

# Welcome to the Neonatal Intensive Care Unit (NICU)

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We wrote this book as a guide for parents during their baby's stay in the Neonatal Intensive Care Unit (NICU). Often, when parents visit the NICU, they may feel anxious about their baby or unsure of what they can do to help their baby. The NICU staff will help you feel more comfortable and show you how to care for your baby. We will give you lots of information and support, so you can take part in your baby's care as much as possible.

If you have any questions or concerns, please ask any member of your baby's healthcare team. We welcome your questions at any time.

### Neonatal Intensive Care Unit

Humber River Health  
1235 Wilson Ave.,  
Toronto, ON M3M 0B2

We are located on the 4th floor.

Doctor's name: \_\_\_\_\_

Office Tel: \_\_\_\_\_

Humber River Health	(416) 242-1000
Nurses Station	Ext. 45400
Manager	Ext. 45422



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## WELCOME LETTER

Neonatal Intensive Care Unit  
Humber River Health

### ***Dear Parents and Families,***

Welcome to the Neonatal Intensive Care Unit (NICU) at the Humber River Health. Here at Humber, we have embedded the philosophy of Patient and Family-Centred Care in our everyday practices. We have a large inter-professional team that consists of Paediatricians, a Manager, Registered Nurses, a Clinical Practice Leader, Social Worker, Lactation Consultant, Child Life Specialist and Registered Dietitian. We also have access to a Speech and Language Pathologist and Occupational Therapist, if your baby needs one.

Your nurse is your first line of contact; the person you will see most often. We encourage you to bring any questions or concerns to them. If the nurse is unable to help, they will direct you to the person who can best answer your questions.

When your baby arrives in the NICU, we will give you an orientation to help you feel more comfortable. We know that it can be a very stressful time for parents and families while your baby is in the NICU. The doctors and nurses will give you a full report of what is going on with your baby. We will explain all the equipment your baby is using. We encourage you to ask questions or voice any concerns that you may have at that time. This is just some of the information we will give to you as parents.

As parents, you have a right to meet with the manager, or any member of your baby's health care team, regarding any concerns or comments you may have. If you wish to speak with them, please let your nurse know. You can also contact the manager directly by picking up their business card from the board outside of the main NICU door.

We are looking forward to meeting with you all.

Regards,

Manager, NICU  
(416) 242-1000 ext. 45422

Chief of Paediatrics  
(416) 242-1000 ext. 45400

## ABOUT THE NEONATAL INTENSIVE CARE UNIT (NICU)

The Neonatal Intensive Care Unit (NICU) is located on the 4th floor at Humber River Health. We are a 16-bed unit. We provide care for babies after birth who need special care. Some of the reasons a baby may be in the NICU include prematurity, low sugar (glucose), or having trouble with breathing.

If you have any compliments or concerns, you may contact the manager of the NICU.



### For safety's sake:

- We will always check your baby's identity before we give any treatment or care. We will check your baby's armband to verify your baby's name and hospital number.
- We will put an infant protection bracelet around your baby's ankle. This bracelet helps to keep your baby safe by keeping track of your baby's location while in the hospital. If your baby gets too close to doors, the doors will lock. Elevator doors will stay open and will not move.
- Please wash your hands on entering and leaving the NICU. Use an alcohol-based cleaner to help prevent the spread of germs and infection. Also, please remind others to wash their hands. Hand hygiene stations are available throughout the unit and at all of the exits.
- We are a smoke-free hospital. We do not allow smoking anywhere on hospital property.
- We are also a scent-free hospital. Please do not wear perfumes or scented products.
- As per our Infection Control policies, we do not allow food or drink at the bedside in the NICU.
- Please take all valuables and medicines home. HRH is not responsible for any lost items. If you have items to store while on the unit, you may bring in a lock to use with the lockers in the parent hallway of the NICU.
- During a fire alarm, please stay in the room. We will close the doors and let you know when it is safe.
- We want your family and our staff to be safe while in the NICU. We have a Zero Tolerance policy for any types of abuse, including improper language and behaviour. We will ask anyone who is violent or abusive to leave.

## Who will care for my baby in the NICU?

The following team members may be involved in looking after you or your baby while in the NICU:

**Paediatrician/Neonatologist:** This doctor looks after your baby while in the NICU. They have special training in taking care of babies and children. A doctor is on-call every day, and another is in the NICU from Monday to Friday.

We will write the name of your baby's doctor on a crib card. You can find this crib card on the baby's crib or incubator.

If you wish to speak to the doctor, please let your nurse know, or write your request on the communication board at your baby's bedside. We will contact them for you if it is an urgent request.

**Registered Nurse:** The nurses have special training to look after your baby in the NICU. Please speak to them if you have any concerns or questions about the care of your baby or if you wish to meet with other members of your team.

**Registered Dietitian:** The dietitian has special training to assess and monitor your baby's nutritional needs. The dietitian will work with you and the team to help your baby get the nutrition they need to grow and develop.

You can contact the registered dietitian by telephone at (416) 242-1000 ext. 45113.

**Lactation Consultant:** This nurse has special training in breastfeeding. If you are planning to breastfeed, they can help you, whether you have actually started to breastfeed or you are pumping for your baby.

You can contact the lactation consultant by telephone at (416) 242-1000 ext. 21450.

**Social Worker:** While your baby is in the hospital, the social worker can give you support if you are stressed, feeling depressed or are having a hard time coping. The social worker can also help you organize transportation, food, insurance and financial help or prepare you for leaving the hospital by organizing community supports (such as parent support groups) that you may need after your baby is home.

You can contact the social worker by telephone at (416) 242-1000 ext. 45114.

**Pharmacist:** Our program has a pharmacist, who can help if you need information on any medicines that your doctor may have prescribed your baby before you leave the hospital.

**Registered Respiratory Therapists:** The respiratory therapists have special training that allows them to help the doctor and nurse with patients who are having problems breathing. They set up and operate equipment for your baby, such as breathing machines or oxygen.

**Child Life Specialist:** The child life specialist has special training on how babies develop and are assessed. The child life specialist can teach you how to stimulate your baby to help reach milestones and do normal daily routines. You can also speak to them if you have any issues with your other children, including behaviour, toileting, normal routines or social-emotional issues.

## What equipment can I find in the NICU?

You may be wondering what all the equipment surrounding your baby is. The machines help the nurses and doctors monitor your baby's progress and let us know how your baby is doing. The staff will explain each machine your baby is using.

**Overbed warmer** (Fig. 1): This equipment (machine) has a special warmer on the top that gives off radiant heat. This allows us to keep the baby warm while doing special procedures. We tape a small lead to the baby's tummy that allows us to monitor their temperature and adjust how much heat the baby needs to stay warm.

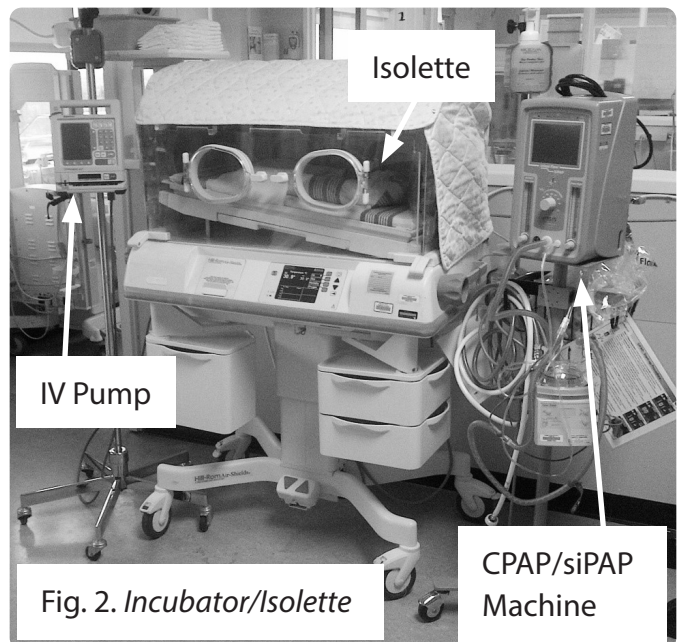
**Cardiac monitor** (Fig. 1): The cardiac or heart monitor watches your baby's heart rate and breathing. We tape three monitor patches or "leads" onto your baby's chest and leg. We plug the leads into a special cable connected to the cardiac monitor.

The (telemetry) monitor has an alarm that rings if there is a problem with your baby's heart rate or breathing. The alarm on the monitor may ring for other reasons such as:

- A problem with a loose wire (leads)
- Normal changes with your baby's breathing
- Your baby is moving around

When the alarm rings, the nurse will first check your baby. The nurse may adjust the monitor depending on what caused the alarm to go off.

**Oxygen saturation monitor** (Fig. 1): The oxygen saturation monitor is part of the cardiac monitor. It shows how much oxygen is getting from your baby's lungs into their blood. This tells the nurse how much oxygen your baby needs. We connect the machine to your baby by a probe wrapped around your baby's feet or hands. A soft band holds this probe in place. A red light in the probe shines through the baby's skin. This does not hurt the



baby. We move the probe often so you may see the light on your baby's hands, arms, feet or legs.

The alarm may ring if the baby is moving around too much, as movement can cause the probe to have trouble reading the oxygen saturation.

**Incubator/Isolette** (Fig. 2): An incubator or “isolette” has a clear plastic dome that the baby lies under. This allows us to monitor the baby. We keep the incubator heated to keep the baby warm. Babies do not need clothes on while they are in the isolette. The incubator has doors on it called portholes. You can open these doors to talk to and touch your baby.

Generally, as your baby gets better, they will move from an incubator to an open crib, before going home.

**IV pump** (Fig. 2): The IV or “intravenous” pump, gives your baby the right amount of fluids and medicines through a tube. The nurse checks the pump every hour to see how much fluid your baby is getting.

## What is developmental care?

During pregnancy, babies grow and develop inside their mother’s bodies where it is dark and peaceful. If a baby is born early, they need to continue to grow and develop. However, they may now be in a nursery, where it can be bright, noisy and very busy.

To reduce stress and help your baby develop, we provide developmental care. Developmental care includes:

- Making the baby’s surroundings feel as quiet and comfortable as possible (we will often put a cover over the baby’s isolette to make it darker so they can sleep).
- Planning your baby’s care to provide quiet times that are uninterrupted so they can rest and sleep.
- Gently handling and positioning your baby to provide comfort. Sometimes we use “bumpers” around the baby to keep him in a flexed position and they can press against them (similar to the feeling they would have if they were still in mom’s tummy).
- Reducing the noise near the baby.

Research has shown that babies given developmental care gain weight, have fewer health problems and need fewer days in hospital.

# VISITING YOUR BABY IN THE NEONATAL INTENSIVE CARE UNIT

We want you to be with your baby in the NICU as often as you can. HRH provides a flexible visitation policy while also allowing our nurses to provide the care your baby needs. These are some guidelines for yourself, your family and your friends to keep your baby and others safe and secure while in the NICU.



## For safety's sake... to help protect the babies in the NICU:

- You must fill in a health checklist before you enter the NICU.
- We screen for signs of cold, flu and fever. We ask parents and guests not to visit if they are sick.
- Parents and guests must wash their hands:
  - On admission to the NICU
  - On entering and leaving the baby's bedside.

Use soap and water upon entering the NICU and an alcohol-based cleanser at the bedside. This is very important to help prevent the spread of germs and infection. Also, remind others to wash their hands.

- Please **do not** visit if you were exposed to someone with an infection, such as chicken pox or measles. If you have children in daycare, ask if any children have chicken pox, measles or other infections.

## When can I visit my baby? Can I stay with my baby?

We welcome parents to stay/visit with their baby 24 hours a day. If you choose not to stay, but prefer to come for visits, we encourage you to visit during your baby's feeding times so you can help with your baby's care. Please call the unit first and we will tell you when the next feeding might be.

## Can my children visit their new sibling?

We also welcome the baby's brothers or sisters (siblings) to visit. To keep your baby and other patients and their families safe, we must keep the number of siblings visiting to 2 siblings at one time.

While they are on the unit, please stay with your children at all times. Please keep your children quiet and calm and watch them closely to make sure they do not touch medical equipment or stray to the bedside of other patients. For the safety of your baby and our patients, we will ask you to take your children out of the NICU if their behaviour becomes disruptive. They are welcome to return when they are calmer.

## Can my family or friends visit?

To keep your baby and other patients and families safe, we must keep the number of family or friends visiting at any one time to 2 guests. You or a designated support person (identified by a hospital newborn ID bracelet) must stay with your guests when they are visiting. Due to infection control reasons, children who are under the age of 12 years and not the baby's sibling may not visit.

## What about my baby's privacy?

To maintain you and your baby's privacy rights, we will give information about the baby only to the parents. We may need to interrupt a family visit briefly to protect the privacy rights of other patients or to maintain safety and security.

### **Family and Visitor Hours:**

**Family:** 24 hours a day

*For family arriving between 10:00 p.m. and 6:00 a.m.:* Please enter through the South Main entrance. You will meet and sign in with Security, who will then contact the NICU to let staff know that you arrived.

**Visitors:** 10:00 a.m. to 9:00 p.m.



## GETTING INVOLVED IN YOUR BABY'S CARE\*

Parenting an infant in the NICU can sometimes be an overwhelming experience. It is normal to feel frightened, helpless, and to grieve for the things you cannot yet do for your baby.

Although your baby has had a different beginning, there are many things you can do. You can begin to ask questions, and get involved in your baby's special care. Please consider these suggestions from parents who have journeyed through the NICU.

### What can I do to be a part of my baby's care?

Your relationship with your baby began long before birth and will continue long after your baby leaves the hospital. Your presence is a "special medicine" that no one else can provide.

- Go to the NICU early and often.
- If we transferred your baby to another hospital, stay in touch by phone. Visit as soon as possible.
- Get to know your baby. Watch their behaviour.
- Most babies will tolerate a gentle touch that is not too stimulating. Ask your nurse about the best times to touch your baby.
- Ask when your baby will be ready to be held.
- Ask for specific things you can do for your baby.
- Moms, you can begin to pump your breasts to establish a milk supply.
- Take a picture of your baby to share with friends and family.
- Find out who else may come into the unit. Find out if your baby is ready for visitors.
- Ask if there is a place where you can stay overnight to be close to your baby.
- Be certain the staff can contact you. Provide your home and work numbers and an emergency contact number.

- Tell staff that you want to be involved with decisions about your baby. Ask them the best way to make this happen.
- Make a tape recording of your voice.
- Bring family pictures that your baby can look at.
- Write down each new thing that you can do for your baby, and celebrate each new experience!

### What questions should I ask about the NICU?

Each hospital has specially trained people, unique parent resources, and daily routines. Learn how the unit works so you can be an active partner in your baby's care.

- Ask about the daily routines. What time are rounds? Change of shift?
  - » Every morning, from Monday to Friday (except holidays), a paediatrician makes the rounds on all of the babies in the NICU. They will get to know your baby really well that week and can provide an update on your baby. We will put their name on the whiteboard beside your baby's bed.
  - » Every Tuesday at 9:00 a.m., we have interdisciplinary rounds with the Medical Director of the NICU at the baby's bedside. We encourage parents to participate in these rounds to discuss the plan for your baby.

\* Adapted with permission from *The National Association of Neonatal Nurses. A Parent's Guide for Advocacy and Involvement*, © 2002

- » On Saturdays, Sundays, and holidays, the paediatrician on-call will see all babies in the NICU. The rounds can take place at any time during the day depending on how busy it is.
- Ask to speak directly to your baby's doctor.
- Ask who makes decisions about your baby's medical care.
- Obtain a contact person, who you can talk to if you have concerns about your baby's care.

My contact person at HRH is the NICU manager:

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- Ask if babies move from one bed space to another, from one unit to another, or from one hospital to another. How and when are these decisions made?
- Ask what supports are available for your family.

## How can I get and keep track of information about my baby?

On admission, you will receive a **SMART Discharge Summary** handout. This handout is your tool to help you capture key information about your child's care needs when you leave the hospital. Your nurse will review this with you throughout your child's stay.

You will get a great deal of complex information. It can be difficult to keep track of the details. Some days you may feel like you are getting too much information. Other days you may want to know more. Here are some tips that may help.

- Keep a journal. Bring it with you each time you visit. Write down your questions and the answers to the questions every day.
- Keep a list of all the specialists caring for your baby.

- Start a calendar and binder.
- Write down important dates (appointments, immunizations, milestones), and file handouts, brochures and information.
- Ask to have a care conference with the team.
- If staff are using words or phrases that you do not understand, ask for a time out, and ask them to start over.
- When possible, ask staff to write down your baby's diagnosis, the medicines they are taking or other information that you want to understand better.
- Ask the nurse to review your baby's care plan.
- Ask if you can help write down your baby's likes and dislikes on the care plan.

## What are some ways that will help me cope with my emotions and feelings?

This experience can be both the best and, some days, the worse, experience of your life. Often dads and moms respond very differently, and these different responses may be stressful. You are not alone. There are many people to support you and your family.

- Identify your personal support network, and ask for help with meals, grocery shopping, transportation, childcare, or emotional support.
- Spend time with your family every day, and share your feelings and concerns.
- Tell the staff directly, when you have a comment, suggestion, or concern.
- Meet with the social worker or chaplain.
- Share your thoughts, fears, hopes, and dreams with someone you trust.
- Tell the staff if you are having a hard time eating, sleeping, or think that you or your spouse might be depressed.

\* Adapted with permission from *The National Association of Neonatal Nurses. A Parent's Guide for Advocacy and Involvement*, © 2002

# CARING FOR YOUR BABY WHILE IN THE NICU

## How can I tell what my baby is feeling?

Your baby is **feeling good** if they are:

- In a relaxed posture
- Clasping their hands
- Sucking
- Settling down easily
- Wide awake
- Pink in skin colour
- Smiling
- Following with their eyes

If your baby is feeling good, it is a good time to provide care, such as feeding your baby or providing skin-to-skin care.

Your baby may need a **quiet time out** if they are:

- Holding their breath (apnea)
- Changing from pink in skin colour to blue, pale or blotchy
- Having sudden floppy muscle tone
- Arching
- Looking worried
- Crying (unable to console them)
- Gagging/spitting up
- Spreading fingers wide (fanning their fingers)
- Coughing

If your baby repeats any of these “time out” signals several times, your baby is saying “stop, I need a break from this.” Your baby may need some quiet, sleep time. Just stay close and continue to visit by watching your baby.

## What should I do while my baby is sleeping?

Your baby needs sleep to grow and get better. When your baby is sleeping, try not to disturb or wake them. Your baby will sleep a lot at the beginning.

## Can I talk to my baby?

Babies recognize and respond to a mother or father’s voice. Try to speak in a soft, quiet voice. Your baby’s eyes may open as you talk.

## How should I touch my baby?

A gentle, but firm touch can help comfort your baby. Your touch can help your baby feel calm and relaxed. In the incubator, you can calm your baby by gently placing your hands around your baby’s body, keeping your baby’s arms and legs tucked close to their body.

If your baby is restless or displaying any of the “time out” signals, your baby may need some quiet, sleep time. Just stay close and continue to visit by watching your baby.

## How should I hold my baby?

Whether you can hold your baby or not depends on how the baby is feeling. Your baby’s nurse can help you recognize signs that will let you know how your baby is feeling.

You may not be able to hold your baby if they:

- Are very sick
- Needs help with breathing.

If your baby is feeling well, this is the time your nurse will have you do skin-to-skin with your baby. You do not have to worry about the baby getting cold as your body will keep your baby’s temperature regulated.

Mothers and fathers can hold their baby. With a parent’s permission, other people can also hold the baby. If holding time is limited, you may want to save it for yourself. Be very sure that you and your visitors are healthy.

## What is Skin-to-Skin Care?

Skin-to-skin care is holding your baby closely, with your bare chests touching. Mothers and fathers can both provide skin-to-skin care to the baby. Skin-to-skin care benefits you and your baby.

It may help:

- Your baby eat better, cry less, breathe easier, sleep longer, gain weight and go home sooner
- Increase mom's breast milk supply
- You feel better able to read your baby's cues
- You feel more confident in caring for your baby
- You bond with your baby
- Relax you and your baby



To give skin-to-skin care:

1. Wear clothes that button in front.
2. Remove your baby's clothing and remove or open your shirt (You may want to keep your baby's diaper on).
3. Sit in a comfortable position and place the baby on your bare chest, facing toward you.
4. Cover your baby's back with a blanket.

Skin-to-skin care usually lasts a minimum of 30 to 60 minutes. You can relax together as long as you are both comfortable. When you are done, take your baby back to bed.

Skin-to-skin is working if your baby:	Skin-to-skin is NOT working if your baby:
<ul style="list-style-type: none"> <li>• Is calm</li> <li>• Looks at your face</li> <li>• Reaches out to you</li> <li>• Smiles and moves their arms and legs</li> <li>• Has normal breathing and heart rate</li> <li>• Has bright open or closed relaxed eyes</li> <li>• Holds your finger</li> <li>• Has normal skin colour.</li> </ul>	<ul style="list-style-type: none"> <li>• Arches their back</li> <li>• Tries to pull away</li> <li>• Frowns or cries</li> <li>• Coughs or chokes</li> <li>• Breathes too fast</li> <li>• Squirms or kicks.</li> </ul>

***If you are having trouble giving skin-to-skin care to your baby, please speak to your baby's nurse or the lactation consultant.***

## Why does my baby cry?

It is normal for babies to cry. Your baby may cry for many reasons, such as:

- Feeling uncomfortable from a wet diaper
- Being in an uncomfortable position
- Feeling irritable
- Having too much stimulation.

You can try to comfort your baby by:

- Changing the diaper, if needed
- Changing your baby's position, if they are well enough to be moved
- Offering a soother
- Giving your baby a rest time, without talking or touching him
- Gently holding your baby with your hands around their body.

## Can my baby have a soother?

Sucking on a soother (pacifier) can help comfort your baby. A soother will not spoil your baby. You can offer the soother when your baby is awake and quiet and during feeding times.

The soother is helpful for a baby who cannot eat yet. It will help settle your baby as they have their tube feed. It will also help the baby learn to associate sucking with receiving food.

At first, your baby may make sucking movements, but not suck very well on the soother. Your baby may suck very fast, then take a rest. You may need to help hold the soother in your baby's mouth. As your baby gets older and feels better, the sucking movements will get stronger.

## Can my baby wear their own clothes while in the nursery?

Babies can usually wear their own socks and hats. If your baby is doing well, your baby can also wear their own clothes. Just ask your nurse if your baby is ready.

If you like, you can also bring flannel blankets for your baby. Just remember to put your name on items you bring in from home.

## What can I start to do for my baby, as my baby gets better?

As your baby grows and feels better, you will gradually become more comfortable with all of your baby's care.

Ask your baby's nurse when you can learn to:

- Change your baby's position
- Check your baby's temperature
- Change diapers
- Do skin-to-skin care
- Feed your baby
- Bathe your baby
- Give vitamins and other medicines your baby will go home with
- Encourage your baby's development.

***If you have any questions about caring for your baby at any time, please ask a member of the healthcare team.***

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## FEEDING YOUR BABY WHILE IN THE NICU

### How do I feed my baby in the hospital?

If your baby was born very early, we may feed your baby using a tube that we have put through the nose into the tummy. This is called a Naso-gastric (NG) tube. We use this tube if your baby is not ready to feed at your breast or from a bottle. Your baby can use this tube until they are able to get most of their nutrition from your breast or a bottle.

The nurse will explain your role as a parent in the tube feeding process. Helping your baby to feed is one way for you to be involved as a parent and to bond with your baby. Holding your baby skin-to-skin can help to get your baby ready for breastfeeding. As your baby gets stronger and their coordination for sucking and swallowing improves, your baby may be able to start taking milk from your breast or bottle.

### What type of nutrition will my baby have in hospital?

Once your baby is ready to take milk feedings, breast milk is best. Your baby can get breast milk through the NG tube if they are not ready to feed at the breast or bottle. Premature babies may need to take a pre-term formula if there is not enough breast milk or if you choose not to give them breast milk.

### Does my baby need extra nutrition?

Breast milk is the best nutrition for your baby. However, some premature babies do need extra nutrition.

**Fortifier:** Fortifier is a powder that we can add to breast milk to give it more calories, protein, vitamins and minerals. This will help your baby grow and develop strong bones.

**Vitamins and minerals:** Most premature babies will need vitamins such as Trivisol® (Vitamin A, D, and C) usually for the first year of life. Term babies need Vitamin D, such as DDrops® or D-vi-sol®, whether they are breast feeding or taking formula.

Once your premature baby is about 2 weeks old, they may need to start to an iron supplement. Most premature babies will need iron supplements for the first year of life.

After your baby leaves the hospital, your baby's doctor will need to increase the amount of iron you are giving as your baby gains weight.

***Since every baby is different, talk to your doctor or dietitian about how much vitamins or minerals your baby needs and for how long.***

# BREAST MILK: EXPRESSING FOR YOUR HOSPITALIZED BABY\*\*

The recommendations in this section are for mothers who are expressing and storing breast milk for hospitalized babies.

## What does expressing breast milk mean?

Expressing breast milk or pumping is the removal of breast milk from your breast with a breast pump or your hand. You can then store your breast milk for your baby.

You may need to express breast milk for one or more of the following reasons:

- To build up and maintain a milk supply when your baby cannot breastfeed at your breast.
- To increase your milk supply.
- Your baby has a hard time latching (attaching) to the coloured, circular area around your breast called the areola (say: ar-ee-OH-la). Your nipples may be flat or turned in. Expressing for a few minutes before you try to latch your baby may help the nipples stand out more.
- Your breasts hurt because they are hard and uncomfortable. This is called engorgement. Expressing regularly relieves the hardness. Engorgement can flatten the nipple. Expressing to relieve the engorgement softens the areola making it easier for the baby to latch.

## How does my body make breast milk?

Two hormones important for making breast milk, are called prolactin and oxytocin.

Prolactin is the hormone that makes milk. The more prolactin you have in your body, the more milk you make. Your body will make more prolactin:

- If you express your breasts more often.
- If you breastfeed your baby more often.

Oxytocin is the hormone that helps your milk come out of your breasts. Oxytocin tightens the muscles around the cells in your breasts that make milk so that the milk is squeezed out. This action of squeezing milk out of the breasts is called let-down.

During a let-down, these things may happen:

- Your breasts may tingle.
- The milk may leak or drip from the nipple you are not pumping or using to feed your baby.
- You may feel cramps, or contractions in your uterus, or womb.

Let-down can happen even when you do not feel or see any of these signs.

Some feelings decrease the level of oxytocin in your body. For example, you may find that you do not express a lot of milk if you are:

- Worried
- Stressed
- Tired
- Hungry.
- In pain

These may temporarily suppress your milk supply, but as long as you continue to remove your milk, your supply will increase as your baby recovers.

## When should I start to pump?

You should start to pump the day your baby is born or as soon as you are medically able.

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## What kind of pump should I use?

We recommend a hospital-grade double electric pump to establish and maintain a breast milk supply for a baby who can not breastfeed. These electric pumps let you pump both breasts at the same time.

Their suction and cycling are set to best help your breasts produce breast milk without causing sore nipples. Cycling is the number of times the nipple is moved in and out of the pump and is similar to the number of times the baby sucks and swallows.

These pumps and sterile pump kits are available at most hospitals that care for infants. Ask your nurse or lactation specialist. Many hospitals rent and/or sell the equipment needed for breast pumping.

## Will my health insurance plan cover the cost of renting or buying a hospital grade pump?

Some private medical insurance plans will pay the cost of renting or buying a breast pump. Ask your baby's nurse to give you a letter for your insurance company.

## Should I pump one breast after the other or both breasts at the same time?

It is better to express both breasts at the same time. This is called double pumping. Double pumping saves you time and helps make more milk. The amount of prolactin in your body goes up faster and higher with double pumping. To double pump, you need 2 pump kits attached to both tubings connecting to the pump.

If you are not comfortable with double pumping, you can pump one breast at a time. This is called single pumping. You will need only one pump kit connected to one tubing. Remove one tubing

from the pump and close the remaining hole with the white plug. If you do not feel good suction when you are pumping, check with your nurse.

## How long should I pump at each pump session?

Pump for 10 to 15 minutes when you are double pumping. Pump for 15 minutes each breast when you are single pumping. If you have more milk coming, you can pump longer especially as your milk comes in. Pump until your milk flow stops.

## How often should I pump?

Try to pump every 2 to 3 hours from 6:00 a.m. to midnight for a total of 7 to 8 pumps in 24 hours. Your body makes more prolactin at night. Pump if you are awake at night. The longest stretch to sleep at night is a 6-hour stretch. If you sleep longer than 6 hours, your body can start to decrease milk production within 2 to 3 days.

## Can I wait to pump until my breasts feel full?

"If I wait until my breasts feel very full, I get more milk. Why can't I keep doing this?" This is a common question. It is true that if you wait longer between pump sessions, you will get more milk at the beginning. However, the long time between pump times and the breast not being stimulated enough, tells your body there is not a need to provide breast milk. Then a process of decreasing breast milk begins. To reverse this, pump at least every 2 to 3 hours and try not to have more than one 6-hour stretch in 24 hours without pumping.



## What are some ways to make pumping my breasts easier?

### Before you start pumping:

- Wash your hands with soap and water or alcohol-based cleanser available in the pump rooms.
- Wash your nipples with water.
- Pump in a quiet and private place.
- Sit comfortably with your feet on a flat surface. Lean forward a little and put pillows behind your back. Leaning forward helps the milk flow to the nipple more easily.

### To help with let-down:

- You can put warm washcloths on your breasts. This makes more blood flow into your breasts, which helps let-down.
- Gently massage the whole breast. Press the tips of your fingers toward your chest moving your fingers in a circle. Start at the edge of the breast and move towards the nipple.
- Stroke the whole breast lightly with your fingertips. Again, start at the edge of the breast and move down to the nipple.
- Lean forward and shake your breasts. This helps the milk flow down towards the nipples.
- If your milk flows easily and you have good milk volumes you do not need to apply warm washcloths or massage your breasts first.

### To pump your breasts:

- Assemble the breast kit, keeping it as sterile as possible. Make sure someone shows you the first time.
- Place the cone-shaped funnel from the pump kit over your breast and center the nipple. Make sure the suction setting is on the lowest setting before switching on the machine. Increase the suction slowly to allow the nipple to move

in and out of the funnel without causing discomfort. Pumping at the maximum setting is recommended to best develop and maintain your milk supply.

- It is important that you pump at a level of suction that does not cause discomfort. If pumping is hurting you, turn the suction to minimum and turn off the power switch. Insert a finger under the funnel to release the suction and remove the breast kit from the breast. Adjust it so the nipple is in the center of the funnel. Turn the pump on and continue to increase the suction as long as it feels comfortable.

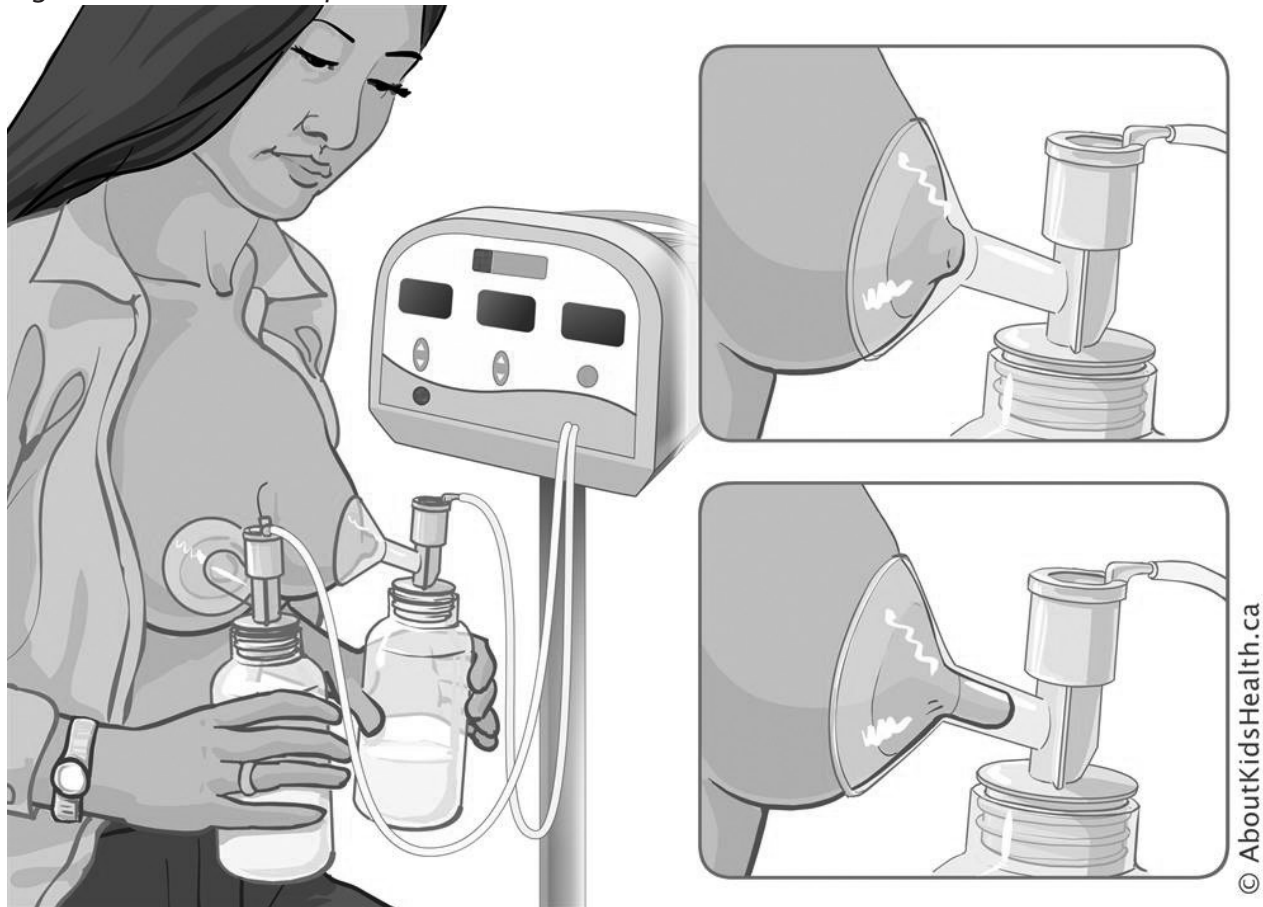
### While you are pumping:

- Try NOT to look at the pump or your breast while you are pumping. Instead, think about your baby.
- Do not worry about how much milk you express each time you pump your breasts. The amount will not always be the same. For example, you may have more milk in the morning, when you are rested. Many women pump more milk from one breast than the other breast.

### To finish pumping:

- Turn the suction to minimum and turn off the pump. Insert your finger to release the suction. Remove the breast kit from your breast.
- Take some of the breast milk and gently apply to the nipple and areola. Allow the nipple to air dry.
- Place your breast milk in the sterile bottles provided.
- Remember to leave an inch space at the top of the bottle to allow the milk to expand when freezing.
- Label your breast milk with the computer label provided and write the time and date you pumped on the bottle.
- Place your milk in the place indicated on your unit.

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Fig. 3 *Electric Breast Pump*

When the funnel of the breast pump is placed correctly, the nipple will elongate part way down the length of the funnel neck.

## What is a pump log?

This is a paper to record how much milk you are making in each 24 hours over a period of time. Each time you pump your breasts, write down the amount you pump under the hour you pumped. Add up how much you pump each 24 hours. Keeping a record of your 24-hour volumes allows you to see increases and decreases in your milk volume. Ask for help when your milk volume decreases.

## How much milk should I expect to pump?

In the first few days, many women can only pump a few drops to a few teaspoons of milk per pumping session. Do not worry if you cannot pump anything

in the first few days, but continue to pump 7 to 8 times a day to stimulate your breast.

Breast milk increases in volume usually 2 to 4 days after the birth of your baby. You need to provide regular stimulation and emptying to keep the breasts producing breast milk.

You should produce 350 mL of breast milk in 24 hours (about 12 ounces) when your baby is 7 days old and 500 mL in 24 hours (about 17 ounces) when your baby is 10 days old. Breast milk then continues to increase to about 800 mL in 24 hours at 6 months.

If you are not able to pump these amounts, please speak to your nurse, doctor, or lactation consultant about ways to increase your milk supply. Remember any amount of breast milk is of benefit to your baby.

## What is Power Pumping?

When you are near or holding your baby, the hormones that make breast milk increase. Many mothers can then pump more milk. There are different ways to do this.

- Doing skin-to-skin care.
- Holding your baby in your arms.
- Touching your baby while in the incubator.
- Sitting beside and looking at your baby.

After being with your baby for at least 20 minutes, go and pump. You can continue to do this every 1 to 2 hours when you are in hospital with your baby. If you are pumping away from your baby, have things near you that remind you of your baby such as a photo, a sleeper, or your baby's blanket draped over your shoulders.

## What should I know about pumping at home for my hospitalized baby?

### How do I care for my breast pump kit at home?

If you are pumping at home for your hospitalized baby, wash all the pump kit parts with hot soapy water, rinse well and place on a clean towel to dry after each pump session. Cover with a clean towel. Once a day, all the pump parts need to be sterilized according to the manufacturer's instructions.

### How do I get my breast milk to the hospital?

Bring your breast milk to the hospital in a cooler. If you have refrigerated your milk, add ice cubes to the cooler to keep the breast milk cold.

If you have frozen your milk, add a freezer pack to the cooler. Do not add ice cubes to the cooler if the breast milk is frozen as they will make the breast milk thaw faster.

## How long can I keep refrigerated and frozen breast milk? How long can I keep breast milk at the bedside?

These guidelines are stricter than recommendations for healthy babies at home. We are being extra careful to protect your baby while in hospital.

Store breast milk...	For...
In the refrigerator	2 days (48 hours)
In the freezer unit of a fridge with 1 door	2 weeks
In the freezer unit of a fridge with 2 doors	3 months
In a chest or deep freezer	6 months or more

- Store breast milk in sterile bottles provided at the hospital.
- Breast milk can not be stored at HRH in plastic bags or glass bottles.
- Put your breast milk in the refrigerator or freezer right after pumping if you are not going to use it right away.
- Use breast milk that has been in the refrigerator within 48 hours after you express it. Once it is past 48 hours, throw it out.
- Use frozen milk that has been started to thaw within 24 hours. Once 24 hours has passed, throw it out.
- If you wish to freeze your breast milk, freeze it within 24 hours after pumping it.
- You can keep breast milk at the bedside for one hour after you have warmed it.
- Do not freeze breast milk that was already frozen and then thawed out.
- Never microwave breast milk as hot spots can develop and burn your baby's mouth.

### **What is hand expressing?**

This is a method of taking or removing milk from your breast with your hand. If you wish to learn this method, please ask your nurse to call the lactation consultant.

### **When do I use manual pumps?**

We recommend manual pumps for occasional pumping for a baby who is breastfeeding well at the breast. They do not use electricity.

### **Can I get a breast pump kit at Humber River Health?**

Speak to your nurse about where you can buy or rent hospital-grade double electric breast pump kits. There are also pumps available for use on your baby's unit.

Your baby's nurse will show you how to clean and store your breast pump kit between and after each use.

***If you have questions about pumping, please speak to your nurse or the lactation consultant.***

### **Key points**

- Expressing breast milk means taking or removing milk from your breast with your hand, or a breast pump.
- We recommend hospital-grade double electric breast pumps to build up and maintain a milk supply when your baby cannot breastfeed at the breast.
- You can refrigerate or freeze breast milk and store it for your baby.
- Never add anything to your expressed breast milk, including formula. This will change the concentration and may harm your baby.

# BOTTLE FEEDING YOUR BABY WHILE AT THE HOSPITAL\*\*\*

## When will my baby be ready to bottle feed?

Usually, premature babies are ready to start bottle feeding between 32 and 36 weeks' gestational age. The healthcare team will be helpful in deciding when your baby is ready to bottle feed.

## Bottle Feeding Basics

### When?

Some babies wake up for feedings and cry when they are hungry. Other babies will need to feed on a schedule of every 3 to 4 hours. Feeding times should take no longer than 30 minutes.

### Where?

Feed your baby in a quiet place and in a position that is comfortable for you and your baby.

### Burping?

Babies swallow air when they feed from bottles, and burping helps to get rid of the extra air. Hold your baby upright, either on your lap or shoulder, and gently pat your baby's back for 1 to 3 minutes. Burp your baby in the middle and at the end of each feeding.

### Choking?

Your baby may be choking if your baby starts to sputter, holds their breath, or has a color change (pale or blue). Take the bottle out of your baby's mouth, sit your baby up on your lap and pat their back until they look comfortable again. If this does not help, then immediately call for a nurse.

## How can parents help with bottle feeding?

Learning to bottle feed takes time and practice.

1. Feed in a quiet area.
2. **Provide oral stimulation:**
  - Gently stroke your baby's mouth, cheeks, gums, and tongue with your finger.
  - Do this before and/or after feeding times.
3. **Provide nonnutritive sucking (NNS):**
  - NNS is when your baby sucks on a pacifier or a finger.
  - Infants may start NNS as early as 24 weeks' gestational age.
4. **Provide oral support:**
  - Bundle your baby in a blanket, placing arms and legs close to the baby's body.
  - Hold your baby in a semi-upright position (45 to 60 degrees).
  - Hold your baby's head in your non-dominant hand (the hand not holding the bottle).
  - Your dominant hand should hold the bottle and give oral support:
    - » Index finger and thumb on your baby's cheeks give gentle forward and inward support.
    - » Middle finger supports the chin, lifting it slightly upward to improve the suck on the bottle nipple.
    - » Make sure this does not cause the baby to get too much milk in their mouth.
5. **Choose the right bottle nipple for your baby:**
  - Nipples vary in size, shape, firmness, and flow.
  - Your nurse and/or feeding specialist can help decide which nipple is best for your baby.

\*\*\*Adapted with permission from *The National Association of Neonatal Nurses. A Parent's Guide to Bottle Feeding Your Premature Baby*, © 2007

## How do I know if my baby is not tolerating the feed?

Read your baby's "cues." If you see these cues, your baby may not be comfortable:

- Fanning of the fingers
- Yawning
- Hiccups
- Head turning
- Choking (coughing, spitting, skin color changes to pale or blue)
- Gagging
- Biting
- Crying.

## How do I know if the feeding is successful?

Feeding is easier when your baby is developmentally ready. Also, practice makes perfect!

Enjoy this bonding time, and be patient as your baby learns how to bottle feed.

\*\*\*Adapted with permission from The National Association of Neonatal Nurses. A Parent's Guide to Bottle Feeding Your Premature Baby, © 2007

## PREPARING YOUR BABY FOR LEAVING THE HOSPITAL

### How should I prepare to bring my baby home?

- Please speak to your baby's doctor to find out if your baby needs to see a Paediatrician or if they can see your family doctor after we discharge them from the hospital. Arrange for your baby's first visit 48 hours after discharge, unless told otherwise.
- At discharge, please remember to take ALL your belongings with you, including your SMART Discharge Summary folder, which will contain information about follow-up appointments, medications, and instructions to care for your child when you get home.

Paediatrician (Baby Doctor)/Family Doctor's name:

Telephone: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

### What plans should I make before discharge?†

- Ask if you can stay with your baby ("rooming-in") in the Care-by-Parent room for at least a day or two before you go home. During this time, you can provide all your baby's care and breastfeed around the clock. A nurse will check on you and your baby. You can ask questions or get help if you are unsure of what to do.
- Make an appointment with your baby's doctor within 2 to 3 days of discharge.

Appointment date/time:

\_\_\_\_\_

- Rent or buy a hospital-grade breast pump to help keep your milk supply growing with your baby.
- If you are bottle feeding, please bring in the bottle and nipple (after you sterilize them) that you plan to use at home. That way we can see how your baby feeds with it before discharge.

†Adapted with permission from The National Association of Neonatal Nurses. Guide for Breastfeeding Your Premature baby at Home, © 2002

### What questions should I ask before I leave the hospital?†

How much weight should my baby gain per day? \_\_\_\_\_

How many bowel movements does my baby have per day? \_\_\_\_\_

How many wet diapers does my baby have per day? \_\_\_\_\_

Does my baby need vitamins or iron? YES NO

If yes, how much? \_\_\_\_\_

Does my baby need a special premature formula, or special supplements added to my breast milk? YES NO

If yes, what and how much? \_\_\_\_\_

### What information should I bring to my appointments?†

Baby's discharge weight:

Pounds: \_\_\_\_\_ Grams: \_\_\_\_\_

Baby's discharge length:

Inches: \_\_\_\_\_ Centimeters: \_\_\_\_\_

Baby's head circumference:

Inches: \_\_\_\_\_ Centimeters: \_\_\_\_\_

Number of times per day my baby feeds: \_\_\_\_\_

Amount of supplementation my baby takes after feedings: \_\_\_\_\_

#### Additional Questions I Have:

\_\_\_\_\_

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†Adapted with permission from The National Association of Neonatal Nurses. Guide for Breastfeeding Your Premature baby at Home, © 2002

## How do I bring my baby home from the hospital?

The following information is from Toronto Public Health's pamphlet, "Ride Safely: A Guide to Child Passenger Safety."

On discharge, the parents or guardians are responsible for assembling and putting their baby in the car seat for the ride home. This information will help guide you to do this.

Note: Please remember to check the car seat for the expiry date.

### Did you know...

- Motor vehicle collisions are the #1 cause of injury-related deaths for Canadian children.
- The correct use of a car seat can reduce the risk of injury or death by 75%. (Transport Canada)
- To be effective, car seats must be installed properly and used correctly **every time**.
- A driver can be **fined and given two demerit points** for not properly restraining passengers under the age of 16 in the vehicle.
- Every passenger in a vehicle must be properly restrained.

#### **It's the law!**

For more information about vehicle and road safety:

#### **Toronto Public Health:**

(416) 338-7600

[www.toronto.ca/health](http://www.toronto.ca/health)

#### **Transport Canada:**

1 (800) 333-0371

[www.tc.gc.ca](http://www.tc.gc.ca)

#### **Ministry of Transportation:**

1 (800) 268-4686

[www.mto.gov.on.ca](http://www.mto.gov.on.ca)

#### **Safe Kids Canada:**

1 (888) 723-3847

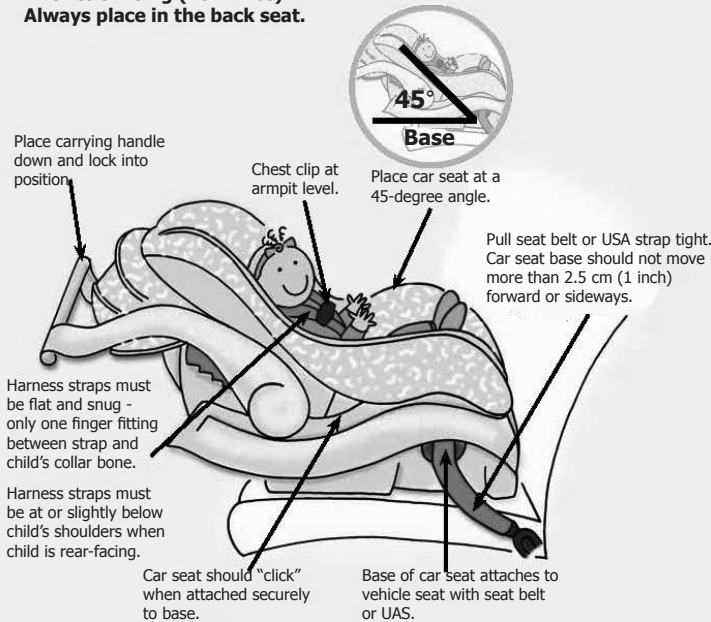




## Infant Only Car Seats

### Rear-Facing only

Birth to 9-10 kg (20-22 lbs)  
Always place in the back seat.



This is a general guide only. Always follow manufacturer's instructions and vehicle owner's manual.

## Infant/Child Car Seats

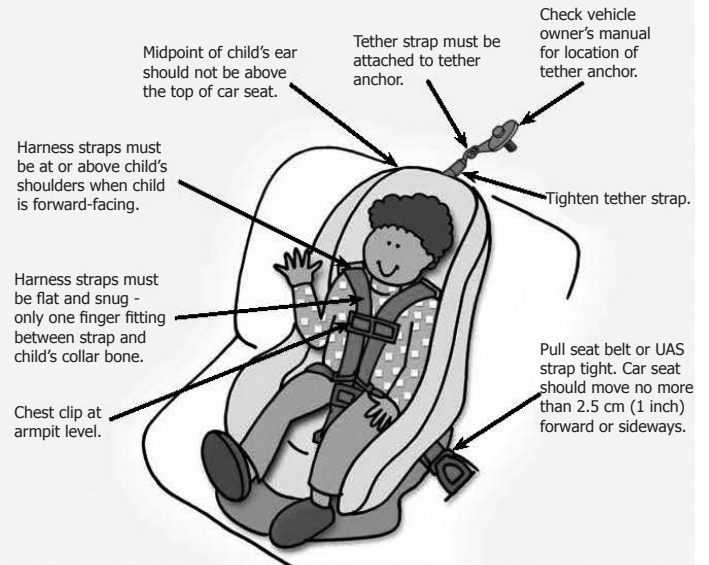
### Rear-Facing

Birth up to 16 kg (35 lbs)  
Harness child and secure seat as in "Infant Only Car Seats" section.

OR

### Forward-Facing

Use when child is over one year of age, over 10 kg (22 lb) and walking unassisted.



This is a general guide only. Always follow manufacturer's instructions and vehicle owner's manual.

## Child/Booster Seats

### Under 18 kg (40 lb)

Use when child is over one year of age, over 10 kg (22 lb) and walking unassisted.



### Over 18 kg (40 lb)

Remove harness and tether straps and use as a booster seat.



## Booster Seats

### 18-36 kg (40-80 lb)

Some booster seats are available up to 45 kg (100 lb)

Booster seat is needed to position seat belt properly over child's body.

- Lap belt should be positioned low across the hips. Shoulder belt should lie flat across the chest.

- A no back booster seat can only be used when the middle of the child's ear is not above the back of the vehicle seat or head rest.



## Seat Belts

- To use seat belt safely, child should be able to bend knees over vehicle seat when sitting upright and right back in the vehicle seat. If not, use a booster seat.
- A lap/shoulder belt system is recommended because it provides better restraint to the entire body and reduces the risk of head and other injuries.
- The shoulder belt should lie over the shoulder and not cross the neck. **Do not tuck the shoulder belt under child's arm or behind child's back.**



- The lap belt should stay low and snug across the hips, not over the stomach.
- Seat belt adjusters are not recommended.** There are not regulations on these products and they may increase the likelihood of injury or death in a collision. They are **not a replacement** for booster seats.

**Holding a child on your lap is extremely dangerous and against the law. This is not a substitute for a car seat or seat belt.**

## Locking Clip

Some vehicle seat belt systems require the use of a locking clip with car seats. A locking clip prevents the loosening of seat belt and keeps car seat firmly in place. Place locking clip 13 mm (1/2 inch) from buckle. Check vehicle owner's manual.



## Universal Anchorage System (UAS)

- May also be called **LATCH** system - Lower Anchors and Tethers for Children.
- UAS** connectors attach to **UAS** bars in the vehicle seat.
- UAS** makes it easier to install car seats correctly.
- Use seat belt to hold car seat in place correctly, if car does not have **UAS**.



## General Safety Tips

- Make sure car seat has a Canadian Motor Vehicle Safety Standards (CMVSS) label.
- Follow the manufacturer's instructions and check that the car seat has not passed the expiry date.
- Replace car seat if it has been in any collision or if you find cracks, chips, torn harness straps or any missing parts.
- Make sure there are no loose items in the vehicle.
- Always place car seats away from air bags.
- All children 12 years and under should sit in the back seat and be properly restrained.**

## Most Common Errors

- Vehicle seat belt is not tight enough to secure car seat properly.
- Harness or shoulder straps are too loose.
- Car seat is not appropriate for weight and height of child.
- Tether strap is not used or used incorrectly.
- Locking clip is not used when required.

# SERVICES AT HRH

## Parent Area

The parent area has a lounge, locker room, washroom and play room for siblings. It is located on the fourth floor, in the NICU area. Siblings can visit the playroom to play, take part in activities, or watch their favourite TV shows or movies. Big Brother/Sister colouring activity booklets are also available for visiting siblings.

For your child's safety, please **do not** leave your child alone in the lounge or playroom.



## Interpreter Services

We can provide interpreter services at any time. If you are having difficulty communicating in English, please let us know and we will use this service.

## Patient and Family Resource Centre

The Patient and Family Resource Centre can help you find information on illness, diagnostic tests, drugs, community resources and more. You can also use a computer for email or internet searching.

The Patient and Family Resource Centre is located on Level 0. It is open from 8:00 a.m. to 4:00 p.m., Monday to Friday.

Tel: (416) 242-1000 ext. 81200

Email: [PFRC@hrh.ca](mailto:PFRC@hrh.ca)

Web: <https://www.hrh.ca/resources/patient-family-resource-centre/>

## Banking machines

An Automated Teller Machine (ATM) is located near the Information Desks on level 1 (main level) and near the Central elevators on level 0.

## Food Court/Coffee Kiosks

The Food Court is located on level 0 of the hospital. Food options include Tim Horton's®, Cultures®, Pizzaville®, Paramount Fine Foods® and Thai Express®. There are 2 coffee kiosks on level 1 (on Main Street): Tim Horton's® Express and Lavazza®.

## Pharmacy

A retail pharmacy, Rexall™ Pharmacy, is located on the main floor (level 1), along Main Street.

## Washrooms

There is a public washroom in the Parent Area.

## Spiritual Care

If religious practices may affect your baby's care, please let your health care team know. We will do our best to meet your needs.

Whether you would like prayers, a blessing, a baptism or you would just like to talk to someone; our Chaplains/Spiritual Care Providers are here for you.

The Spiritual Centre is on level 1, in between the Security and Foundation offices, across from Rexall™ Pharmacy. It is always open to patients, families and friends for prayer and meditation. You may also arrange to use the Spiritual Centre for a special service, or attend one of the multifaith services our hospital chaplains/spiritual care providers offer.

To contact Spiritual Care Services directly, please call:

**Mary Ann Blaksley, B. S.T., M.Div., D. Min., RP**

Tel: (416) 242-1000 ext. 82800

**Grygoriy Chorniy, B. Th., M.P.Th., RP**

Tel: (416) 242-1000 ext. 82803

# NICU PARENT EDUCATION CLASSES

If you are interested in learning more about the information found in this booklet, we encourage you to attend our NICU Parent Education Classes. These free classes are about 1/2-hour to 1-hour long. For dates and locations, please refer to the monthly schedule posted on your baby's white board in their room. **If you are interested in attending any of the classes, please speak with your nurse.**

## Nutrition

All parents are welcome to meet with the dietitian to talk about nutrition for you and your baby. In this group session, you will learn about:

- Baby's nutrition needs
- Feeding your baby at home
- Feeding your baby in the NICU
- Nourishing yourself!

## Breast Feeding

In this group session, you will learn about:

- Kangaroo care
- Breast pumps
- Benefits of breast milk for preemies
- Milk collection and storage
- Challenges of breastfeeding premature babies
- Infection control issues
- Resources in the community
- Building milk supply

## CPR (Cardio Pulmonary Resuscitation)

We encourage all parents to take CPR/infant choking. This one-on-one session with the Clinical Practice Leader will teach the basic skills of infant CPR, and relief of choking.

## Developmental Support/Infant Stimulation

In this group session, you will learn:

- Milestones, for birth to 12 months
- How to promote normal growth and infant development.
- How to calculate corrected age to assess milestones.
- Infant stimulation and exercises. We will provide you with an infant stimulation toy to use with your baby.
- Developmentally age-appropriate care and routines, from birth to 12 months of age.
- How to track major milestones and reflex using assessment tools that we will provide you with.

## Parent Support

In this group session, we will talk about:

- Parent-to-parent support
- Relationships, family, and friends
- Bonding with your baby
- Open, effective communication
- Feeling comfortable in the NICU
- Discharge planning
- Taking care of yourself
- Coping with stress and postpartum depression
- Community resources

## Share your Experience in the NICU

We want to provide the best possible care and service to our patients and their families. After you leave the hospital with your child, you will receive a phone call to ask about your experience in the NICU. Your feedback helps us learn and improve our care and services, as we strive to live our organization's values of compassion, professionalism, and respect. We appreciate your time and look forward to hearing from you.



## BREASTFEEDING YOUR PREMATURE BABY AT HOME‡

Congratulations, your premature baby is ready for discharge. If your baby is not yet totally breastfeeding, don't get discouraged. Many premature babies take weeks, and sometimes months, before they get to this point. By giving your baby some breast milk every day, you are giving your baby a healthy start. If we gave you a feeding plan that includes supplemental feeds/time restrictions, follow that plan until you see the babies doctor. They can assess and make changes as necessary.

This information will help you prepare for more complete breastfeeding at home.

### Who can I contact if I need help with breastfeeding after discharge?

Write down the names and phone numbers of people to call if you need help with breastfeeding after discharge:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Lactation Consultant: \_\_\_\_\_

Local breastfeeding support groups (public health):

Toronto Public Health: (416) 338-7600

Health811 (formerly Telehealth Ontario) (24 hours/day, 7 days a week): 8-1-1

### What are the general principles of breastfeeding to remember?

- Relax and do not be afraid to ask for help. Privacy, a comfortable footstool, and a pillow will help you relax to have milk letdown. Continue to use the same positions that worked best in the hospital. Have a glass of water close by.
- Hold your baby skin-to-skin at home to help your body make more milk.
- Feed your premature baby at least once every 2 to 3 hours during the day and 3 to 4 hours during the night. If the baby does not wake up, you will need to wake the baby. Your baby needs at least 8 feedings per day during the first week home.
- Begin with the **fullest** breast to make it easy for your baby. Manually express milk to start the flow. When the baby's sucking slows down, and you stop hearing as much swallowing, switch to the other breast.
- Many women produce more milk from one breast than the other. Don't worry if you are always beginning on the same breast.
- Premature babies may stop eating when they become tired, sometimes before they are full. If your baby wakes up before the next scheduled feed, they may be hungry. Offer the breast before you consider other reasons why they may be fussy.
- A good breastfeeding session happens within 30 minutes. If feedings are taking longer, your baby may be having trouble getting milk from the breast. This can happen because:

‡Adapted with permission from *The National Association of Neonatal Nurses. Guide for Breastfeeding Your Premature baby at Home*, © 2002

- » Your milk supply is down
- » You are not getting a 'let-down' of milk
- » Your baby has not yet totally mastered all the skills needed for breastfeeding successfully.

#### **Breastfeeding goals:**

- Feeding time should be comfortable and relaxed.
- Your baby should have good weight gain.
- Breastfeeding sessions should not last more than 30 minutes.
- Your baby should go to breast 8 or more times per day (at least 6 times in the day and 2 times at night)

### **How do I boost my milk supply?**

- Your baby is only able to get milk from the breast when your milk supply is high.
- Try to keep your supply growing faster than your baby's needs.
- If you have been using a pump, you will need to continue to pump with the same hospital-grade pump at home until your baby is bigger and stronger. This is because the pump works harder than a premature baby.
- Empty your breasts regularly. Do not allow more than 5 hours to pass between emptying sessions. Do not stop pumping too soon. If you do, you might notice that:
  - » Your milk supply may decrease, even if you nurse more often.
  - » Your baby may not gain weight.
  - » You may develop mastitis, an infection in your breast that develops when milk collects in the breasts for too long. If you think you have mastitis, see your health care provider immediately.

### **What are signs that show my baby may not be getting enough to eat?**

- Not gaining weight regularly
- Breastfeeding sessions last more than 30 minutes
- Fewer stools and/or wet diapers than at discharge
- Fussiness.

### **How do I transition to all breastfeeds at home?**

Every baby has special needs. Talk with your health care provider before leaving the hospital to make a breastfeeding plan at home. The following are some guidelines that can help you transition to more complete breastfeeding at home.

**Limited time breastfeeding:** Your breastfeeding sessions are 30 minutes or less and happen no more than every 2 hours.

**Unlimited supplementation:** You are giving pumped breast milk or formula to the baby. They take as much as they want. You may need to give additional calories, calcium and phosphorus. You would give these by formula or by offering expressed milk with a large proportion of the fat-rich fraction (more of the first breast milk obtained with pumping). Ask your health care provider if this is recommended.

**Pumping:** You are pumping with an electric, rental-grade pump (not a portable electric pump).

**Unlimited breastfeeding:** You are giving unlimited on-demand breastfeeding, typically 8 to 10 times per day.

‡Adapted with permission from *The National Association of Neonatal Nurses. Guide for Breastfeeding Your Premature baby at Home*, © 2002

**STEP 1:**

- Begin with **limited timed breastfeeding**. After 30 minutes of breastfeeding, offer the baby a bottle and encourage him to take as much as they want.
- Pump after every feeding, to boost your milk supply for the next feeding.
- Your baby may be ready to advance to the next step when you see:
  1. Good weight gain
  2. Breastfeeding consistently takes less than 30 minutes
  3. Baby takes less than 30 mL (1 oz) of supplementation at any feed.

**STEP 2:**

- At this stage, switch between **pumping** and **supplementation** after feeds throughout the day and night. You will pump 4 times after breastfeeding and your baby will get 4 bottles after breastfeeding.

For example:

**First feeding:**

Limited time breastfeeding + unlimited supplementation

**Second feeding:**

Limited time breastfeeding + pumping

**Third feeding:**

Limited time breastfeeding + unlimited supplementation

**Fourth feeding:**

Limited time breastfeeding + pumping

- Your baby may want to nurse sooner after the feeding that was not followed by supplementation. Your baby still needs 8 feedings every day.

- Your baby may be ready to advance to the next step when you see:
  1. Good weight gain
  2. Breastfeeding consistently takes less than 30 minutes
  3. Your baby refuses supplementation at almost every feeding.

**STEP 3:**

- At this stage, your baby will feed on demand. Increase the number of times (frequency) rather than the length of time at the breast. Continue to pump, dropping 1 pumping session every 2 to 3 days if your milk supply is good.

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‡Adapted with permission from *The National Association of Neonatal Nurses. Guide for Breastfeeding Your Premature baby at Home*, © 2002

## SIGNS AND SYMPTOMS TO WATCH OUT FOR



**Call your baby's doctor or Health811 at 8-1-1 (or TTY: 1-866-797-0007) immediately if you see any of the following:**

- **Fever** (temperature above 38°C or 100.4°F), or **coldness** (temperature less than 36°C or 96.8°F).
- **Poor feeding** or little interest in food. Your baby refuses to eat 2 feedings in a row and appears sleepy.
- **Vomiting** (throwing up). Your baby has had forceful (projectile) vomiting more than once or has had frequent vomiting over a 6-hour period. Spitting up small amounts of feeding is normal.
- **Diarrhea**. Your baby's stools (poo) become watery, green or are blood-tinged, or have an unusual odour (smell).
- **Constipation**. Your baby's stools become like small, hard stones and baby has difficulty passing them. Your baby has no stools for 6 days.
- **Decreased urination** (pee). Your baby has less than 5 to 6 wet diapers in 24 hours. The pee becomes dark yellow. Your baby's mouth is dry.
- **Sleepiness**. You have trouble waking your baby. Your baby sleeps longer than 6 hours.
- **Crying or continuous high-pitched cry**. Your baby does not respond to comforting.
- **Bleeding** or a smelly yellow-green **discharge** from the umbilical cord area. Redness around the area.
- **Drainage** from the eyes.
- A **diaper rash** that will not go away. The skin becomes shiny and red, breaks open or develops white pimples or blisters.
- **Jaundice** (yellowness) that does not go away by 2 weeks age.

**Call 9-1-1 immediately** if your baby is having trouble breathing. Your baby may be breathing hard or making grunting or wheezing sounds or their skin becomes pale or bluish in colour.

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The information provided in this booklet is for educational purposes. It does not replace the advice or specific instructions from your doctor, nurse, or other healthcare provider. Do not use this information to diagnose or treat. If you have questions about your own care, please speak with your healthcare provider.

<b>English:</b> This information is important! If you have trouble reading this, ask someone to help you.	<b>Italian:</b> Queste informazioni sono importanti! Se ha difficoltà a leggere questo, chiedi aiuto a qualcuno.	<b>Spanish:</b> ¡Esta información es importante! Si tiene dificultad en leer esto, pida que alguien le ayude.
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