

Dr. Brown's Medical Webinar Q and A

Infant Feeding Journey Part 1 -12.9.21

Q: What do you recommend for infants on donor milk or oral care or tastes?

A: Use what the infant has available to them for oral care or tastes- mom's own milk or donor milk are best.

Q: What kind of written material do you provide to your families to support these practices?

A: We have support materials that feature Nurturing In The NICU practices and also kangaroo care information. All information should support or supplement in-person education, parents may already be overwhelmed with information and paperwork.

Q: What is in the (Oral immune therapy) bag?

A: Mini cups, syringes and OIT [two-page] card (see below).

Your First Gift To Your Baby

Oral Immune Therapy

Your milk is a precious gift for your baby. It provides benefits that can't be given in any other way.

Fresh breast milk will strengthen your baby's immune system and provide protection against many illnesses.

Fresh breast milk promotes the healthy growth of your baby. It is optimal food to help your baby thrive and grow.

Colostrum (early breast milk) has additional special benefits. It contains additional defenses against infection, growth factors to help baby's tummy develop, and substances that reduce your baby's stress and pain levels.

Oral Immune Therapy (OIT) is putting small drops of fresh breast milk into your baby's mouth several times per day. OIT allows your baby to get the benefits of fresh milk right away, even if he/she is too premature or sick to breastfeed.

Fill the provided syringes with 0.1 mil of fresh breast milk and bring them to the NICU to be used for OIT. Ask your nurse for labels.

Give your precious baby the gift that only you can give!

CHILDREN'S HOSPITAL AT PENNSYLVANIA

How to Establish a Good Milk Supply

Start pumping or hand expressing as early as you can after baby's birth. Starting within 3 hours after birth is ideal for establishing a good milk supply.

Pump often. The breasts operate on a supply/demand system. The more you pump, the more milk you will make. Keep your pumping log up-to-date.

To establish a good supply, pump 8-10 times per day with no more than 6 hours between pumping at night. It's best to get 6 hours of uninterrupted sleep.

Use a hospital grade breast pump, which is available to you in our Mother-Baby Unit as well as in the NICU. Ask your nurse or lactation specialist to have one brought to your room if needed.

Many moms find that hand expression of breast milk is very helpful in the beginning. For more information about this technique, Google "Stanford University Hospital Hand Expression." A video will come up that gives excellent instructions. Studies show hand expression prior to pumping can increase your milk supply.

Q: What neuroprotection activities would you recommend for babies after they leave the NICU?

A: One big strategy that translates from the NICU to home is the recognition and understanding of infant cues. Many infants may discharge while still preterm, so it's still important for families to recognize signs of stress and to not overwhelm infants with audio or visual input.

Q: Is there evidence about using formula if mother's milk is not available for pre-feeding? (ie. Mom isn't pumping or mother is unavailable)

A: Use what the baby has available to them. The current literature focus demonstrates unique benefits of breast milk, such as supporting the healthy GI microbiome. We are not aware studies on the use of formula, however that may not mean it is contraindicated.

Q: If steroids are proven to be so important to development, why aren't they included in prenatal care for all mothers?

A: The American College of Obstetricians and Gynecologists does recommend antenatal corticosteroids between 24-33^{6/7} weeks pregnant women at risk for preterm delivery within 7 days. There are also considerations for administration for pregnant women between 34-36^{6/7} weeks if delivery within 7 days is at risk. Please see the ACOG recommendations for details: [Antenatal Corticosteroid Therapy for Fetal Maturation | ACOG](#)

Q: What video was used with the parents to prepare them for the first feeding?

A: Our unit had a homemade video of a therapist feeding a baby, showing readiness cues, and tipping techniques.

Q: What medicine was mentioned that could help the babies with upset stomach; gut-brain connection?

A: There was no specific medication mentioned to administer for an upset stomach. The discussion on the gut-brain connection was to emphasize the importance of a healthy gut microbiome to support long-term mental health. A healthy microbiome also likely has a significant impact on feeding tolerance and GI comfort – less gas/bloating/distension. The best support of a healthy neonatal microbiome is to support use of mother's own milk – that is the key "medicine". There are medications that cause gastric distress and being mindful of the timing and possible effects of those medications when considering timing for oral feeding experiences was mentioned.

Q: What gestational age or respiratory support do you start NNBF?

A: Our unit used the Infant Driven Feeding™ protocol, so no earlier than 32 weeks gestation, and other individualized factors including being off Bubble CPAP were taken into consideration.