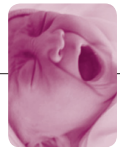

28 Days

Strategies to Support Sustained Breastfeeding of Late Preterm Multiple Birth Infants

JOAN ESPER KUHNLY

Breastfeeding has been promoted as the optimal form of infant nutrition for the first year of life by organizations such as the World Health Organization, Academy of Breastfeeding Medicine and American Academy of Pediatrics (Eidelman, 2012). The evidence of the benefits of breastfeeding and human milk for women and infants is plentiful (Bennington, 2011). The purpose of this article is to identify strategies nurses and other clinicians can use to support breastfeeding in late preterm multiple infants.

Late Preterm and Multiple Birth Infants

Both late preterm infants and multiple birth infants have been identified as having physiologic vulnerabilities, such as thermoregulation,

Abstract Strategies to support sustained breastfeeding in late preterm multiple birth infants include developing a family-centered feeding plan in collaboration with the medical team, assessing and supporting breastfeeding sessions, promoting lactogenesis with pumping or manual expression, and activating a support system for families. DOI: 10.1111/j.1751-486X.12236

Keywords breastfeeding | late preterm | multiple birth

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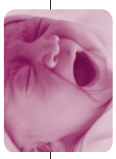

poor feeding stamina and poor weight gain, that could challenge sustained breastfeeding (Academy of Breastfeeding Medicine, 2011; Damato, Dowling, Madigan, & Thanattherakul, 2005; Meier, Furman, & Degenhardt, 2007). Ostlund, Nordstrom, Dykes, and Flacking (2010) examined sustained breastfeeding rates for preterm twins for the first year of life. At 2 months, 79 percent of preterm twins sustained breastfeeding, but at 12 months, the rate decreased to 6 percent. This study also identified maternal smoking and lower level of education as factors associated with cessation. Additionally, Geraghty, Pinney, Sethuraman, Roy-Chaudhury, and Kalkwarf (2004) found breastfeeding initiation rates to be lower in multiples than they are in singletons. The literature has identified other reasons for unsustained breastfeeding, including perceived or actual lactogenesis failure, maternal or infant illness, breast infections or retracted nipples, low breastfeeding self-efficacy, lack of support and maternal time commitments (Academy of Breastfeeding Medicine, 2011; Damato, Dowling, Madigan, et al., 2005; Flidel-Rimon & Shinwell, 2006).

Both late preterm infants and multiple birth infants have been identified as having physiologic vulnerabilities, such as thermoregulation, poor feeding stamina and poor weight gain, that could challenge sustained breastfeeding

Breastfeeding and Vulnerable Populations

Lactogenesis II occurs a few days after birth, when the small volume of colostrum changes over to larger volumes of mature milk (Neville, Morton, & Umemura, 2001). The physiologic vulnerabilities of late preterm infants often threaten lactogenesis II, since a weak feeder does not provide frequent mammary stimulation and, therefore, limits the establishment of prolactin receptors, which results in a low milk supply, whether it is perceived or actual (Academy of Breastfeeding Medicine, 2011; Meier et al., 2007).

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Damato, Dowling, Standing, and Schuster (2005) found that breastfeeding practices for multiples that are time-consuming lead to breastfeeding cessation. If infants alone can't stimulate a milk supply effectively, then breastfeeding women must provide additional stimulation to protect lactogenesis II, securing an adequate milk supply for multiple infants, which can indeed require significant time commitments. Evidence suggests using manual techniques for milk expression in addition to pumping is the most effective method of promoting lactogenesis II (Morton et al., 2009). This process of "triple

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