Breastfeeding and Expressing for your Premature or Sick Baby

Every Breastfeed Makes a Difference.
“When Ellie was born early and was so tiny the doctors and nurses explained how important my milk was for her health and to stop her getting infections. I felt helpless looking at Ellie in the incubator with tubes and all, but it felt really good to think that those drops of milk were helping her so much. Holding her skin-to-skin for the first time was just amazing, and it really helped my milk come in. Those early days of my milk meant she had less time in the unit. She is now two and doing great. I am so glad I could give her the start she needed.”

“When Oscar started feeding after surgery, he got tiny amounts of my milk into his tummy by tube. He loved my milk and absorbed it really well. The doctors explained that it was the best medicine for him. I was delighted that my milk could make such a difference for Oscar. He was soon on full feeds and home with us after six weeks in hospital.”

“Hands on Pumping” (HOP)

Troubleshooting problems

Cleaning and sterilising expressing sets

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Welcome to this booklet

Congratulations on the birth of your new baby. This is a special time for a new parent. When your baby is born early (premature) or ill it can also be a very emotional time.

When your baby is premature or ill, you may feel distress or shock because your baby is in special care and things you had planned for them have suddenly changed. It is normal to feel this way, and it can take time to come to terms with all that is happening.

You can do a lot to help your baby now. There is something really important that you as a mum can do. Mother’s milk is vital for premature or ill babies. It will help protect your baby from infections and illnesses and will help them to continue to grow and develop.

If your baby is too small or too sick to feed at the breast, you can express your milk for your baby. This booklet shows you how to express your milk. It explains how you can help your baby, and how touch can help to comfort your baby and prepare for breastfeeding. Hospital staff will also help you with all of this.

Coping with your feelings

Parents of premature and ill babies go through many emotions. You may be feeling joy that your baby is born. You might also feel helpless, fearful, anxious, lonely, angry, worried, and confused. These tips may help:

• Accept how you are feeling. It is okay to feel this way.
• Talk to someone who understands.
• Look after yourself. Try to get rest when you can and eat healthy foods.
• Try to do something to relax, like taking deep breaths.
• Try to take things step by step. Learn one thing at a time, such as how to use a piece of equipment or how to touch your baby.
• Try to feel good about the positives, no matter how small. Small things really matter.
• Enjoy contact with your baby, whether it’s talking to your baby, touching your baby’s feet or holding your baby skin-to-skin (see page 7). This will help you connect with your baby and relax.
• Express milk for your baby (see pages 10–15). This increases your levels of oxytocin, the ‘feel good’ hormone.
• Accept offers of help from friends and family.
• Your partner may have different emotions to you at different times. It can help you accept how you are feeling and to talk about it.

Talking to other parents can be helpful and comforting. Irish Premature Babies is a charity for parents of premature babies, and they can help put you in touch with other parents. Their contact details are in the back of this booklet.
“So many emotions hit you when you have a baby that’s born early. When Ciaran was born shock was the biggest thing.”

What to expect in the neonatal unit or paediatric hospital

If your baby has an illness or condition that requires special care, they may need to stay in hospital. Your baby may need to be cared for in the special care unit or neonatal intensive care unit (NICU).

You can do a lot to help your baby in special care. The staff in the hospital are there to:

- help your baby,
- guide you through caring for your baby, and
- answer your questions.

If your baby is very small or sick, they may need to be moved to another hospital with special facilities such as a neonatal intensive care unit or paediatric intensive care.

“When Jack was born and he was so sick and they had to transfer him to the children’s hospital, it was really difficult. I felt like I was on a rollercoaster. I went through so many emotions.”

Visiting the neonatal unit or paediatric hospital for the first time can be a shock. You will see a lot of equipment. This equipment:

- keeps your baby safe,
- supports your baby’s breathing, and
- closely monitors your baby’s health.

The staff will understand that having a premature or sick baby can be worrying for parents. They are there to help you. They can answer your questions and explain what the equipment is for.

The staff in your baby’s unit will encourage you to touch and hold your baby when it is possible. Over time, your confidence in doing this will grow, and this will help you bond with your baby.
**Touching and holding your baby**

Touching your baby and holding them skin-to-skin are all ways to help you connect with your baby. You can use the ‘comfort hold’ and ‘kangaroo care’.

**The comfort hold**

At first, you might not be able to hold your premature or ill baby. But touch from you, your baby’s parents, is very important. You can use the ‘comfort hold’ to connect with your baby.

Your nurse or midwife will support and assist you to hold your baby. Wash your hands carefully. To use the comfort hold, place one hand on your baby’s head and the other hand on your baby’s feet. The photo shows how to do this.

You may also like to gently hold your baby’s hands and touch your baby’s feet.

**Kangaroo care**

‘Kangaroo care’ means holding your baby against your chest with your baby’s bare skin next to your bare skin. One way to do this is to hold your baby under your shirt.

During kangaroo care, your baby is warm against your skin, and you can cover them with a blanket.

Kangaroo care helps:

- increase your levels of oxytocin, the ‘feel good’ hormone,
- stimulate your milk production, and
- develop your baby’s feeding and sucking instincts.

All babies benefit from the close contact, relaxation and warmth of kangaroo care. For the most benefit, hold your baby like this for at least an hour. This lets your baby go through a full sleep cycle while having skin-to-skin contact.

Mum and dad can both do kangaroo care, so you and your partner can take it in turns.

If your baby isn’t able for skin-to-skin contact right now, other touch from you, his parents, is really important like gently holding hands or cuddling baby’s feet.
How to do kangaroo care

1. Plan a suitable time to have your baby with you for kangaroo care. Discuss this with your baby’s nurse.
2. Wear a shirt that opens at the front or a loose t-shirt. This lets you tuck your baby up inside your top.
3. Wash your hands carefully.
4. Greet and touch your baby to let them know you are there.
5. Lean into the incubator. Cup one hand under your baby’s head and your other hand around the baby’s hips.
6. Gently lift the baby onto your chest under your shirt. Rest their head against your breastbone. Support their back and bottom with your hands.
7. Ask your nurse to check your position. A mirror is helpful so you can see your baby’s face.
8. If you are using a blanket, wrap it around your baby. The top of the blanket should be just below your baby’s ear.
9. Gently lower yourself into a chair. If you need help, ask your nurse or partner to guide you.

“\textit{It was the first thing that calmed me and, as soon as I got her into my arms and close to my heart, I felt this is where she is supposed to be.}”

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Feeding your baby

Breast milk is more than food for your premature or sick baby.

- It is gentle on their tiny tummies and easy to digest.
- It protects your baby from infections, especially life-threatening gut infections that premature infants are more prone to.
- It improves the brain development and vision of premature babies.
- It provides antibodies to build your baby’s immune system.
- Babies who are fed breast milk generally spend less time in hospital.
- Making milk for your baby helps you develop a bond and connection with your baby.

You may not be able to feed your baby at your breast if your baby is:

- very premature,
- unwell, or
- separated from you in the neonatal unit.

Instead, you can express your milk for your baby. You can use your hands to express your milk in the first few days and then a pump from about day 3, when you are starting to make more milk.
As soon as possible after birth start to express your milk. Ideally within the first few hours after your baby’s birth. Once you have started, you should express at least 8-10 times every 24 hours. This is how often in 24 hours a new born baby breastfeeds.

Some mothers are unwell after birth and need specialist care themselves. Ask your midwife to help with hand expressing as soon as you are well enough. As soon as possible after birth.

The next sections explain how to express milk so your baby can get the goodness of your milk.

**Hand expressing milk: Days 1 and 2 of your baby’s life**

The first milk you produce is called colostrum. It forms in your breasts when you are pregnant. It is yellow instead of white. It is full of important nutrients and antibodies for your baby(s). Sometimes it is called ‘liquid gold’ because of its colour and importance. Every drop of colostrum is precious, and it makes a difference to your baby.

Starting breast massage and expressing as soon as possible after birth is important to help you make colostrum.

Your midwife will talk to you about expressing milk. You can express milk at your bedside or in the neonatal unit. It may take a few times before you produce milk. Your baby’s tummy is tiny, and every drop of breast milk matters. If you have any questions or difficulties, please ask your midwife or your baby’s nurse so they can help you.

“The midwife sat beside me and showed me what to do, and I was very grateful because expressing is very unusual at the start.”

The nurse caring for your baby will give the colostrum you have expressed to your baby.

When you first express milk, you will do it by hand. First you need to massage your breasts. Breast massage may feel a bit strange, but it really helps you to start making milk for your baby.

*It is normal to express just drops of colostrum in the early days*

*Every tiny drop of colostrum is important for your baby*

**When to express milk**

- Every 2-3 hours
- At least one time between midnight and 6.00am, as milk making hormone levels are higher at night. Night-time expressing helps stimulate your breasts to make more milk overall.
Massaging your breast and Hand Expressing your milk

1. Wash your hands carefully
2. To help your milk flow, you can:
   - sit comfortably
   - relax and think about your baby
   - have someone massage your back and shoulders, and
   - warm your breast. A good way to do this is to put a warm facecloth over your breast
3. Massage your breasts. Look at pictures A and B to see how to do this. Gently roll your nipple between your fingers.
4. Place your thumb on the edge of your areola and your second and third finger on the opposite edge of your areola. This point is where the dark area around your nipple meets the lighter skin of your breast. As you can see your hand forms the shape of the letter C. To see how to do this look at picture C.
5. You then compress and release the breast tissue using rhythmic movements. Compress and release and as you can see a little drop of breastmilk appears (Picture D). Try not to rub or slide along your nipple as this may hurt. After a little while of compressing and releasing a few drops of breastmilk appears and you collect this into a sterile container or syringe which your nurse or midwife will provide for you. Colostrum tends to drip slowly as it is thick, later milk may come in spurts or sprays. Continue then to compress, release and collect. Compress, release and collect.
6. There are a number of ducts in your breast so you stimulate those as well by moving your fingers around the areola to release breastmilk from all areas of your breast. Massage your breast as you move your hand around the areola.

You will notice the flow slows down while you are expressing from the first breast you then move on to the second breast. Beginning with heat, massage and then compressing and releasing the breast.

When you finish, the container or syringe is labelled with your printed baby’s label and you will add the date and time you have expressed on this label.

Here is a link to some further information on expressing breastmilk https://www.breastfeeding.ie/Getting-Started/Premature-or-ill-baby/

For some mums it can be difficult to make milk for their babies at first and the amount they make can be very small. Try not to be disheartened if you produce a very small amount of colostrum or if your milk is slow to come in.

Every single drop of your milk is important for your baby. The tiny drops you make are precious and will help your baby. Other factors, like having a Caesarean Section or if your baby is born very early, can delay your milk coming in.
Massaging and expressing often will help and you can try the following tips:

**How to get the most milk for your baby**
- Have a warm shower or place a warm facecloth on your breast before you massage your breasts.
- Look at photos or videos of your baby while you express your milk. These are lovely to have for all the family. They will also help you produce oxytocin (your ‘feel-good’ hormone) and so increase your milk flow.
- Keep your baby’s smell with you. The best way to do this is to leave a muslin square in the incubator with your baby for a day. Then change the muslin and keep this close to you when you express milk. Your baby’s smell helps your milk flow.
- Remember to look after yourself and try to get rest. Try to eat a normal, healthy diet and drink when you are thirsty. Some mothers feel thirsty when expressing milk, so have a drink of water near you.

**Using a breast pump – from Day 3 of your baby’s life**

Well done on all you have done in the first two days of your baby’s life to make milk. Your milk will start to change now from yellow colostrum to white breast milk. Now you can start using a hospital-grade double electric pump.

Using the pump, continue expressing milk every 2-3 hours. This might seem like a lot, but newborn babies feed this often. It can take about 20-30 minutes to express your milk in the early days.

You can pump milk from both breasts at the same time. This is called ‘double pumping’. Double pumping stimulates the hormone prolactin. Prolactin helps build and maintain your milk supply.

**Getting a breast pump**

In hospital, electric breast pumps are available:
- on the post-natal ward in the maternity unit, and
- in the neonatal unit.

The nurse or midwife in the unit will:
- show you how to use the pump,
- give you a double pumping set, and
- give you containers for collecting your milk.

You will also need a hospital-grade electric pump at home. You can rent a hospital-grade pump. The nurse or midwife in the post-natal ward or neonatal unit will give you information on renting a pump.

You can also contact the charity Irish Premature Babies about pumps. Their contact information is in the back of this booklet.
When to double pump your milk

- Every 2-3 hours
- At least one time between midnight and 6.00am

Expressing needs to be frequent for the first few weeks while establishing milk supply.

After the initial few weeks, when milk supply is established many mothers find they can reduce frequency of expressing but still make a full milk supply.

It helps to keep a log of the amount of milk you express. You can manage your milk supply by increasing or decreasing how often you pump, as needed, to make a full milk supply.

Always check that your expressing set is sterile before you use it, even if it is new.

Helping your milk flow

- Before you express milk, put a warm cloth on your breasts.
- Massage your breasts before and during pumping.
- Stroke your breasts gently towards the nipple.
- Lean forward and shake your breasts.
- Stroke your nipples and roll your nipples between your fingers.
- Look at a picture or video of your baby while you express your milk.
- Think about your baby.
- Try to relax and get comfortable.
- If your baby is well enough, hold your baby skin-to-skin before you express milk.
- Smell something that has your baby’s scent.

Preparing to express your milk with a pump

Before you begin, gather the things you need. Give yourself time and try not to feel rushed. Remember, it takes about 20 minutes to express your milk. This will all get easier over the next few days, you will need:

- Your equipment for expressing milk.
- Sterilised double pumping expressing sets.
- A sterile container for milk collection or, in the first few days, syringes.
- A clean hospital-grade double pump.
- Sterile disposable wipes to clean the tubing.
- Your baby’s printed hospital label for your milk.
- A comfortable chair to sit in.
- A sink so you can wash your hands before you put the expressing set together.
- A drink of water.
Being near your baby, or stimulating your breasts, helps to release the milk from your breasts. This is the ‘let down reflex’ and it feels different for every mother. Some say that it is like a tingling and some say it is a discomfort that disappears when milk starts to flow. Some don’t feel any sensation but notice the milk dropping from their nipples.

**Remember to massage your breast before you use your breast pump. Massaging triggers your ‘let down reflex’ and helps your milk to flow more freely.**

**“Hands on Pumping” (HOP)**

Using a combination of hand expressing and pumping using a double hospital grade breast pump is the best way of expressing for a sick or premature baby. This is called “Hands on Pumping” (HOP).

It also helps to pump from both breasts at the same time. The benefits of pumping both breasts together are:

- It is quicker
- More milk is expressed
- The milk expressed has higher fat content which is important for sick and premature babies
- Mothers who are expressing often have a drop in milk supply around week 3 but if they do HOP the milk supply continues to increase weekly until week 6.

**Steps for Hands on Pumping**

Careful handwashing is important before you begin and your nurse or midwife is there to support and assist you the first time you use the breast pump. This includes ensuring the fit of the flange of the attachment is comfortable for you and the suction of the pump is correct.

1. To begin wipe the pump and tubing with a sterile disposable wipe and then connect the sterilised expressing set to the tubing and to the pump.
2. Sit in a comfortable chair with your back supported.
3. It may help if you support your breast with your hand to help you to centre your nipple in the centre of the flange/funnel.
4. Hold the funnel so that the pump can maintain a vacuum but try not to press the funnel too firmly into the breast tissue as this can prevent the milk flow.
5. Turn on the breast pump. The pressure will be on the minimum setting and on ‘stimulating phase’. This continues for 2 minutes and then changes to ‘expressing phase’. Every woman needs different pressures, having pressure too high can cause nipple damage and will not help you to get any more milk.
6. After the first few days, continue to express until the flow of milk slows down. Turn off the pump. Massage your breasts for a few minutes, do some hand expression, turn back on the pump. You can use the stimulation/fast cycle speed on your pump to help your milk to start flowing again. Then turn to slow cycle speed/expressing phase on your pump to maximum comfortable pressure. Pump until the flow slows down and then stop.

Many mothers find by adapting a bra to hold the expressing sets to the breast whilst expressing allows them to do hands on pumping more easily.
Troubleshooting problems
Expressing milk should not hurt! If your nipples are sore while you use the breast pump:
• talk to your midwife or the nurse caring for your baby,
• try using a nipple balm or cream to ease any tenderness, or
• rub some of your breast milk on your nipple.

Why are my breasts/nipples sore?
• Is the funnel of the breast pump the wrong size? Try a different size.
• Is the suction pressure on the pump too high? Try turning it down.
• Did you remove the funnel from your breast before you turned off the suction pressure? Always turn off the suction pressure before you remove the funnel.

Increasing milk supply after the first few weeks
Mothers who are pumping for a sick or premature baby may find that their breast milk supply reduces after a few weeks. It is helpful to keep a log of the amount of milk you are expressing every day so you notice any changes.

If your baby was able to feed at the breast he would have ‘growth spurts’ every few weeks to help keep your breast milk supply up. ‘Growth Spurt’ days are days when a baby feeds more often. When you are pumping for a sick or premature baby it is important to have extra pumping days or ‘power pumping’ to keep your supply up and always use a combination of the pump and your hands. It can be difficult to fit in extra pumping sessions, but you can plan them when you have extra support if possible.

Power pumping to increase supply
To help increase supply you could try to fit 2-3 extra pumping sessions in 24 hours or take 1 hour in the evening where you:
1. Do a normal expression to empty (approx. 20 minutes)
2. Then turn off the pump for 10 minutes and do some breast massage,
3. Pump on for 10 minutes, Pump off for 10 minutes,
4. Do some breast massage, and Pump on for 10 minutes

If you follow power pumping to increase supply for a few days you should notice your milk supply increasing. Any extra pumping will help to increase your breast milk supply.

Most mothers need to express 8 - 10 times a day for the first couple of weeks to reach full milk supply. Full milk supply is generally considered 750 ml to 1050 ml per baby, per day. If you have not reached full milk supply talk to a lactation consultant and your baby’s nurse/dietician. Some mothers take longer to reach this goal, especially if baby was very premature. Remember every drop of breast milk is helping your baby and keep expressing.

Many mothers however can keep up their full milk supply by expressing less often after the first 2-3 weeks. Try dropping to 5-7 expressing sessions a day or pump for shorter times. Watch your milk supply closely. Add up the volume of milk you get every day. If the milk supply drops you will need to express more often. If your supply stays the same then you are maintaining your milk supply on fewer expressing sessions. You can always boost your milk supply by doing some power pumping (see above).
Most mothers can provide breast milk for their babies however if a mother cannot produce enough breast milk for her sick or premature baby, donor breast milk may be used. If donor milk is needed this will be discussed with you by the medical team caring for your baby.

Cleaning and sterilising expressing sets
The nurse or midwife will provide you with the information and the hospital guidelines on cleaning and sterilising the breast pump equipment and on storing your milk.

The unit your baby is in may have a place for you to clean and sterilise your equipment. Some units provide sterilised disposable kits. Ask the staff for help.

Storing and transporting your milk
Fresh milk is best for your baby, but sometimes you will need to freeze milk. Your hospital will give you sterile disposable containers for storing your breast milk. These bottles attach directly to the expressing sets. When babies start to have breast milk they get small amounts, so it’s best to store the milk in small volumes.

Label each container with:

- your baby’s name,
- your baby’s date of birth,
- your baby’s hospital number, and
- the date and time you expressed the milk.

When you fill a container, leave at least 1-2 cm of space at the top. You need this space because milk expands when you freeze it.

Storing fresh milk
Check the hospital policy on storing breast milk. General guidance is 48 hours in the fridge for milk for premature or sick babies.

Storing frozen milk
You can freeze breast milk for use later. Use it within three months of the date you froze it.

Transporting your milk to hospital
Use an insulated cooler bag or box to take your milk to and from hospital. If you are visiting the hospital every day, you can store milk in your fridge at home. Take the milk when you go to hospital, and they will freeze it there. If you freeze your milk at home, make sure it does not thaw on the way to hospital. Use an insulated cooler bag or box to take it with you.
Feeding your baby at your breast

Getting ready for breastfeeding at your breast

Before your baby is ready to breastfeed, your baby may get feeds through a feeding tube. Holding your baby will help them get ready for breastfeeding.

Place your baby skin-to-skin at your breast. This makes it easy for your baby to begin to lick and feel your nipple. This is called ‘non-nutritive sucking’ (NNS). NNS means sucking without getting milk. It is the first step to breastfeeding and will help your milk supply grow. It also helps your baby associate your breast with feeding. If your baby is very premature, express your breast milk first and then put your baby to your empty breast.

As your baby grows and learns how to co-ordinate sucking, swallowing and breathing, they may show signs they are ready to be fed by mouth. Your baby’s nurse, midwife or doctor will help you decide when your baby is ready to breastfeed. Your baby’s nurse or midwife will help you with the first breastfeeds.

“His oxygen levels never dipped when he was close to me and breastfeeding, and that gave me confidence.”

Starting to breastfeed

- Hold your baby skin-to-skin before your baby is due to feed.
- Massage your breasts and express a little milk onto your nipples just before you try to breastfeed. Support your baby in a position that will help baby attach on to your breast.
- Make sure your baby is attached well at your breast and sucking effectively. (see Signs your Baby is attached and feeding well on page 29). Also check out the following link https://www.breastfeeding.ie/Getting-Started/First-Feed/
- Let your baby breastfeed for as long as they are actively feeding. If you can feel sucking and hear swallowing, your baby is actively feeding. At the start, your baby may only take small drops of milk, so breastfeeds may only last for a couple of minutes before your baby gets tired. Feeds will get longer as your baby gets stronger.
- If your baby does not feed fully at your breast, offer extra expressed milk after breastfeeds. As your baby breastfeeds more fully and becomes satisfied after breastfeeds, you can gradually reduce the amount of extra milk given until your baby gets all their feeds at your breast. This can take many weeks, and patience but it is worthwhile.
Some premature or sick babies will learn the skill of breastfeeding quicker than others. Some babies will take longer but persistence and support will help.

Breastfeeding positions

There are lots of different positions that mums use to feed their babies. You will find what works best for you and your baby. There are very few rules about how to hold your baby when breastfeeding. Your nurse or midwife is there to support you and to help you find a comfortable position that works for you and your baby. Try to relax and get comfortable before a feed. When your baby seems ready to feed you hold your baby near your breast in a comfortable position, tummy to mummy. Hold your nipple near baby’s upper lip and nose so baby feels the nipple and smells the breastmilk.

Baby then tilts his head back, opens his mouth widely and attaches onto your breast. The deeper the attachment the more comfort for you and the better your baby feeds.

When you hold your baby close, they should be able to:

- reach your breast without having to twist their head, and
- tilt their head back easily.

Support your baby’s neck, shoulders and back. Some babies also like to have their feet supported. Ask the staff to help you find a comfortable position that works for you and your baby.

The cross cradle position

While there are lots of different breastfeeding positions, the cross cradle position can work well for breastfeeding a premature or ill baby. It is also a good position to start with. It gives you good control of your baby’s body.

Using the cross cradle position

- Face your baby toward your breast.
- Lay your baby across your body.
- Rest your baby’s body along your forearm.
- Support your baby’s neck with your hand.

Your baby should be free to tilt their head back to attach on to the breast. This photo shows the cross cradle position.

The football or ‘underarm hold’ position

The ‘underarm hold’ can be a helpful position when breastfeeding a premature baby. It can be a good position when feeding twins at the breast together.

Using the football or ‘underarm hold’ position

- With this position you tuck your baby under your arm, on the side that you are feeding your baby.
- Hold your baby at your side, under your arm. Support your baby so that baby can reach your nipple, supporting your baby’s back, shoulders and neck with your hand.
- Bring your baby to the breast so baby is ‘nose to nipple’.
- A pillow or cushion can be helpful to rest baby’s body on. Baby’s legs will be under your arm and along your back.

Visit www.breastfeeding.ie for information on other positions for premature and ill babies.
Going home without your baby

You may be going home from the hospital before your baby. It can be a very emotional experience to leave your baby in the hospital. It is normal to feel upset, so be gentle with yourself on the day you go home. Have a supportive companion with you.

You will be able to come to the unit to spend time with your baby as often as you want. Remember, your baby is in the right place and is receiving the care they need. The staff are highly trained and will look after your baby while you are not there.

Talking to other parents can be helpful and comforting.

Your role as a parent in your baby’s life is really important. When you come into the hospital, staff will encourage you to have skin-to-skin contact with your baby for as long as possible, when your baby’s condition is stable. Enjoy this special time with your baby, knowing that it is so important for your baby and you.

- Your breast milk continues to be important for your baby.
- Continue to express at least 8 times in 24 hours in a schedule you can manage but with a gap no longer than 5 hours once in a 24 hour period

Signs your baby is attached and feeding well

- Your baby’s mouth is open wide and their cheeks appear ‘full’ and rounded.
- Your baby’s chin is tucked closely into your breast and they can breathe easily.
- Your baby’s sucking pattern changes to long deep sucks and swallows with pauses in between.
- You hear slow, deep, rhythmic sucking and swallowing sounds. There are no smacking or clicking sounds.
- Your baby feeds calmly. They do not fuss or come on and off the breast.
- Your baby finishes feeding and seems satisfied.
- You do not feel pain.
Bringing your baby home

Bringing your baby home from hospital can feel exciting and daunting. Hospital staff will assess your baby, and they will be confident that your baby is ready to go home. The staff are there to answer any questions you have before you take your baby home, and they can help you build your confidence in caring for your baby.

You can continue to have skin-to-skin contact with your baby, and it is really nice to enjoy cuddles with your baby in your own home. It is really good for your baby’s health and development to continue to receive breast milk, whether you are expressing milk or feeding at the breast. Every feed of breast milk is good for your baby’s health and will protect against infections. Your baby will be less likely to need to go back to hospital.

You will receive care and visits from your public health nurse and your baby will have developmental checks. You can phone the hospital, GP or public health nurse if you have any concerns.

It may seem like a busy time, especially if you have older children, but things should get easier over the next few days and weeks. To help yourself:

- try and get help with practical things like shopping, housework and childminding,
- eat healthy foods, get enough to drink and rest when you can, and
- keep visitors to a minimum. If visitors have a cold, infection or contagious illness, they should stay away until they are better. You do not want your baby to catch their illness.

Managing with twins, triplets or more

Twins, triplets or more may require care from a neonatal unit. This is because these babies are more likely to arrive early. If your babies are being cared for in a neonatal unit, kangaroo care is important as soon as each baby is well enough. This helps you feel close to each baby and gives them the best chance to grow and recover if they have had a difficult start. You can do kangaroo care with one baby at a time or do it with your babies together, you will need some assistance with this.

Breastfeeding or giving breast milk to twins or other multiples can be challenging, but it is very important for keeping your babies healthy. Try to get your breast milk supply going soon after birth, and it is best if your babies are fed at the breast. If your babies cannot feed at your breast yet, you can express milk for them until they can breastfeed.

When you start breastfeeding twins or other multiples, it might be easier to breastfeed one baby at a time so you can learn how to position and attach each baby. When you are confident with breastfeeding each baby, you might like to try to breastfeed both babies together. When the first baby is feeding well, ask for help attaching the second baby. Some twins want to be fed at the same time, while others have different feeding patterns. Try to get to know each of your babies and follow their individual feeding patterns where possible.

The ‘underarm hold’ is a good position when feeding two babies at the breast together. Ask for help with the underarm hold.
Getting more information and support

Breastfeeding information and support is available from staff at your maternity hospital or children’s hospital.

In the community, your public health nurse and GP provide support and information.

More information and videos on breastfeeding for parents with premature or sick babies are available on the HSE website.

www.breastfeeding.ie

Irish Premature Babies is a charity that provides support, information and practical help for parents with premature babies in Ireland including information and support on breastfeeding and expressing milk.

www.irishprematurebabies.com

Breastfeeding information and support is also provided by:

• Association of Lactation Consultants Ireland
  www.alcireland.ie
• Cuidiú
  www.cuidiu.ie
• La Leche League
  www.lalecheleagueireland.com

As your baby grows, support groups are a good opportunity to meet other mums and get information and help. They are run by public health nurses, lactation consultants (IBCLCs), La Leche League Leaders or Cuidiú breastfeeding counsellors.

www.breastfeeding.ie/Support-search/