

Feeding your late preterm and early term baby

Information for consumers



A baby born between 34 weeks and 37 completed weeks of pregnancy is called a Late Preterm baby. A baby born between 37 weeks and 38 completed weeks of pregnancy is called an Early Term baby. Compared to a baby born at full term (39-40 weeks) these babies are not fully mature and have higher energy needs for growth.

In the first 2-3 weeks of life, these babies are more likely to:

- have low energy and fatigue leading to shorter feeds and sleepiness
- have difficulty attaching to the breast or taking a bottle
- be unable to take enough milk from the breast or bottle
- be admitted to Special Care Nursery for breathing problems
- have slower weight gains
- develop jaundice (yellow colouring of the skin)
- have a higher risk of hospital re-admission after discharge home

Many late preterm and early term babies need 1-2 extra days in hospital after birth to monitor their feeding and jaundice levels. Some may need up to 1-2 weeks longer if there are other medical problems. Extra support to establish feeding is available at Grampians Health from Midwives, Neonatal Nurses and Lactation Consultants.

Antenatal Preparation

You can speak with a Midwife or a Lactation Consultant about what to expect if it is possible that your baby will be born early.

If you plan to breastfeed and you know that your baby will be born early, you can express some colostrum (the first milk in your breasts) from around 36 weeks of pregnancy and freeze it. In the first few days after birth, this colostrum can be fed to your baby if needed. Your Midwife can show you how to hand express and freeze your colostrum.

Things you can do to help your baby feed well

- Give your baby time to adjust to being born early. This may take 2-3 weeks.
- Hold your baby in skin-to-skin contact straight after birth if possible - this helps your baby stay warm and stimulates their early feeding reflexes.
- Ask your Midwives for help to position and attach your baby correctly to your breast.
- If you are bottle feeding, ask for help with bottle feeding technique if needed
- Offer a feed to your baby within an hour after birth and continue to offer feeds whenever your baby shows early feeding cues. If your baby has not woken for a feed by 3 hours, gently wake your baby and offer a feed.
- Gentle breast compressions during feeds can help to increase your milk flow especially if your baby is sleepy. Ask you midwife or Lactation Consultant about this technique.

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How to wake your baby for a feed:

- Unwrap, undress and change baby's nappy,
- Hold your baby skin to skin and talk gently to your baby
- If you are breastfeeding, let your baby taste some breastmilk directly from your nipple, or offer baby a small amount of expressed breastmilk by syringe or cup.

Tips for establishing your breastmilk supply

- Express your breastmilk after breastfeeds if your baby is not breastfeeding effectively. Your midwife will teach you how to express and advise you about how often you need to express, depending on how well your baby is breastfeeding.
- You can hand express or use a breast pump. Electric breast pumps are available for use while you and your baby are in hospital. Your midwife can advise you about a suitable breast pump for use after discharge home if needed.
- Give your baby lots of skin-to-skin contact every day (this can also shorten your time in hospital).

How to tell if your baby is breastfeeding well

- Breastfeeding will feel comfortable for you
- Your baby has deep rhythmic sucking at your breast, and you can hear some swallowing for most of the feed
- Once your milk is in, you will feel your breasts soften when your baby breastfeeds
- Your baby stays awake and alert during feeds and appears content after feeds
- Your baby's tongue is moist
- After the first 4-5 days your baby will have at least 5 heavy wet nappies with pale urine every 24 hours and 3-4 soft yellow /mustardy poos every 24 hours

What are 'top up' feeds?

If your baby is not breastfeeding effectively, small amounts of extra or 'top up' feeds may be needed for the first couple of weeks until your baby gains more energy. The amount of top up will depend on your baby's needs – usually this is between 10-30ml in the first few weeks. Top up feeds are initially given by syringe or finger feeding. Ideally your own expressed breastmilk is used for top up feeds. You should keep expressing your breastmilk until your baby no longer needs top ups.

Follow up support

With extra support in the first few weeks, most late preterm and early term babies can successfully breastfeed. Here are some sources of support.

- Ask for help from family and friends for meals, laundry, housework, childcare
- Domcare (home visiting Midwives)
- Lactation Consultants / Breastfeeding Clinic (contact details in baby's Green Book)
- Australian Breastfeeding Association (contact details in baby's Green Book)
- Maternal and Child Health Nurse/Your GP

PROMPT Doc No: GRH0240783 v1.0		
Date loaded on PROMPT: 08/10/2024	Page 2 of 2	Review By: 31/10/2027
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