

## Nursing Your Baby in the NICU

*Read this handout before you begin putting your baby to your breast.*

### To Do

- Call Lactation Services to help you put your baby to your breast.
- Hold your baby skin-to-skin every day.
- Keep pumping.

We know that breastfeeding (nursing) is **not** more stressful than bottle feeding for a hospitalized or preterm infant. In fact, both full-term and preterm infants are able to maintain their body temperature and oxygen saturation, and coordinate sucking, swallowing, and breathing better while breastfeeding than during bottle-feeding. But, it might be hard to get your baby to nurse.

### Knowing When Your Baby Is Ready

Every mother-baby pair is different when it comes to being ready to breastfeed. A lot can depend on the baby's gestational age. How you manage breastfeeding is unique to you and your baby.

Some premature infants start showing signs of being ready to breastfeed as early as 32 weeks (adjusted age), while others are not ready until about 37 weeks (adjusted age). The *adjusted age* is gestational age at birth plus the number of weeks since birth.



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There are no set rules for the best time to start breastfeeding, since each baby develops at a different rate. In general, you can start breastfeeding when your baby:

- Can coordinate sucking, swallowing, and breathing
- Swallows without choking
- Makes mouthing behaviors such as sucking attempts, licking, searching, or rooting with a wide mouth
- Sucks on a pacifier
- Has wakeful, alert periods

## **When You Start to Breastfeed**

No matter when you and your baby are ready, early breastfeeding involves ongoing kangaroo care and closeness of mother and baby. Kangaroo care is key to learning to breastfeed! See “Expressing Breast Milk for Your Hospitalized Baby” to learn more about kangaroo care.

First tries at breastfeeding are usually rooting at breast and licking drops of milk from the nipple. Over time, your baby will begin to latch and remove some milk from your breast. The amount of milk your baby can remove will slowly increase as your baby gets stronger and more efficient at the breast.

At first, learning to position and latch may seem complex. Ask your baby’s nurse or the lactation consultant for help. They can give you helpful tips. Soon, these parts of breastfeeding won’t seem so challenging.

Even though your baby is learning to breastfeed, remember that pumping will be the main way to maintain your milk supply. Pump after every feeding attempt until your baby masters breastfeeding.

## **Positions**

Good positioning of your preterm or hospitalized infant is helpful for breastfeeding success.

- Although not required, skin-to-skin contact (kangaroo care) can be helpful for early breastfeeding attempts.
- Sit up straight in a chair with good back support. A small footstool might be helpful to support your lower back.
- Make sure that your baby’s body, shoulders, and head are well-supported for the best latching success. A preterm baby needs this support so they don’t lose their latch when they pause between sucks.
- Use pillows to support your baby at the breast.

- Always position your baby so that the nose, belly button, and knees are lined up and facing you. Also, be sure that your baby's head is not flexed too far forward or stretched too far back.
- Football-hold and cross-cradle hold are the best breastfeeding positions for preterm infants or full-term infants who need extra support. These positions are described on the next pages.

### **Football Hold**

- Place a pillow along your side.
- Tuck your baby under your arm so that their legs and feet are under your armpit. Your baby's nose and mouth should be close to your nipple and lined up with where your nipple naturally points.
- When your baby is at your **right** breast, your **right** hand should be placed around the back of your baby's neck with your palm supporting baby's head, neck, and shoulders. Your fingers should wrap around to touch each ear. Your forearm can be used to support your baby's torso. Your **left** hand will support your **right** breast. (Reverse this hand placement for feeding at the left breast.)
- With the hand that is not supporting your baby's head, place your thumb on the areola across from your baby's nose. Place your index finger across from your baby's chin. Make sure your baby's body is tucked in close to the side of your body and breast.



*An infant breastfeeding in football hold.*

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## Cross-Cradle Hold

- Place a pillow across your lap (if you have a long torso, you may need 2 pillows). Place your baby on the pillow with their nose, belly button, and knees lined up and facing you.
- If your baby is at your **right** breast, use your **left** hand to support your baby and your **right** hand to support your breast. In this case, you will rotate your **right** hand to form a “U” shape to support your breast. Your **left** hand will be around baby’s neck with palm supporting the infant’s head, neck, and shoulders. Your fingers should wrap around to touch each ear. Your forearm can be used to support baby’s torso.
- This position allows for good support of your small baby and better control to help with latching. Do not simply cradle your baby in the crook of your elbow because this does not provide enough support for your small baby during breastfeeding.



*An infant breastfeeding  
in cross-cradle position.*

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## **Latch**

Your first attempts to latch may be as simple as encouraging your baby's rooting reflex and letting your baby lick a few drops of milk off your nipple. These are very successful early breastfeeding tries for a preterm baby. As preterm babies grow and become stronger, they will develop the ability to grasp the nipple and hold it in their mouth. And, your baby's ability to remove milk from your breast will slowly improve. This can also be true for full-term infants who have been ill or have other health issues.

## **Getting Started**

- Latching will be easier if your baby is awake and ready to feed. Use gentle waking techniques to bring your baby to a quiet alert state – try changing your baby's diaper, sitting your baby upright, talking to your baby, or gently massaging your baby. If your baby does not fully wake, do not be discouraged. This is common. Just hold your baby skin-to-skin this time and try again later.
- Hold your breast with your thumb and index finger on opposite sides of your areola. Apply pressure with fingers to form a "sandwich." This will help shape the nipple and breast tissue so your baby can latch well.
- Hand-express a drop of milk on your nipple to place on your baby's lip.
- Brush the nipple from your baby's upper lip to lower lip to encourage a wide mouth. This response is called the *rooting reflex*. You may need to do this several times to get your baby to root.
- When your baby's mouth opens wide (roots) with the tongue down, pull your baby's body to the breast and quickly put the nipple and a portion of the areola into the baby's mouth.
- Maintain the compression or "sandwich" of the nipple and areola until baby is latched well and sucking. You might find it helpful to hold this "sandwich" throughout the entire feeding to help your baby keep the latch.
- When your baby is latched on correctly, you will feel a firm pull with each suck, and your nipple will not easily fall out of your baby's mouth.
- Use your hands to massage and compress your breast while your baby is nursing. This will help your baby remove milk.

## Nipple Shields

A nipple shield is a thin, nipple-shaped silicone device that fits over a woman's nipple. Nipple shields have many uses for both full-term and preterm infants.

Here are some of the benefits of using a nipple shield with a preterm infant:

- Preterm babies often have low muscle tone, which makes it hard for them to create the suction they need to latch well, hold the latch, and breastfeed well (remove milk). The nipple shield helps the infant create the suction pressure needed to nurse well. As preterm infants develop and become stronger, they outgrow the need for the shield.
- Research shows that preterm infants can remove more milk when using a shield for nursing.
- The nipple shield also helps the small preterm infant fit the mother's nipple and areola into their small mouth.



*Using a nipple shield for nursing.*

## Test Weights

Weighing your baby before and after breastfeeding helps us know how much milk your baby is able to remove from your breast. We use a special scale that measures your baby's weight in grams. A weight gain of 1 gram is equal to 1 milliliter of milk volume.

As you begin to breastfeed more, you can start checking feeding weights. You will do this many times before your baby is discharged from the hospital. Ask your nurse or lactation consultant to show you how to use the scale. Then you will feel comfortable using a scale at home after your baby is discharged.



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*A baby scale measures weight in grams.*

## Common Questions

***Q: My baby used pacifiers in the NICU. Will this affect my baby's ability to latch properly at my breast?***

Maybe. But keep in mind that while pacifier use is often not recommended for full-term infants, it is a medical need for most hospitalized infants. The pacifier allows the infant to suck when they are under stress, such as during blood draws. The sucking releases hormones to help with pain and stress. This benefit outweighs the possible negative effect it can have on breastfeeding. But when you can, offer your own nipple as a pacifier.

**Q: My baby is showing signs of being ready to breastfeed but cannot yet take in large volumes of milk. What can I do?**

You can pump your breasts right before nursing. Your baby will then get the benefits of pacifying at the breast without drinking much milk. This is called *non-nutritive sucking*. Pumping before nursing is also helpful for early breastfeeding attempts, where fast flow might make it hard for your baby to coordinate sucking, swallowing, and breathing.

## Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Lactation Services:  
206.598.4628

Weekdays: 9 a.m. to 5 p.m.

Weekends and holidays:  
9 a.m. to 3 p.m.