



Breastfeeding your premature baby

Bliss

for babies born too soon,
too small, too sick

www.bliss.org.uk

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Express Your Love....

From the start, the love and protection you give your baby is vital for their health and wellbeing.

The health benefits from breastmilk are well documented and because you have decided to give your baby breastmilk, we wish to support your choice.

About Ameda

Ameda know how much breastfeeding matters to you and your baby. Ameda's story starts with a passion for breastfeeding.

More than 60 years ago, engineer Einar Egnell invented the first truly comfortable and effective breastpump. He also created the vacuum and cycle standards that today's lactation consultants use to assess breastpump efficiency.

Because every mum and baby is different, Ameda breastpumps are designed to be more adjustable than other hospital-grade breastpumps:

CustomControl™	Vacuum and cycles can be adjusted to your personal preference offering optimal results every time – giving you increased milk supply and reduced pumping time
CustomFit™	7 funnel sizes to provide optimal convenience during your breastfeeding experience – giving you greater comfort and better milk flow
HygieniKit™	Our unique anti-viral barrier keeps your breastpump clean and free from bacteria and viruses – giving you peace of mind

Ameda breastpumps are available as hospital-grade, single and double electric and manual models. Our hospital-grade model (Ameda Elite) is available for hire should your hospital unit not have one to loan to you. We also provide other breastfeeding accessories to make your breastfeeding experience as comfortable as possible.

Ameda 'Purely Yours' personal breastpumps with hospital technology, are available from leading breastfeeding and baby specialist retailers.

Everything Ameda offers, our breastpumps and accessories, our breastfeeding education and support of lactation professionals, reflects our passion for breastfeeding. We know how much breastfeeding means to you and your baby.

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Julie's story



“Our lovely baby son Marc was born at 24 weeks, weighing only 620 grams. This was naturally a big shock since we were not expecting him to arrive for another three months.

The moment I walked into the neonatal unit, I was in complete shock. I could not comprehend where I was or what had happened and all my hopes and dreams were shattered. All I had wished for was a healthy, strong baby whom I could care for.

It was a long, slow process, but with great support from the nurses, the breastfeeding adviser and his father, Marc is now a fully breastfed baby. It has been a tremendously difficult task to keep going throughout all the ups and downs of having a premature baby – but all that effort has paid off. It takes real commitment from the mother, real strength from the baby and total encouragement from everyone around.”

Continued on page 37...

Deciding whether to breastfeed

While you were pregnant, you probably imagined what life would be like once your baby arrived, and how you would care for your baby. The fact that your baby has now been admitted to a neonatal unit may have come as an enormous shock.

However, the good news is that you can still do many of the things you have planned. It is still possible to breastfeed, even if your baby has been born very early. This booklet has been written to give you information and support to do this.

Benefits for your baby

The doctors looking after your baby may have discussed the benefits and value of breast milk with you:

- Breast milk can help your baby's progress.
- Breast milk is easier for the baby to tolerate than formula milk.
- Breast milk will also help protect your baby against the illnesses to which premature babies are especially vulnerable.
- Providing breast milk for your baby is your unique contribution to their care. No one else can do this and it may help you feel closer to your baby.

Why not try it and see?

Feeding your baby breast milk gives them a good start in life. If you're not sure yet about the best way to feed your baby, you could try breastfeeding for a little while, just to see how it goes. You can always switch to formula milk later.

However, it is up to you and your partner to choose and you must feel happy with whatever you decide.

There are people who can give you advice while your baby is in hospital and, after they come home, all you have to do is ask the staff on the neonatal unit and they will be happy to put you in touch with the right team member.



Benefits of breastfeeding

Breastfeeding has many benefits for your baby and for you, and can also encourage the bond between you both.

Protects against germs

Breast milk provides antibodies that protect your baby against bacteria and viruses. This protection is especially important for premature babies, who are more vulnerable to infections. Premature breast milk is extra rich in antibodies and growth factors.

Helps your baby grow

Mother's milk also provides nutrients, growth factors, special fats and hormones that are important for growth and development during the crucial early months after birth.

Easy to digest

Breast milk is very easy to digest and is absorbed more easily than formula milk.

Skin contact

It has been observed that babies spend less time crying and more time in deep sleep as a result of skin-to-skin contact with their parents. It will take time to establish breastfeeding, but once you have achieved this, your baby will benefit from the extra cuddles at feeding time.

Good for you too

Breastfeeding is good for your health too. It can help you regain your pre-pregnancy figure, since any extra fat stored by the body during pregnancy is used as energy to produce breast milk.

There is also some evidence that breastfeeding reduces your risk of breast cancer and ovarian cancer.

About antibodies

The body manufactures specialised proteins, called antibodies, to fight off infections.

Mothers transfer these protective antibodies to their babies through the placenta during the last three months of pregnancy. This process is interrupted when a baby is born prematurely.

For this reason, premature babies are especially vulnerable to infection. The good news is that mothers also give their babies antibodies in breast milk. Breastfeeding your baby provides an extra line of defence.

Looking after yourself

If you look after yourself, your body will do a more efficient job of producing milk.

Diet

During breastfeeding, mothers need a healthy diet to provide for their own needs as well as those of their baby.

When you were pregnant, soft unpasteurised cheese and liver were 'off limits', but now that your baby has been born, it is safe to eat these foods while breastfeeding.

There is no need to avoid spicy foods.

Try to eat regular meals – including breakfast, a snack meal and a main meal – each day.

Milk and dairy products provide protein, calcium and vitamins.

Fruit and vegetables provide vitamins and help your body take in iron from your diet.

Bread, potatoes and cereals have energy, fibre and vitamins. Meat, fish and vegetarian alternatives (such as beans, pulses, high-protein grains and soya) provide protein and iron.

Try to include at least one helping of oily fish a week, such as fresh, smoked or tinned mackerel, salmon, herring or sardines.

Tuna is also nutritious, but is best

fresh. Oily fish will boost the level of a special group of fats, called long chain polyunsaturated fatty acids, in your milk. These fats are thought to contribute to your baby's long-term growth and development.

Drinking

Whilst it is unlikely that having an occasional drink while breastfeeding will harm you or your baby, alcohol does pass through to the baby in your breast milk. As such, it is advisable to keep your drinking within the limits recommended for pregnant women. That is, no more than one or two units a week.

If you regularly drink more than this amount;

- your milk may smell different and put your baby off feeding
- the alcohol may make your baby too sleepy to feed
- the baby may have difficulties with digestion and problems with sleeping patterns.

Extra alcohol of any type will not improve your milk production and may actually reduce it.

Be good to yourself

While your baby is on the neonatal unit, it is really important to make time for yourself. Very simple things such as having a relaxing bath, eating a treat or simply sitting quietly will help you feel less anxious. Be nice to yourself.

Rest and sleep

This may be a stressful time, but it is important to look after yourself and keep your own strength up. Make sure you take sufficient rest and sleep so you have the energy to look after your baby. Expressing milk (discussed on page 15) is also easier when you are well-rested.

Smoking

This is an opportunity to stop smoking. Reducing the number of cigarettes you smoke each day may help, if stopping altogether seems too stressful.

Your milk will contain nicotine if you smoke. Smoking may also slow down the flow of your milk and make it more difficult to express.

Exposing your baby to second-hand smoke can also greatly increase their risk of chest infections.

It is extremely important not to smoke directly before you express breast milk. Nicotine levels increase in breast milk immediately after smoking, and the

nicotine will remain in your milk for about 95 minutes.

If you feel you can't stop smoking right now, it is a good idea to breastfeed because the health benefits of breast milk are so great that they outweigh the risks of exposing your baby to nicotine.

Medication

Avoid taking drugs or medicine, including herbal remedies, without advice from your doctor or pharmacist. Remember to tell health professionals that you are breastfeeding when they are recommending any medication for you.

If you discuss birth control with your doctor, remember to mention that you are breastfeeding as this may affect the method you choose.

For help and advice to stop smoking, try the NHS Smoking Helpline on 0800 169 0 169 or visit www.gosmokefree.co.uk

Tube feeding and supplements



All newborn babies are different when it comes to feeding, whether they were born at term or prematurely. A baby's ability to breastfeed can depend on many factors, including how early the baby was born and their medical condition. For premature babies, there is usually step-by-step progress towards 'ordinary' breastfeeding.

Intravenous and tube feeds

At birth, feeding may have to be delayed for a short period. If your baby has breathing complications, they may need to be fed through a drip (a device for giving fluid, drop by drop, into a vein).

If this is the case, the sooner you start to express your milk, the better. As your baby continues to improve, they will gradually progress from drip feeds to breast milk, which at first is given through a tiny tube inserted through their nose or mouth and into their stomach.

With supervision from the nursing staff, it may be possible for you to help with tube feeding. This can help you bond with your baby.

You may have to express your milk for several weeks until your baby grows and becomes strong enough to breastfeed.



Supplemented feeds

Sometimes, it can be difficult to express enough milk to supply all your baby's needs, especially if you have been ill during your pregnancy.

In the early days, you may need to supplement (top-up) your colostrum to ensure your baby receives enough energy and fluids to get well quickly. Two short-term options are to use additional breast milk donated to some hospitals by other new mothers or to use formula. Nursing and medical staff will discuss these options with you. It will only be a temporary measure, since you should soon be able to produce enough milk for all your baby's needs.

Every step is taken to ensure that feeds from the hospital's breast milk 'bank' are safe for your baby. Breast milk donors are screened and donor breast milk is tested and heat-treated before use.

Fortifiers

Although the milk you produce is perfectly designed for a newborn baby, the dietary needs of premature babies can be complex. Sometimes, very premature babies benefit from extra protein, minerals and vitamins which help them grow more quickly and prevent nutritional deficiencies.

Your expressed milk may need to be supplemented with a breast milk fortifier, particularly if your baby is very premature. Breast milk fortifiers provide extra protein and are usually only used until your baby is strong enough to feed directly from the breast.

First milk or colostrum

All mothers produce a special first milk, called colostrum, in the first three or four days after delivery.

Colostrum is thicker than breast milk and yellower in colour. It contains a rich mix of proteins, including antibodies, that help to protect a newborn against infections.

Kangaroo Care (skin-to-skin contact)

As soon as your baby's condition becomes stable, you may be encouraged to practise Kangaroo Care, which allows you to hold and cuddle your baby as much as possible. If appropriate, your baby will be dressed in a nappy only and will be placed on your chest, skin-to-skin, inside your clothing. It is useful to wear a loose shirt or blouse with buttons, so the drips and monitor leads are not disturbed.

Close contact with your baby also stimulates your breasts, to make more milk. So Kangaroo Care may help to boost your milk production, especially if your baby is held near to your breast. Kangaroo Care can also stimulate your immune system to produce more antibodies. These then appear in your breast milk and help to protect your baby against infection.

In the longer term, Kangaroo Care can also help both mum and dad to feel closer to their babies and more confident with caring for them.



Expressing your breast milk

Your baby may not be ready to feed directly from the breast straight away. So while they are getting stronger, you can pump the milk from your breasts using a technique called expressing.

Expressing breast milk is a skill that can take time to learn, and the staff looking

after your baby will give you positive support and practical help with this.

It is important to start expressing your milk frequently as soon as possible after the birth of your baby.

See page 17 for guidelines on how often to express.

Methods of expressing milk

There are various options available to help you express your milk – from the high tech to the very basic. You may wish to use a combination of methods to suit your needs.

- Electric pumps – Hospital-grade electric breast pumps are a good choice if you will have to express for a long time. There are several types, and most can be adapted to allow single or double pumping. Electric breast pumps can be rented if your unit can't lend you one (see useful organisations on page 41).
- Hand pumps – Manual or electric hand pumps are a cheaper option and are easily available. With manual hand pumps, suction is created by squeezing a handle, which can prove quite tiring after a while. The battery or mains-operated versions can save you both time and energy.
- Hand expression – This is the simplest way of expressing your milk, and it is an important skill to learn. Do ask for help if you have any questions or problems. See page 23 for more information.

How much milk?

Only a small amount of milk is produced in the first few days after a baby is born. This is perfectly normal.

Later on, the amount of milk you express may change depending on the time of day and how you feel in yourself.

Expressing can feel like a big pressure and it is important to remember that no matter how much or little you are able to express, your baby will benefit. Try not to compare yourself to others around you.

Breast milk changes over time

During the time that you spend expressing your milk, you will notice many changes in its flow, colour and consistency. One mum's breast milk may look very different to another's, but this does not mean the quality is any better or worse.

In the early days, if you are expressing colostrum, you may only obtain a few drops. Gradually, over the following few days, the volume will improve and expressing should get easier. Try to remember that this stage only lasts for a few days, and that expressing should soon get easier.

You may notice that your breasts have not changed much since you gave birth. This is because your more mature breast milk comes after three or four days.



When your milk comes in, it is a gradual process, and you will notice your breasts feeling tender and getting fuller. Don't worry about this – it just means your body is adapting.

For mothers of premature babies, it can take a little extra time to establish a milk supply. During the last stages of pregnancy, hormones prepare the breasts to start producing milk, and this process may have been cut short if your baby was born early. You will eventually 'catch up', so don't lose heart, and do ask for support from breastfeeding experts who are there to help you in hospital.

A comfortable bra

It may help to buy a comfortable bra, since your breasts will need extra support during this time. Many nursing bras, with openings in the cup to help you access your breasts more easily, are available on the high street from specialist baby stores. See the useful organisations section on page 41 for stockists.

Underwired bras should not be worn, as they can damage the tender breast tissue and may cause blocked milk ducts, which can result in mastitis (see page 24 for more information on this).

How often to express

It is best to express milk eight to ten times in 24 hours and to try to avoid leaving gaps of more than three hours during the day. At night, it is best to express every five or six hours. This pattern will ensure that you maintain a milk supply that will satisfy your baby's needs. The more you can express, the better. Later on, you may be able to express less often, depending on how much milk you are producing.

Getting into a routine

It will help to get into a routine for expressing as soon as possible. You may find that your milk flow responds to a fixed routine to get you ready for expressing. These can be very ordinary actions, like removing equipment from

the steriliser, or putting together the pump. The sound of a breast pump or even the smell of disinfectant may trigger your breasts to release milk. The preparation time is an important part of expressing milk. Your body may learn that certain things you do leading to milk expression will trigger a milk ejection reflex, making it easier to express (see panel below for more details).

Be easy on yourself

You are going through so much at the moment, and it is important to relax as much as possible. Try to give yourself plenty of time to express your milk. Make sure you leave enough time for preparation, as this can become an important part of the whole expressing routine.

The milk ejection reflex

Each time you express milk or sit down to breastfeed your baby, you may notice a sensation in your breasts called the 'milk ejection' reflex. In the early days, this takes a few minutes to appear, but later on it will occur within a few seconds.

Milk ejection feels different to different women. You may have tingling or prickling in your breasts and nipples, or a feeling as if the milk is rushing in to fill them. Some mothers describe a slight pain. Drops of milk might start to come out of the breast that is not being used. The milk ejection reflex is a sign that your milk is flowing well and the baby feeds more easily as a result.

Put your feet up

Sit down and put your feet up for five minutes before you start to express your milk. Relax your arms and back, and take several slow, deep breaths. Concentrate on feeling the tension leave your body. Maybe even listen to your favourite relaxing music.

Encouraging the flow

Many mothers find that having a photo of their baby to look at helps them while expressing. You could also try recording a video of your baby on your mobile phone or camera. Borrowing a cuddly toy from your baby's cot or a piece of clothing your baby has worn can also help the milk to flow by providing powerful memories of your baby. Warm flannels or towels placed on the breasts can help the milk to flow more easily, especially if your breasts are very full on the third and fourth days.

Gentle breast massage

Breast massage before and during expressing can also help to drain your breasts. This gentle action will trigger the milk ejection reflex, stimulating your milk flow. Expressing some milk by hand before using a breast pump may also help (see the sections about hand expression and breast massage technique on pages 23 and 25).

Everyone is different

Some mothers find it very easy to express milk and they produce more milk than the baby requires; others need more time and may produce just

enough to feed their babies. Don't think that you are a failure if you are finding it very time-consuming to express. It does not mean that you will find breastfeeding equally difficult. After all, nature has equipped babies with a very efficient system of getting milk from the breast.

If you have extra milk

If you have a large milk supply, it is very important not to limit the number of times you express or the amount of milk you remove at each expression.

This is because as the bottle fills, the volume of milk in the breast goes down and the fat content gradually rises. Therefore, the milk at the end of the feed contains the highest amount of fat and it is essential that your baby receives the extra calories.

Also, when you know you have a good supply of milk, it gives confidence and helps you to relax while you express.

If you have a large supply of frozen breast milk that your own baby will not be able to use, it may be possible to donate your milk to a milk bank.

Regular small donations of breast milk are also accepted. The milk bank staff will need to know that you are in good health and will ask you about any medications that you take. Milk banks cannot accept milk from women who have received a blood transfusion since 1980, smoke or misuse substances.

All potential donors have to be tested

for infections that may be passed on through milk. For more information, and if you are interested in becoming a donor, please contact the United Kingdom Association for Milk Banking (details given in the useful organisations list on page 41).

As your baby moves onto the breast

When your baby starts to establish breastfeeding, you may find it confusing knowing when to express. The tip is to continue to express so that your supply does not dwindle. It is important not to express just before a breastfeed. However, if your breasts are very full, it can be useful to express by hand briefly in order to soften your breast.

Twins and multiples

Most mothers are able to produce more than enough milk for twins or triplets without any supplementation. For multiple births, you may need to use formula as well, but this will depend on your milk supply, your confidence and the amount of support you have from the people around you.



For more detailed information about breastfeeding twins and multiples, contact the Twins and Multiple Births Association (TAMBA) through their website www.tamba.org.uk or by calling 0800 138 0509.

If your supply decreases

Occasionally, when mothers have been expressing for several weeks, the milk supply will suddenly reduce for no apparent reason. Usually, this is just temporary. It does not necessarily mean that you are losing your milk supply. Try not to focus on the amount of milk gathered when you express, but do ensure you are expressing eight to ten times per day. Concentrate on relaxing and take practical steps to trigger milk production:

- Expressing with your baby nearby, breast massage and Kangaroo Care are all helpful ways to increase your milk supply.
- Sometimes changing the method you use to express can also help. For example, if you are double-pumping, try single-pumping with extra massage, or vice versa.
- Hand expression will give you more control over the way your milk is expressed and may also be helpful in other ways too (details are in the section on hand expression on page 23).
- Some mothers say that having a photo of their baby nearby when they express will also help.

It may be helpful to express in short bursts. Try expressing either once an hour, over a period of eight hours in a row, for 15 minutes each session, or every two hours for about 30 minutes each session, if you can manage.

You may need to set some time aside and plan your expressing routine, especially if you have other children or other commitments. This can really help your milk flow and re-establish your pattern.

Drugs to increase milk supply

You may be advised to ask your GP to prescribe a drug to increase your milk supply. Although some mothers have found this type of medication helpful, there is no firm evidence that it is effective, and it is best to avoid any unnecessary medication when breastfeeding. Therefore, we would always advise using techniques described above, such as massage and regular feeds and expression, to increase milk supply. However, this is an area where local opinion and practice vary. You will need to ask for specific advice from the doctors caring for you and your baby.



Engorged breasts

Sometimes the breasts become too full, hard and painful. If engorgement becomes a problem, you need to increase the number of times you express in a day. Expressing more often will also lower the risk of a breast infection such as mastitis (see page 24).

Expressing your milk with a pump

Breast pumps do not pump, suck or pull milk out of the breast. The breast pump removes milk as it flows into the nipple. Therefore, you should make sure you understand fully the following guidelines about milk expression before you begin.

Getting ready

- Give yourself plenty of time to prepare the equipment and express your milk.
- Make sure you have all the bits and pieces you will need close at hand. You will need lids for the bottles, water to drink, a pen to complete the label and a table to put the bottle on whilst you disconnect from the tubing. Tips on sterilising equipment and storing breast milk can be found on page 30.
- Make sure you wash your hands before you start.

Getting comfortable

- Try to sit comfortably, with your back straight. A sturdy chair with arms can make expressing much more comfortable.
- Support your breast from underneath, with fingers flat on your ribs and the index finger where the breast meets the ribs. This supports the breast tissue forward into the funnel.
- Make sure that the nipple is central to the funnel.
- Keep the funnel close enough to the breast to maintain a vacuum, but do not press it too firmly or the breast tissue will be squashed.
- Be careful not to set the suction level on an electric or battery pump too high, since this will cause friction and may make your nipples sore. Try increasing the vacuum on the pump slowly until it starts to feel a bit uncomfortable and then reduce it slightly. It is a good idea to make a note of the best suction level so you can use the same setting the next time you sit down to express.
- Do not try to remove the collection funnel whilst pumping since the vacuum can be strong. It can hurt if you pull away while the pump is running.
- Try gently massaging your breasts when expressing, as this can encourage milk flow (see page 25 for more information about breast massage technique).
- Breast compression (see opposite for details) stimulates the milk



ejection reflex, helping your milk to flow more quickly.

- When you start pumping, you might find that the funnel makes your nipple feel uncomfortable. If this happens, it could be the wrong size for you. In this case, it is worth discussing it with your breastfeeding adviser or nurse. Larger funnels are available, which will make expressing more comfortable. Availability depends on the pump that you are using.

How to do breast compression (deep breast massage)

- 1** Hold your breast pump with one hand.
- 2** Hold the breast with the other hand, thumb on one side of the breast, finger on the other side, fairly far back from the nipple.
- 3** Do not roll your finger along the breast, just squeeze.
- 4** Do not squeeze so hard that it hurts and try not to change the shape of the nipple area (areola).
- 5** When the milk stops flowing, release the squeeze and wait for a short time before compressing the breast again.

Helpful hint

You may find one breast produces more milk, or that one breast flows faster. This is perfectly normal and means that your baby might latch onto one breast for longer when feeding.

Getting more milk

While expressing your milk, changing from one breast to another can help to stimulate the milk ejection reflex (explained on page 17) which can make your milk flow more quickly or come out in spurts. Carry on until the milk flow slows to the occasional drip. The amount of fat in your milk rises as the breast is emptied, so it is important not to restrict the time taken to express milk.

Double-pumping/expressing from both breasts at the same time can save a lot of time.

Research has shown that double-pumping may increase your milk supply, especially if your baby is born very early.



Wearing a halter-neck that has been adapted to hold both collection sets securely may be useful, since it will free your hands while you express. See the useful organisations list on page 41 to find out where to buy this equipment. Some mothers find that adapting a well-fitting bra can also work. You can do this by cutting slits in the end of the cups just large enough to ensure that the narrow point of the funnel can slip through, and ensure that the widest part of the funnel can be placed more snugly against the breast.

Helpful hint

If you are sterilising or cleaning your equipment, make sure that the inside of your funnel is thoroughly air dried, as this will give better suction.

Getting the timing right

- It can be helpful to take one-minute breaks during the session. You can take these breaks every three or four minutes. Massaging both breasts during these rest periods may also help to make expressing more efficient. It is very important to express your milk regularly. At first, it's best to express at least eight to ten times within every period of 24 hours. Later on, you may be able to express less often, depending on how much milk you produce.
- Try to express first thing in the morning, ideally before there are any interruptions.

- You will need to express during the night. Your body's milk production will be boosted by night-time expressing sessions. It can be very helpful to express beside your baby's cot or incubator.

Hand expression

Hand expression is a very important skill to learn, and is a useful 'first aid' technique to drain blocked milk ducts.

When milk ducts (tubes through which the milk is carried) are not emptied properly, they can become blocked and feel uncomfortable. Restoring the milk flow as soon as possible can help to prevent infection (see page 24).

Hand expression will also help you to encourage your baby to feed. You can do this by expressing a few drops of milk onto the end of the nipple for them to taste.

Getting ready

Have a clean towel ready to catch any spills. A wide-mouthed container is also essential, as milk may spurt in several directions at one time.



Taking care of your equipment

If you are using a breast pump for extended periods of time, it is important to maintain your machine and equipment.

It is always a good idea to check the tubing and funnels, as a milky residue can slowly build up, making points of connection less snug. Making sure that equipment is extra clean after every session can reduce loss of pressure and will ensure that your milk is not contaminated by germs.

Technique

- 1 Place your thumb and index finger on either side of the nipple, about three to five centimetres (one to two inches) from the nipple.
- 2 Press gently towards the rib cage.
- 3 Roll your fingers together in a slight downward motion.
- 4 Repeat all around the nipple to ensure that milk is expressed from all areas of the breast.

Problems with expressing

The most common pumping problems with milk expression are sore nipples and small amounts of milk. You might find that the diagram on page 35 helps you understand some of the terms used here to describe parts of the breast.

Sore nipples

To help prevent sore nipples, make sure the funnel is the correct size. If friction is created while expressing, you may need a larger size breast shield. Ask your nurse, midwife or lactation consultant for advice.

Always apply the lowest vacuum setting that will produce milk. High vacuum won't make the milk flow any faster and may make your nipples sore.

Small amounts of milk

It is common for mothers to express only small amounts of milk. Reasons for this can include being in a hurry, a collection set that is too small or not allowing enough time for milk ejection to occur before using a pump.

Infections of the breast

Thrush

Thrush is a yeast infection which can cause pain when expressing, and can be passed from mother to baby when breastfeeding.

The symptoms are painful breasts, or a burning feeling. The nipple can also become red and shiny.

If you think you have thrush, it can be easily treated. It is best to seek advice from the nurses on the neonatal unit. Both you and your baby should be treated.

Mastitis

Mastitis is a breast infection which can be caused by blocked milk ducts, but this is not always the case. It can also be caused by cracked nipples, since infection has a route to enter the breast.

If you have mastitis, you may have some of the symptoms of blocked ducts (see below). However, mastitis also causes flu-like symptoms and a general feeling of being unwell. It may need treating with antibiotics and therefore it is important you consult your doctor.

It is also very important not to stop expressing, as this can make the symptoms worse. Don't worry – your milk is still safe to use.

Blocked ducts

Milk travels to the nipple through tubes called ducts. For a full explanation of the structure of the breast and how it works, see page 35.

Sometimes the milk ducts can become blocked. Symptoms are pain or redness in the area around the blocked duct or a hard lump in the breast.

Blocked ducts can occur when the breast is not well drained, and therefore can be more of a risk for mothers who are expressing their milk. There are many things you can do;

- massage the affected area before and during expressing
- use a hot towel on the affected area or take a hot shower
- express milk with a pump
- avoid underwired bras and tight clothing.

Breast massage technique

Gentle breast massage can help your milk to flow and make it easier to express milk. Begin by applying a warm flannel or towel to your breasts.

You can stroke the area with gentle, feather-like movements (A). Or you can massage your breast with a hand action that rolls the knuckles downwards over the breast (B), beginning at the top of your breast and working towards the areola (darker-coloured skin around the nipple), gradually going over the whole breast (C).

Don't forget to include nipple stimulation. The nipple can either be rolled gently between the thumb and forefinger, or the palm of the hand can be gently moved back and forth over the tip of the nipple.

Then stroke the area under the nipple and areola with flat hands in an upward movement (D).

Massage should feel comfortable, so remember to be gentle. If it is painful, stop, and ask for professional advice. It can also be helpful to ask your partner or a friend to massage your back before you express, as this can also stimulate your milk flow.



Support from your family and friends



For many people, breastfeeding is unknown territory. Important people in your life, your partner, your family or friends for example, may not understand how much hard work is involved in expressing milk for a sick baby, particularly after a long and tiring day. They may not know about the worries you have or the extra time you need.

It might help to share this booklet with your partner so they understand what is happening and feel more involved in decisions and the care of your baby. Partners can all too easily feel helpless and left out during this time, because only the mother can produce breast milk.

It is worthwhile talking through these feelings with your partner and family and reminding them how much you and the baby really need them.

They can become involved and support you in many ways; for example, by setting up your equipment before expressing or washing up afterwards.

Having some privacy

Many women value privacy while expressing their milk. Ask your partner, friends or family to help you out with other tasks, such as making a meal. Milk expression takes up a lot of your time, and added stresses can make it more difficult and frustrating. Try to tell your partner what you need them to do to ensure that your expression sessions are as calm and productive as possible.

Breastfeeding

Eventually, the time will arrive when you can put your baby to the breast. This section of the booklet will help you prepare for that very precious moment.

First cuddles

When your baby is well enough to come out of the incubator, they may be able to be undressed and held against your skin (this is called Kangaroo Care, and is explained on page 14). The first time you hold your baby, there is no need to concentrate on feeding. Just cuddle your little one gently in your arms and talk to them. Your baby will be comforted by the skin contact and by the sound of your voice, which they heard whilst growing in your womb.

Helpful hint

Remember to move your baby towards your breast rather than your breast towards the baby.

When you do put your baby to the breast, they may not actually suck, but they will enjoy your closeness and the taste and smell of the milk expressed on to your nipple. It may be helpful to use pillows to support your back and arms, and to raise your baby so that they are level to the breast. Your baby will feel most comfortable if their head and body are in a straight line and support is given to their neck, shoulders and back.

Starting to breastfeed

Encourage your baby to enjoy being at the breast. Tiny babies love to lap milk and to catch dribbles of milk in their mouths. At the first feed, do not expect too much, since premature babies get tired easily and must gradually learn to suck.

Capturing your baby's interest

Initially, your baby may not show any interest in the breast, particularly if they are being fed every hour, since it is the feeling of hunger that will trigger a baby's demand for milk. Touching their lips and jaw gently may help.

You can also express a little milk directly into their mouth.

Using a breast pump briefly before a feed will also make the milk flow more easily and stretch your nipple, helping the baby to latch onto the breast. Reassure them with gentle handling.

Making it easy for your baby

Try not to be discouraged if your baby appears too sleepy to feed. Placing your baby on one breast and using the breast pump at the other will help your milk to flow more easily, since you get milk ejection on both breasts at the same time. This will help your baby save energy, since all they will have to do is suck and swallow. You will need an extra pair of hands for this.

Helpful hint

To avoid tiring your baby, massage your breasts first, then express a little milk on to the nipple before putting your baby to the breast.

Non-nutritive sucking (NNS)

Many hospitals use this as a method of supporting and encouraging early sucking experiences in babies. Some units provide soothers (dummies) suitable for premature babies. This is called non-nutritive sucking, as the baby is not getting nutrition (milk) while sucking.

Babies can also learn to suck by practising non-nutritive sucking directly at the breast. You can start as soon as your baby's breathing tube is removed.

This method is described as 'dry' breastfeeding. This involves expressing milk which is then tube fed to your baby while your baby suckles on a drained breast. In this way, or with a dummy, your baby will learn to associate sucking with a full stomach.

When your baby can coordinate sucking and swallowing with breathing, you can partially express beforehand to trigger the milk ejection reflex so your baby gets the milk without too much effort. The next step is to put your baby to the breast without expressing first.

How much milk is enough?

As we have mentioned earlier in this booklet, it is important that you do not compare your milk supply or the amount of milk your baby takes with others. It is equally important that you drain the breast you are feeding from, as this will ensure that your baby benefits from the fat rich milk at the end of a feed (see page 18).

Nipple shields

Nipple shields are made of soft silicone and fit over the nipple. They can be a useful tool when breastfeeding a premature baby with a weak suck. They are also sometimes used as a solution for sore nipples, which can be caused by pumping too hard or using the wrong position during breastfeeding.

Nipple shields can be a useful tool when breastfeeding a premature baby. However, they do have drawbacks and should only be used under professional advice and as a short-term measure. With nipple shields, the baby is not positioned directly on the breast. This means less milk may get to the baby, as it has to flow through the shield before it reaches their mouth. Since the nipple is not being stimulated directly, milk ejection may be a little more difficult to achieve. It is important to express following a breastfeed using a nipple shield to make sure that all the milk has been removed from your breast. If you are using nipple shields, you should try to persuade your baby to latch on without them after a few weeks.



Finding additional guidance

Ask your midwife or health visitor for a copy of the DVD entitled *from bump to breastfeeding*. This resource was sponsored by the Department of Health and provides step-by-step guidance about establishing breastfeeding, how to position your baby effectively and specific breastfeeding problems. The DVD is available in English, English with subtitles, sign language, Urdu, Bengali, Somali and Polish.

Long-term goals

It is worth all the effort of expressing milk and establishing breastfeeding when you see your baby growing and developing. This is a commitment to your baby and a real benefit to both of you.

Initially, you might decide that your short-term goal is to continue breastfeeding or expressing until your baby reaches the date when they should have been born.

The longer you breastfeed, the greater the benefits to you and your baby. However, it is your choice how long you breastfeed. You are still really doing a

lot of good for your baby's health and development, even if you provide milk for just a few weeks.

Getting help to establish breastfeeding

If your baby is receiving your freshly expressed milk from a feeding bottle and you really want to establish breastfeeding after your baby has been discharged from hospital, additional support and assistance will be available from one of the breastfeeding support groups listed on page 41 under 'Useful Organisations'.

Milk suppression

If you decide to stop breastfeeding or expressing your milk, it can take a few days before your body receives the signal to stop producing it. Therefore, milk will continue to be made and your breasts may feel very hard and uncomfortable. Whenever possible, it is best to wean down the number of times a day you express your milk slowly, so you can reduce the amount of milk you are producing gradually.

Sometimes, it can be very difficult to suppress the flow of your milk without your breasts becoming full. It is possible to minimise the discomfort by wearing a supportive bra and taking regular analgesia. Ice-cold compresses renewed frequently will also help to relieve discomfort.

However, if your breasts become extremely hard and very uncomfortable, it might be a good idea to express

a small amount of milk to enhance comfort. If you have flu-like symptoms and your breasts become very painful, you may have mastitis. In this case, you will need to see your GP.

Sterilising your equipment

Breast milk is a complex fluid, which requires careful collection and handling.

- Always wash your hands thoroughly before collecting milk.
- Wash the milk collection attachments and bottle in warm soapy water when you have finished expressing and scrub with a bottle brush.
- In hospital; follow the hospital guidelines for sterilising.
- At home; sterilise the milk collection attachments and bottle by heat sterilisation with a steam unit or microwave kit (always follow the manufacturer's instructions, and check that your equipment is microwave-friendly). Utensils can also be soaked in a cold water sterilising solution.

Storing milk

- Many units supply sterile disposable bottles.
- Label each container with your baby's name, date and time of collection.
- Always leave at least one centimetre of free space at the top of the milk container, as milk will expand when frozen.
- Breast milk will keep for 48 hours (unless defrosting) in a refrigerator, as long as it is not stored in the fridge door (the temperature in the door compartments goes up and down when the fridge is opened and closed).
- Milk can be deep-frozen for up to three months.
- Breast milk that has been supplemented with additives should be used immediately. It is not suitable for freezing and defrosting. Your neonatal staff will be able to manage this.
- Milk stored in a freezer with a self-defrost cycle may have a slightly soapy smell. It is not harmful to your baby. However, if it smells sour, do not use it.



Breastfeeding step by step

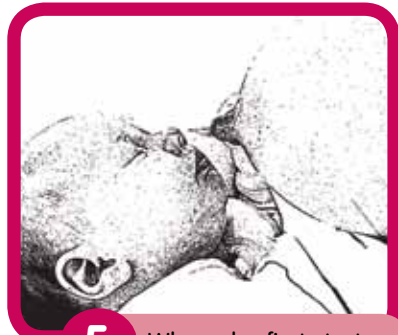
1

Start by holding your baby close to you with their nose level with your nipple.



4

Well latched on, her chin will be against your breast and there will be a little gap between your breast and her nose. You should be comfortable and feel no pain. After some quicker suckling, the baby will slow down into a deeper slower rhythm and they should be relaxed and swallowing.

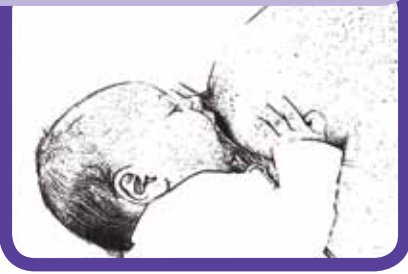


5

When she first starts to suck, your milk may begin to flow very quickly and she may come off. Don't worry about this. Just start again.

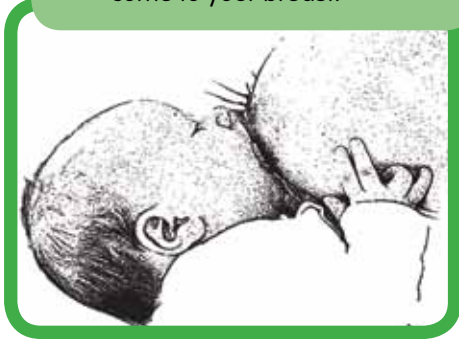
2

She'll reach towards your nipple, her mouth will open wide and you may see her putting her tongue out.



3

When her mouth opens really wide, and she will open wider if you wait a little, bring her shoulders in close so that her head tilts backwards as they come to your breast.



6

If it hurts, you can take her off by slipping your little finger gently into the corner of her mouth to release the suction.



7

Babies come off the breast spontaneously when they have had enough. Then you can offer the second breast if she's still awake.

Leaving hospital

Many mothers feel uncertain about expressing milk on their own once they leave hospital. Here are some practical tips to make things easier.

Your own breast pump at home

If you need to go home before your baby is discharged from hospital, you will need to ask where you can get a breast pump to take with you. You will have got used to the pump that you used in hospital, so if it is working well for you, it may be worthwhile either buying or renting the same machine. A list of breast pump rental agencies and suppliers can be found at the back of this booklet on page 41.

Transporting your milk

An insulated cool box is useful to transport milk on your journeys to and from hospital. Don't forget to label each bottle with your name, and the time and date you expressed your milk. If the milk is defrosted, you will also need to add the time and date when you removed the bottle from the freezer.

Defrosting your milk

The safest way to defrost expressed milk is to remove it from the freezer several hours before you need it and to thaw it in the fridge.

You can also defrost it quickly by holding it under a tap of running water, which is cold or lukewarm (keep the direct stream away from the cap or lid).

Also remember:

- Do not defrost milk in the microwave. Never re-freeze breast milk once it has thawed.
- You can keep thawed milk in the fridge for up to 24 hours.

Breastfeeding support at home

Just because you have left hospital does not mean you must manage breastfeeding alone, with no help. Ask the staff on the neonatal unit to put you in touch with nurses in the community and with volunteer groups that support breastfeeding mothers (see the useful organisations listed on page 41).



References

American Academy of Pediatrics, *Breastfeeding: Latch-on and Let-down*, http://www.aap.org/pubed/ZZZF53YYKRD.htm?&sub_cat=1, 2005.

Biancuzzo M, *Breastfeeding the newborn: Clinical strategies for nurses*, St. Louis: Mosby / Elsevier Science, 2003.

Casemore, *Exclusively pumping breastmilk: A guide to providing expressed breastmilk for your baby*, Gray Lion Publishing, 2004, <http://www.exclusivelypumping.com>

Da Silva OP, Knoppert DC, Angelini MM et al, *Effect of domperidone on milk production in mothers of premature newborns: a randomized, double-blind placebo-controlled trial*, CMAJ 2001; 164 (1): 17–21.

Gross SJ, Slagle TA, *Feeding the low birth weight infant* Clin Perinatol 1993; 20: 193–209.

Hartmann PE, Cregan MD, Ramsey DR, Simmer K, Kent JC, *Physiology of lactation in preterm mothers*, Pediatric Annals 2003; 32 (5): 351–358.

Hedberg Nyqvist K, Ewald U, *Infant and maternal factors in the development of breastfeeding behaviour and breastfeeding outcome in preterm infants*. Acta Paediatr 1999; 88 (11): 1194–1203.

Hurst NM, Valentine CJ, Renfro I, *Skin-to-skin holding in the neonatal intensive care unit influences maternal milk volume*, J Perinatal 1997; 17:213–217.

Jones E, Dimmock PW, Spencer SA, *A randomised controlled trial to compare methods of milk expression following preterm deliver*, Arch Dis Child Fetal Neonatal Ed 2001; 85: F91–F95.

Jones E, Spencer SA, *Promoting successful breastfeeding for mothers of preterm infants (part 1)*. Professional Care of Mother and Child 2001;10(6):145-147.

Jones E, Spencer SA, *Promoting successful breastfeeding for mothers of preterm infants (part 2)*, Professional Care of Mother and Child 2001;11(1):15–17.

Jones E, Spencer SA, *Promoting successful preterm breastfeeding*, in Wickham S (ed), *Midwifery best practice volume 3*, Elsevier Publications, 2005: 209–215.

Jones E, Spencer SA, *Optimising the provision of human milk for preterm infants*. Arch Dis Child Fetal Neonatal Ed 2007, 92: F236–F238.

Kent JC, Ramsay DT, Doherty D et al, *Response of breasts to different stimulation patterns of an electric breast pump*, J Hum Lact 2003; 19(2): 179–187.

Lang S, *Breastfeeding special care babies*, London: Balliere-Tindall, 2003.

Nyqvist KH, *The development of preterm infants' breastfeeding behaviour*, Early Hum Dev 1999; 55 (3): 247–264.

Ramsey DR, Kent JC, Owen RA, Hartmann PE, *Ultrasound imaging of milk ejection in the breast of lactating women*, Pediatr 2003; 113–367.

Riordan J, Auerbach K, *Breastfeeding and human lactation*, Boston: Jones and Bartlett, 1998.

Seema AK, Satyanarayana L, *Relactation: An effective intervention to promote exclusive breastfeeding*, J Trop Pediatr 1997; 43 (4): 213–216.

Steldinger R, Luck W, *Half lives of nicotine in milk of nursing mothers: Implications for nursing*, J Perinat Med 1988; 16: 261–62.

Spencer A, Jones E, Morgan C, Hartmann PE. *Breastfeeding*. OCB Media Ltd 2009. www.ocbmedia.com

Spencer SA, Jones E, *Understanding breastfeeding: how to offer practical help*, Current Paediatr 2002 ;12 (2):93–97.

Julie's story (continued)

From page 6

Day 1

When I took that first look at Marc, he was hardly recognisable. Behind the coloured strands of wires and tubing lay what seemed to be our helpless little boy.

The first day in the neonatal unit was scary (I don't mind admitting it), and I was completely overwhelmed by what I saw. To top it all, I was asked by the nurse looking after Marc if I would express some colostrum for him. I thought that this was a big joke, since I did not even know if I could do it – my breasts showed no signs of being ready to produce milk. The nurse gently explained to me that colostrum was the most natural thing for such a tender fragile baby like Marc to digest – and that it would prepare his gut for when he was ready to take my milk.

I was supported by a fabulous midwife through this time, who gave me great confidence and helped me to understand what a special job I was doing for my son, by giving him a good start to his very early life. Although my feelings were upside down, I started to feel secure in the care of the nursing staff and was happy for my actions to be guided by them.

Day 2

We even managed to see the funny side when Marc's dad and I were trying to gather drops of colostrum from my nipple in a syringe. He was chasing this precious food relentlessly around my nipple until he eventually caught it in the syringe. Later that day, we plucked up the courage to feed our son ourselves. We were shown how to feed him via his naso-gastric tube. Even though this was scary, it was the first time that I felt that I was doing something to help my little boy.

Day 5

Marc was taking to my milk well and had passed meconium – showing to the doctors that his gut was working well. Since Marc was born so early, all his bodily functions were so immature that every step was a great hurdle to overcome. It provided great relief to me that I was finally coming to terms with my ritual of daily expressing, although it was hard to motivate myself, especially during the night. I would always call the neonatal unit at this time, just to ease my mind about my baby's progress.

Day 45

Marc made slow progress with his breathing, we had many ups and downs. He was initially tried on CPAP, a respiratory ventilation method after 23 days. In total, he had three attempts at CPAP but only lasted a few days (or hours on one attempt) before he was reintubated. He just did not have the strength to take this next step – and also had swollen vocal chords – further inhibiting his progress.

I was expressing my milk with a breast pump and for many days felt unmotivated and despondent – so much effort for such little results. But I told myself that if my son was not going to give up, then neither should I. We were in this together.

Day 46

Marc's consultant had told us that he needed to reach 1kg in weight, since at this weight Marc would begin to progress better. After what seemed forever, Marc reached 1kg. He was still on hourly feeds at this time. However, all the work I had done so far with pumping my milk proved to be worthwhile.

Day 54

Marc had now mastered CPAP and because my goal was to breastfeed Marc exclusively, we started to work with the nurses to meet this goal. Firstly a soother was introduced to Marc at the same time that he was tube fed. This helped him to associate sucking with a full tummy. This was part of the Non-Nutritive Sucking programme that I agreed to with the hospital, and found this to be a great benefit to his progress as we could see him sucking well on the soother, which further indicated that his sucking reflex was getting stronger and stronger.

Day 56

Marc was moved to a cot once he was established on CPAP. This was the first time that we could get him out easily. We started now to tube feed him at the same time as holding him to my breast. On many occasions he had my nipple in his mouth and I could feel him gently caressing it with his tongue and mouth. This was a beautiful bonding experience. By now, Marc was 1.25kg.

Day 70

Marc was having time off his CPAP; four hours off and eight hours on. During this time we took every opportunity to bond with our son.

Marc had his first proper breastfeed. I was supported by the hospital Feeding Adviser who guided me towards some good techniques, which helped me to feed Marc better.

Although he only lasted five minutes, I had an overwhelming sense of achievement; we had reached a real milestone.

Day 74

We agreed with the hospital that I would try to feed Marc at least once a day. He was now on two hourly feeds. The Paediatric Consultant was concerned that Marc would use the energy he needed for growing for his feeding and therefore would not put on sufficient weight.

Day 84

Now on three hourly feeds, I was getting into the routine of being at the hospital for most of the day to be on hand when Marc wanted to feed. Together, I worked out with the hospital that I would tube-feed him and breastfeed him at every alternative feed. At the times during the night when I could not be there, the nurse cup-fed him (to help him to build on his suck, breathe, swallow coordination).

Day 86

I was feeding Marc and still needing to pump to maintain my milk supply and further ensure that there was sufficient fresh milk for Marc during the nights when I could not be there.

Because of this aggressive routine, my nipples were very tender and I developed thrush. It was quite painful, but once the hospital gave me advice on the type of treatment that I needed and started to treat Marc in tandem, it soon cleared up and we carried on breastfeeding.

Day 92

Marc's ability to suck slowly increased. We progressed to taking him home during the day with his NG (nasogastric) tube still in place, just as back-up. It was a long slow process, but with the great support of the nurses and the breastfeeding adviser, and his father, Marc is now a fully breastfed baby. It has been a tremendously difficult task to keep going throughout all the ups and downs of having a premature baby – but all that effort has paid off. It takes real commitment from the mother, real strength from the baby and total encouragement from all around.

Three years on...

Marc continued to be exclusively breastfed until I started to wean him at eight months (from his birth date). I guess I wanted to ensure that he maintained his weight gain and wellbeing. He took to solids really well and had a good appetite. Breastfed babies are used to the taste changes of breast milk (depending on what mum eats), and so adapt easily to new foods.



Marc grew well and developed nicely. He has grown into a happy, confident little boy. He does have developmental delay due to his prematurity, and has had a few hospital stays, because when he gets a cold it affects his breathing. During his first few stays in hospital all he would take was my milk. Now if he is ever ill this is all he wants. I guess he just wants the security, and I want to make him feel safe. I did some research on the benefits of breast milk and learned that it was really beneficial for preterm babies since it aids their brain development (which I wanted for Marc). I also believe that breast milk is good for their tummy, since Marc has had fewer tummy upsets in his short life than his peers. So because of all these things I am still breastfeeding Marc at night. It really does settle him.

I know that long-term breastfeeding is not for everyone; it's a choice you make. It is partly me and partly Marc that chose to carry on breastfeeding, but maybe it is because the anxiety of having an extremely premature baby never really leaves you.

Useful organisations

Breastfeeding equipment and support and other practical items

Hand pumps and battery-operated pumps are available to buy in most large chemists and supermarkets.

Ameda

For Ameda Personal Breastpumps and Accessories:

Hardenberg&Co Ltd

† 0845 009 1789

www.ameda.co.uk

For Ameda hospital breastpumps and breastpump rental:

Central Medical Supplies Ltd

† 01538 399 541

www.ameda.co.uk

Angelcare

Produces a range of sound and movement monitors as well as nappy disposal systems.

† 0845 009 1789

www.angelcare-uk.co.uk

Cuski baby comforter

Produces a range of baby comforters.

† 01829 771 825

e info@cuski.co.uk

www.cuski.com

La Leche League

Breastfeeding help and information.

Helpline 0845 120 2918

www.laleche.org.uk

Mothercare

Produces a range of baby products including premature clothing. Available in store and online.

† 08453 304070

www.mothercare.com

Pampers

Produces specialist micro and premature nappies.

† 0800 328 3281

www.pampers.co.uk

UNICEF UK Baby Friendly Initiative

Leaflets, information and research about breastfeeding.

† 0844 801 2414

www.babyfriendly.org.uk

Breastfeeding: support groups

Association of Breastfeeding Mothers

Helpline 0870 401 7711

www.abm.me.uk

Breastfeeding Network

An information website dedicated to the promotion of breastfeeding.

www.breastfeeding.co.uk/bfn

Lactation Consultants of Great Britain

A consortium of lactation and breastfeeding experts who support mothers to breastfeed.

e info@lcgb.com

www.lcgb.com

National Childbirth Trust

The NCT supports mothers and fathers through the experience of pregnancy, birth and early parenthood.

Breastfeeding Helpline: 0300 33 00 771

General enquiries: 0300 33 00 770

www.nctpregnancyandbabycare.com

La Leche League

Breastfeeding help and information.

24 hour Helpline 0845 120 2918

www.laleche.org.uk

UK Association of Milk Banking (UKAMB)

Information on how to become a milk donor. † 020 8383 3559

e info@ukamb.org

www.ukamb.org

Unicef UK Baby Friendly Initiative

Information and advice about breastfeeding.

† 020 7312 7652

www.babyfriendly.org.uk

Counselling and advice

The Association for Postnatal Illness

Helpline 020 7386 0868

www.apni.org

Birth Trauma Association

Offers support to all women who have had a traumatic birth experience.

www.birthtraumaassociation.org.uk

Bliss Counselling Service

Aims to help you find a counsellor trained in the issue surrounding prematurity.

† 0500 618 410

www.bliss.org.uk

British Association of Counselling and Psychotherapy (BACP)

Provides a search facility to help you find a local counsellor or therapist.

† 01455 883 316

www.bacp.co.uk

Cry-sis

Support for families with excessively crying, sleepless and demanding babies.

Helpline 08451 228 669

www.cry-sis.org.uk

Dad Talk

A place where fathers can share ideas and find information.

www.dadtalk.co.uk

Fatherhood Institute

Information on fatherhood and dad-friendly services.

† 0845 634 1328

www.fatherhoodinstitute.org

Foundation for the Study of Infant Deaths (FSID)

Information on infant health, baby care and sudden infant deaths.

Helpline 0808 802 6868

www.fsid.org.uk

Gingerbread

Information and support to lone parents through a network of local groups. **Helpline** 0808 802 0925

www.gingerbread.org.uk

Home-Start

Support for families with young children.

Freephone 0800 068 6368

www.home-start.org.uk

NHS Pregnancy Smoking Helpline Helpline

0800 169 9 169

www.smokefree.nhs.uk

Parentline Plus

Offers support to anyone parenting a child.

Helpline 0808 800 2222

www.parentlineplus.org.uk

Patients Association

Campaigns to improve healthcare services and provides advice on dealing with problems or complaints.

Helpline 0845 608 4455

e helpline@patients-association.com

Relate

Offers advice, relationship counselling, and support face to face, by phone and online.

www.relate.org.uk

Samaritans

Confidential counselling service.

† 0845 790 9090

e jo@samaritans.org

www.samaritans.org.uk

Tiny Life

Northern Ireland's premature and vulnerable baby charity.

† 028 9081 5050

www.tinylife.org.uk

Benefits and financial support

Citizens Advice

Provides advice and information and details for your local bureau.

www.citizensadvice.org.uk

Directgov

Information and factsheets about benefits and other money topics.

www.direct.gov.uk

Family Fund

Financial help for families of disabled and seriously ill children, under the age of 16.

† 0845 130 4542

Textphone 01904 658 085

www.familyfundtrust.org.uk

Foresters Friendly

Straightforward financial solutions with a human touch

† 023 8022 9655

www.forestersfriendlysociety.co.uk

National Debtline

Free, confidential and independent advice about debt problems.

Helpline 0808 808 4000

www.nationaldebtline.co.uk

Tax Credits Helpline

Provides advice to families on tax credits.

† 0845 300 3900

www.hmrc.gov.uk

Turn2us

To access benefits and grants.

† 0808 802 2000

www.turn2us.org.uk

Working Families

Information and details on employment rights, childcare and flexible working.

† 020 7253 7243

www.workingfamilies.org.uk

Travel and car safety

British Insurance Brokers Association

Insurance advice and products.

† 0870 950 1790
www.biba.org.uk

Child Accident Prevention Trust (CAPT)

† 020 7608 3828
www.capt.org.uk

Royal Society for the Prevention of Accidents (RoSPA)

Gives advice on purchasing, fitting and using car seats for children.

† 0121 248 2000
www.rospa.co.uk

Vitalair

Information about where to get oxygen supplies when travelling abroad.

† 0800 136 603
www.vitalair.co.uk

Multiple births

Multiple Births Foundation

For information and support.

† 020 8383 3519
www.multiplebirths.org.uk

Twins and Multiple Births Association (TAMBA)

Helping parents to meet the challenges that multiple birth families face.

Twinline 0800 138 0509
www.tamba.org.uk

Disability and medical problems

British Heart Foundation

Helpline 0300 330 3311
www.bhf.org.uk

British Lung Foundation

Support and advice as well as a network of Breathe Easy support groups.

Helpline 0845 850 5020
www.lunguk.org

Cerebra

Foundation for brain-injured children and young people.

† 01267 244 200
Helpline 0800 328 1159
www.cerebra.org.uk

Cleft Lip and Palate Association

Information and support.

† 020 7833 4883
www.clapa.com

SCOPE

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