

Late Preterm Feeding Guideline

Age:	6-12 hours	12-24 hours	24-48 hours Day 2	48-72 hours Day 3	72-96 hours Day 4
Feeding Pattern	2-4 successful feedings	4 + successful feedings	8+ successful feedings	8+ successful feedings	8+ successful feedings
Expected Intake	5-10 ml	5-15ml	15-30ml	20-30ml	
EMB/formula Supplements	supplement with 5-10mls of EBM/DM or Formula	Continue to supplement of 5-10ml EBM/DM or formula	Supplement 10-20ml of EBM/DM or Formula	Supplement 20-30ml of EBM/DM or Formula	Supplement 30-45ml with EBM/DM or Formula
Stomach Capacity	4-7ml	7-14ml	22-27ml	30-45ml	
Output	One or more urine One or more stool	2 urines 2 stools	3-4 urine 3-4 stools	4+ urine 4+ stools	
Potential feeding Difficulty from birth to 40+ weeks Post Conception Age	<ul style="list-style-type: none"> • Sleepy infant • Few and short awake periods • Early fatigue • Less stamina • Shut down • Weak/immature suck • Easily overstimulated 			<ul style="list-style-type: none"> • Disorganized Suck • Difficulty sustaining Latch • Low Tone • Respiratory Instability • More vulnerable to infection • Greater delays in bilirubin excretion • Low Milk Transfer 	
Potential maternal Risks	Prolonged colostrual phase Delated onset of milk production due to: diabetes, obesity, C/S, PIH, treatment for preterm labor, PROM				
Protective	<ul style="list-style-type: none"> • Unlimited skin/skin contact • Avoid head flexion • Helps modulate infant state • Avoid resting breast on infant's chest • State overload may cause infant to shut down • Cross cradle position • Nipple shield use compensates for weak suck • Dancer hand position for jaw stabilization • Avoid use of pacifiers • Hand expression of colostrum assist with initiation • Alternate breast massage /compression at pauses while 				

		feeding	
Unsuccessful Latch		<ul style="list-style-type: none"> • Encourage skin/skin and continue to wake infant and feeding attempts every 2-3 hours. • Initiate pumping and hand expression of colostrum. • Give appropriate amounts of EBM or formula supplementation as listed above or as provider directed. • If supplementation is determined to be necessary begin feeding using “alternative measures,” such as spoon, cup, syringe, or finger-feeding, SNS, and paced bottle feedings 	
Weight Loss (notify md)	< 3% from 12-24 hours	< 5% 24-48 hours	< 7% 48-72 hours
Breast Pump	Pump every 2-3 hours (8-12 times a day) for 15-20 minutes per pumping session with no more than a 5-hour interval at night. Dual pumping using a hospital pump is recommended with hand expression afterwards. Pumping should continue until milk is in, supply is well established, and infant able to gain weight effectively with all feeds.		
IBCLC	1 breastfeeding per day needs to be observed and documented by IBCLC Provide written post discharge feeding plan & recommend hospital grade rental. *Post discharge outpatient Peds visits are recommended until exclusive breastfeeding and wt gain is normal.		

Academy of Breastfeeding Medicine Protocol Committee. (2005). *ABM clinical protocol# 10: Breastfeeding the late preterm infant (34-36 6/7 weeks gestation) revised 2011.*