

Late Preterm Baby Feeding & Nutrition

Late preterm infants – babies born between 35 to 37 weeks gestation – have special nutritional needs and can be difficult to feed. These babies often do not have as strong of a suck as full term babies. Food also moves slower through their intestinal tract.

In some circumstances, an infant may require a tube feed in the Neonatal Intensive Care Unit.

At birth, your baby will only be able to handle 1-2 teaspoons of milk at each feeding. As your baby grows, he will be able to hold more milk at each feeding.

Signs of hunger

Your infant will have ways of letting you know he's hungry. Signs may include:

- Changing from sleepy to more awake
- Moving his arms, head or legs around
- Opening his mouth, sticking his tongue out, making sucking movements and noises
- Bringing his fist to his mouth to lick
- Rooting or turning his head toward your chest and opening his mouth
- Becoming fussy (this is a late sign of hunger and may also be related to needing to be burped or having a dirty diaper)

When you start to recognize these cues, feed your baby before he gets extremely fussy. Late preterm infants often prefer to sleep and may not display these signs until they are a few weeks older. You will have to wake your infant to feed every 2-3 hours if he does not wake on his own.

Types of Nutrition

Breast milk

- Provides appropriate nutrition and antibodies to protect your baby against infection
- Most natural for your infant
- Easiest to digest

Donor Breast milk

- Donated by moms with a surplus of milk to the local milk bank
- Tested for diseases and pasteurized
- Provides antibodies (although different than those provided by you)
- Easy to digest

Formula

- Different nutritional options available such as higher calorie or soy

Breastfeeding


A late preterm baby may require milk with higher calories and more nutrients. Your breast milk, which your body makes specifically for your infant, is an excellent source of these extra nutrients. Offer your breast whenever he is showing signs of wanting to eat. Your baby can eat as frequently as he wants but cannot go longer than 3 hours, so you must be aware of how long it has been between feedings.

Even if your infant is sleepy, awaken at least every 3 hours for feeding by:

- Removing some clothing (if he is warm enough)
- Putting him skin to skin with your chest
- Changing the diaper
- Massage, with light strokes, his face, mouth, belly and arms
- Hand express some milk onto his lips or in his mouth

Keep your baby awake during the feeding:

- Be sure of an effective deep latch
- Gently massage milk from your breast into her mouth
- Softly rub his foot or hand
- Change his diaper or burp him to wake him up



Late preterm infants commonly do not latch well initially during breastfeeding. Keep practicing over many feeds. You should work with a lactation consultant and your nurse to learn tips for an effective latch. Let the baby nurse for 5-10 minutes at each breast. Listen for an effective swallowing pattern during breastfeeding, this will help you gauge how effective your baby is with breastfeeding. It is important to understand that late preterm infants may appear to be breastfeeding well, but they may not be taking in much milk. This is because they have a weak suck and fatigue easily. Breastfeeding only may not be enough to fully meet your baby's nutritional needs.

Supplementation

Babies this age usually need supplementation after breastfeeding. This means we give baby a bottle of pumped breast milk, donor milk or formula after breastfeeding. This supplementation gives them increased nutrition until your milk has completely come in and your baby's suck is strong enough to release enough milk with each feeding.

Supplementation should occur after each breastfeeding or sooner if the infant tries unsuccessfully to breastfeed for more than five minutes. Total feeding time, including supplementation, should be 30 minutes.

It is important to monitor the amounts your baby is consuming and be sure that she is increasing over the first several days. After breastfeeding, your baby should take approximately:

- 0-24 hours of age: 5-10 mLs (1-2 teaspoons)
- 24-48 hours of age: 10-20mLs (1 tablespoon or more)
- 48-72 hours of age: 20-30mLs (2 tablespoons)

Breast Pumping

Pumping after breastfeeding is essential until the baby is consistently taking full feedings at the breast. You should pump your breasts using a double electric pump. A hospital grade pump is the best option and can be rented for home use as well. You should pump for 15 minutes after feedings to help stimulate your milk producing hormones to release. Pumping both sides together is the easiest, but each side will need to get 15 minutes of pumping.

Turn the suction up until just uncomfortable and then turn down by two notches. Your breast tenderness may change each time you pump. Any milk you pump can be saved and given to your infant at the next feeding. Discuss pumping with the lactation consultant and your nurse.

Milk changes during the first two weeks after birth.

- Colostrum is available for the first few days after birth and is very important for your late preterm infant to grow. This thick and yellow milk is full of nutrients and antibodies. It is very high in protein but low in calories, which is a reason to breast-feed frequently.
- Transitional milk is produced after colostrum for about the first 3-10 days. It is a mixture of colostrum and mature milk and is more plentiful and higher in calories than colostrum.
- Mature milk is thinner and whitish. It is even more plentiful than transitional milk and higher in calories.

Bottle Feeding

You can feed your baby your pumped breast milk, donor breast milk or formula from a bottle. Just as with breastfeeding, you must feed your baby every 2-3 hours. Wake your baby if necessary.

Late preterm infants may have a difficult time controlling the milk flow from a bottle. You can use a slow flow nipple initially until your infant is able to control the flow without choking during the feeding. It is important to monitor the volume of milk given to your infant to be sure he is getting enough.

Record amount fed and diapers on a log. He should take at least:

- 0-24 hours of age: 5-10mLs (1-2 teaspoons)
- 24-48 hours of age: 10-20mLs (1 tablespoon or more)
- 48-72 hours of age: 20-30mLs (2 tablespoons)

Ask for help

A lactation consultant may visit you in the hospital. She is specially trained to assist you with breastfeeding and answer questions. Your nurses are also trained to help you with breastfeeding. Please don't hesitate to ask us questions. We are here to support you.