



TEN STEP TUESDAY

## Supporting Breastfeeding with Late Preterm/Early Term, SGA and LBW Infants

### It's Ten Step Tuesday!

As you know, late preterm and early term infants are at risk for a host of challenges in the early days of life. As are our small for gestational age and low birth weight babies. These babies often start out well enough for FTN care, however breastfeeding problems can quickly lead to dehydration, hypoglycemia, hyperbilirubinemia and excessive weight loss.

#### **What are some things we can do to help get these babies off to the best start?**

Encourage skin-to-skin holding. Initiate skin to skin as soon as baby is stable and continue to encourage this practice throughout the hospital stay. Skin to skin holding is a wonderful way to promote temperature stability by preventing the cold stress that can lead to hypoglycemia. And by “keeping baby in the kitchen” skin to skin allows mom to recognize feeding cues and breastfeed on demand.



Teach hand expression. Soon after delivery, teach mothers how to hand express their milk and spoon-feed colostrum to baby.

Encourage feeding on cue, but do not allow baby to go longer than 3 hours between feedings. If baby is unable to awaken enough to breastfeed effectively, substitute hand expression and/or pumping for the feeding session. As with any babies, bedside RNs should be assessing breastfeeding at least once per shift. This is especially important for our more at-risk babies.

Cluster cares and assessments. Minimize mother/infant separation, limit interruptions and maintain a more quiet environment.

If it is available in your facility, talk up Donor Milk! Start this conversation early, as we know that these at-risk infants are more likely to require supplementation.

Coordinate care. Ensure all individuals in the care team (provider, nursing, lactation) are aware of the feeding plan, and any modifications you feel may be needed to support the family.

For more information contact

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