

Feeding Your Premature Baby After Discharge From The Neonatal Unit

Information leaflet for parents and carers

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Nutrition and your premature baby

Nutrition provides the building blocks for your babies growth, brain development and bone health. Babies who are born premature or preterm will have extra nutritional needs, because they are born early.

Important nutrients include:

- Energy/calories - needed for growth and development
- Iron - helps to make red blood cells to carry oxygen around the body
- Vitamin D - helps the body to use calcium for bone growth and strength
- Protein - for growth and development

This booklet will provide you with information on feeding and nourishing your baby. This booklet is aimed at parents of babies born less than 35 weeks gestation. We will also give you information on the nutrition supplements your baby will need after discharge from the Rotunda neonatal unit.

Note this booklet mentions your babies 'corrected age'.

the baby's age from the time he/she should have been born (40 weeks) and not the time he/she really was born. For example if he/she was born 8 weeks early at 32 weeks, and is now 10 weeks old, his/her corrected age is 2 weeks old.

→ 10 weeks old – 8 weeks premature = 2 weeks corrected age.

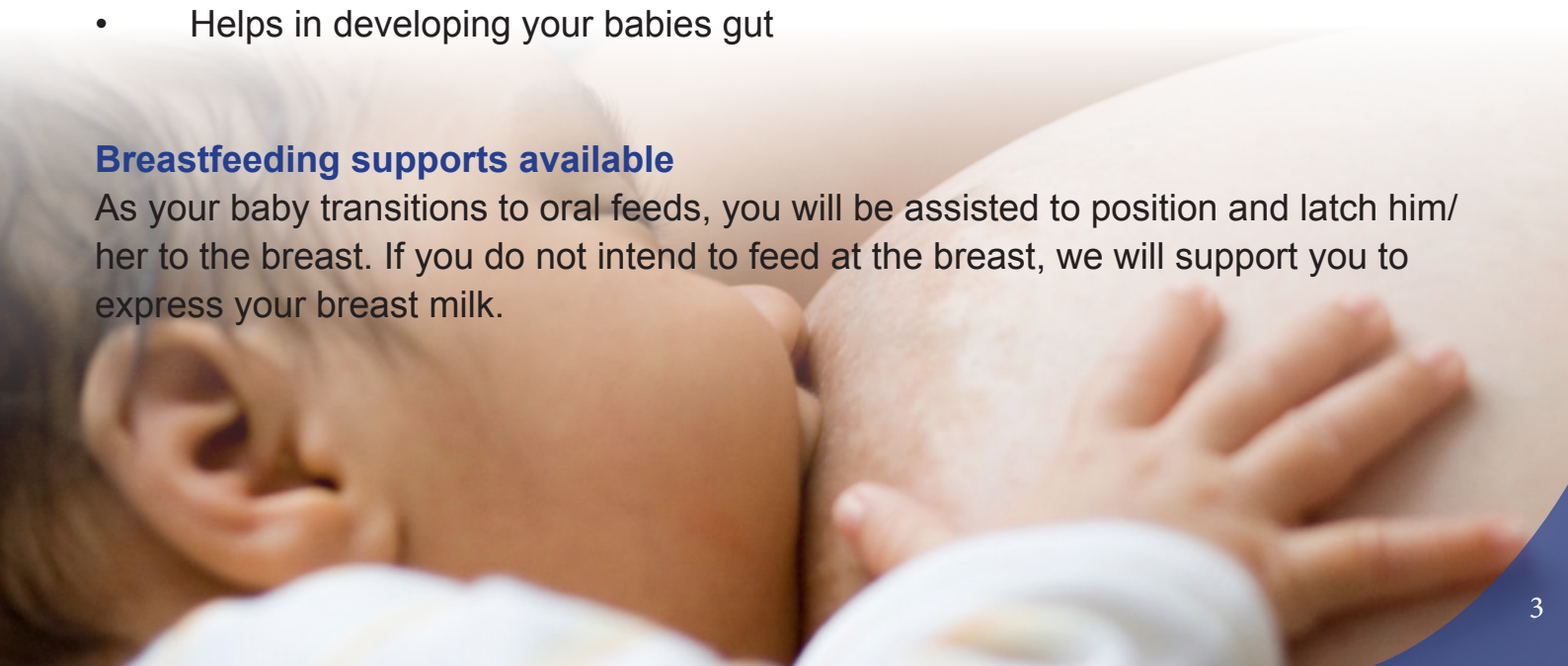
Breast milk and breastfeeding

Breast milk is the best milk for your premature baby. Every drop of breast milk is valuable for all babies, but especially for premature and ill babies. Breast milk has many benefits including:

- It is uniquely designed for your baby
- Meets your babies' nutritional needs
- Helps protect your baby from infection
- Strengthens your babies' immune system
- Helps in developing your babies gut

Breastfeeding supports available

As your baby transitions to oral feeds, you will be assisted to position and latch him/her to the breast. If you do not intend to feed at the breast, we will support you to express your breast milk.



The following support may be helpful after your baby's discharge.

- Lactation consultant
 - Ask to speak to the lactation consultant in the Rotunda Hospital. You can also visit the Rotunda website and social media for updates on breastfeeding support groups
 - Association of Lactation Consultants Ireland www.alcireland.ie
- HSE booklet 'Breastfeeding and expressing for your premature or sick baby' (available from the neonatal unit or www.breastfeeding.ie)
- Neonatal discharge co-ordinator
- Public health nurse (PHN)
- Local breastfeeding support groups
 - La Leche League - www.lalecheleagueireland.com/groups
 - Cuidiú - www.cuidiu.ie/supports
 - Friends of Breastfeeding - www.friendsofbreastfeeding.ie
- Kellymom website- 'Breastfeeding your Premature Infant' www.kellymom.com/ages/newborn/nb-challenges/preemie-links/
- HSE website- www.mychild.ie

My baby is breastfeeding or feeding expressed breast milk, what nutritional supplements does my baby need?

Premature babies have increased nutritional needs. They will need extra protein, energy, minerals and vitamins to help them grow and develop.

Breast milk fortifier

Breast milk fortifier helps provide extra nutrition for babies who are breastfeeding or feeding expressed breast milk. It contains extra calories, protein, vitamins and minerals. These nutrients will help your baby to grow and improve their bone strength. Breast milk fortifier may continue when your baby is going home from the hospital. Do not add breast milk fortifier to infant formula.

If you are latching your baby to the breast for feeds, breast milk fortifier is usually not needed. You do not need to express breast milk just to add breast milk fortifier.



If you express breast milk and are advised to continue breast milk fortifier:

- Usually, we recommend breast milk fortifier for 4-6 weeks after discharge
- The length of time your baby will need breast milk fortifier will depend on your baby's feeding and growth. Please check this with your neonatal doctor, PHN, GP or dietitian
- If the neonatal team are happy with your baby's growth, they may advise that you do not need to add fortifier to all your babies feeds or to stop adding it to your babies feeds altogether
- There are 2 brands of breast milk fortifier available. These are Cow and Gate Nutriprem Human Milk Fortifier and SMA Gold Prem Breast Milk Fortifier
- Both are available from local pharmacies and you do not need a prescription
- Ensure breast milk fortifier is mixed well with expressed breast milk
- If your baby is not tolerating the breast milk fortifier, please stop and contact the paediatric outpatient (POPD) department or dietitian
- It is important that you do not give more than the manufacturers dosing guide
- The dietitian or nursing staff will advise you on how to use breast milk fortifier - please follow the manufacturer's instructions for preparation

Iron

Babies born premature may be at risk of iron deficiency (low red blood cell count). This is because their bodies have not built-up stores of iron.

Babies who are breastfeeding or feeding expressed breast milk or expressed breast milk with Cow and Gate Nutriprem Human Milk Fortifier will need an iron supplement.

Babies receiving the SMA Gold Prem brand of breast milk fortifier will not need an iron supplement as this contains enough iron for their needs.

Galfer (ferrous fumarate) is the iron supplement that is usually used in the Rotunda Hospital.

- Galfer (ferrous fumarate) should start a few weeks after your baby's delivery
- The medical team will provide a prescription and it is also available over the counter from most pharmacies
- The usual recommended dose is 1 mL per day of Galfer (ferrous fumarate) Please ensure that an oral medication measuring syringe is used to measure and administer the dose. Please check with nursing staff how to administer the medication
- You should continue to offer this until 1 year corrected age or until they are taking enough iron from solid foods
- If your baby starts infant formula, please refer to page 7 of this booklet

Vitamin D

Vitamin D helps the body to use calcium for babies' strong and healthy bones. Give your baby a vitamin D3 supplement each day:

- If they are breastfeeding or feeding expressed breastmilk
- If they are combined feeding and are taking less than 300mL of infant formula a day
- The dose of vitamin D3 supplement is 5 micrograms (200 international units) each day
- Your baby will need the supplement until 1 year corrected age
- After 1 year corrected age, all children (aged 1- 4) need a vitamin D3 supplement between Halloween (October 31st) and St Patrick's Day (March 17th)
- There are lots of brands available in pharmacies and you will not need a prescription
- Use a supplement that contains vitamin D3 only (not a multivitamin)
- Follow the instructions on the individual packaging for dosing advice

Note: Mums who are breastfeeding or expressing breastmilk should include vitamin D in their diet. Dietary sources include fortified dairy and eggs. It is a good idea for these mums to take a vitamin D supplement themselves also.

Infant Formula

Infant formula milk is usually made from cow's milk. It is modified to make it suitable for babies, but it can never replicate the benefits of maternal breast milk. If your baby was born premature and is not receiving breast milk, a preterm formula will be recommended. The preterm infant formula that is recommended when your baby is going home is called 'preterm post discharge infant formula'.

Preterm Post Discharge Infant Formula

This infant formula has extra energy, protein, iron, vitamins and minerals. These important nutrients help to support babies' weight gain, growth and development.

- Usually, we recommend preterm post discharge infant formula until your baby is 3 months corrected age. This will depend on your babies' feeding and growth. Please check this with your neonatal doctor, PHN, GP or dietitian
- If the neonatal team are happy with your baby's growth, they may suggest that you change to a standard term infant/first infant formula
- If your baby is gaining less weight than expected, the team may advise that you continue with it for longer than 3 months corrected age
- Cow and Gate Nutriprem 2 and SMA Gold Prem 2 are both post discharge infant formula suitable for premature babies. Both are available from local pharmacies without prescription

When stopping preterm post discharge infant formula, you can change to a standard term/first infant formula.

My baby is feeding preterm post discharge infant formula, what nutritional supplements does my baby need?

Iron

Babies born premature may be at risk of iron deficiency (low red blood cell count). This is because their bodies have not built-up stores of iron.

- If your baby is feeding Cow and Gate Nutriprem 2 infant formula, this contains higher amounts of iron and your baby will not need to start an iron supplement
- If your baby is feeding SMA Gold Prem 2 infant formula, this may not have enough iron and your baby may need an iron supplement e.g. Galfer (ferrous fumarate) – check with the neonatal team or dietitian about the dose of iron supplement your baby will need
- When your baby changes to a standard term/first infant formula, they will need an iron supplement as this does not provide enough iron for your baby. The usual recommended dose is 1 mL per day of Galfer (ferrous fumarate)
- Please ensure that an oral medication measuring syringe is used to measure and administer the dose. Please check with nursing staff how to administer the medication
- If an iron supplement is recommended, you should offer this until 1 year corrected age or until your baby has adequate intake of iron from solid foods

Vitamin D

Vitamin D helps the body to use calcium for strong and healthy bones. Give your baby a vitamin D supplement each day if they are taking less than 300mL of infant formula.

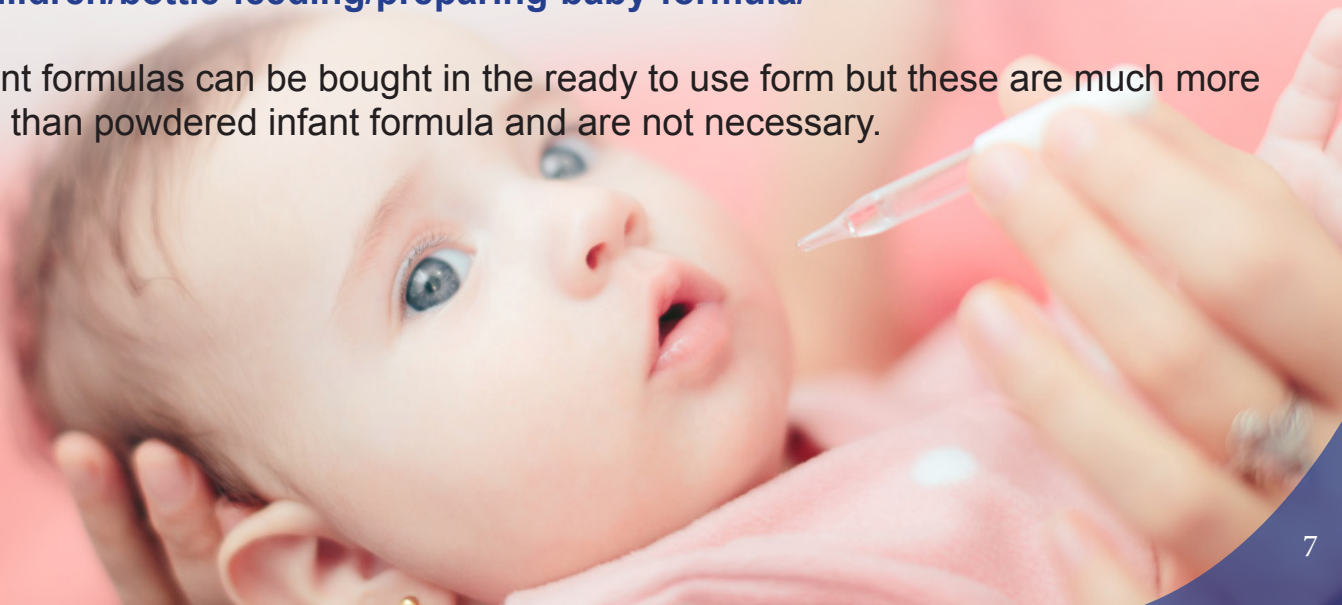
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Preparation of Infant Formula

For information on how to prepare infant feeds you can visit: <https://www2.hse.ie/babies-children/bottle-feeding/preparing-baby-formula/>

Some infant formulas can be bought in the ready to use form but these are much more expensive than powdered infant formula and are not necessary.



Feeding plan for your baby going home

The neonatal team / dietitian will discuss with you the amount of feeds to aim for to support your baby's growth. Good indications that your baby is feeding enough include:

- Wet and dirty nappies
- Baby is happy and settled after a feed
- Baby is growing and gaining weight

Your baby should have a certain volume of feed in a 24 hour period. This is divided into a volume for each feed. Many babies have their own feeding patterns and may be hungrier at different times during the day. Therefore, don't worry if your baby takes less or more at some feeds as long as he/she takes the requirements over the 24 hours. If your baby appears hungry or is looking to feed more often, they may be looking for extra nutrition.

The nurse caring for your baby will tell you how much he/she will need at each feed and how much for the whole day. Your baby will generally need to feed every 3-4 hours. This will mean they will feed 6-8 times per 24 hour period. Generally, each feed will last 20-30 minutes.





Growth monitoring after discharge

Weighing and measuring growth helps health professionals to check that your baby is growing and developing as they should. Your babies' measurements will be added to their growth chart. The lines on a growth chart are the centile lines. They show the range of weights, lengths and head circumferences of premature babies.

After your baby's discharge, they will have their growth monitored. This might be checked by the GP, (PHN) or in the Rotunda POPD. If you have any concerns or queries contact your baby's PHN, GP or neonatal doctor.

Your baby will generally gain 150-200g per week until 3 months of age (corrected). If your baby is having their weight monitored by their GP or PHN, it's a good idea to write these measurements down. Bring these weights to any outpatient appointments with healthcare professionals. You can use the table on page 10 of this booklet to track your baby's weight after discharge from the hospital.

Follow-up support post discharge

If you are worried about your baby's feeding or weight gain, discuss this with the neonatal consultant or doctor. They can refer your baby to the Rotunda dietitians' outpatient clinic.



Weaning onto solid foods

For the first few months after delivery, breastfeeding, expressed breast milk or infant formula will provide all your babies' nutrition.

The right age for weaning depends on your baby and their readiness. There is some debate between health professionals on when to wean your premature baby, as every baby is different. Some say that 4 months corrected age is the youngest age that a premature baby can start weaning if they are developmentally ready. Some babies may not show any interest in weaning until 5-6 months corrected age.

The most important thing is to look for signs that your baby is ready. Some signs may include:

- Support themselves upright in a seated position (some babies need extra support)
- Good head control
- Showing interest in what others are eating
- Placing objects in their mouth

For more information on weaning your premature baby and other resources visit:

www.bliss.org.uk: This is a UK website for parents and carers of babies who are born premature

