Calvary Maternity Unit
Special Care Nursery

Calvary | Lenah Valley Hospital

Continuing the Mission of the Sisters of the Little Company of Mary

Images by Fiona Calabrese
of Baby Love Infant Massage
& Photographics.

Contents

The Special Care Nursery at Calvary is a level 2 nursery located on the 3rd floor of our Maternity Unit. Twenty-four hour care is provided for newborns with special needs from the time of delivery onwards. Our dedicated team of staff including paediatricians, midwives, lactation consultants, counselors (available through our Pastoral Care Department) and Domiciliary Midwives provide continuous care and support for your baby and family. We aim to provide a holistic approach to your baby's care in a calm and relaxed environment. We encourage parents to be with their baby's, as we believe that closeness and touch will enhance physical and mental development and the bonding process.

Privacy

Medical and nursing staff will only give information about a baby to the parents. When visiting the nursery parents and other visitors are asked to respect the privacy of other babies and their families. Staff will not give out information about other babies in the Unit.

Health insurance

We advise you to check with your health fund, as any baby admitted to Special Care Nursery is charged in its own right. Please feel free to ask our staff if you have any queries regarding your cover.

General information

Some babies need more specialised care than is available on our Postnatal Unit. Your Obstetrician, Paediatrician or Midwife will explain the reason for your baby's admission to the Special Care Nursery to you. Our Special Care Nursery can care for sick or premature babies not requiring intensive care treatment.

24 hour phone numbers

03 6278 5330 (Special Care Nursery)
03 6278 5328 (Reception)

Cafe

Available on Ground Floor – staff can assist you with information on opening hours.

Meals

Meals are arranged for you when visiting baby.

Toilets

Located on top floor near the lounge.

Visiting

Parents are encouraged to visit anytime. Please use only the door opposite room 316. Please explain to your family and friends that only two (2) visitors, with parent approval, are permitted at once and visits are to be kept brief. We encourage a rest period between 1 pm and 3 pm.

You are welcome to bring your older children in to visit your new baby, but as you can appreciate SCN is not an appropriate area for an extended stay. We do have a large lounge area which is more comfortable for them, provided there is adult supervision while you attend to your baby in SCN.

For parents visiting their baby at meal times, a meal is provided for each of you, however children and visitors cannot be catered for. Please use the pantry adjacent to the patient lounge. The main pantry is strictly for staff use only.

Hand washing

For infection control purposes all visitors including parents are asked to wash their hands on entering the Unit or before your handling baby. Anyone with colds, vomiting, diarrhea should not visit the Unit as these infections may easily spread to the newborn baby.

Photography

Cameras and videos may be used in the Unit. We ask that you respect the privacy of other babies and their parents and only include shots and footage of your baby.

Who cares for your baby?

Your baby's care will be supervised by a Paediatrician who will explain the care your baby needs. Your Paediatrician will usually see your baby daily, and will discuss changes in care, treatment, and progress.

Special Care Nursery is staffed by experienced midwives who cover three shifts over a 24-hour period.

Our Staff are happy to assist you in any way regarding your baby's care. Please feel free to ring or visit at any time.

Our aim is to provide high quality care to all babies and their families. Special attention is also paid to parental needs. We value and encourage parental participation in the care of your baby.

Our staff are available to support and advise you in all areas of parenting from feeding and bathing to settling techniques.

We have access to a large variety of resources such as books and videos – please feel free to ask for these.

The term baby

Term babies are those born between 37 – 42 weeks gestation. Some term babies do require admission to the Special Care Nursery. Reasons may include:

- those babies who have a difficult delivery
- babies with breathing problems
- babies requiring phototherapy for jaundice
- babies of diabetic mothers when blood sugar instability may be suspected
- babies with feeding problems
- other problems identified at birth.

This can be a great shock when a baby becomes unwell suddenly. We understand this can be a very emotional time for you, please feel free to ask any questions to our staff, and visit your baby at any time.

Term babies often need guidance with breastfeeding or bottle-feeding when they have been sick. Most problems are resolved in a few days with patience and support. More information on feeding can be found in this folder.

Once term babies are well and require no further monitoring they can be discharged to the post natal unit or directly home. On discharge you will be followed-up by one of our midwives within 2 – 3 days.

Please do not hesitate to discuss any concerns you may have with our midwives in Special Care Nursery. It is also ok to feel upset and emotional. Our Midwives are always available for you and your family. If you feel you would like to talk to someone Calvary also has a counseling service (available through Pastoral Care).

Your part in care

You may feel at this stressful time that there is little you can do for your baby, but that is untrue. All babies, sick or well, need their parents. It is important that you touch your baby, and let him or her know that you are there. Because premature babies are small and vulnerable, you may feel frightened about even touching your baby at first. The midwives will encourage and assist you.

If your baby is in a crib they will show you how to operate the portholes. When your baby is well enough to come out of the crib, you will be able to hold him or her. You may feel nervous at first, but our midwives are always available to support you, and help you gain confidence.

Research shows that premature babies respond to touch and therefore it is important to stroke your baby as much as possible. Part of the communication process with your baby will be letting him/her hear your voices so please talk to your baby – music is also important. The Special Care Nursery has a wide range of CDs available. Babies do learn to recognise your smells also – they can do this when you are holding them.

Being involved in your baby's care is very important. You can find out what is happening to your baby by talking with staff and your Paediatrician. 'Care times' are a good time to visit. This usually occurs every 3-4 hours at feed times. Your baby is left to sleep as much as possible between these times. Care may include cleaning baby's eyes and mouth, taking the temperature, changing nappies and baby's position.

Premature babies have an immature central nervous system and may become over stimulated very easily. It may be difficult to balance bonding and touching without over stimulating. Some signs of over stimulation you may observe are:

- increased bradycardias
- increased incidence of apnoea
- increased need for oxygen
- decreased oxygen saturations.

These tips may help you avoid over stimulation

- If your baby is sleeping when you visit – let him/her rest.
- Avoid loud noises around the crib/cot.
- Avoid over handling by visitors.
- Lower the lights in the nursery.
- Plan visits around care times.

If baby is awake when you visit – take advantage of this but start interactions slowly. One stimulus at a time. As your baby grows you can begin to combine activities.

Premature babies

Premature refers to a baby born before the end of 37 completed weeks of pregnancy. The reasons why babies are born prematurely are varied, but in a percentage of cases there appears to be no obvious reason.

Some causes of premature birth in the mother:

- multiple pregnancy
- fibroids
- abnormally shaped uterus
- infection
- bleeding (placental)
- premature rupture of membranes
- having had a previous premature baby
- diabetes
- blood pressure (pre eclipse)
- smoking
- fetal distress
- poor growth.

How early your baby is born may determine how he/she physically appears.

Most Premature babies appear thin with little fat, and the head may appear larger in proportion to the body.

The tummy may appear large, as there is little muscle tone to keep it firm. However, your baby will be fully developed even down to the fingernails.

The colour of your babies skin will vary as he or she grows. It may vary from red and shiny, bluish, mottled or yellow through to pink. Fine hair called lanugo often covers baby's skin, which falls out as your baby, grows.

Due to lack of cartilage, premature babies ears are soft and fold easily but as the baby matures the ears take on a normal firmness. Premature babies often don't open their eyes in the early days following delivery. When they do open them, they can see, but not, we believe clearly. They startle easily at a loud noise.

Premature babies need to sleep for up to 20 hours a day. They have brief periods of vigorous activity and as they grow and become stronger they become more active and alert. During the early days they do not cry very much even when disturbed. When the time comes to take your baby home he/she will be well able to tell you when they are hungry, uncomfortable or need a cuddle.

Premature problems

Temperature control

Premature babies tend to loose body heat quickly. This is due to the lack of subcutaneous fat on their bodies, a large surface area in proportion to their weight and an immature temperature control mechanism. Your baby may be nursed in a crib initially to help maintain a stable body temperature. A waterbed may be used once your baby's condition allows, to prevent excessive heat loss.

Breathing problems

Babies, especially premature babies are more predisposed to developing breathing problems because their lungs are not fully matured. This causes them to have difficulty keeping their lungs filled with air, which causes an increase in breathing rate, and with considerable effort. This may take a few days to settle. Mild to moderately affected babies may only need some extra oxygen while other babies may need extra mechanical assistance with their breathing. This condition may be called Respiratory Distress Syndrome (RDS) or Hyaline Membrane Disease (HMD).

Premature babies commonly breathe irregularly, often stopping for a few seconds with a slowing of the heartbeat. This we term 'periodic breathing'. If your baby stops breathing for prolonged periods we term it 'apnoea'. If this happens an alarm will sound to alert the midwife who may need to give gentle stimulation to your baby.

Bradycardias are short periods when the baby's heart rate slows down. This may be associated with periodic breathing or an apnoea. Once the baby starts to breathe again the heart will speed up on its own. Gentle stimulation is needed sometimes.

If your baby continues to have problems with apnoea and bradycardia your baby's paediatrician may prescribe medication.

Feeding

Some Premature babies need to be fed by an intravenous infusion (drip) until their gut has matured enough to tolerate milk feeds. They are gradually graded onto naso-gastric tube feeds and then to oral feeds by breast or bottle depending on your wishes.

You may notice your baby making sucking movements on the feeding tube or fingers. This does not necessarily mean that your baby is ready to feed at the breast or bottle. A sucking reflex usually appears at around 28 weeks gestation. A suck that is required for feeding usually develops from 32 to 35 weeks.

The first feed by bottle or breast is usually attempted when the baby is well enough to be taken out of the crib for the feed, is alert and showing signs of wanting to suck. Premature babies sucking feeds are slowly graded up, beginning with one feed a day, then two a day and grading upwards. It may take a matter of weeks to grade up to full sucking feeds.

Jaundice

Jaundice refers to the yellow colouring of the baby's skin which many premature babies develop around 3 to 4 days after birth. Jaundice is caused by a build up of pigment called bilirubin. If the level rises significantly the baby will be placed under phototherapy lights (Fluorescent lights). This disperses the pigment usually within 24 – 48 hours.

Infection

Premature babies are susceptible to infection. If an infection is suspected tests will be performed, and treatment prescribed by your paediatrician. Precautions to prevent infection are mentioned in this information folder on page 1 under in hand washing section.

Tests

This information is aimed at giving you a brief explanation about some of the tests, procedures and equipment that may be used in the care of your baby. The midwives in Special Care Nursery will explain to you in more detail the specific needs for your baby.

Blood tests

- Measuring blood sugar levels – so we can determine your baby's nutritional needs.
- Testing the bilirubin level of jaundiced babies.
- A full blood count if infection is suspected.
- A blood gas to assess baby's oxygenation.

X-rays

Most commonly chest x-rays are taken to aid in the diagnosis of chest/ breathing problems.

New born Screening tests

At 3 days of age this test is taken on all babies to screen for rare medical disorders. Pamphlets are available which will give you more detailed information.

Urine tests

May be collected in a bag if infection is suspected. Nappies may be weighed also to assess urine output.

Intravenous drips

Premature/sick babies often require a 'drip' to provide fluids and nutrition. The fluids are given through a pump. Drips are often inserted into an arm or foot and securely taped with a splint to prevent dislodgment. They do not hurt your baby.

Nasogastric feeds

Also referred to as 'tube feeds' or n/g feeds. These are required if your baby is not strong enough or unwell and unable to suck. A feeding tube is passed through the baby's nose into the stomach and is taped in place. Nursing staff will be responsible for the n/g feeds and the care of the n/g tube. This tube will be replaced every 3 days as necessary.

Equipment

Radiant warmer

This is an overhead heater that keeps baby warm if needed.

Humidicrib (Crib)

This is a warmed perspex crib that provides the baby with a warm, safe environment, which can be adjusted according to your babies needs.

Water bed

This is a water filled bladder that sits inside a cot with a control to keep the water warm. It enables small babies to be removed from a humidicrib more quickly.

Oxygen analyser

This monitor is used when extra oxygen is being given to your baby. It monitors the percentage of oxygen in use. It allows baby's care to be attended without interrupting the oxygen supply to the baby.

Pulse oximeter

This is a machine that measures the oxygen saturation in the baby's blood as well as the baby's pulse. It displays these measurements continuously. It is non-invasive monitoring that consists of placing a fine probe on your baby's foot or hand and taping it in place. The probes position is changed at care times.

Therapies

Oxygen therapy

Many of the babies admitted to Special Care Nursery require extra oxygen. It may be given in a few different ways. Lower concentrations of oxygen can be given into your baby's humidicrib. High concentrations are delivered by humidified high flow nasal prongs. This method is very effective in providing oxygen and continuous positive airway pressure (CPAP) to babies with increased need for respiratory support. Your baby will be fitted with nasal prongs to deliver the oxygen. All babies on high flow have an oral gastric tube. Once stable on the high flow your baby will be assessed as to whether they can feed. Some babies can continue to breastfeed but most require feeding via a tube. Your baby will be continuously observed in a humidicrib with specialised monitoring and cared for by our trained staff.

Kangaroo care

Kangaroo care consists of placing a premature born baby in an upright position (in only a nappy) on a parent's bare chest, tummy to tummy, in between the breasts. The baby's head is turned so that the ear is positioned above the parent's heart.

Kangaroo care was first used in Columbia due to a lack of humidicribs for premature babies.

Many studies since have shown that kangaroo care has a major, positive impact on babies and their parents such as increased bonding and increased weight gains for babies, along with reduced periods of crying.

Baby's body temperature is well maintained with this care, with either mum or dad. These benefits are seen after 1- 2 hours of kangarooing at a time. We encourage both parents to Kangaroo. The feel of your bodies are different and will provide different sources of stimulation to your baby.

Kangaroo care allows for easy access to the breast, it has been shown that skin to skin contact increases milk let down, and baby's in kangaroo care for at least 1 hour at a time are 8 times more likely to breast feed spontaneously. A more rapid weight gain has been observed. Kangaroo Care allows the baby to fall into a deep sleep, there by conserving their energy for growing. This may lead to shorter stays in hospital.

We recommend that you wear a blouse or shirt that opens in the front, and choose comfortable seating. Some benefits for parents include increased parent-infant bonding and increased confidence in caring for your baby. Many fathers have said that it is a very positive experience.

You can find more information on Kangaroo Care in Special Care Nursery. Please feel free to ask your midwife for more information.

Coping

Instead of feeling excited about your baby's arrival you may feel very worried and distressed if your baby is premature. Premature babies may have a difficult start but most grow to be healthy, normal children. You may experience many emotions at this time such as feeling helpless, especially if your baby is in a crib and you cannot hold him/her. You may also experience a feeling of loss and sadness. All of these feelings are normal. We have included some tips that you might find helpful at this difficult time.

Participate

In your baby's care as much as possible.

Talk

To other parents and share experiences. This may help reassure you that what you are feeling is normal. Talking to our staff is also beneficial. You also will learn that things do progress forward.

Please ask questions

Ask your Paediatrician or Midwife about what is happening to your baby. We are only too willing to discuss any problems you may have.

Counselling

A counselling service is available at Calvary through pastoral care. It is available 24 hours a day. Staff can organise this for you.

Time out

Allow yourselves to take time out. Sometimes just changing your visiting patterns to allow for a morning rest, or weekend sleep in, will give you a little boost.

Ask for help from family and friends when you need it and take one day at a time. Please try to cope with each day as it comes.

Leaving baby

Some premature babies will not be ready to go home at the same time as their mothers. Going home before your baby can be very distressing. Please talk with family, and staff about how you are feeling. Most mothers are kept busy coming to visit and feed baby. Where possible we provide a quiet area for you to spend the day and meals are also provided. Before going home our staff will assist you with information about hiring a breast pump if you are breast feeding and talk to you about expressing and storing your milk. We encourage you to visit whenever you wish and stay as long as you like. Our staff will let you know feed times and you can ring the Unit anytime. For example, you may wish to visit in the morning, go home for an afternoon rest and return with your partner in the evening. It is best not to try and pack too much into a day, as rushing around can be stressful, and stress can affect your milk supply.

If you have other young children, organising childcare when you visit is valuable. However, there are several playgrounds nearby so you can have time out with other children and just leave staff details of your plans e.g. visits, feeds and bathing.

During this time you may feel as though you are riding a roller coaster. There will be high and low days for you and baby. This is normal and our staff are here for you at all times. Before going home with baby you usually have an overnight stay in hospital.

Fathers

Fathers may often feel that they have little time to bond with their new baby. Many have to work or care for siblings and it can be a difficult time. We understand, and are here to support your family as a whole. Kangaroo care is a great way to bond with your baby. Being involved with your baby's care will be of enormous benefit. You can help with bathing and nappy changes for your baby.

Transferring baby

Some babies may require more intensive care than our Level 2 nursery can provide. If this care is required he/she may be transferred to a neonatal Intensive Care Unit (NICU). In Hobart this Unit is located at the Royal Hobart Hospital. A Neonate Intensive Care team from NICU accompany each baby, via ambulance on each occasion. The Midwives and your Paediatrician will explain if your baby requires transfer.

In many cases, when your baby is stable he/she will be transferred back to our Special Care Nursery. Mothers may go with their baby, or photos can be sent to mum from the neonatal unit.

Preparing for discharge

When your baby is ready for discharge, your Paediatrician will discuss with you your return to the Maternity Unit as a 'boarder Mum', to room in and care for your baby for 1 – 2 nights; this is a special time for you and your baby.

The staff in Maternity will be available to help and support you. All support services available will be discussed with you, to help you prepare for taking your baby home.

Immunisation is a very important issue, and you can discuss this in more detail with your Paediatrician. A Hepatitis B immunisation if often given before discharge, pamphlets are available on the unit.

At this time, you will need to prepare for going home by having a car-seat/capsule installed into your car, and some comfortable baby clothes to take your baby home in.

Follow up following discharge from hospital will be through the breastfeeding clinic and Child Health.

Expressing milk for your premature baby

If you had planned to breast-feed and your baby is too sick or too small to suck you will need to stimulate your milk supply by expressing.

You may not be able to have a lot of physical contact with your baby while he/she is sick, but providing him/her with breast milk is your unique gift to him/her. Breast milk, especially the first milk, colostrum, is important to a premature or sick baby as it is high in antibodies and increases his/her resistance to many infections and diseases. It is easy for him/her to digest and is high in valuable nutrients, which allow optimum growth and development.

Some babies require intravenous fluids (drip) until they are able to tolerate milk feeds. Until he/she is strong enough to suck all feeds, your baby may be given your breast milk through a small feeding tube directly into his stomach. Although this tube may be upsetting for you, it is easily tolerated by your baby and provides him/her with all his nutritional needs until he/she is able to suck from the breast.

When to start expressing

Because a full term well baby will go to the breast within an hour or so of delivery, it is a good idea to start expressing at this time if possible. You will need to express by hand until the second day after your baby's birth. The midwives will show you how to do this.

How to hand express

- Sit comfortably, preferably near your baby or with a photo of him/her close by.
- Relax and breathe deeply.
- Use warmth and massage to help the milk flow – apply a warm face washer to your breast.
- Lightly massage your breasts towards the nipple before and while expressing.
- Gently roll your nipple between your fingers for stimulation.
- Place your four fingers under your breast with your thumb on top, on the edge of the areola. Press your thumb in slightly towards the chest wall and then bring your thumb towards your fingers on the opposite side of the areola.
- Compress the knobbly sinuses under the skin in a rhythmic action similar to a baby sucking. Keep compressing rhythmically until the flow of milk stops.
- Rotate the position of your fingers and thumb until the sinuses all around the areola are drained.

When you first start expressing you may need to compress several times to start the flow of colostrum, and you may obtain a few drops only. These drops can be drawn into a syringe and given to your baby. It does become easier and you will obtain greater quantities. Do not hesitate to ask the midwives for guidance and assistance.

Use a clean wide mouthed plastic bowl to catch the breast milk, and then pour the milk into a bottle that is labeled with a printed hospital label with your name and details and stored in the fridge in SCN by your midwife.

If a syringe is used, the colostrum is left in this and labeled in the same way. The date and time of expressing is added to the label.

How often to express

Full term babies breastfeed 8 – 10 times in 24 hours. This is an initial guide to the frequency of expressing, reducing to about 6 – 8 times in 24 hours when your supply is established.

The time interval between expressions does not have to be regular. However most mothers find it easier to have expressing correspond with baby's tube feed – i.e. either before or after.

It is important to express at least once at night to maintain your supply, once your breasts are filling. You will find that if you do not express at night your breasts can quickly become engorged which is painful and makes expressing more difficult.

On your second day it is recommended to use an electric pump to express your milk. Even though your milk may not be in, it is important stimulation for your breasts. Electric breast pumps are available in our SCN and may be used there or in your room, wherever you feel more comfortable.

Hand pumps

Various kinds are available on the market. They may be purchased from most pharmacies, are relatively inexpensive, easy to clean and portable. The staff will be able to guide you in your selection. They can be used independently or as the accessory kit for an electric pump.

Electric Pumps – Medela Symphony

There are several available for use within the Maternity Unit. These make expressing much quicker and easier.

The vacuum level should be selected for comfort.

If you need to express after discharge from hospital, it is possible to hire an electric pump. The staff can give you a list of pharmacies from which these are available. You need to purchase your own accessory kit, which may be used as a hand pump later.

How much to express

Frequent and thorough removal of milk from the breasts is important for milk production. When your milk first comes in the supply is usually greater than the baby's requirements. Do not express less frequently as your milk production will most likely drop. Aim to reach a level of production and then keep it at that level.

If your milk supply drops because of practical problems that prevent you from expressing enough, you can increase it by increasing the frequency of expressing. The amount of milk you can get varies a lot. It can vary depending on the time of day and on how you are feeling. If one breast expression is close

to the previous one, the volume will be smaller. Do not worry about this variation – the overall 24-hour total is what is significant. But whatever the amount, it is all valuable to your baby.

It is very important that the first amounts of colostrum – no matter how small – are always saved for your baby for current or future use, as it is very valuable for him or her.

All mothers vary, but a rough guide to milk production volumes may be: -

- by Day 5 – 300 mls in 24 hours i.e. approx 50 mls per expression
- by Day 8 – 500 mls in 24 hours
- by Day 14 – 600 mls in 24 hours
- thereafter – 600 – 700 mls in 24 hours

This is not a definite quantity that you must produce, just a general guide.

How long to express

The colostrum or first milk is thick and creamy looking. The flow is only a few drops at first and you may need to express slowly and rhythmically to get it going. Expressing can stop when the milk stops flowing. The amount of colostrum will increase each time you express. Switching from breast to breast will obtain a small amount of accumulated colostrum.

When you express or some times when you are just thinking about your baby, the body makes a hormone called oxytocin, which squeezes the milk down the ducts. This is called the let down reflex.

The milk let down works repeatedly during expressing. You can tell when there is a fresh release of oxytocin, because there is renewed flow of milk. If you are tense or stressed, the let down can be hindered or delayed. It is common to feel like this when you are coping with a small or sick baby, and sometimes deep breathing helps.

The yellow colostrum will gradually change to a whiter milk. By 2 – 3 weeks the mature milk has a thin bluish white appearance.

Once your milk comes in the same guidelines apply – expressing should last as long as there is a reasonable flow of milk. Most mothers find that about 10 minutes expressing on each side will drain their breasts adequately. When the milk flow is reduced to a drop each time, the expressing can stop.

How to take precautions against infection

- Breast milk contains many anti-infective properties and is much less likely to become contaminated than formula, which has no anti-infective properties.
- There is no need to sterilise equipment but cleanliness is important. Wash your hands before expressing.
- All equipment you use – bowl, pump, bottle, teats and storage containers – should be rinsed in cold water, washed in warm soapy water and rinsed thoroughly.
- Store your equipment in a clean covered container.

How to store breast milk

- Put your breast milk into a clean plastic container, bottle, or sealable plastic bag. Label with the date and refrigerate.
- Fresh breast milk may be kept at room temperature 6 – 8 hours.
- Fresh breast milk may be kept refrigerated for up to 3 days (4ºC or lower) (on shelf at back of fridge).
- Frozen breast milk may be kept in a freezer compartment of a fridge for 2 weeks, in a separate fridge/freezer door for 3 months; or in a separate deep-freeze at zero degrees for 6 months.
- Breast milk can be frozen in plastic containers, ice cube trays or sealable plastic bags.
- Milk expressed at different times can go in the one container providing it has been expressed within the one day (chilled first).
- To thaw milk – place the container under warm running water (do not microwave). Once thawed, milk needs to be used within 24 hours.

How to transport expressed milk

If you are discharged from hospital and your baby needs to stay, you will need to bring your expressed milk into the Special Care Nursery each day. Fresh unfrozen milk is best for your baby. Transport your milk in a car fridge or a Styrofoam container, which contains ice or a freezing block. It is important the milk remains chilled. It will be stored in the Special Care Nursery fridge and given to your baby over the next 24 hours, or frozen for future use.

Remember

Expressing milk, often a routine, tedious and hard chore is your very special gift to your premature or sick baby that no one else can give. We congratulate you! It may be helpful when expressing at home to have a photo of your baby to look at. This often stimulates the Let down reflex.

For the vast majority of premature babies breastfeeding is possible: It is certainly preferable, as it will contribute to your baby's health and growth.

You will look forward to the day you can put your baby to the breast and it will make up for the many days or weeks of expressing.

Breastfeeding your premature baby

When a baby is born prematurely, basic functions such as sucking, swallowing and digestion of milk are poorly developed. A baby who is born early does not greatly speed up his/her development he/she mostly matures at about the same rate as he/she would in the uterus. He/she will not behave like a full term baby until he/she reaches the expected time of birth. So a baby who is born 10 weeks early (at 30 weeks) usually will not be able to suck until he/she is 7 – 8 weeks old.

Babies born 36 weeks – term

If your baby is born 3 – 4 weeks early there will usually be only minor difficulties with feeding. He/she could be sleepy and not very interested in taking the breast; or you may find that he/she will suck, but not very

vigorously. These babies usually require a few days of tube feeding until they become more alert and interested in sucking. With extra help from the midwives in Special Care Nursery, and persistence and understanding on your part, these temporary minor problems should be overcome so that full breastfeeding is soon possible. You and your baby may need to spend a little extra time in hospital than you would have planned with a full term baby.

Usual feeding plan

Try your baby at the breast after delivery, if strong enough your baby might not be able to attach and suck but even nuzzling at the breast and maybe licking some colostrum will be a rewarding experience for both of you.

Skin to skin contact with your baby (if your baby is well enough) is very special for both of you and helps with breastfeeding.

Your baby's doctor may want to assess his/her Blood Sugar level – this involves collecting a small amount of blood from a heel prick and will determine whether he/she needs to have tube feeds fairly soon, or whether he/she can be left to see if he/she will breast feed in his own time.

If he/she has not been able to suck at the breast by the time he/she is 6 hours old, a midwife will help you to express some colostrum. If this situation continues with no improvement in sucking, tube feeds may be needed. This involves passing a small feeding tube through your baby's nose directly into his/her stomach. Although this tube may be upsetting for you, it is easily tolerated by your baby and provides him/her with all his/her nutritional needs until he/she is able to suck from the breast.

Any milk you are able to express will be given to your baby via this tube. Until you are able to express sufficient for his/her needs, the tube feeds may need to be supplemented by formula. He/she will be tried at the breast at regular intervals, and as he/she shows signs of taking some breast milk (that is, good vigorous sucking and audible swallows), the amount given by tube, will be decreased. The tube feed can be given while you cuddle your baby and snuggle him/she against your bare breast, if your baby's condition allows it.

This process may take place over a few days or a week, and your baby will then be having all breast feeds and be ready to go home as soon as you feel confident enough. Remember the midwives are there to help you with your breast feeds for as long as you feel the need. You may feed in the Parenting room in Special Care Nursery, or in your own room – wherever you feel more comfortable.

Some babies born at 36 or 37 weeks have no problems with breast-feeding at all. On the other hand, some babies born at full term can have problems sucking, and may need to follow the regime.

If you have chosen to bottle feed, a similar plan will be followed. If your baby is unable to take formula by sucking on a teat, the milk will be given to him/her via a feeding tube directly into his/her stomach. As he becomes stronger the amount taken by bottle will increase and his/her tube feeds decrease. When he/she is able to take all his/her feeds via the bottle with out tiring, he/she is ready to go home with you.

Do not become discouraged if your baby feeds well for some feeds and then becomes sleepy and disinterested. This is all part of his/her prematurity, and he/she will soon improve and be able to feed consistently well.

Babies born prior to 36 weeks gestation

Some of these babies may be quite well and be able to follow the feeding regime above. Others may have breathing difficulties that requires a different approach to feeding. They may just take a little more time to start feeding, depending on their degree of prematurity.

NGT feeding

Some of these babies may need an intravenous drip for nourishment, and possibly for antibiotic therapy; and it may be some days before they are able to start nasogastric tube feeds. You should still continue to express your milk as this will be saved in the Special Care Nursery fridge and given to your baby as soon as he starts tube feeds. The colostrum, or early milk, is especially valuable for your premature baby, as it is easy to digest, even with his immature digestive capabilities. There is little waste with breast milk and the elimination of this waste will not overwork his/her immature kidneys.

Premature milk is higher in protein and fat, as well as other important chemical components, which allow for the optimum growth and development of your premature baby. (See the information in this folder on 'Expressing Milk for your Premature Baby'). The amount of milk your baby needs to have each feed is called his/her quota. This is calculated by the Paediatrician according to your baby's gestation, age and weight.

It will increase each day in the early stages. Your baby may need to have some formula feeds until your expressed milk supply is sufficient. You will need to give signed consent if your baby requires formula.

If you have any allergies this may influence the choice of formula so please notify staff.

Progressing to breastfeeds

The most joyous milestone in your baby's progress will be the day you are able to hold him/her. This is most likely to be when he no longer requires oxygen.

You may like to practice 'Kangaroo Care'. This is a form of skin to skin contact between a parent (Mum or Dad) and their premature baby. The baby, wearing only a nappy, is held in an upright position against the parent's bare chest. As well as helping bonding, this has been shown to encourage earlier breast feeding, increased weight gains, and a greater breast milk supply.

Do not worry if your baby is not very enthusiastic about breastfeeding at first. Many premature babies are too tired to suck at all. Some may just nuzzle or lick milk from the nipple. A proper nutritive suck is not expected to develop until your baby is about 34 – 36 weeks gestation. In the meantime, the nasogastric tube is left in situ and a quota of milk is given via this. He/she may be tried at the breast just once a day to start with then twice, then grading upwards. It may take a matter of weeks to grade up to full sucking feeds.

You may notice your baby sucking on his hands, or on the feeding tube, but this does not necessarily mean his suck is strong enough to cope with the breast, or a bottle. He is not able to do this until he is mature enough to coordinate the suck/swallow/breathe reflex. A midwife will help you with each breastfeed until you feel confident.

Encourage your baby gently; never force him/her to feed. Express a little milk onto your nipple and let him/her taste it. Gently massage the breast towards the nipple during the feed to encourage the milk flow. You can read about positioning and attaching in the Calvary Maternity Unit booklet called 'Breastfeeding your Baby' and watch the videos available.

How well your baby sucks at the breast will be determined and a 'top up' given via the tube as medically required.

It is a guide only, and it is a good idea to get used to your baby's sucking pattern, be aware of how long he/she is able to suck nutritively by taking note of his/her swallows. The midwife in Special Care Nursery will be able to tell you what signs to look for. He/she will gradually become stronger and increase his/her sucking time. Do not be discouraged if your premature baby is somewhat erratic with his/her feeds. It is quite normal behavior for him to go through stages of being too tired to suck. Which ever response your baby makes, stay calm and try to be patient.

When he/she is strong enough, he/she will start taking more from the breast, or bottle, and need less via the feeding tube. At this stage your baby will be able to breast feed on demand, without tube top ups and he/she may feed fairly frequently to start with. He/she will be bare weighed daily to check his/her progress, and will have tube feeds over night to give him/her a rest.

When he/she is gaining weight, and starts to demand the night feeds, it is time for him/her to go to the breast for each feed.

If you had previously been discharged you will be readmitted to the Maternity Unit for about 48 hours to make sure you feel confident with your baby's care, and that your baby can cope with being breastfed all feeds. It is finally time to take your baby home! Relax and enjoy this wonderful time together as a family.

References

Australian Breastfeeding Association.

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Contact

49 Augusta Road
Lenah Valley TASMANIA 7008

Phone: 03 6278 5328 **Fax:** 03 6278 5541
Email: maternity@calvarycare.org.au

www.calvarylenahvalley.org.au

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