonetheless, many mothers who give birth prematurely have problems making enough milk. These problems are less about prematurity and more because the mothers themselves have been ill before or during pregnancy and delivery. These problems in the mothers can affect milk-making, especially in the days right after giving birth.
 - Our team of lactation experts will ask you about common problems that can affect milk-making in NICU mothers. They will also develop a specific plan with you for your pumping in order to prevent problems that are the most common in NICU mothers who must use a breast pump.
 - In particular, we'll teach you about 'coming to volume', which is a stage of lactation that takes place during the first 2 weeks or so after giving birth. This is a very important time period for sending signals to your body to make milk, and to remove as much milk as possible.
 - Our goal is to help you make at least as much milk during 'coming to volume' as a mother with a full-term breastfeeding baby, which is about 500 ml (17 ounces or around 8 milk storage containers that hold 60 ml each) a day.

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- Reaching this milestone (coming to volume) will help protect your milk supply throughout the NICU hospitalisation so that your baby can receive as much of your milk as possible.
 - To help you do this, our lactation experts will plan to meet or speak to you every day for the first 2 weeks after your baby's birth.
 - We'll watch you use the breast pump if you are in the NICU because this helps us detect any problems before they affect your milk supply.
 - If there's a day during this time that you aren't in the NICU, we'll telephone you to make sure that your pumping is comfortable and that you aren't experiencing any of the common problems that occur during this time.

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