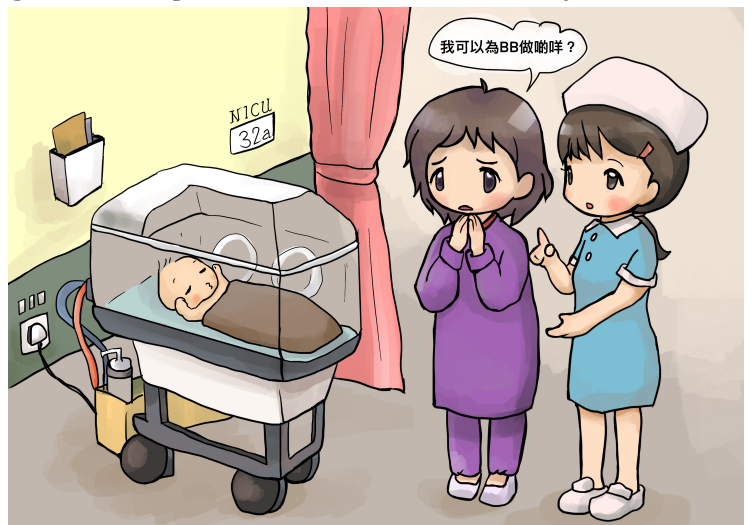


Nurturing the Preemies with Baby-Friendly Neonatal Care

Ms. IP Mun Yee

IBCLC, Associate Nurse Consultant
Department of Paediatrics
Prince of Wales Hospital

Giving birth to a critically ill infant that requires admission to the Neonatal Intensive Care Unit (NICU) puts an enormous burden on the new mother, as the NICU is a challenging and stressful environment for growing preterm infants and their mothers.^{1,2} It is often a formidable task for parents to bond and establish loving relationships with their preterm infants in the NICU. The preemies who survive the neonatal period often suffer from short- and long-term complications. Nonetheless, early breastmilk feeding is known to be associated with a decrease in mortality and morbidity, as well as an improvement in the neurodevelopmental outcomes of these infants.³ Hence, the mothers of this neonatal population have a profound need for lactation support. As neonatal nurses, it is our responsibility to nurture the preemies with baby-friendly approaches and support breastfeeding.



Baby-friendly Neonatal Care: From Birth to Discharge

Baby-friendly neonatal care has been strongly recommended to improve health outcomes, particularly for the preterm infants. The persistent lack of physical contact between the mother and infant results in negative impacts on the physical and psychological health of the dyad. Our unit provides baby-friendly care to both infants and parents from birth to discharge. These evidence-based practices, including early lactation consultation, early breastmilk expression and colostrum administration, kangaroo care and breastfeeding coaching before discharge, are vital for improving the health of the vulnerable preterm infants.

Early Lactation Consultation

Early lactation consultation sessions aim to promote early breastmilk use in preterm infants below 32 weeks of gestation without increasing maternal stress. As most of the infants are critically ill, rendering them difficult to tolerate direct breastfeeding at birth, **education, motivation and support for early breastmilk expression are essential for mothers to successfully establish and sustain breastmilk production.** These sessions are conducted by Lactation consultants (LCs) when the mothers first visit their babies in the unit. They provide breastfeeding counselling, as well as encourage and support mothers to express their breastmilk. They also give advice on the safe handling, storage, and transportation of expressed breast milk.

Early Oral Administration of Colostrum⁴

We aim at early oral administration of colostrum to the infants, usually within 6 hours of birth or as soon as it is available, even if they are not on any oral feeds. Nurses apply the colostrum to the infants' buccal mucosa bilaterally, using a syringe, every 4 hours from birth to day 5, provided there are no special contraindications. Immune proteins such as secretory-IgA and lactoferrin have been shown to be absorbed after early oral colostrum administration onto the buccal mucosa.⁴ As colostrum from mothers of preterm infants is especially rich in immune factors, **this anti-infective properties of colostrum provide the first line of defense, protecting the preemies from infections and complications of preterm birth.** Moreover, early colostrum administration may also be a strong motivator for the mothers to initiate milk expression and build up a good milk supply for their sick infants in the longer term.

Kangaroo Care

Kangaroo care has positive effects on shortening the length of hospital stay for preterm infants and developing higher volumes of expressed milk for their mothers.⁵ It has also an important role when transitioning from enteral feeding to direct breastfeeding. However, case complexity is the main perceived barrier to implementing kangaroo care



in the NICU. Critically ill preterm infants have different equipment like ventilator tubing, central lines and monitoring wires, etc. attached to their tiny bodies. The staff or parents may be terrified to take these babies out of the incubators or hold their fragile bodies. Neonatal nurses need to balance between parents' intolerance and the benefits of kangaroo care. We have the responsibility to explain to parents the merits and recommend a suitable time to initiate the care. For example, once a baby is extubated to non-invasive ventilation or when the acute respiratory problem is resolved, the nurse would assess the baby's readiness and if appropriate, invite the parents to perform kangaroo care.

Breastfeeding Coaching in the Peri-discharge Programme

Lactation consultants provide one-on-one breastfeeding coaching to mothers of preterm infants before discharge. At the time of hospital discharge, preterm infants would usually have experienced an arduous journey, and mothers would often feel anxious and have many questions about how to breastfeed their babies.^{1,6} The **Peri-discharge Programme** is a comprehensive programme that includes **breastfeeding coaching** which **aims to ensure a positive transition from cup or bottle feeding to direct breastfeeding before discharge**. LCs would perform breastfeeding assessment afterwards to ensure that the mothers are competent to breastfeed their preemies. Indeed, preemies have their own pace in learning to suckle directly from the breast and they usually require weeks for the transition. We help mothers to take their time with transitioning to direct breastfeeding rather than rushing into it, otherwise they would be disheartened when direct breastfeeding does not work immediately.

Baby-friendly Care in the Premie's Journey

The journey of a preterm baby in NICU is fraught with uncertainties and challenges to survival. We strive to make the unit homely and welcoming, as well as provide comprehensive care to the preemies by integrating lactation support to the mothers during this critical period. Baby-friendly practices, such as early lactation consultation, early oral administration of colostrum, kangaroo care and peri-discharge breastfeeding coaching, not only help to reduce parental stress and empower parents to take care of their sick infants, but go a long way in nurturing the health and development of the preemies.

Key Messages:

1. Neonatal nurses take on the responsibility to improve health outcomes for the pre-term infants through nurturing the preemies with baby-friendly approaches and fully supporting breastfeeding.
2. Baby-friendly practices, such as, early lactation consultation, early colostrum oral care, kangaroo care and breastfeeding coaching in the Peri-discharge Programme, are adopted to ensure seamless support to the preemies and their parents from birth to discharge.
3. Through these integrated approaches, the neonatal nurses not only help enhance the efficacy of lactation support in the NICU, but also enable parents to have more access to their infants and empower them to become the primary caregivers of their infants.

References:

1. Aagaard, H., Uhrenfeldt, L., Spliid, M., & Fegran, L. (2015). Parents' experiences of transition when their infants are discharged from the Neonatal Intensive Care Unit: a systematic review protocol. *JBI database of systematic reviews and implementation reports*, 13(10), 123–132.
2. Al Maghaireh, D. F., Abdullah, K. L., Chan, C. M., Piaw, C. Y., & Al Kawafha, M. M. (2016). Systematic review of qualitative studies exploring parental experiences in the Neonatal Intensive Care Unit. *Journal of clinical nursing*, 25(19-20), 2745-2756.
3. Sankar, M. N., Weiner, Y., Chopra, N., Kan, P., Williams, Z., & Lee, H. C. (2022). Barriers to optimal breast milk provision in the neonatal intensive care unit. *Journal of perinatology: official journal of the California Perinatal Association*, 42(8), 1076-1082.
4. Maffei, D., Brewer, M., Codipilly, C., Weinberger, B., & Schanler, R. J. (2020). Early oral colostrum administration in preterm infants. *Journal of perinatology: official journal of the California Perinatal Association*, 40(2), 284–287.
5. Narciso, L. M., Beleza, L. O., & Imoto, A. M. (2022). The effectiveness of Kangaroo Mother Care in hospitalization period of preterm and low birth weight infants: systematic review and meta-analysis. *Jornal de pediatria*, 98(2), 117–125.
6. Briere, C. E., McGrath, J., Cong, X., & Cusson, R. (2014). An integrative review of factors that influence breastfeeding duration for premature infants after NICU hospitalization. *Journal of obstetric, gynecologic, and neonatal nursing: JOGNN*, 43(3), 272-281.

Further Reading:

1. Brito, S., Williams, A., Fox, J., Mohammed, T., Chahin, N., McCarthy, K., Nubayaat, L., Nunlist, S., Brannon, M., Xu, J., & Hendricks-Muñoz, K. D. (2023). Lactation Support as a Proxy Measure of Family-Centered Care Quality in Neonates with Life-Limiting Conditions-A Comparative Study. *Children (Basel, Switzerland)*, 10(10), 1635.
2. Gupta, S., & Parikh, T. (2020). Optimizing Own Mother's Milk Supply for NICU Babies. *Journal of Neonatology*. 34(1-2), 83-87.
3. Mercado, K., Vittner, D., Drabant, B., & McGrath, J. (2019). Neonatal Intensive Care Unit-Specific Lactation Support and Mother's Own Breast Milk Availability for Very Low Birth-Weight Infants. *Advances in neonatal care: official journal of the National Association of Neonatal Nurses*, 19(6), 474-481.

Views expressed in this article are the author's and do not necessarily reflect the opinion or position of the BFHIHKA.

Editor-in-Chief: Dr Shirley Leung

Editorial Team: Mrs Francis Au, Ms Sally Wan, Ms Sing Chu, Dr Annie Fok, Ms Ivy Yiu, Ms Julia Yeung, Dr Ana Lee, Ms Tracy Ling, Ms Wong Ka Yin, Ms Lo Ka Yee

P.4



Baby Friendly Hospital Initiative
Hong Kong Association
愛嬰醫院香港協會

Website: www.babyfriendly.org.hk
Baby Friendly Hotline: 2838 7727 (9am-9pm)
General Enquiry: 2591 0782, Fax: 2338 5521
Email: info@bfhihka.org.hk
Address: 7th Floor, SUP Tower, 75-83 King's Road, Hong Kong

Supported by:

