Special Breastfeeding Situations

If you have a preemie or multiples or have had breast surgery, you can give your baby the benefits of breastmilk.

If your baby cannot breastfeed right away, print out our “Expressing By Hand” and “Pumping and Breastfeeding” PDFs to help you establish and maintain your milk production.

Breastfeeding Preterm Babies

Breastmilk is important for preterm babies because it is easy to digest, protects a young immune system, and provides the skin-to-skin contact that they need. In fact, Kangaroo Care (skin-to-skin cuddling) was developed to help preemies breathe better and stabilize their condition. It was later discovered that skin-to-skin contact benefits all babies, and parents too!

If you can’t breastfeed right away, express your milk by hand or pump. Your baby can be fed your milk through a feeding tube until he is ready for oral feedings. Draining your breasts regularly from the beginning will ensure healthy milk production for when he is ready and able to breastfeed. Remember, the more milk you remove, the more milk you will make.

TIPS ON BREASTFEEDING YOUR PREEMIE:

- Inform your hospital staff and doctor that you plan to breastfeed.
- Ask for help when positioning your baby at the breast.
- Try using a pillow to support your baby for feedings.
- Use the laid-back, football, or cross-cradle holds (see p. 13 in See What You Read: Better Breastfeeding).
- After your baby is latched on, squeeze your breast so milk drips into your baby’s mouth.
- Slowly build up the number of times you breastfeed each day as your baby grows stronger and is able to drink more milk.
- After breastfeeding your preemie, express the remaining milk to keep your supply strong.

TIPS FOR PREEMIES WHO AREN’T BREASTFEEDING YET:

- Express milk at least 8 times every 24 hours for 10-15 minutes at a time.
- Start expressing as soon after delivery as possible so your body knows it needs to keep making milk.
- Try to be near your baby when you express. If you cannot, check in on his condition. Thinking of your baby can help you relax and encourage your milk to letdown.
- While the amounts you express each time will vary, by the end of the first week, you should be expressing at least 1 ounce from each breast at each session, or 16 ounces each day.
- If possible, hold your baby skin to skin (Kangaroo Care) every day.
Breastfeeding Multiples

No matter how you choose to feed your baby, it will require more time if you have multiples. Fortunately, all of the benefits of breastfeeding—convenience, skin-to-skin contact, and better health outcomes, among others—are multiplied with multiples. Your body will be better able to make the milk you need to feed two or more babies when your breasts are drained regularly, either through breastfeeding or expressing, especially in the first week. During the first month or two, patience, persistence, and a lot of support will help you establish your milk production and breastfeeding routine. Accept any help that is offered, and ask for support when you need it.

TIPS ON BREASTFEEDING MULTIPLES:

- Have a high-quality electric double pump available or know where you can rent one (most hospitals have them available).
- Attend a breastfeeding support group, and talk to other mothers who have breastfed multiples.
- Locate a certified lactation consultant for essential advice and support in the early weeks.
- Arrange for help with meals, childcare, and other necessary obligations in the first weeks.
- At the hospital, request to have your babies nearby and accessible for all feedings as you are learning how to handle more than one baby.
- After you are comfortable latching each baby onto your breast, you can try to feed two at one time. Ask your nurse to show you how to use a double football hold, a criss-cross hold, or a combination of these two. Use pillows for support.
- Use a daily feeding log for each baby until you learn their individual patterns.
- Start a routine that supports healthy milk production in each breast. One tip is to alternate which breast that each baby nurses from at each feeding. If you have more than two babies, you may need to alternate who breastfeeds first.
- If you are not able to breastfeed exclusively, remember that any amount of breastmilk is beneficial for your babies. Continue to express your milk at least 8 times each day to maintain your production, and top off with formula as needed.

Breastfeeding After Breast Surgery

Breastfeeding may still be an option if you have had implant surgery, breast reduction surgery, breast lump removal, or a breast removed (mastectomy). Your ability to breastfeed depends on the area of the breast that was affected. If the areola or nipple were involved, it’s more likely that the ducts, nerves, and blood vessels were damaged. If you have had an implant and are wondering about the implant leaking, discuss your concerns with your doctor. If you had one breast removed, you can still breastfeed from the other breast. If you need to supplement, consider using a supplemental breastfeeding device (see below).

Many women who have had breast surgery have breastfed their babies, and any amount of breastfeeding is beneficial. Visit Bfar.org for more detailed information and resources on breastfeeding after breast surgery.

Supplemental feeding device

In some cases, you may need to supplement your breastfeeding with your frozen milk, banked donor milk, or formula. You can use a supplemental feeding device to feed your baby a supplement while he is latched on to your breast. A thin tube connected to a plastic container that holds the supplement is taped to your breast and inserted into your baby’s mouth. While he breastfeeds, the tube drips the supplement into his mouth.

ADVANTAGES OF SUPPLEMENTING AT THE BREAST:

- It replaces the use of a bottle, which would require more energy and effort from your baby.
- It avoids sucking on a bottle nipple, which is different from feeding at a breast.
- It promotes skin-to-skin contact, which is beneficial for all babies.
- Your baby provides sucking stimulation at feedings, which promotes healthy milk production.