

# Is Breastfeeding my Premature Baby Different from Breastfeeding a Full-Term Baby?

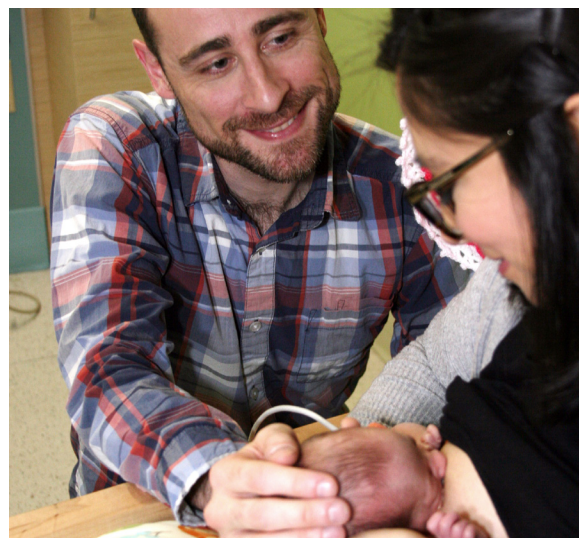
**Mothers are often told that they should breastfeed their premature babies just like full-term babies after NICU discharge.**

However, most premature babies are discharged before they reach their expected birth date, which means that they are still immature compared to a full-term baby. Although your baby will eventually breastfeed like a full-term baby, this probably won't be the case during the first weeks at home. These tips will help you set realistic goals as you plan for NICU discharge.

## **1. A premature baby is not the same as a “small” full-term baby.**

Immaturity in the rapidly developing brain and in sucking strength make breastfeeding different for premature babies. Mothers report that their premature babies do not always wake up to breastfeed, slip off of the nipple, rest instead of sucking regularly, drink small amounts of milk and fall asleep quickly. However, babies still look like they are full when the feeding ends. These behaviors are normal for your premature baby, but can trigger advice from well-meaning friends and family members that may not be suitable for your premature baby. Examples include:

- **“You just have a good baby! Trust your body and feed your baby on demand.”** Many breastfeeding mothers with full-term babies consider long sleep stretches between breastfeedings, eating quickly and looking full at the end of a feeding as signs of a “good” baby. However, these signs may be red flags that your premature baby is not drinking enough milk because the need to sleep overpowers his/her desire to eat.
- **“You just have a sleepy baby. Wake him/her every hour or two to breastfeed.”** This recommendation for full-term babies can deprive your premature baby of sleep that is needed to grow and stay healthy. You should not awaken your baby more often than the NICU doctor tells you at the time of discharge.
- **“Your baby falls asleep because he/she is too comfortable at the breast. Take off all blankets and clothes.”** This suggestion is common for full-term babies, but is not safe or recommended for premature babies who are more likely to become cold or use extra calories to stay warm.



- **“You are just fixated on numbers because your baby was in the NICU. It is time to relax and feed him/her like a full-term baby.”** This common suggestion makes NICU mothers feel no one understands what they have been through in the NICU. You have watched your baby struggle to gain weight each day, and now this responsibility is completely in your hands. You are right to trust your instincts. Little differences in milk intake at a breastfeeding for a full-term baby (such as 15 mLs or half an ounce) are big differences for your premature baby.

## **2. You may feel that your baby is not “doing his/her part” to make breastfeeding work.**

Studies show that mothers may interpret their premature baby's sleepiness during breastfeeding as “not doing his/her part,” “not being interested in breastfeeding,” “not willing to work for it,” “not liking the breast,” “not liking the taste of the milk,” and “preferring to drink pumped milk from the bottle.”

## **3. Look for little signs of progress with breastfeeding.**

Remember that your baby will begin to breastfeed like a full-term baby about 2 weeks after his/her expected birth date. Until then, working toward exclusive breastfeeding needs patience on your part. Every few days, look for little signs of progress in your baby, such as sucking more strongly, keeping a good latch on the breast and staying awake longer while breastfeeding.

Meier et al. (2018). Human milk in the neonatal intensive care unit, in *Breastfeeding and Breastmilk—From Biochemistry to Impact*, pp. 244-281. Family Larsson Rosenquist Foundation, Thieme: Stuttgart.

Created by: Paula Meier, PhD, RN;  
Aloka Patel, MD and Judy Janes, RN, IBCLC

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We look forward to your inquiry at: [contact@lactahub.org](mailto:contact@lactahub.org)