

Breastfeeding the 35 to 39 Week Old Infant

Babies who are born a few weeks early have many of the same needs as more premature babies, however because they are often well developed and vigorous at birth, they do not spend extended time in the hospital.

Being born a little early may result in feeding problems. These babies often do not transition easily from sleep to wake states. When asleep, it is difficult to wake them up, and they spend more time sleeping than a full-term infant.

A preterm baby's suck/swallow/breath cycle and rooting/sucking reflex may not be smooth or well-coordinated. They may also need extra support positioning at the breast.

Their temperature control is not mature, and they may need help staying warm. **Preterm babies benefit tremendously from being held skin to skin** on mom or dad's chest. This close contact will keep a baby warm, and it will comfort and calm the baby as well. This helps small babies conserve calories and energy and grow better. It also reduces a baby's level of stress hormones.

An early baby's most alert period in the first 2-3 weeks may be in the first 36-48 hours after birth. As a result, they may feed well right after birth (while still in the hospital), but feedings may not go as well once they are home. **Preterm babies and their mothers may need an additional couple of weeks to master breastfeeding - often 2-3 weeks beyond the due date.**

Feeding Tips:

1. Although your baby may not look "premature", helping your preterm baby learn to feed may require patience on your part. Consider working one on one with an IBCLC to help with your specific challenges!
2. **Watch carefully for feeding cues and offer to feed anytime you see them.** Wake your baby if it has been 3 hours since the start of the last feeding. If baby is too sleepy to eat, try changing baby's diaper to awaken baby and stroking baby's lips lightly to elicit a sucking response. Keep a feeding log to track when baby is actually eating.
3. **Support baby's neck and shoulders well**, but do not push on the back of baby's head or hold down baby's jaw. Supporting your breast may help to keep your nipple in baby's mouth. You may gently tap the tip of baby's upper lip or tongue to trigger a suck response.
4. **A nipple shield may help a premature baby maintain a good vacuum and latch better.** Work with a lactation consultant to determine which size fits your nipple and your baby's mouth, and if it is useful for you. Do not tolerate a painful latch, which often results in a damaged nipple. When suckling slows, compress your breast - this will make it easier for baby to remove milk.
5. **The quality of a feeding is more important than the length of a feeding.** It is not helpful to baby, nor to your milk supply, to have baby at the breast for long periods without active suckling and removal of milk. Total feeding time, including any supplementation, should be ~30 to 45 minutes per feeding.



6. Once your baby is awake for a feeding, you may find that baby will feed a bit, get sleepy, then become alert again and feed again. **This is common and is known as cluster feeding.** Do not hesitate to offer more milk when your baby shows feeding cues.
7. **You may find it very helpful to rent a good quality digital baby scale.** This will allow you to weigh your baby naked once a day before a morning feeding to see if your baby is gaining well. Your baby should gain approximately 1 ounce per day; however, your baby may not gain the same amount each day. A scale will also allow you to weigh your baby before and after a feeding at the breast to see how much your baby takes. You may weigh baby in a diaper before feeding, but do not change the diaper after feeding until you re-weigh the baby.
8. **It is common for preterm babies to require some supplementation after nursing.** Most parents choose to use a bottle with a slow flow nipple. (See Bottle Feeding Handout) Avoid a fast flow nipple as baby may bite to control the flow.
9. **While a baby is being supplemented, it is important to remove milk with a breast pump at least every 3 hours, in order to maintain your milk production.** Make sure that your breast shields fit well and use the highest pump pressure that is still comfortable. Pump for 10 to 15 minutes, or less if you obtain the milk you need. If desired, you may pump more frequently but avoid pumping for longer than 15 minutes at a time.
10. **It can be helpful to keep your supply slightly high until baby is removing milk well on his or her own.** Research has shown removing approximately 750ml or 25oz a day by week 3 post partum is a good goal for exclusively pumping mothers of very premature babies in the Neonatal Intensive Care Unit (NICU). However, if you find that after supplementing you are storing large quantities of milk in the freezer (more than 8 ounces/day), you may want to either decrease the amount you remove, or remove milk less frequently.
11. **If your baby needs to be supplemented,** you may want to pump and bottle a feeding in the middle of the night without putting baby to breast first. This will shorten the feeding, especially if someone else can bottle or finger feed while you pump.
12. **If your milk supply drops, or you want to increase your supply,** make sure that you are using a hospital grade breast pump. Your supply may also be helped with a “power pump” daily, or several times a week: pump for 12 minutes, break for 12 minutes, pump for 12 minutes, break for 12 minutes, pump for 12 minutes to boost your prolactin hormone. You may also discuss taking an herbal galactagogue with your lactation consultant.
13. **Working with one of our IBCLCs can help you determine when your baby is ready to stop supplements.** Remind yourself that the learning curve is longer, and it is hard work feeding an early baby. Your hard work is a valuable investment in your baby's long-term health!

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