

# Counseling the Family of a Late Preterm Infant (LPI)

## Why This Is A Special Situation



The LPI, even when otherwise healthy, may experience early feeding difficulties, and they require special attention & effort to ensure appropriate growth & development.

## Hospitalized or Home?



Some LPIs spend time in a special care nursery before being discharged home, while others may be discharged within 24-72 hours after birth.

## Continuity of Care



Coordinated care between a medical provider and lactation support will keep the LPI on track for proper growth & development with fewer interruptions.

## Proactive Lactation Care



A proactive approach to supporting feeding in the LPI is advisable to avoid needing to intervene after negative outcomes have already been demonstrated. This proactive approach includes initiating milk expression and feeding extra milk beginning on the first day of life and continuing until the baby has demonstrated a sustained history of effective breastfeeding skills.

## How Early Is "Late Preterm"?

Birth between 34+0 and 36+6 weeks gestation is considered Late Preterm. Some babies between 37+0 and 38+6 may also experience similar feeding challenges.



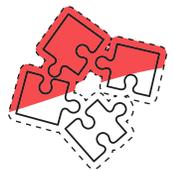
## Health Knowledge

With a higher risk of re-admission to hospital within 30 days of discharge, families of LPIs deserve accurate information & support to minimize that risk.



## Skilled Lactation Support

Find the root cause(s) of the LPI's feeding challenges - it's important to optimizing outcomes for the infant and the lactation journey.



## Focus on Human Milk Feeding

Emphasize the importance of human milk feeding whenever it is possible, including pasteurized donor human milk to optimize growth & development and minimize the risk of infection for the more vulnerable LPI.



# Techniques

Clinical techniques to optimize early growth & long-term lactation

- Skin to Skin - immediate, frequent, safe
- Waking - at least every 3hrs to ensure min 8 feedings/day
- At breast/chest - jaw support, positioning, compressions
- Milk production - expression, storage, thawing
- Alternate feeding devices - options, decision tool
- Responsive feeding - with & without feeding devices

## Additional Needs may include:

- safe preparation of powdered infant formula
- how to resume feeding at chest/breast if interrupted
- milk expression prior to feeding to reduce flow rate
- iron supplementation per physician due to prematurity
- management of tethered oral tissues, revision, functional rehabilitation

No matter the complexity of the lactation journey in the first weeks of the LPI's life, a healthy baby and well-supported milk production can support an original plan to feed at the chest/breast going forward once feeding ability matures.

Optimize growth & mitigate stressors with skin to skin and human milk