

Feeding your baby at home

Young babies like to eat a lot. But each baby is different. Some babies are more hungry in the morning, and other babies are more hungry at night. Over time, you get to know your baby's eating habits.

Follow your provider's recommendations for feeding to make sure that your baby is gaining enough weight. If your baby sleeps for long periods of time, you may need to wake him up every few hours to eat. If you're unsure, check with your baby's health care provider.



Feeding cues

How do you know when your baby is ready to eat? Look for her feeding cues. These are ways that your baby tells you that she's hungry:

- Rooting — Turning her head toward anything that touches her cheek or mouth
- Sucking movements or sounds
- Putting her hand to her mouth
- Crying — Try to feed your baby before she starts to cry.

How do you know when your baby has had enough to eat? Look for her cues. These are the ways your baby is telling you she's full:

- Falling asleep
- Arms and legs stretched out
- Relaxed fingers
- Decreased sucking
- Back arching
- Pushing away

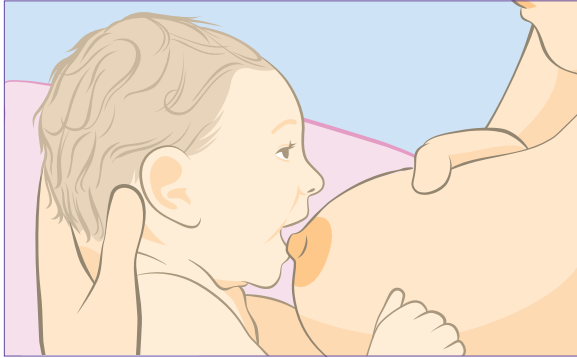
Breastfeeding

Breastfeeding a baby who has been in the NICU can be hard. But most NICU babies can learn to breastfeed. Take time to get comfortable breastfeeding. If you have any problems when breastfeeding, ask your lactation consultant for help. Problems may include nipple pain, infection and plugged ducts. You also can get help from a breastfeeding peer counselor or support group.

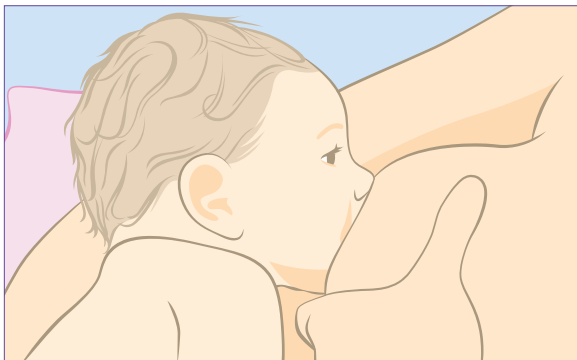
Breastfeeding mothers often worry that their baby isn't getting enough milk. This may be because they can't see exactly how much their baby is eating. Your baby is probably getting enough milk if she makes six to eight wet diapers and two to five dirty diapers in 24 hours and is gaining weight. Check with your baby's health care provider if you're worried.

This resource includes some medical terms you may hear in the NICU. You can find out what they mean in the *Words to know* section at the end of this resource.

5 steps to help you breastfeed



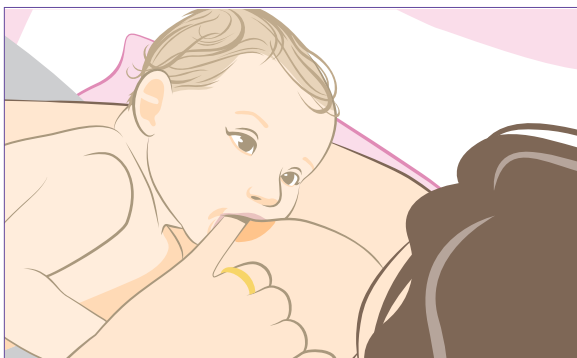
1. Get skin to skin with your baby. First find a comfortable place to sit with your baby. Lay your baby between your breasts so that your tummies are touching. Skin to skin contact helps your baby get comfortable.



2. Tickle your baby's lips. Gently guide your baby so that his nose is close to your nipple. With one hand, support his head. With the other hand, hold your breast and tickle his lip with your nipple.



3. Get a good latch. When your baby opens his mouth, bring him to your breast. He should have a good mouthful of your areola. This is called latching on. When your baby has a good latch, his tongue pulls your breast deep into his mouth. If you feel his tongue at the tip of your nipple, it's not a good latch. His nose and chin should touch your breast.



4. Burp your baby. When your baby stops feeding, burp him. Sit him on your lap. Support his chest and head with one hand and pat or rub his back with your other hand. After he burps, offer him the other breast. It's OK if he doesn't want it.

5. Release the latch. If you need to stop nursing, don't try to pull your baby off your breast. Instead, put your pinkie finger in the side of his mouth to release the latch.

How do you hold your baby when you breastfeed?

There are different ways to hold your baby when you breastfeed. Try them all to find out which one you and your baby like best. You may want to use a pillow to help support your baby. The cross-cradle and football holds let you have the best control of your breast and your baby's head. These are the easiest holds for breastfeeding when you're just starting out.



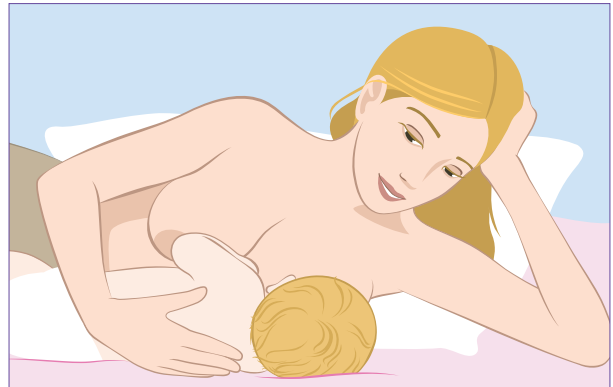
Cross-cradle hold



Cradle hold



Football or clutch hold



Side-lying hold

Holds for breastfeeding multiples

When your babies are ready to breastfeed, try feeding one at a time first. This helps each baby learn to latch on. Later you can feed both at the same time.



Double clutch hold



Cradle and clutch hold

Pumping breast milk

Many women find using a breast pump helpful. You may have used a breast pump in the NICU. Or you may want to use a breast pump now because you're going back to work or school. Some moms use a breast pump because they want a break between feedings or so their partner can feed the baby.

After you pump, put your breast milk in bottles or bags and store them in the refrigerator or freezer. Put just the amount of milk your baby needs for each feeding in the bottle or bag. Breast milk doesn't last forever, so write the date on the bottle or bag before you store it. Fresh breast milk is safe at room temperature for 4 hours.

Your baby may still need to have human milk fortifier added to your breast milk. Your baby's provider will tell you:

- What kind of fortifier to use
- How much fortifier to add
- When your baby no longer needs fortified breast milk

Bottlefeeding

If your baby has done well with the nipples and bottles used in the hospital, ask to take some home. And ask NICU staff where you can buy them. If the nipples and bottles used in the hospital didn't work well, try different kinds to find out which ones your baby likes best. Clean and store the nipples and bottles according to the package directions.

The best way to warm your baby's bottle is to put the bottle with milk or formula in a cup of warm water. Test the milk on your wrist to make sure it isn't too hot — it should be lukewarm. Never microwave your baby's bottle. The breast milk or formula can heat unevenly and burn your baby's mouth.

When bottlefeeding, hold your baby upright and support his head so he can breathe and swallow in a comfortable way. You and your partner can take turns so that both of you feel comfortable feeding your baby. Bottlefeeding is a great way to be close and bond with your baby.



Notes

Formula feeding

Your baby's health care provider can tell you what kind and how much formula to feed your baby. Some babies leave the hospital on regular infant formula. Other babies need a special formula that has more calories or certain nutrients.

Prepare the formula using the package directions or using instructions from your baby's health care provider.

There are three kinds of formula:

- Ready-to-use liquid formula — You pour this formula right into the baby's bottle.
- Concentrated liquid formula — You have to add water to this formula before giving it to your baby.
- Dry or powdered formula — You have to add water to the powder before giving it to your baby. Use the scoop that comes with the formula to measure the right amount. Make sure you put the water in the bottle first, then the formula and shake well to mix.

If your baby doesn't drink all the formula in his bottle within 1 hour, throw it away. Give him a new bottle of fresh formula at his next feeding.

Reflux and spitting up

Reflux happens when food in your baby's stomach comes back up during or after a feeding. All babies spit up once in a while, but some do it a lot. It often happens to babies who were born early. Reflux can happen whether your baby is breastfed or bottlefed or whether they get breast milk or

formula. Most of the time babies outgrow the condition after a few months. And most babies don't seem to be upset by reflux.

To help lower the chances of your baby spitting up:

- Hold your baby upright during and for a short time after a feeding.
- Feed your baby more often and in smaller amounts.
- Burp your baby often, especially if you're feeding him with a bottle.
- Try a different nipple on your baby's bottle so he swallows less air.
- Don't put your baby in a car seat or infant seat after feeding.
- Keep your baby still after feeding.

When feeding your baby, keep some cloth diapers or burp cloths nearby. Use them to protect your clothes, your baby's clothes and your furniture.

Call your baby's provider if:

- The spit-up is bright yellow or green.
- Your baby spits up a large amount, more than usual.
- Your baby's vomit seems to come out forcefully. This is called projectile vomiting.
- Your baby arches her back or cries when feeding.

These may be signs that your baby has problems digesting food.

Notes

Words to know

breastfeeding peer counselor — A mom who breastfed her own children and wants to help and support other mothers who breastfeed. She has had some training to help women breastfeed, but not as much as a lactation consultant.

cues — Signals about how a baby feels and what she needs.

formula — A milk product that can be fed to a baby instead of breast milk.

health care provider — Also called provider. The person who gives medical care.

infection — An illness caused by some viruses, bacteria or other germs.

lactation consultant (lak-TAY-shuhn kuhn-SUHL-tuhnt) — A person with special training to help women breastfeed.

NICU — Also called the neonatal or newborn intensive care unit. The place in the hospital where newborns go for special care.

nutrients (NU-tree-entz) — Nutrients, like vitamins and minerals, help the body grow and stay healthy.

plugged ducts — When breast milk gets blocked in a woman's breast ducts.

projectile vomiting (pruh-JEK-tile VOM-iteng) — When a baby vomits with a lot of force.

provider — See health care provider.

reflux (REE-fluks) — Also called GER or gastroesophageal reflux. A feeding problem that happens when food in the baby's stomach comes back up during or after a feeding.

rooting — When the baby turns her head toward anything that strokes her cheek or mouth.

support group — A group of people who have the same kinds of concerns. They meet online or in person to try to help each other.