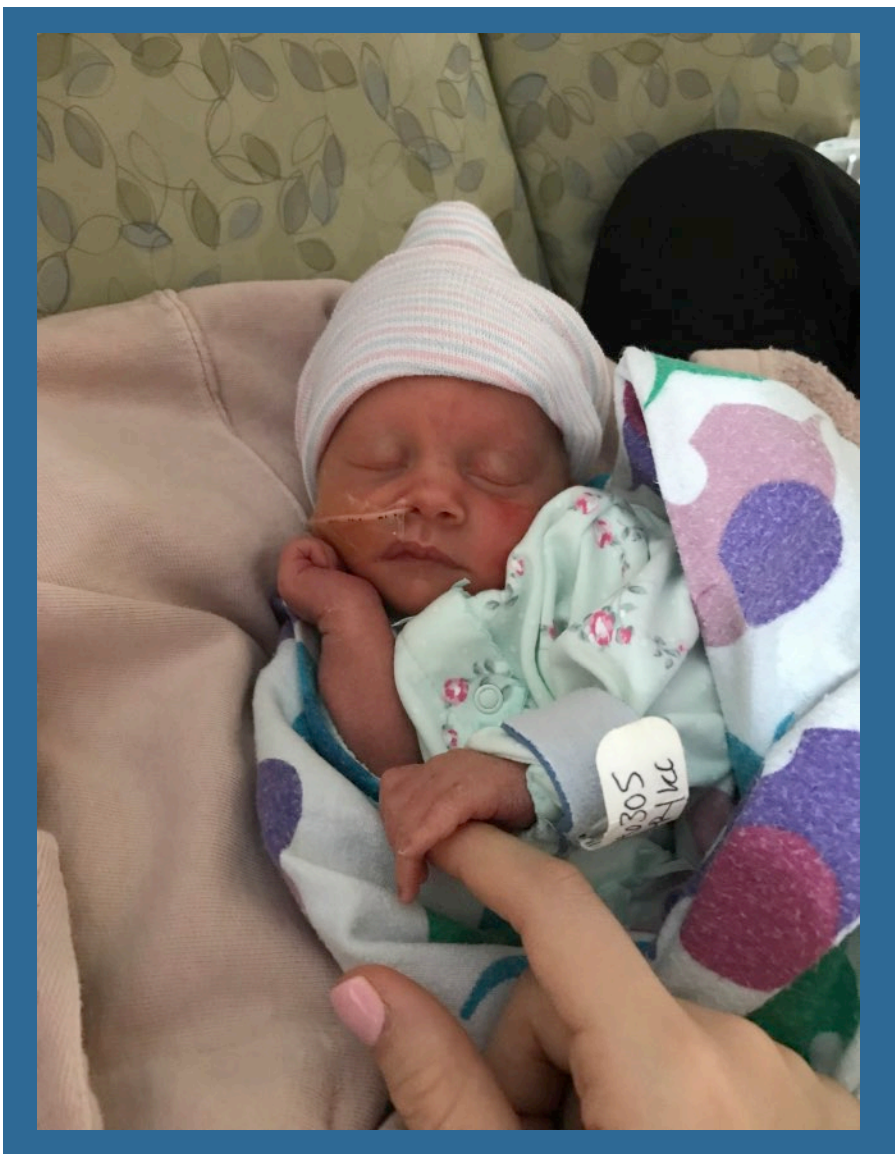


Feeding the Preterm Infant

& Milk Log



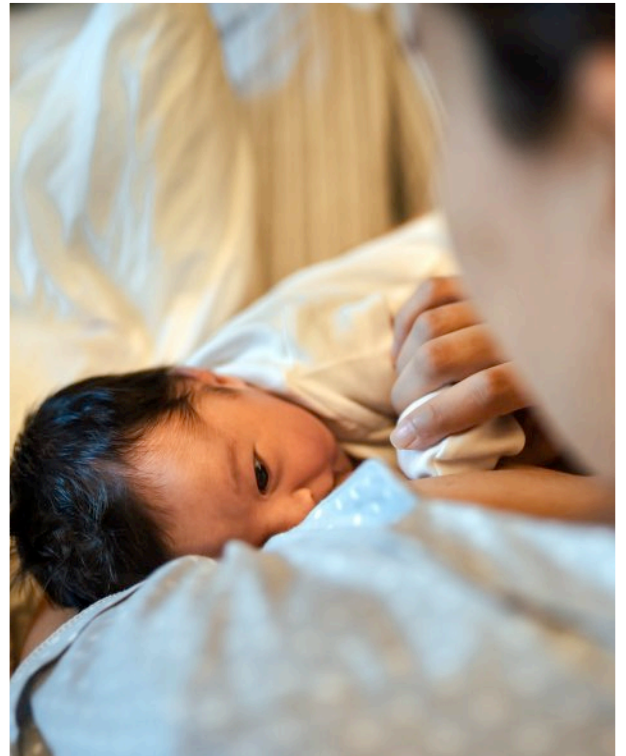
Lactation
Education
Resources

HURLEY
CHILDREN'S
HOSPITAL

TABLE OF CONTENTS

The following booklet has information as well as pumping logs and appointment trackers for parents and infants. If you do not find the information needed, please speak with your healthcare providers.

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IMPORTANCE

OF HUMAN MILK

PRETERM HUMAN MILK...

SUPPORTS GROWTH AND DEVELOPMENT BY CONTAINING HIGHER AMOUNTS OF PROTEIN, CALORIES, AND OTHER NUTRIENTS AND IS VERY UNIQUE TO THE SPECIFIC NEEDS OF YOUR PRETERM INFANT AND THEIR BRAIN GROWTH.



PRETERM HUMAN MILK...

HAS A WONDERFUL COMBINATION OF IMMUNE-BOOSTING FACTORS AND ANTIBODIES THAT CAN PROTECT YOUR BABY FROM INFECTION.



PRETERM HUMAN MILK...

CONTAINS BIOACTIVE COMPONENTS SUCH AS IMMUNOGLOBULINS, GROWTH FACTORS, AND CYTOKINES (TO NAME A FEW) THAT REDUCE INFLAMMATION AND PROMOTE THE MATURITY OF THE INTESTINES.



PRETERM HUMAN MILK...

CAN SIGNIFICANTLY DECREASE THE RISK OF NECROTIZING ENTEROCOLITIS (NEC), A SERIOUS CONDITION THAT MAY AFFECT THE INTESTINE OF A PREMATURE BABY.



ESTABLISHING YOUR MILK SUPPLY

Pump as often as you would nurse a newborn, including overnight. 8-10 times in a 24-hour period. Sleeping through the night typically will bring in a low supply. Ensure you are waking up around the clock.

Start early, ideally within an hour after birth, with hand expression or pumping or both.

Pump to comfort: the suction should be set to a comfortable level. Your nipple should move freely and not rub against the sides of the flange.

Initially, pump for 15-20 minutes. You may only see drops of colostrum or wetness on the flange. This is normal. Pumping in the early days can be frustrating as the volume is typically low. It is necessary to pump often in the early days to bring in a milk supply.

Learn how to hand express (next page) as you may increase milk volume in conjunction with pumping and create more stimulation.

Breast massage is also useful to bring in more milk as well as higher caloric milk.

When your infant is able to do so, incorporate skin-to-skin and allow time at the breast even if the infant is not fully feeding at the breast. This has been shown to increase milk supply and it feels good!

PUMP EARLY. PUMP OFTEN. PUMP EFFECTIVELY.



Hand Expression

Hand expression is a handy skill to have whenever you need to empty your breasts and you are not with your baby or your baby is temporarily unable to breastfeed. In the first few days after birth, hand expression can be more effective at removing colostrum than using a breast pump. If your baby needs a supplement in the first week or so, use hand expression to provide the milk needed!

Hand expression routine:

1. Apply heat, massage, and stroke breasts
2. Position fingers behind areola
3. Press back toward the chest
4. Compress fingers together to express milk
5. Relax and repeat, getting a rhythm going
6. Express for 5-7 minutes
7. Move fingers to a different position
8. Massage and stroke the breast
9. Press back toward the chest
10. Compress fingers together to express milk
11. Express milk for 3-5 minutes
12. Massage and stroke breasts
13. Move fingers to a different position
14. Express milk for 1-2 minutes
15. Complete cycle takes 20-30 minutes



Watch these videos while you are hand expressing to see the technique in action!

<https://med.stanford.edu/newborns/professionaleducation/breastfeeding/hand-expressing-milk.html>

<https://firstdroplets.com/?sfns=mo>

The information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your healthcare provider for any questions you may have regarding your or your infant's medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this information. Feel free to duplicate per creative commons license CC BY-ND. Lactation Education Resources 2021.

Hands-On Pumping

Using a breast pump is important if your baby is ill, premature, or unable to feed directly at the breast for any reason. You will obtain more milk from the pumping session if you use breast massage at the same time. You will have more milk to save for feedings, and your milk supply will increase.

Hands on pumping routine:

- Begin pumping as soon as possible. You may have the most success if you pump or hand express within the first six hours after birth; ideally within the first hour.
- Use a hospital grade double electric pump if at all possible.
- While a rigid schedule is not necessary, milk should be removed at least 8x per day to maintain supply.
- Assure the flanges are appropriate size:
- Nipple moves freely in and out during suction cycle.
- Breasts are “emptied” completely, no areas of lumps
- No pain while pumping.
- No indentation ring from the flange after pumping.
- Wear a bra or bustier that will hold the flanges in place while you pump so your hands can be free for massaging.
- Start with slow massage to stimulate let-down.
- Apply the breast pump and use the maximum suction level that is comfortable, not painful.
- Watch the sprays of milk and adjust hand position to where milk flows the most easily.
- When the sprays of milk subside, switch to single pumping so you can be more vigorous with the massage.
- When the sprays of milk subside again, turn off the pump and hand massage into the pump flange.
- Some mothers can double their output this way.
- Pay special attention to remove milk from the outer margins toward the armpits area.



Watch this video while you are pumping!

<https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>

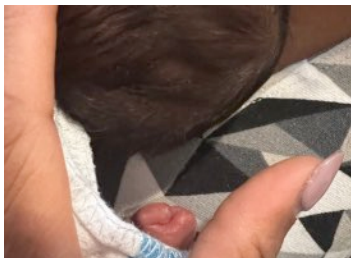
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SKIN TO SKIN

Skin to skin is a beneficial practice for premature infants. The healthcare team will guide you on when and how to provide care based on your infant's condition.

This involves placing the infant, wearing only a diaper, against a parent's bare chest covered with your shirt or blanket for prolonged periods of time.

This provides a warm and comforting environment for your infant and is one of the best things you can do for your infant.



- Stabilizes vital signs such as heart rate, breathing, and temperature.
- Enhances bonding between the parent and infant creating a sense of security and trust.
- Helps keep the infant warm and able to regulate temperature.
- Supports breastfeeding by stimulating the rooting and suckling reflexes and enhances the release of hormones that support milk production.
- Boosts immune function by transferring beneficial bacteria from the parent's skin to the infant's skin.
- Reduces stress and pain by calming the infant and lowering cortisol (stress hormone) levels.
- Enhances weight gain by contributing to better growth and nutrition.
- Improves sleep patterns of the infant.

MILK SUPPLY LOG - WEEK ONE

WEEK ONE:

Colostrum is early milk. It is often less liquid and more sticky-like and harder to collect. Its color can vary from clear to white or yellow. Hand expression may give you larger volumes and should be used in conjunction with pumping.

Your transitional milk will start around day 2-3 and may still have a yellowish hue.

Mature milk will typically start around days 3-6. You may feel heavier, more full, and warm to the touch.

Record the date, time, and volume each time you pump. This will help you keep track and allow you to work with your lactation team if there is a problem.

The expected volume is typical for a parent of a full-term infant. Your supply will typically increase daily for 14 days.

This is a guideline, not definitive on the volume you may see.

Please talk to your lactation team if your volumes are not increasing daily or if you see a significant difference in expected volumes.



| | | | | | | | |
|-------------------------|------------|-------|---------------------|-----------------------|------------------------|---------------------------|--------------------------|
| Date: | | | | | | | |
| Time: Volume: | | | | | | | |
| Time: Volume: | | | | | | | |
| Time: Volume: | | | | | | | |
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| Time: Volume: | | | | | | | |
| Time: Volume: | | | | | | | |
| 24 hour volume: | | | | | | | |
| Expected 24 hour volume | 0 to drops | Drops | 25-75 mL (1-2.5 oz) | 75-150 mL or 2.5-5 oz | 150-225 mL or 5-7.5 oz | 225-300 mL or 7.5-10.5 oz | 300-375 mL or 10-12.5 oz |

MILK SUPPLY LOG - WEEK TWO

WEEK TWO:

This is a really good week to assess how you are doing.

It can be easy to sleep through the night which can affect milk supply drastically. Try to give yourself a slightly longer stretch of 4 hours versus 2-3 hours at night, but remember, you need to be pumping at least 8 times a day.

If you feel you are doing everything right and see low numbers, there is a checklist in this resource regarding preventing and treating low supplies.

Please talk with your lactation provider during this time for guidance.

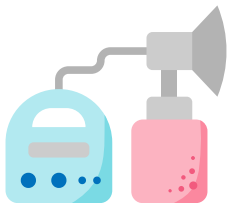
Are you able to do skin-to-skin with your infant at this time? That can really help - pump after skin-to-skin!

Are you asking for help at home with other activities as well as washing pump parts, etc. Let your support help you out!

REMEMBER:

You may not be seeing 750 mL or 25 ounces by the end of week 2. Again, this is typical for full-term healthy infants, but you should be seeing close to 500 mL or 16 ounces as a minimum.

Again, your lactation provider can help you look at options or understand why this may be occurring if you are making less than 500 mL by day 14.



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|-------------------------|--------------------------|--------------------------|--------------------------|------------------------|--------------------------|----------------------------|--------------------|
| Date: | | | | | | | |
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| Time: Volume: | | | | | | | |
| Time: Volume: | | | | | | | |
| 24 hour volume: | | | | | | | |
| Expected 24 hour volume | 375-450 mL or 12.5-15 oz | 450-525 mL or 15-17.5 oz | 525-600 mL or 17.5-20 oz | 600-650 mL or 20-22 oz | 650-700 mL or 22-23.5 oz | 700-750 mL or 23.5 - 25 oz | 750 mL+ or 25 oz + |

MILK SUPPLY LOG - WEEK THREE

WEEK THREE:

Continue pumping 8 times a day with a 4-hour stretch at night.

If you are feeding at the breast at this time, you may still need to be pumping. Make sure you are talking with the NICU staff and lactation team for best practices.

Make sure you are being taken care of as well - you are still recovering from giving birth. Ask for support from family and friends as needed.

Reach out to your healthcare team if you are finding you might be struggling with postpartum mood disorders at this point.

Having an infant in the NICU can be an additional risk factor for parents.

REMEMBER:

You may not be seeing 750 mL or 25 ounces by the end of week 2. Again, this is typical for full-term healthy infants, but you should be seeing close to 500 mL or 16 ounces as a minimum.

Again, your lactation provider can help you look at options or understand why this may be occurring if you are making less than 500 mL by day 14.



| | | | | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Date: | | | | | | | |
| Time: Volume: | | | | | | | |
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| Time: Volume: | | | | | | | |
| Time: Volume: | | | | | | | |
| Time: Volume: | | | | | | | |
| 24 hour volume: | | | | | | | |
| Expected 24 hour volume | 750 mL+ or 25 oz + | 750 mL+ or 25 oz + | 750 mL+ or 25 oz + | 750 mL+ or 25 oz + | 750 mL+ or 25 oz + | 750 mL+ or 25 oz + | 750 mL+ or 25 oz + |

COLLECTION, STORAGE AND TRANSPORTATION OF MILK


Ask your facility about the proper collection of milk specific to their unit. They may want you to use the containers they provide. Make sure you understand how to date, time, and label your milk. The following breast milk storage guidelines from the Center of Disease Control are typical for full-term, healthy infants and you may use this when your infant discharges.

Please check with your facility on the guidelines specific to your infant's needs while still in the NICU.

| Human Milk Storage Guidelines | | | |
|--|--|----------------------------------|--|
| STORAGE LOCATIONS AND TEMPERATURES | | | |
| TYPE OF BREAST MILK | Countertop 77°F (25°C) or colder <i>(room temperature)</i> | Refrigerator 40 °F (4°C) | Freezer 0°F (-18°C) or colder |
| Freshly Expressed or Pumped | Up to 4 Hours | Up to 4 Days | Within 6 months is best Up to 12 months is acceptable |
| Thawed, Previously Frozen | 1–2 Hours | Up to 1 Day <i>(24 hours)</i> | NEVER refreeze human milk after it has been thawed |
| Leftover from a Feeding <i>(baby did not finish the bottle)</i> | Use within 2 hours after the baby is finished feeding | | |

These guidelines are for healthy full-term babies and may vary for premature or sick babies. Check with your health care provider.

Find more breastfeeding resources at: WICBreastfeeding.fns.usda.gov
www.cdc.gov/breastfeeding/



If your milk is frozen at home, please transport it to the hospital frozen. If refrigerated, please keep chilled. Put all human milk on ice in a cooler or a small insulated bag.

Refrigerated or frozen milk may separate as the fat rises to the top. This is normal.

Breast milk may be other colors such as yellow, white or green tinted. These are normal variations and are not a sign of concern.

How to Keep Your Breast Pump Kit Clean

Providing breast milk is one of the best things you can do for your baby's health and development. Pumping your milk is one way to provide breast milk to your baby. Keeping the parts of your pump clean is critical, because germs can grow quickly in breast milk or breast milk residue that remains on pump parts. Following these steps can keep your breast pump clean and help protect your baby from germs. If your baby was born prematurely or has other health concerns, your baby's health care providers may have more recommendations for pumping breast milk safely. The steps outlined below are based on the available scientific literature and expert opinion on breast pump hygiene. However, more research is needed to answer some questions about how to best clean breast pump equipment.

BEFORE EVERY USE

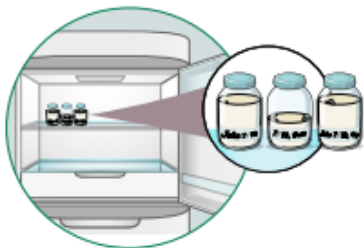


Wash your hands well with soap and water for 20 seconds.

Inspect and assemble clean pump kit. If your tubing is moldy, discard and replace immediately.

Clean pump dials, power switch, and countertop with disinfectant wipes, especially if using a shared pump.

AFTER EVERY USE



Store milk safely. Cap milk collection bottle or seal milk collection bag, label with date and time, and immediately place in a refrigerator, freezer, or cooler bag with ice packs.

Clean pumping area, especially if using a shared pump. Clean the dials, power switch, and countertop with disinfectant wipes.

Take apart breast pump tubing and separate all parts that come in contact with breast/breast milk.

Rinse breast pump parts that come into contact with breast/breast milk by holding under running water to remove remaining milk. Do not place parts in sink to rinse.

Clean pump parts that come into contact with breast/breast milk as soon as possible after pumping. You can clean your pump parts **in a dishwasher** or **by hand** in a wash basin used only for cleaning the pump kit and infant feeding items.

Follow the cleaning steps given on the next page.



Clean Pump Kit

CLEAN BY HAND



Place pump parts in a clean wash basin used only for infant feeding items. **Do not place pump parts directly in the sink!**

Add soap and hot water to basin.

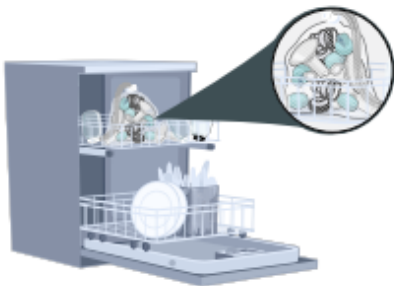
Scrub items according to pump kit manufacturer's guidance. If using a brush, use a clean one that is used only to clean infant feeding items.

Rinse by holding items under running water, or by submerging in fresh water in a separate basin.

Air-dry thoroughly. Place pump parts, wash basin, and bottle brush on a clean, unused dish towel or paper towel in an area protected from dirt and dust. Do not use a dish towel to rub or pat items dry!

Clean wash basin and bottle brush. Rinse them well and allow them to air-dry after each use. Wash them by hand or in a dishwasher at least every few days.

OR CLEAN IN DISHWASHER



Clean pump parts in a dishwasher, if they are dishwasher-safe. Be sure to place small items into a closed-top basket or mesh laundry bag. Add soap and, if possible, **run the dishwasher using hot water and a heated drying cycle (or sanitizing setting).**

Remove from dishwasher with clean hands. If items are not completely dry, place items on a clean, unused dish towel or paper towel to air-dry thoroughly before storing. Do not use a dish towel to rub or pat items dry!

After Cleaning

FOR EXTRA PROTECTION, SANITIZE



For extra germ removal, sanitize pump parts, wash basin, and bottle brush **at least once daily** after they have been cleaned. Items can be sanitized using steam, boiling water, or a dishwasher with a sanitize setting. Sanitizing is especially important if your baby is less than 3 months old, was born prematurely, or has a weakened immune system due to illness or medical treatment.

For detailed instructions on sanitizing your pump parts, visit www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding.html

STORE SAFELY



Store dry items safely until needed. Ensure the clean pump parts, bottle brushes, and wash basins have air-dried thoroughly before storing. Items must be completely dry to help prevent germs and mold from growing. Store dry items in a clean, protected area.

Learn more about safe and healthy diapering and infant feeding habits at www.cdc.gov/healthywater/hygiene/healthychildcare.

YES / NO

PARENTAL DISCHARGE CHECKLIST

AS YOU READ EACH QUESTION, SIMPLY SELECT "YES" IF YOU AGREE OR "NO" IF YOU DISAGREE WITH THE STATEMENT. MAKE SURE IF YOU ANSWER NO, READ THROUGH THIS RESOURCE AND TALK TO YOUR HEALTHCARE TEAM.

| | | | |
|-----------|---|---------------------------------|--------------------------------|
| 01 | DO I HAVE AN APPROPRIATE BREAST PUMP FOR HOME? DO I KNOW HOW/WHERE TO RENT, BUY OR OBTAIN ONE? DO I UNDERSTAND HOW I MAY ACCESS LACTATION HELP IN THE HOSPITAL AND OUT? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|-----------|---|---------------------------------|--------------------------------|

| | | | |
|-----------|--|---------------------------------|--------------------------------|
| 02 | HAVE I BEEN TAUGHT TO HAND EXPRESS AND PROPERLY USE THE BREAST PUMP? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|-----------|--|---------------------------------|--------------------------------|

| | | | |
|-----------|--|---------------------------------|--------------------------------|
| 03 | DO I UNDERSTAND HOW TO STORE HUMAN MILK AT HOME? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|-----------|--|---------------------------------|--------------------------------|

| | | | |
|-----------|--|---------------------------------|--------------------------------|
| 04 | DO I UNDERSTAND HOW TO TRANSPORT HUMAN MILK FROM HOME? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|-----------|--|---------------------------------|--------------------------------|

| | | | |
|-----------|---|---------------------------------|--------------------------------|
| 05 | DO I UNDERSTAND HOW TO CLEAN MY PUMP PARTS AT HOME? DOES MY PARTNER/SUPPORT UNDERSTAND HOW TO CLEAN PUMP PARTS AS WELL? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|-----------|---|---------------------------------|--------------------------------|

| | | | |
|-----------|---|---------------------------------|--------------------------------|
| 06 | DO I UNDERSTAND HOW TO CLEAN MY PUMP PARTS IN THE NICU? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|-----------|---|---------------------------------|--------------------------------|

| | | | |
|-----------|---|---------------------------------|--------------------------------|
| 07 | DO I HAVE SUPPLIES AND LABELS FOR MY MILK TO TAKE HOME? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|-----------|---|---------------------------------|--------------------------------|

| | | | |
|-----------|--|---------------------------------|--------------------------------|
| 08 | DO I HAVE ALL THE NECESSARY PHONE NUMBERS TO CALL THE NICU WHEN I GO HOME? DO I HAVE ANY OTHER QUESTIONS BEFORE I GO HOME? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|-----------|--|---------------------------------|--------------------------------|



Spectra S2/Plus Premier Tip Sheet



For Colostrum

(milk initiation)

1. Gently massage both breasts for 1 minute or less
2. Center the nipple in the flange and turn on the pump
3. Push the wave button to start
 - 70 cycle on level 3-4 for 1-2 mins.**
 - 42 cycle on level 4-7 for 3-8 mins.**
 - 38 on 6-8 level for 5 mins.**

Turn off the pump and hand express alternating breast for 5-7 minutes

For Mature Milk

(milk maintenance)

- 70 cycle (Massage Mode), 5 mins.**
- 54 cycle (Expression Mode), 5 mins.**
- 70 cycle (Massage Mode), 5 mins.**
- 38 Cycle (Expression Mode), 5 mins.**

Questions:

Hurley Lactation: 810-262-9480

YES / NO

PREVENTING/TREATING A LOW SUPPLY

IDEALLY, YOU SHOULD BE MAKING AT LEAST 500 ML OR APPROXIMATELY 16 OUNCES BY THE END OF 14 DAYS POSTPARTUM.

IF NOT, PLEASE READ EACH QUESTION, AND SIMPLY SELECT "YES" IF YOU AGREE OR "NO". IF YOU ANSWER NO, PLEASE REACH OUT TO A LACTATION CONSULTANT AT YOUR FACILITY OR IN YOUR COMMUNITY AS NEEDED.

| | | | |
|----|---|---------------------------------|--------------------------------|
| 01 | DO I HAVE ANY HEALTH RISK FACTORS OR PREVIOUS HISTORY OF A LOW SUPPLY? PLEASE DISCUSS THIS WITH THE LACTATION TEAM AT YOUR FACILITY. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 02 | AM I SLEEPING THROUGH THE NIGHT OR PUMPING LESS THAN 8 TIMES A DAY? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 03 | THE PUMP CAN BE THE ISSUE. NOT ALL PUMPS ARE CREATED EQUAL. AM I USING AN APPROPRIATE PUMP FOR A PUMP DEPENDENT PARENT? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 04 | IF YOU ARE NOT MAKING 500 ML BY DAY 14, IS YOUR 24-HOUR VOLUME STILL INCREASING DAILY AT THIS TIME? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 05 | DO I HAVE SUPPORT AT HOME? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 06 | HOW IS MY DIET? AM I EATING ENOUGH DAILY? A LACTATING PARENT REQUIRES AN ADDITIONAL 600 CALORIES A DAY. AM I STAYING HYDRATED? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 07 | DO I HAVE A COMFORTABLE ENVIRONMENT IN WHICH TO PUMP? AM I EXPERIENCING PAIN WHILE PUMPING? IS THE FLANGE FITTING CORRECTLY? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 08 | 1 IN 7 MOTHERS EXPERIENCE POSTPARTUM MOOD DISORDERS. DO YOU NEED TO TALK TO YOUR HEALTHCARE PROVIDERS OR AN ORGANIZATION SPECIFIC TO PERINATAL MENTAL HEALTH? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

TRANSITIONING

TO BREASTFEEDING

YOUR HEALTHCARE TEAM WILL ASSESS YOUR PREMATURE INFANT'S READINESS FOR EACH STEP

STEPS 1 AND 2:

STEP ONE IS SKIN TO SKIN IN AN UPRIGHT POSITION

STEP TWO IS SKIN TO SKIN NEAR THE BREAST WITHOUT BEING READY TO TAKE ORAL FEEDS AT THIS TIME.



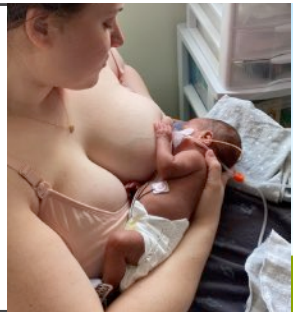
STEP 3:

THIS IS PRACTICE FOR INFANTS NOT QUITE READY FOR ORAL FEEDS. YOU WILL PUMP FIRST AND THEN ALLOW YOUR BABY TO PRACTICE LATCHING. YOU MAY HAND-EXPRESS A FEW DROPS FOR THE INFANT TO LICK OR ENJOY VIA A FEW SUCKS. THE INFANT WILL STILL NEED A FULL FEED VIA ENTERAL FEEDING.



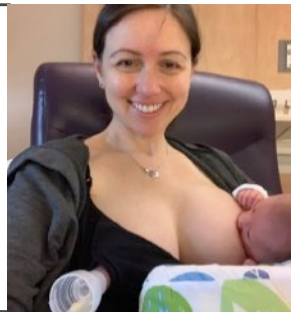
STEP 4:

THIS IS FEEDING AT THE BREAST. YOUR BABY SHOULD COME TO A FULL BREAST. THE HEALTHCARE TEAM WILL INSTRUCT YOU ON WHAT TO LOOK FOR FOR EVIDENCE OF MILK TRANSFER. THIS IS STILL A TIME OF LEARNING AND MATURITY, SO DON'T BE DISCOURAGED! THERE MAY STILL BE ENTERAL OR BOTTLE FEEDING AFTER THE FEED.



STEP 5:

AT THIS TIME, YOUR INFANT IS TAKING EVERYTHING VIA MOUTH. YOU ARE PREPARING TO GO HOME AND BECOMING MORE CONFIDENT IN READING YOUR INFANT'S CUES AND ABILITIES AT THE BREAST. YOU ARE LIKELY STILL PUMPING AFTER FEEDS AND MAY NEED TO STILL SUPPLEMENT AFTER THE BREAST.

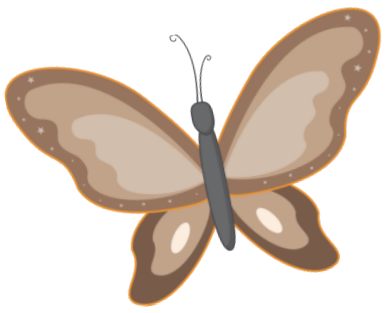




EXPECTATIONS AFTER DISCHARGE

Your infant may still need to be supplemented after breastfeeding for some time. If your infant is needing supplementation after feeds or has not reached full term, please continue pumping after feeds. You will likely still be doing some bottle feeding throughout the day. This is very common.

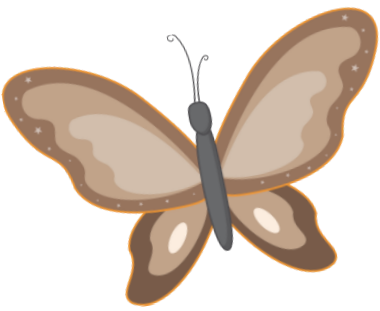
It is important to work with your care providers and lactation teams after discharge to ensure success.



Notes

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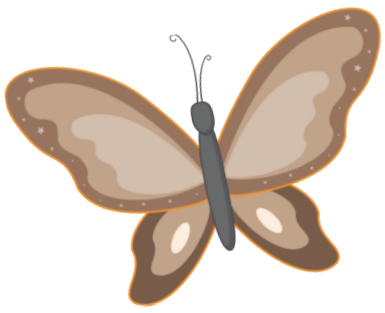




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APPOINTMENT LOG FOR PARENT

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APPOINTMENT LOG FOR INFANT

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