

Counseling Mothers Who Deliver Very-Low-Birth-Weight Infants

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To all mothers:

“We know from our experience and lots of research by others that premature infants benefit from receiving their own mothers milk. Based on the research that has been done, we feel that every mother, including those that do not plan to breastfeed, need to know about these benefits. We also want mothers to know what is involved in providing human milk for their babies.”

For the mother that does not plan to breastfeed-“We are not asking you to breastfeed but we want you to think about pumping milk for (baby’s name) while (baby’s name) is in the hospital. Human milk contains proteins, fats, and carbohydrates that will not only nourish your baby but also help kill bacteria and viruses to which your baby will now be exposed outside the uterus. We can protect (name) with good hand washing, a clean environment, and antibiotics if he/she gets sick. However, your milk will protect (name) from getting sick in a way that nothing else can. We have formula designed for premature infants; however it does not have any of the infection fighting properties that your milk has. Your baby is premature from head to toe, the lungs, the gastrointestinal tract, the immune system, and the nervous system including the brain and eyes. Your milk contains components that help your baby’s immature stomach and intestines to mature and the immune system work more effectively.”

“Premature infants who receive their own mothers’ milk have been found to have the following health benefits:

- ❖ Almost half the infection rates which can decrease need for antibiotics, length of hospital stay, and can improve growth
- ❖ Five times less likely to develop necrotizing enterocolitis, a serious, life threatening disease of the intestines that occurs almost exclusively in premature infants Better feeding tolerance as evidenced by
 - Less residual milk in the stomach 2-3 hours after the feeding
 - Feedings can be increased faster
 - IV fluids can be decreased faster
 - Less constipation and need for suppositories
- ❖ Lower incidence of retinopathy of prematurity-a disorder that can impair vision
- ❖ Higher scores on developmental and intelligence tests
- ❖ Lower incidence of rehospitalization after discharge from the NICU

What is involved in providing human milk is getting started with pumping here in the hospital, getting a breast pump to use at home either through a rental station, FMC, or

WIC, and collecting milk for the baby and bringing it to the hospital when you visit. We will use whatever milk you can collect and store any extra for later.”

If mom did not plan to breastfeed I talk about the concerns mothers have about providing milk. This often helps dispel a myth on which her decision was made. If mom planned to breastfeed I discuss the concerns after I have gotten her started with pumping.

Concerns Mothers Often Have about Providing Milk

“Mothers often have similar concerns about providing milk for their premature infants. One of the questions often asked is (I address each concern listed):

- ❖ **“I don’t eat what I’m supposed to everyday. Won’t that affect my milk?”**
Response: What we eat from day to day will not affect the quality of our milk. We would have to be extremely malnourished for the milk quality to be affected. However, you will feel better if you eat well.
- ❖ **“I’m not sure I can visit everyday. What will the nurses feed my baby if I can’t get here before my milk runs out?”** Response: We will use formula especially designed for premature infants. We find that infants who receive some human milk tolerate their feedings better than premature infants who receive only formula. So getting a combination of both is not a problem.
- ❖ **“I smoke. Won’t that hurt the baby?”** Response: There are byproducts of smoke that pass into the milk. The more you smoke the more that can be passed. We don’t know of any harmful effects of those byproducts to premature infants but we know of many benefits of mothers’ milk. We recommend that you smoke as little as possible and if you smoke do so after pumping to decrease the effect on the milk. Also, we know that smoking will decrease milk supply about 2 weeks after delivery. The more you smoke the more likely you will see a decrease in volume. We recommend that you smoke as little as possible for you and your baby’s health.
- ❖ **“My breasts feel the same as they did before delivery. I don’t think I have any milk.”** You have small amounts of colostrum, the early milk even though your breasts feel the same. So when you begin to pump you may get just drops of colostrum. This is normal. If you were breastfeeding a full term infant the baby could get more milk than your can get out with the pump because the baby’s suckling will have both compression and suction. The pump applies just suction. It takes 3-5 days for the milk to come in. Pumping will help your body start to produce milk. This is the normal process whether you deliver at term or prematurely. When the milk “comes in”, the types of pumps we recommend are very effective at getting the milk out of the breast. Also, your milk will come in whether you decide to pump or not and pumping will relieve the swelling and discomfort that you will have.
- ❖ **“What If I can’t produce enough milk?”** Almost all mothers can produce enough milk for their baby and most women can produce enough milk in the first month to meet the baby’s needs for a couple of months. At first the milk volume is low but with regular pumping with an effective breast pump, the milk will come in 3-5 days after delivery. When it comes in you will be producing much more than your

baby needs and we can store the milk in the freezer to give to your baby when you no longer are pumping.

- ❖ **“Will it hurt?”** The pump feels like a strong tug. It doesn’t pinch or sting. After pumping for 2-3 days your nipples may feel sore at the beginning of pumping but it will go away after a couple of minutes. This soreness should go away after a few days. When the milk comes in your breasts will become full and heavy. This is from milk and swelling. Pumping every 2-3 hours will help decrease the discomfort and the swelling will go away after a couple of weeks. Then the breasts will feel full after 2-3 hours from milk and then get soft after pumping
- ❖ **“I can’t commit to pumping every 2-3 hours.”** Pumping every 2-3 hours is necessary to be able to produce an abundant supply-enough milk for your baby when he/she reaches the due date and is the size of a full term infant. However, if you don’t plan to breastfeed, any amount of pumping and any amount of milk that you provide will help your baby.”

How to get started

For the mother who did not plan to breastfeed: If you would like to try pumping I can bring in the electric pump, show you how it works and help you get started.

For the mother who plans to breastfeed: I can help you get started with pumping now if you are ready.

All mothers: “Right now the amount of milk you have is very small but pumping before you have much milk will help your body begin to produce milk. You can try pumping and if you want to continue I can help you find an electric pump for use at home. If you try pumping and do not want to continue that is OK too.

While putting the pump kit together I say the following:

- ❖ Try pumping while here in the hospital, ideally every 3 hours for 10-15 minutes each breast
- ❖ Keep suction on minimum for now
- ❖ Pumping will stimulate your body to produce milk
- ❖ Amount of milk you have now and for the next 3-4 days is small
- ❖ If even a few drops are collected, save and store in sterile container provided, labeling with name, date, and time

For the mother who is unsure about whether she wants to do this we check back with her the following day. If she is interested in continuing the instruction is completed and we help her find an electric breast pump for use at home.

What to do at home

To all mothers who decide to pump we give the following instructions:

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- ❖ Rent an electric pump or get a loaned pump from WIC-(We call the WIC office for the mother if it is long distance; if she does not qualify for WIC we provide information about renting an electric pump from FMC or a rental station in their home town).
 - ❖ Massage breasts before each pumping using the massage, stoke, and shake technique
 - ❖ Do deep breathing at the beginning of the pumping session to help with relaxation and promote the milk ejection reflex
 - ❖ When the milk begins to flow pump until the milk has stopped flowing and then for 1-2 minutes to stimulate your breasts to continue producing milk
 - ❖ The last drops of milk that come out of the breast are high in fat which your baby needs to grow
 - ❖ Store milk in sterile containers provided by the hospital
 - ❖ Wash pump kit while in the hospital with Castile soap and at home use any dishwashing detergent except antibacterial types
 - ❖ No need to sterilize pump kit
 - ❖ Bring pump kit to the hospital so that you can pump in one of the parenting rooms during the visit
 - ❖ Ask your baby's nurse for more sterile container each time you visit your baby
 - ❖ Eat whatever you want. You don't have to avoid spicy foods.
 - ❖ Drink plenty of fluids. It is good to drink something each time you pump.
 - ❖ Ask to hold your baby skin-to-skin when possible. Wear a button up shirt to make holding skin-to-skin holding easier.

Things to avoid

All mothers who decide to pump:

“There are some things you need to avoid. We tell everyone this so please don't be offended. You need to avoid:

- ❖ Illegal drugs such as cocaine and heroin
- ❖ Alcohol in amounts that you feel the effect – that means there is enough to pass into your milk
- ❖ Birth Control Pills-talk with your doctor about an alternative birth control method

“Most medications are compatible with breastfeeding. If you get sick and need to take medication go ahead and take it, keep pumping, and label the milk with the name of the medication. We will check with the neonatologist to see if the milk can be given to your baby. Be sure to keep pumping so that you will continue to have milk for your (baby's name.)”