

● Consultant's corner: the not very effective nurser

A baby who loses weight is worrisome, and rightfully so, for both the mother and the health professionals on the maternity ward. Often, a mother's milk production is questioned. Complementary feeds of formula milk, often given with a bottle, are introduced and continued breastfeeding can be at risk. The following concrete case can show a different way of handling the situation

Mrs. R has two children whom she breastfed. She gave birth to Eric at 36 weeks gestation. He weighed 2930g. After a brief contact with his mother, he was placed in an incubator for 2.5 hours because his body temperature was a bit low, and this despite the mother's repeated requests to do skin to skin contact with him to warm him up. There was no breastfeed in the delivery room and the baby fell asleep in the incubator.

During the day, the mother tried to offer the breast regularly by watching the baby for signs of wakefulness, but without success: Eric was very sleepy, barely opened his mouth and did not nurse. The first feeding, (or at least that which most closely resembled a feed) occurred 11 hours after his birth. The latch was painful; according to the mother the baby was not taking enough of the areola in his mouth.

During the second and third days the mother called Charlotte Bodeven, who was out of town. Charlotte suggested over the phone that she hand express 1 to 2 tsp of colostrum 8 times in 24 hours to feed the baby. Unfortunately, without a demonstration to illustrate the technique, the mother is unable to express. The hospital staff insistently proposes complementary feeds. Eric now weighs 2600g and his weight loss is close to 10%. They threaten to transfer the baby to the neonatology unit. On the telephone advice of the LC, the mother asks for a breast pump and pumps her milk so that, as much as possible, the complementary feeds be of her own milk. It was not possible to get a double pump and the mother commented with humor "a single pump is draining!"

After the mother has been discharged from the hospital, the consultant meets the mother. She checks the shape of the baby's mouth. Everything is fine, the baby just has a hard time opening his mouth wide enough, a problem which will take time to improve. She supplies the mother with a double pump. The formula milk supplements are completely dropped. She suggests that the mother offer Eric (who is still very sleepy) the breast 8 times in 24 hours by watching for signs of wakefulness. His feeds are then supplemented with the milk pumped at the previous feed.

The mother has a hard time following the recommended regimen of pumping 8 times per 24 hours, or even the 6 necessary ones, but the volume pumped is increasing regularly (20 to 30 ml on day 5 and up to 60-90 ml after 8 days of regular pumping) and the baby is gaining weight well. The mother pumps 4 to 5 times a day for 10 days and supplements the minimum of 8 daily feeds (which are offered by the mother since the baby still sleeps a lot). The feeds are supplemented with a finger feeder when Eric won't take the breast and with a SNS when he is willing to nurse.

Eric regains his birth weight in 2 weeks. At this point, he has regained some strength and nurses more vigorously. From one day to the next he begins to signal to be fed much more often and the mother does not have time to pump at all. All his

milk is taken directly from the breast and his weight gain continues regularly in the coming days.

To handle this situation, the following texts were used:

- **Recommendations for accompanying babies born at (35) 36-39 weeks but not yet term. (Molly Pessl, IBCLC Evergreen Perinatal Education)**
- **The Breastfeeding Academy of Medicine's Protocol n° 10 – Breastfeeding the near term infant (35-37 weeks gestation).**