We know that breastfeeding is not more stressful for the preterm infant than bottle-feeding, even though getting your baby to nurse might be difficult. In fact, while breastfeeding, preterm infants can maintain body temperature and oxygen saturation and coordinate sucking, swallowing, and breathing better than during bottle-feeding.

**Knowing When Your Baby Is Ready**

Every mother-baby pair is different when it comes to being ready to breastfeed. The way breastfeeding is managed for each preterm infant and mom pair is also unique to them.

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.

There are no set guidelines 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 a pacifier.
- Has wakeful, alert periods.
- Tolerates kangaroo care.

**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 Section 2, “Expressing Breast Milk for Your Preterm Baby,” for more information 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 transfer some milk. The amount transferred will slowly increase as your baby becomes stronger and more efficient at the breast.

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

Remember that pumping will be the primary way to maintain your milk supply even though your baby is learning to breastfeed. Pump after every feeding attempt until your baby masters breastfeeding.

**Positions**

Good positioning of your preterm infant is helpful for breastfeeding success. Also refer to the “Position and Latch for Breastfeeding” section in the booklet *Caring for Yourself and Your New Baby*.

- Although not required, skin-to-skin contact 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. This support is essential for the premature infant 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 extended too far back.
- Football-hold and cross-cradle hold are the best breastfeeding positions for the preterm infant. They 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 baby is at the right breast, your right hand should be placed around the back of baby’s neck with your palm supporting 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 the right breast. (Reverse this hand placement for feeding at the left breast.)
• With your other hand, place your thumb on the areola across from your baby’s nose and 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.

Cross-Cradle Hold

• Place a pillow across your lap (two pillows might be needed for mothers with long torsos). 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 the 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. Cradling your baby in the crook of your elbow does not provide enough support for your small baby during breastfeeding.

An infant breastfeeding in cross-cradle position

**Latch**

Your first attempts at latching may be as simple as promoting a 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. Also, your baby’s ability to transfer milk out of the breast will slowly improve.
**Getting Started**

- Use gentle waking techniques – such as changing a diaper, sitting upright, talking, or massage – to bring your baby to a quiet alert state. Latching will be easier if your baby is awake and ready to feed. 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 well latched 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 and your nipple will not easily fall out of the baby’s mouth.

- For other helpful positioning and latching tips, refer to the section “Position and Latch for Breastfeeding” in your *Caring for Yourself and Your New Baby* booklet.

**Nipple Shields**

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

- Premature babies often have low muscle tone, which makes it difficult for them to create the suction needed to latch well, hold the latch, and breastfeed well (transfer 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 transfer larger milk volumes 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 see how much milk your baby is able to transfer 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.

When breastfeeding begins to progress, 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.
Questions?

Call 206-598-4628

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 9 p.m.

Weekends and holidays: 9 a.m. to 1 p.m.

Common Questions

Q. My baby has been given 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 preterm infants. The pacifier allows the infant to suck in moments of 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 have large volumes of milk. What can I do?

Talk with someone on the NICU team. It might be possible to empty your breast just before nursing. This is called non-nutritive sucking. It gives your baby the benefits of pacifying at the breast without drinking much milk. This is also helpful for early breastfeeding attempts, where fast flow might make it hard for your baby to coordinate sucking, swallowing, and breathing.