Breastfeeding your premature baby

www.bliss.org.uk
Quality of life – essentially a gift

BLISS, the premature baby charity, and Medela jointly provide this booklet to support mothers with premature babies in their decision to breastfeed. From the beginning, the love and protection you give your baby is vital for his/her health and wellbeing.

About Medela
Medela is committed to supporting mothers in their decision to breastfeed. We supply research-based products to professionals and families and are delighted to provide continued support for this booklet.

Medela is a privately owned company with its head office in Switzerland. Three business groups, Breastfeeding, Neonatology (Phototherapy systems) and Suction Technology, provide a complete range of products for consumers and health professionals alike.

Extensive research on electric breast pumps initiated by Medela and conducted by Professor Peter Edwin Hartmann and his team at the University of Western Australia, has led to the development of our 2-Phase Expression® technology (stimulation and expression), the only research-based breast pump technology that mimics babies’ nursing rhythms, resulting in a faster milk ejection reflex, increased milk flow and reduced pumping time.

Medela breast pumps are designed to meet the many needs of nursing mothers, and are available in hospital-grade, double and single electric and manual models for use at home, which will help you to offer your baby the very best start in life. You can hire our hospital-grade pumps should your unit not have one to loan you. We also provide other breastfeeding-related products, such as bra pads, storage bottles or special feeding devices. We have a midwife and lactation consultant on our staff who is available to offer support and advice should it be needed.

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Our lovely baby son Marc was born at 24 weeks, weighing only 620 grams. This was naturally a big shock since we were not expecting him to arrive for another three months.

The moment I walked into the neonatal unit, I was in complete shock. I could not comprehend where I was or what had happened and all my hopes and dreams were shattered.

All I had wished for was a healthy, strong, baby whom I could care for.

It has been a long slow process, but with great support from the nurses, the breastfeeding adviser and his father, Marc is now a fully breastfed baby. It has been a tremendously difficult task to keep going throughout all the ups and downs of having a premature baby – but all that effort has paid off.

It takes real commitment from the mother, real strength from the baby, and total encouragement from everyone around.

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Deciding whether to breastfeed

While you were pregnant, you probably imagined what life would be like once your baby had arrived, and how you would care for your baby. The fact that your baby has now been admitted to a neonatal unit may have come as an enormous shock.

However, the good news is that you can still do many of the things you have planned. It is still possible to breastfeed, even if your baby has been born very early. This booklet has been written to give you information and support.

Benefits for your baby

The doctors looking after your baby may have discussed the benefits and value of breast milk with you:

- Breast milk can help your baby’s progress.
- Breast milk is easier for him/her to tolerate than formula milk.
- Breast milk will also help protect him/her against illnesses to which premature babies are especially vulnerable.
- Providing breast milk, for your baby is your unique contribution to his/her care. No one else can do this and it may help you feel closer to your baby.

Why not try it and see?

Giving your baby breast milk, even for just a few days, gives him/her a good start in life. If you’re not sure yet about the best way to feed your baby, you could try breastfeeding for a little while, just to see how it goes. You can always switch to formula milk later.

However, it is up to you to choose and you must feel happy with whatever you decide.

There are people who can give you advice while your baby is in hospital and, after he/she goes home, all you have to do is ask the staff on the neonatal unit and they will be happy to put you in touch with the right team member.
Benefits of breastfeeding

Breastfeeding has many benefits for your baby and for you, and can also encourage the bond between you both.

Protects against germs

Breast milk provides antibodies that protect your baby against bacteria and viruses. This protection is especially important for premature babies, who are more vulnerable to infections. Premature breast milk is extra rich in antibodies and growth factors.

Helps your baby grow

Mother’s milk also provides nutrients, growth factors and hormones that may be important for growth and development during the vital early months after birth.

Easy to digest

Breast milk is very easy to digest and is absorbed more easily than formula milk.

Skin contact

It has been observed that babies spend less time crying and more time in deep sleep as a result of skin-to-skin contact with their parents. It will take time to establish breastfeeding, but once you have achieved this, your baby will benefit from the extra cuddles at feeding time.

Good for you too

Breastfeeding is good for your health too. It can help you regain your pre-pregnancy figure, since any extra fat stored by the body during pregnancy is used as energy to produce breast milk.

There is also some evidence that breastfeeding reduces your risk of breast cancer and ovarian cancer.

About antibodies

The body manufactures specialised proteins, called antibodies, to fight off infections.

Mothers transfer these protective antibodies to their babies through the placenta, during the last three months of pregnancy. This process is interrupted when a baby is born prematurely.

For this reason, premature babies are especially vulnerable to infection. The good news is that mothers also give their babies antibodies in breast milk. Breastfeeding your baby provides an extra line of defence.
Looking after yourself

If you look after yourself, your body will do a more efficient job of producing milk.

Diet

During breastfeeding, mothers need a healthy diet to provide for their own needs as well as those of their baby.

- When you were pregnant, soft unripened cheese and liver were “off limits” but now that your baby has been born, it is safe to eat these foods while breastfeeding.
- There is no need to avoid spicy foods.
- Try to eat regular meals – including breakfast, a snack meal and a main meal – each day.
- Milk and dairy products provide protein, calcium and vitamins.
- Fruit and vegetables provide vitamins and help your body take in iron from your diet.
- Bread, potatoes and cereals have energy, fibre and vitamins.
- Meat, fish and vegetarian alternatives (such as beans, pulses, high-protein grains, and soya) provide protein and iron.
- Try to include at least one helping of oily fish a week, such as fresh, smoked or tinned mackerel, salmon, herring, or sardines. Tuna is also nutritious but is best fresh. Oily fish will boost the level in your milk of a special group of fats called long chain polyunsaturated acids. These fats are thought to contribute to your baby’s long-term growth and development.

Drinking

- Whilst it is unlikely that having an occasional drink while breastfeeding will harm you or your baby, alcohol does pass through to the baby in your breastmilk. As such, it is advisable to keep your drinking within the limits recommended for pregnant women. That is, no more than one or two units, once or twice a week.

If you regularly drink more than this amount:
- Your milk may smell different and put your baby off feeding.
- The alcohol may make your baby too sleepy to feed.
- The baby may have difficulties with digestion and problems

Be good to yourself

While your baby is on the neonatal unit, it is really important to make time for yourself. Very simple things such as having a relaxing bath, eating a treat or simply sitting quietly will help you feel less anxious. Be nice to yourself.
with his or her sleeping patterns.

- Have no more than one unit or one glass of alcohol per day. Extra alcohol of any type will not improve your milk production and may actually reduce it.

**Rest and sleep**

This may be a stressful time and it is important to look after yourself and keep your own strength up. Make sure you take sufficient rest and sleep so you have the energy to look after your baby. Expressing milk (discussed on page 13) is also easier when you are well-rested.

**Smoking**

- This is an opportunity to stop smoking. Reducing the number of cigarettes you smoke each day will help, if stopping altogether seems too stressful.
- Your milk will contain nicotine if you smoke. Smoking may also slow down the flow of your milk and make it more difficult to express.
- Your baby will be exposed to second-hand smoke, which can greatly increase his/her risk of chest infections.
- It is extremely important not to smoke directly before you express breast milk. Nicotine levels increase in breast milk immediately after smoking, and the nicotine will remain in your milk for about 95 minutes.

Even if you feel you can’t stop smoking right now, it is a good idea to breastfeed because the health benefits of breast milk are so great that they outweigh the risks of exposing your baby to nicotine.

**Medication**

- Avoid taking drugs or medicine, including herbal remedies, without advice from your doctor or pharmacist. Remember to tell health professionals that you are breastfeeding when they are recommending any medication for you.
- If you discuss birth control with your doctor, remember to mention that you are breast-feeding as this may affect the method you choose.

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For help and advice to stop smoking try the NHS Smoking Helpline on 0800 169 0 169 or visit www.gosmokefree.co.uk
Tube feeding and supplements

All newborn babies are different when it comes to feeding, whether they were born at term or prematurely. A baby’s ability to breastfeed can depend on many factors, including how early the baby was born and his or her medical condition. For premature babies, there is usually gradual steady progress towards ‘ordinary’ breastfeeding.

Intravenous and tube feeds

At birth, feeding may have to be delayed for a short period. If your baby has breathing complications, he/she may need to be fed through a drip.

If this is the case, the sooner you start to express your milk the better. As your baby continues to improve, he/she will gradually progress from drip feeds to breast milk, which at first is passed through a tiny tube inserted through his/her nose or into his/her stomach.

With supervision from the nursing staff, it may be possible for you to help with tube feeding. This can help you bond with your baby and lets you see first-hand how much he/she is benefiting from your milk.

You may have to express your milk for several weeks until your baby grows and becomes strong enough to breastfeed.
Supplemented feeds

Sometimes it can be difficult to express enough milk to supply all your baby’s needs, especially if you have been ill during your pregnancy.

In the early days, you may need to supplement (top-up) your colostrum to ensure your baby receives enough energy and fluids to get well quickly. Two short-term options are to use additional breast milk donated to some hospitals by other new mothers or to use formula. Nursing and medical staff will ask you about this. It will only be a temporary measure, since you should soon be able to produce enough milk for all your baby’s needs.

Every step is taken to ensure that feeds from the hospital’s breast milk “bank” are safe for your baby. breast milk donors are screened and donor breast milk is tested and heat-treated before use.

Fortifiers

Although the milk you produce is perfectly designed for a newborn baby, the dietary needs of premature babies can be complicated. Sometimes very premature babies benefit from extra protein, minerals and vitamins which help them grow more quickly and prevent nutritional deficiencies.

Your expressed milk may need to be supplemented with a breast milk fortifier, particularly if your baby is very premature. Breast milk fortifiers are usually only used until your baby is strong enough to feed directly from the breast.

First milk or colostrum

All mothers produce a special first milk called colostrum, in the first three or four days after delivery. Colostrum is thicker than breast milk and yellower in colour. It contains a rich mix of proteins, including antibodies that help to protect a newborn against infections. Colostrum also lines your baby’s intestines in preparation for the more mature breast milk that you will have later.
Kangaroo Care

(skin-to-skin contact)

As soon as your baby’s condition becomes stable, you should be encouraged to practise Kangaroo Care, which means holding and cuddling your baby as much as possible. When appropriate, your baby will be dressed only in a nappy and will be placed on your chest, skin-to-skin, inside your clothing. It is useful to wear a loose shirt or blouse with buttons, so the drips and monitor leads are not disturbed.

Close contact with your baby also stimulates your breast to make more milk. So Kangaroo Care may help to boost your milk production, especially if your baby is held near to your breast. Furthermore, Kangaroo Care can stimulate your immune system to produce more antibodies. These then appear in your breast milk and help to protect your baby against infection.

In the longer term, it can also help both mum and dad to feel closer to their babies and more confident with caring for them.
Expressing your breast milk

Your baby may not be ready to feed directly from the breast straight away. So while he/she is getting stronger, you can pump the milk from your breasts using a technique called expressing.

Expressing breast milk is a skill that can take time to learn, and the staff looking after your baby will give you positive support and practical help with this.

Methods of expressing milk

There are various options available to help you express your milk – from the high tech to the very basic. You may wish to use a combination of methods to suit your needs.

Electric pumps

Hospital-grade electric breast pumps are a good choice if you will have to express for a long time. There are several types, and most can be adapted to allow single or double pumping. Electric breast pumps can be rented if your unit can’t lend you one (see useful organisations on page 39)

Hand pumps

Manual or electric hand pumps are a cheaper option and are easily available. With manual hand pumps suction is created by squeezing a handle, which can prove quite tiring after a while. The battery or mains operated versions can save you both time and energy.

Hand expressing

This is the most basic way of expressing your milk – and it is an important skill to learn. Do ask for help if you have any questions or problems. See page 22 for more information.
How much milk?

There is only a little milk for the first few days after a baby is born. This is perfectly normal.

Later on, the amount of milk you express may change depending on the time of day and how you feel in yourself.

It can feel like a big pressure and it is important to remember that no matter how much or little you are able to express, your baby will benefit. Try not to compare yourself to others around you. Everyone is different, and you are doing your best.

Breast milk changes over time

During the time that you spend expressing your milk, you will notice many changes in its flow, colour and consistency. One mum’s breast milk may look very different to another’s, but this does not mean the quality is any better or worse.

In the early days if you are expressing colostrum, this can be a slow and uncomfortable experience. Try to remember that this stage only lasts for a few days, and that expressing should soon get easier.

At first, you may notice that your breasts have not changed much since you gave birth. This is because your more mature breastmilk does not come in for three or four days.

When your milk comes in, it is normally a gradual process, but you will notice your breasts getting fuller and feeling lumpy. Don’t worry about this – it just means your body is adapting.

For mothers of premature babies, it can take a little extra time to establish a milk supply. During the last stages of pregnancy, hormones prepare the breasts to start producing milk, and this process may have been cut short if your baby was born early. You will eventually “catch up” so don’t lose heart and do seek support from breastfeeding experts who are there to help you in hospital.

A comfortable bra

It may help to buy a comfortable bra, since your breasts will need extra support during this time. Many nursing bras, with openings in the cup to help you access your breasts more easily, are available on the high street from specialist baby stores. See the useful organisations section on page 39 for stockists.

Underwired bras should not be worn as they can damage the tender breast tissue and may cause blocked milk ducts which can result
How often to express

It is best to express milk 8 to 10 times in 24 hours and to try to avoid leaving gaps of more than three hours during the day. At night it is best to express every five or six hours. This pattern will ensure that you maintain a milk flow that will satisfy your baby’s needs. The more you can express, the better. Later on you may be able to express less often, depending on how much milk you are producing.

Getting into a routine

It will help to get into a routine for expressing as soon as possible. You may find that your milk flow responds to all the rituals or routines you go through before you actually start to express. These can be very ordinary actions like removing equipment from the steriliser, or putting together the pump. The sound of a breast pump or even the smell of disinfectant may stimulate your breasts to produce milk. The preparation time is an important part of expressing milk. Your body may learn that certain things you do leading to milk expression will trigger a milk ejection reflex making it easier to express. (see panel below for more details)

Be easy on yourself

You are going through so much at the moment and it is important to relax as much as possible. Try to give yourself plenty of time to

The milk ejection reflex

Each time you express milk or sit down to breastfeed your baby, you may notice a sensation in your breasts called the ‘milk ejection’ reflex. In the early days, this takes a few minutes to appear but later on it will occur within a few seconds.

Milk ejection feels different to different women. You may have tingling or prickling in your breasts and nipples, or a feeling as if the milk is rushing in to fill them. Some mothers describe a slight pain. Drops of milk might start to come out of the breast that is not being used. The milk ejection reflex is a sign that your milk is flowing well and the baby feeds easier as a result.
express your milk. Make sure you leave yourself enough time for preparation, as this can become an important part of the whole expressing routine.

Put your feet up

Sit down and put your feet up for five minutes before you start to express your milk. Relax your arms and back, and take several slow, deep breaths. Concentrate on feeling the tension leave your body. Listen to your favourite relaxing music.

Encouraging the flow

Many mothers find that having a photo of their baby to look at helps them while expressing. You could also try recording a video of your baby on your mobile phone or camera. Borrowing a cuddly toy from your baby’s cot or a piece of clothing your baby has worn can also help the milk to flow by providing powerful memories of your baby. Warm flannels or towels placed on the breasts can help the milk to flow more easily, especially if your breasts are very full on the third and fourth days.

Gentle breast massage

Breast massage before and during expressing can also help to drain your breasts. This gentle action will trigger the milk ejection reflex, stimulating your milk flow. Expressing some milk by hand before using a breast pump may also help (see the sections about hand expression and breast massage technique on pages 22 and 24).

Everyone is different

Some mothers find it very easy to express milk and they produce more milk than the baby requires; others need more time and may not produce enough to feed their babies. Don’t think that you are a failure if you are finding it very time-consuming to express. This does not mean that you will find breastfeeding equally difficult. After all, nature has equipped babies with a very efficient system of getting milk from the breast.

If you have extra milk

If you have a large milk supply, it is very important not to limit the number of times you express or the amount of milk you remove at each expression.

This is because the milk at the beginning of a feed (the foremilk) has a lower fat content, which gradually increases during the feed. Therefore, the milk at the end of the feed (the hindmilk) contains the highest amount of fat and it is essential that your baby receives the extra calories.
Also, when you know you have a good supply of milk, it gives you confidence and helps you to relax while you express.

If you have a large supply of frozen breast milk that your own baby will not be able to use, it may be possible to donate your milk to a milk bank.

Regular small donations of breast milk are also accepted. The milk bank staff will need to know that you are in good health and will ask you about any medications that you take. Milk banks cannot accept milk from women who have received a blood transfusion since 1980, smoke or misuse substances.

All potential donors have to be tested for infections that may be passed on through milk. For more information, and if you are interested in becoming a donor, please contact the United Kingdom Association for Milk Banking (details given in the useful organisations list on page 39.)

As your baby moves onto the breast

When your baby starts to establish breastfeeding, you may find it confusing knowing when to express. The tip is to continue to express so that your supply does not dwindle. However, it is important not to express just before a breastfeed. If your breasts are very full, it can be useful to hand express briefly in order to soften your breast.

Twins and multiples

Most mothers are able to produce more than enough milk for twins or triplets without any supplementation. For multiple births with more babies, you may need to use formula as well, but this will depend on your milk supply, your confidence and the amount of support you have from the people around you.

If your supply reduces

Occasionally, when mothers have been expressing for several weeks, the milk supply will suddenly reduce for no clear reason. Usually this is just temporary. It does not necessarily mean that you are losing your milk supply. Try not to focus on the amount of milk gathered when you express, but do ensure you are expressing 8 to 10 times per day. Concentrate on
relaxing and take practical steps to trigger milk production:

- Expressing with your baby nearby, breast massage and Kangaroo Care are all helpful ways to increase your milk supply.
- Sometimes changing the method you use to express can also help. For example, if you are double-pumping, try single pumping with extra massage, or vice versa.
- Hand expression will give you more control over the way your milk is removed and may also be helpful (details are in the section on hand expression on page 20).

It may be helpful to express in short bursts. Try expressing either once an hour, over a period of eight hours in a row, for 15 minutes each session or every two hours for about 30 minutes each session, if you can manage this.

- You may need to set some time aside and plan for your expressing routine, especially if you have other children or other commitments. This can really help your milk flow and re-establish your pattern.

**Drugs to increase milk supply**

You may be advised to ask your GP to prescribe a drug to increase your milk supply. Although some mothers have found this type of medication helpful, there is no firm evidence that these medicines are either completely safe or effective. Therefore we would always advise using techniques described above, such as massage and regular feeds and expression to increase milk supply. However, this is an area where local opinion and practice varies. You will need to ask for advice from the doctors caring for you and your baby.

**Engorged breasts**

Sometimes the breasts become too full and are hard and painful. If engorgement becomes a problem, you need to increase the number of times you express in a day. Expressing more often will lower the risk of a breast infection such as mastitis (see page 23).
Expressing your milk with a pump

Getting ready
● Give yourself plenty of time to prepare the equipment and express your milk.
● Make sure you have all the bits and pieces you will need close at hand. You will need lids for the bottles, water to drink, a pen to complete the label, and a table to put the bottle on whilst you disconnect from the tubing.
● Tips on sterilising equipment and storing breast milk can be found on page 29.
● Wash your hands.

Getting comfortable
● Try to sit comfortably, with your back straight. A sturdy chair with arms can make expressing much more comfortable.
● Support your breast from underneath, with fingers flat on your ribs and the index finger where the breast meets the ribs. This supports the breast tissue forward into the funnel.
● Make sure that the nipple is central to the funnel.
● Keep the funnel close enough to the breast to maintain a vacuum, but do not press it too firmly or the breast tissue will be squashed.
● Be careful not to set the suction level on an electric or battery pump too high, since this will cause friction and may make your nipples sore. Try increasing the acuum on the pump slowly until it starts to feel a bit uncomfortable and then reduce it slightly. It is a good idea to make a note of the best suction level so you can use this setting the next time you sit down to express.
● Do not try to remove the collection funnel whilst pumping since the vacuum can be strong. It can hurt if you pull away while the pump is running.
● Try gently massaging your breasts when expressing as this can encourage milk flow (see page 24 for more about breast massage).

Helpful hint
You may find one breast produces more milk, or that one breast will flow faster. This is perfectly normal and means that your baby might latch onto one breast for longer when feeding.
● Breast compression (see below for details) stimulates the milk ejection reflex helping your milk to flow more quickly.

● When you start pumping, you might find that the funnel makes your nipple feel uncomfortable. In this case, it could be the wrong size for you. If this happens, it is worth discussing it with your breastfeeding adviser or nurse. Larger funnels are available, which will make expressing more comfortable. Availability depends on the pump that you are using.

**Helpful hint**
If you are sterilising or cleaning your equipment, make sure that the inside of your funnel is thoroughly air dried since this will give better suction.

**How to do breast compression**
(Deep breast massage)

1. Hold the breast pump with one hand.
2. Hold the breast with the other hand, thumb on one side of the breast, finger on the other side, fairly far back from the nipple.
3. Do not roll your finger along the breast, just squeeze.
4. Do not squeeze so hard that it hurts and try not to change the shape of the nipple area (areola).
5. When the milk stops flowing, release the squeeze and wait for a short time before compressing the breast again.

**Getting more milk**

● While expressing your milk, changing from one breast to another can help to stimulate the milk ejection reflex (explained on page 15) and the milk suddenly begins to flow more quickly or comes out in spurts. Carry on until the milk flow slows to the occasional drip. The amount of fat in your milk rises as the breast is emptied so it is important not to restrict the time taken to express milk.

● Double pumping – expressing both breasts at the same time – can save a lot of time and works for some mothers. Research has shown that double pumping may increase your milk supply, especially if your baby is born very early.
Wearing a halter-neck that has been adapted to hold both collection sets securely may be useful, since it will free your hands while you express. See the Useful organisations list on page 39 to find out where to buy this equipment. Some mothers find that adapting a well-fitting bra can also work. You can do this by cutting slits in the end of the cups just large enough to ensure that the narrow point of the funnel can slip through, and ensure that the widest part of the funnel can be placed snuggly against the breast.

Getting the timing right

- It can be helpful to take one-minute breaks during the session. You can take these breaks every three or four minutes. Massaging both breasts during these rest periods may also help to ensure efficient milk removal.
- Try to express first thing in the morning, ideally before there are any interruptions.
- It is very important to express your milk regularly. At first, it’s best to express at least 8 to 10 times within every period of 24 hours. Later on you may be able to express less often, depending on how much milk you produce.
- You will need to express during the night. Your body’s milk production will be boosted by night-time expressing sessions. It can be very helpful to express beside your baby’s cot or incubator.

Taking care of your equipment

If you are using a breast pump for extended periods of time, it is important to maintain your machine and equipment.

It is always a good idea to check the tubing and funnels since a milky residue can slowly build up, making points of connection less snug. Making sure that equipment is extra clean and sterilised (see page 29) after every session can reduce loss of pressure, which in turn can save you time when expressing.
Hand expression

Hand expression is a very important skill to learn, and is a useful “first aid” technique to drain blocked milk ducts (the tubes through which the milk is carried).

When milk ducts are not emptied properly, they can become blocked and feel uncomfortable. Restoring the milk flow as soon as possible can help to prevent infection (mastitis). Hand expression will also help you to encourage your baby to feed. You can do this by expressing a few drops of milk onto the end of the nipple for him/her to taste.

Getting ready

Have a clean towel ready to catch any spills. A wide-mouthed container is also essential since milk may spurt in several directions at one time.

Technique

1. Place your thumb and index finger on either side of the nipple, about 3 to 5 cms (1 to 2 inches) from the nipple. 
2. Press gently towards the rib cage. 
3. Roll your fingers together in a slight downward motion. 
4. Repeat all around the nipple to ensure that milk is expressed from all areas of the breast.

Problems with expressing

The most common pumping problems with milk expression are sore nipples, and small amounts of milk. You might find that the diagram on page 33 helps you understand some of the terms used here to describe parts of the breast.

Sore nipples

To help prevent sore nipples, make sure the funnel is the correct size, and apply the lowest vacuum setting that will produce milk.

Also, if you are using an electric breast pump, try applying suction only after the milk flow starts.

Interrupting the vacuum regularly will help to avoid or reduce any pain but try to maintain the milk flow. You should also switch breasts often as the milk flow slows down.

If friction is created whilst expressing, you may require a larger size breast shield. Please ask your nurse, midwife or lactation consultant for advice.

Small amounts of milk

It is common for mothers to express only small amounts of milk. Reasons for this can include being in a hurry, a collection set that is too small or not allowing enough time for milk ejection to occur before using a pump.
Infections of the breast

Thrush
Thrush is a yeast infection which can cause pain when expressing, and with a breastfeeding baby can be passed from mother to baby.

The symptoms are painful breasts, or a burning feeling. The nipple can also become red and shiny.

If you think you have thrush, it can be easily treated. It is best to seek advice from the nurses on the neonatal unit. Both you and your baby should be treated.

Mastitis
Mastitis is a breast infection which can be caused by blocked milk ducts, but this is not always the case.

If you have mastitis, you may have some of the symptoms of blocked ducts (see opposite). However, mastitis also causes flu-like symptoms and a general feeling of being unwell.

It may need treating with antibiotics and therefore it is important you consult your doctor.

It is also important not to stop expressing as this can make the symptoms worse. Don’t worry – your milk is still safe to use.

Blocked ducts
Inside your breasts, milk travels to the nipple through tubes called ducts. For a full explanation of the structure of the breast and how it works, please see page 33.

Sometimes the milk ducts can become blocked. Symptoms are pain or redness in the area around the blocked duct. There could also be a hard lump in the breast.

Blocked ducts can occur when the breast is not well drained, and therefore can be more of a risk for mothers who are pumping.

There are many things you can do to treat a blocked duct:

● Massage the affected area before and during expressing.
● Use a hot towel on the affected area or take a hot shower.
● Express milk with a pump.
● Avoid underwired bras and tight clothing around your breast.
Breast feeding your premature baby © BLISS – the premature baby charity 2008 www.bliss.org.uk

Breast massage technique

Gentle breast massage can help your milk to flow and make it easier to express milk.

Begin by applying a warm flannel or towel to your breasts.

You can stroke the area with gentle feather-like movements. Or you can massage your breast with a hand action that rolls the knuckles downwards over the breast, beginning at the top of your breast and working towards the areola (dark-coloured skin around the nipple), gradually going over the whole breast.

Don't forget to include nipple stimulation. The nipple can either be rolled gently between the thumb and forefinger, or the palm of the hand can be gently moved back and forth over the tip of the nipple. Then stroke the area under the nipple and areola with flat hands in an upward movement.

Massage should feel comfortable. If it is painful, stop, and ask for professional advice.

It can also be helpful to ask your partner or a friend to massage your back before you express, as this can also stimulate your milk flow.
Support from your family and friends

For many people, breastfeeding is unknown territory. Important people in your life – your partner, your family and friends – may not understand how much hard work is involved in expressing milk for a sick baby, particularly after a long and tiring day. They may not know about the worries you have, or the extra time you need.

It might help to share this booklet with your partner so they understand what is happening, and feel more involved in decisions and the care of your baby. Partners can all too easily feel helpless and pushed out during this time, because only the mother can produce breast milk. It is worthwhile talking through these feelings with your partner and family, and reminding them how much you and the baby really need them.

They can become involved and support you in many ways, for example by setting up your equipment before expressing or washing up afterwards.

Having some privacy

Many women value privacy when expressing their milk. Ask your partner, friends or family to help you out with other tasks, such as making a meal. Milk expression takes up a lot of your time, and added stresses can make it more difficult and frustrating. Try to tell your partner what you need them to do to ensure that your expression sessions are as calm and productive as possible.
Eventually, the time will arrive when you can put your baby to the breast. This section of the booklet will help you prepare for that very precious moment.

**First cuddles**

When your baby is well enough to come out of the incubator, he/she may be able to be undressed and held against your skin (this is called Kangaroo Care and is explained on page 12). The first time you hold your baby, there is no need to concentrate on feeding. Just cuddle your little one gently in your arms and talk to him/her. Your baby will be comforted by the skin contact and by the sound of your voice, which he/she heard whilst growing in your womb.

When you do put your baby to the breast, he/she may not actually suck, but will enjoy your closeness, and the taste and smell of the milk expressed on to your nipple. It may be helpful to use pillows to support your back and arms, and to raise your baby so that he/she is level to the breast. Your baby will feel most comfortable facing you, ‘tummy to mummy’.

**Starting to breastfeed**

Encourage your baby to enjoy being at the breast. Tiny babies love to lap milk and to catch dribbles of milk in their mouths. At the first feed, do not expect too much, since premature babies get tired easily and must gradually learn to suck.

**Capturing your baby’s interest**

Initially your baby may not show any interest in the breast,
particularly if he/she is being fed every hour, since it is the feeling of hunger that will trigger a baby’s demand for milk. Touching his/her lips and jaw gently may help.

You can also express milk directly into his/her mouth.

Using a breast pump briefly before a feed will also stimulate the milk to flow more easily and the nipple will be stretched by this, helping the baby to attach onto the breast. Reassure him/her with gentle handling.

Making it easy for your baby
Try not to be discouraged if your baby appears too sleepy to feed. Placing your baby on one breast and using the breast pump at the other will help your milk to flow more easily, since you get milk ejection on both breasts at the same time. This will help your baby to save energy since all he/she will have to do is suck and swallow. You will need an extra pair of hands for this.

Non-nutritive sucking (NNS)
Many hospitals use this as a method of supporting and encouraging early sucking experiences in babies. Some units provide soothers (dummies) suitable for premature babies. This is called non-nutritive sucking as the baby is not getting nutrition (milk) while sucking.

Babies can also learn to suck by practising non-nutritive sucking directly at the breast. You can start as soon as your baby’s breathing tube is removed.

This method is described as ‘dry’ breastfeeding. This involves expressing milk which is then tube fed to your baby while your baby suckles on an emptied breast. In this way, or with a dummy, your baby will learn to associate sucking with a full stomach.

When your baby shows he/she can co-ordinate sucking and swallowing with breathing, you can partially express before to trigger the milk ejection reflex so your baby gets the milk without too much effort. The next step is to put your baby to the breast without expressing first.

Helpful hint
To avoid tiring your baby, massage your breasts first, and then express a little milk on to the nipple before putting your baby to the breast.
How much milk is enough?

As we have mentioned earlier in this booklet it is important that you do not compare your milk supply or the amount of milk your baby takes with others. It is also important to try to empty your breasts as thoroughly as possible because the milk gradually increases in fat as the feed progresses.

Nipple shields

Nipple shields can be a useful tool when breastfeeding a premature baby. They are made of soft silicone and fit over the nipple. They are sometimes used as a solution for sore nipples, which can be caused by pumping too hard or using the wrong position during breastfeeding.

However, they do have some drawbacks. With nipple shields, the baby is not positioned directly on the breast. This means less milk may get to the baby, as it has to flow through the shield before it reaches his/her mouth. Since the nipple is not being stimulated directly, milk ejection may be a little more difficult to achieve. It is important to express following a breastfeed using a nipple shield to make sure that all the milk has been removed from your breast. If you are using nipple shields you should try to persuade your baby to latch on without them after a few weeks.

Long-term goals

It is worth all the effort of expressing milk and establishing breastfeeding when you see your baby growing and developing. This is a commitment to your baby and a real benefit to both of you.

Initially you might decide that your short-term goal is to continue breastfeeding or expressing until your baby reaches the date when he/she should have been born.

It is your choice how long you breastfeed. You are still really doing a lot of good for your baby's health and development, even if you provide milk for just a few weeks.

Milk suppression

If you decide to stop breastfeeding or expressing your milk, it can take a few days before your body receives the signal not to produce milk. Therefore, milk will continue to be made and your breasts may feel very hard and uncomfortable. Whenever possible, it is best to wean down the number of times a day you express your milk slowly, so you can reduce the amount of milk you are producing.

Sometimes, if you leak milk, it can be very difficult to suppress the flow without your breasts becoming full. It is possible to minimise the discomfort by wearing a supportive bra and
taking regular analgesia. Ice-cold compresses renewed frequently will also help to relieve discomfort.

However, if your breasts become extremely hard and very uncomfortable, it might be a good idea to express a small amount of milk to enhance comfort. If you have flu-like symptoms and your breasts becomes very painful, you may have mastitis. In this case, you will need to make an appointment to see your GP.

**Sterilising your equipment**

Breast milk is a complex fluid, which requires careful collection and handling.
- Always wash your hands thoroughly before collecting milk.
- Wash the milk collection attachments and bottle in warm soapy water when you have finished expressing and scrub with a bottle brush.
- At hospital: follow the hospital guidelines for sterilising.
- At home: sterilise the milk collection attachments and bottle by heat sterilisation with a steam unit or microwave kit (always follow the manufacturer’s instructions, and check that your equipment is microwave friendly).

**Storing milk**

- Any airtight container can be used to store breastmilk, as long as it can be sealed and sterilised. Many units supply sterile disposable bottles.
- Label each container with your baby’s name, date and time of collection.
- Always leave at least one centimetre of free space at the top of the milk container, as milk will expand when frozen.
- Cool the milk down to room temperature quickly by standing the container in cold water, and then place it in a refrigerator or freezer.
- Breast milk will keep for 48 hours (unless defrosting) in a refrigerator as long as it is not stored in the fridge door (the temperature in the door compartments goes up and down when the fridge is opened and closed).
- Milk can be deep frozen for up to three months.
- Breast milk that has been supplemented with additives should be used immediately. It is not suitable for freezing and defrosting. Your neonatal staff will be able to manage this.
- Milk stored in a freezer with a self-defrost cycle may have a slightly soapy smell. It is not harmful to your baby. However, if it smells sour, do not use it.
Breastfeeding step-by-step guide

1. Start with your baby lying on his/her side, his/her body really close and facing your breast with her nose to your nipple.

4. Well latched on, her chin will be against your breast and there will be a little gap between your breast and her nose. You should be comfortable and pain-free. After some quicker suckling, the baby will slow down into a deeper slower rhythm and she should be relaxed and swallowing.

5. When she first starts to suck, your milk may begin to flow very quickly and she may come off. Don’t worry. Just start again.

Breastfeeding step-by-step courtesy of The National Childbirth Trust
2. She’ll reach towards your nipple, her mouth will open wide and you may see her putting her tongue out.

3. When her mouth opens really wide, and she will open wider if you wait a little, bring her shoulders in close so that her head tilts backwards as she comes to your breast.

6. If it hurts, you can take her off by slipping your little finger gently into the corner of her mouth to release the suction.

7. She might want to burp during or after feeding. Don’t worry if she doesn’t need to. You can then offer the second breast if she’s still awake.
Leaving hospital

Many mothers feel uncertain about expressing milk on their own, once they leave hospital. If your baby was born prematurely, the situation is more complicated and you may have extra worries. Here are some practical tips to make things easier.

Your own breast pump at home

If you need to go home before your baby is discharged from hospital, you will need to ask where you can get a breast pump to take with you. The chances are that you have got used to the pump that you used in hospital, so if it is working well for you, it may be worthwhile either buying or renting the same machine. A list of breast pump rental agencies and suppliers can be found at the back of this booklet on page 39.

Transporting your milk

An insulated cool box is useful to keep milk cool on your journeys to and from hospital. Don’t forget to label each bottle with your name, and the time and date you expressed your milk. If the milk is defrosted, you will also need to add the time and date when you remove the bottle from the freezer.

Defrosting your milk

- The safest way to defrost expressed milk is to remove it from the freezer several hours before you need it and to thaw it in the fridge.
- You can also defrost it quickly by holding it under a tap of running water, which is cold or lukewarm (keep the direct stream away from the cap or lid).
- Do not defrost milk in the microwave.
- Never re-freeze breast milk once it has thawed.
- You can keep thawed milk in the fridge for up to 12 hours.

Breastfeeding support at home

Just because you have left hospital does not mean you must manage breastfeeding alone, with no help. Ask the staff on the neonatal unit to put you in touch with nurses in the community and with volunteer groups that support breastfeeding mothers (see the Useful organisations listed on page 39).
How your breast produces milk

Milk is produced in tiny sacs called **alveoli**. Each milk-producing **alveolus** has muscles around it, which squeeze the **alveoli** when the milk ejection reflex takes place, pushing milk along into tiny tubes called **ducts**. From these tiny **ducts**, milk drains into larger **ducts**, which lead eventually to the **nipples**.

Breast pumps do not pump, suck or pull milk out of the breast. The breast pump simply removes milk as it **flows into the nipple**. Therefore before you start to express your milk, it will help to read the guidelines about milk expression contained in this booklet.
References


UKAMB, Guidance for collection, storage and handling of breastmilk for a mother’s own baby in hospital. Available from: www.ukamb.org

UKAMB. Guidelines for the establishment and operation of human milk bank in the UK. Available from: www.ukamb.org
Julie’s story

...continued from page 4

Day 1

When I took that first look at Marc, he was hardly recognisable. Behind the coloured strands of wires and tubing lay what seemed to be our helpless little boy.

The first day in the neonatal unit was scary (I don’t mind admitting it), and I was completely overwhelmed by what I saw. To top it all I was asked by the nurse looking after Marc if I would express some colostrum for him. I thought that this was a big joke, since I did not even know if I could do it – my breasts showed no signs of being ready to produce milk.

The nurse gently explained to me that colostrum was the most natural thing for such a tender fragile baby like Marc to digest – and that it would prepare his gut for when he was ready to take my milk.

I was supported by a fabulous midwife through this time, who gave me great confidence and helped me to understand what a special job I was doing for my son, by giving him a good start to his very early life. Although my feelings were upside down, I started to feel secure in the care of the nursing staff and was happy for my actions to be guided by them.

Day 2

We even managed to see the funny side when Marc’s dad and I were trying to gather drops of colostrum from my nipple in a syringe. He was chasing this precious food relentlessly around my nipple until he eventually caught it in the syringe.

Later that day we plucked up the courage to feed our son ourselves. We were shown how to feed him via his naso-gastric tube. Even though this was scary, it was the first time that I felt that I was doing something to help my little boy.

Day 5

Marc was taking to my milk well and had passed meconium – showing to the doctors that his gut was working well. Since Marc was born so early, all
his bodily functions were so immature that every step was a great hurdle to overcome. It provided great relief to me that I was finally coming to terms with my ritual of daily expressing, although it was hard to motivate myself, especially during the night. I would always call the neonatal unit at this time just to ease my mind about my baby’s progress.

**Day 45**

Marc made slow progress with his breathing, we had many ups and downs. He was initially tried on CPAP, a respiratory ventilation method after 23 days. In total he had 3 attempts at CPAP but only lasted a few days (or hours on one attempt) before he was reintubated. He just did not have the strength to take this next step – and also had swollen vocal chords – further inhibiting his progress.

I was expressing my milk with a breast pump and for many days felt unmotivated and despondent – so much effort for such little results. But I told myself that if my son was not going to give up, then neither should I. We were in this together.

**Day 46**

Marc’s consultant told us that he needed to reach 1kg in weight, since at this weight Marc would begin to progress better. After what seemed forever, Marc reached 1kg. He was still on hourly feeds at this time. However, all the work I had done so far with pumping my milk proved to be worthwhile.

**Day 54**

Marc had now mastered CPAP and because my goal was to breastfeed Marc exclusively, we started to work with the nurses to meet this goal. Firstly a soother was introduced to Marc at the same time that he was tube fed. This helped him to associate sucking with a full tummy. This was part of the Non-Nutritive Sucking programme that I agreed to with the hospital, and found this to be a great benefit to his progress as we could see him sucking well on the soother, which further indicated that his sucking reflex was getting stronger and stronger.
Day 56
Marc was moved to a cot once he was established on CPAP. This was the first time that we could get him out easily. We started now to tube feed him at the same time as holding him to my breast. On many occasions he had my nipple in his mouth and I could feel him gently caressing it with his tongue and mouth. This was a beautiful bonding experience. By now, Marc was 1.25kg.

Day 70
Marc was having time off his CPAP; four hours off and eight hours on. During this time we took every opportunity to bond with our son.

Marc had his first proper breastfeed. I was supported by the hospital Feeding Adviser who guided me towards some good techniques, which helped me to feed Marc better.

Although he only lasted 5 minutes, I had an overwhelming sense of achievement; we had reached a real milestone.

Day 74
We agreed with the hospital that I would try to feed Marc at least once a day. He was now on two hourly feeds. The paediatric consultant was concerned that Marc would use the energy he needed for growing for his feeding and therefore would not put on sufficient weight.

Day 84
Now on three hourly feeds, I was getting into the routine of being at the hospital for most of the day to be on hand when Marc wanted to feed. Together I worked out with the hospital that I would tube feed him and breastfeed him at every alternative feed. At the times during the night when I could not be there, the nurse cup fed him (to help him to build on his suck, breathe, swallow coordination).

Day 86
I was feeding Marc and still needing to pump to maintain my milk supply and further ensure that there was sufficient fresh milk for Marc during the nights when I could not be there.
Because of this aggressive routine, my nipples were very tender and I developed thrush. It was quite painful but once the hospital gave me advice on the type of treatment that I needed and started to treat Marc in tandem, it soon cleared up and we carried on breastfeeding.

Day 92

Marc’s ability to suck slowly increased. We progressed to taking him home with his NG (nasogastric) tube still in place, just as back up. It has been a long slow process, but together with the great support of the nurses and the breastfeeding adviser, Marc is now a fully breastfed baby. It has been a tremendously difficult task to keep going throughout all the ups and downs of having a premature baby – but all that effort has paid off. It takes real commitment from the mother, real strength from the baby and total encouragement from all around.

3 years on...

Marc continued to be exclusively breastfed until I started to wean him at eight months (from his birth date). I guess I wanted to ensure that he maintained his weight gain and wellbeing. He took to solids really well and had a good appetite. Breastfed babies are used to the taste changes of breast milk (depending on what mum eats), and so adapt easily to new foods.

Marc grew well and developed nicely. He has grown into a happy, confident little boy.
Useful organisations

Breastfeeding – equipment and support

Hand pumps and battery-operated pumps are available to buy in most large chemists and supermarkets.

Ardo Medical Ltd
Online retailer of breast pumps and equipment. Works with charities and volunteers to arrange breast pump hire to help.
Unit 1, Belvedere Trading Estate, Taunton Somerset TA1 1BH
t 01823 336 362
www.ardomums.co.uk

Association of Breastfeeding Mothers (ABM)
PO Box 207, Bridgewater Somerset TA6 7YT
Helpline 08444 122 949
www.abm.me.uk
e counselling@abm.me.uk

AVENT
Full range of feeding equipment including breast pumps.
Freephone 0800 289 064
www.avent.com

Express Yourself Mums Ltd
Full range of breastfeeding and expressing equipment.
Open 9-4, Monday to Friday.
t 0870 389 5576
www.expressyourselfmums.co.uk

Kangaroo Mother Care Promotions
Website aiming to promote the implementation of Kangaroo Care for all newborn babies.
www.kangaroomothercare.com

La Leche League
Breastfeeding help and information.
PO Box 29, West Bridgford
Nottingham NG2 7NP
Helpline 0845 120 2918
www.laleche.org.uk

Medela UK Ltd
Produce a range of breast pumps and other breastfeeding accessories.
Huntsman Drive, Northbank Industrial Park Irlam, Manchester M44 5EG
t 0161 776 0400 / 0870 950 5994
e info@medela.co.uk
www.medela.co.uk

UNICEF UK Baby Friendly Initiative
Information and advice about breastfeeding in a variety of languages.
Africa House, 64-78 Kingsway
London WC2B 6NB
t 020 7312 7652
e bfi@unicef.org.uk
www.babyfriendly.org.uk

Counselling, support and advice

The Association for Post-natal Illness (APNI)
145 Dawes Road, Fulham SW6 7EB
Helpline 020 7386 0688
Open 10-2, Monday to Friday.
www.apni.org

Birth Trauma Association
Offers support to all women who have had a traumatic birth experience.
PO Box 671, Ipswich, Suffolk IP1 9AT
e enquiries@birthtraumaassociation.org.uk
www.birthtraumaassociation.org.uk

British Association of Counselling and Psychotherapy (BACP)
Represents counsellors and psychotherapists and can signpost you to a local therapist.
BACP House, 15 St John's Business Park
Lutterworth, Leicestershire LE17 4HB
t 0870 443 5252
www.bacp.co.uk

Childcare Link
Provides information about childcare including details of your local Children's Information Service (CIS).
t 0800 234 6346
www.childcarelink.gov.uk
Cry-sis
Support for families with excessively crying, sleepless and demanding babies.
Helpline 08451 228 669
www.cry-sis.org.uk

Fatherhood Institute
National information centre on fatherhood.
9 Neville Street, Abergavenny
Wales NP7 5AA
t 0845 634 1328
www.fatherhoodinstitute.org

For Parents by Parents
A parenting information and advice site.
109 High Street, Thame
Oxfordshire OX9 3DZ
t 01844 210 032
www.forparentsbyparents.com

Family Welfare Association
Helps parents under stress.
501-505 Kingsland Road, London, E8 4AU
t 020 7254 6251
e fwa.headoffice@fwa.org.uk
www.fwa.org.uk

Foundation for the Study of Infant Deaths FSID
Information on infant health, baby care and sudden infant deaths.
Artillery House, 11-19 Artillery Row
London SW1P 1RT
t 020 7222 8001
Helpline 020 7233 2090
e office@fsid.org.uk
www.fsid.org.uk

Gingerbread
Information and support for lone parents through a network of local groups.
255 Kentish Town Road,
London NW5 2LX
Helpline 0800 018 5026
e info@oneparentfamilies.org.uk
www.oneparentfamilies.org.uk

Home-Start UK
Support for families with young children.
2 Salisbury Road, Leicester LE1 7QR
t 0116 233 9995
Freephone 0800 068 6368
www.home-start.org.uk

International Association of Infant Massage (IAIM)
Promotes and educates caregivers in positive touch.
26 Chigwell Road, South Woodford
London E18 1LS
t 020 8989 9597
e mail@iaim.org.uk
www.iaim.org.uk

NHS Pregnancy Smoking Helpline
Helpline 0800 169 0 169
www.gosmokefree.co.uk

Parentline Plus
Offers support to anyone parenting a child.
520 Highgate Studios,
53-79 Highgate Road, London NW5 1TL
Helpline 0808 800 2222
www.parentlineplus.org.uk

Post-natal Illness
Website for the sufferers and survivors of post-natal illness.
www.pni.org.uk

Relate
Offers advice, relationship counselling, and support face-to-face, by phone and online.
www.relate.org.uk

Samaritans
Confidential counselling service.
PO Box 9090, Stirling FK8 2SA
t 0845 790 9090
jo@samaritans.org
www.samaritans.org.uk

Sexual Health Line
Helpline 0800 567 123
www.sexualhealth.org.uk

Sure Start
Government programme to deliver the best start in life for every child.
Helpline 0870 000 22 88
e info@dcsf.gsi.gov.uk
e dfe@prolog.uk.com
www.surestart.gov.uk
Tiny Life
Northern Ireland's premature and vulnerable baby charity.
33 Ballynahinch Road
Carrystuff, Belfast BT8 8EH
t 028 90 81 5050
e info@tinylife.org.uk
www.tinylife.org.uk

Multiple births

Multiple Births Foundation
For information and support.
Hammersmith House Level 4
Queen Charlotte's and Chelsea Hospital
Du Cane Road, London W12 0HS
t 020 8383 3519
e info@multiplebirths.org.uk
www.multiplebirths.org.uk

Twins and Multiple Births Association (TAMBA)
2 The Willows, Gardner Road
Guildford Surrey GU1 4PG
t 01483 304 442
Twinline 0800 138 0509
www.tamba.org.uk

Bereavement

Child Bereavement Charity
Produces leaflets, books and videos for bereaved families.
Aston House, West Wycombe
High Wycombe HP14 3AG
t 01494 446 648
www.childbereavement.org.uk

Child Death Helpline
A helpline for those affected by the death of a child or baby.
Freephone 0800 282988
www.childdeathhelpline.org.uk

The Compassionate Friends
Telephone support for bereaved families.
53 North Street, Bristol BS3 1EN
Helpline 0845 123 2304
www.tcf.org.uk

Cruse Bereavement Care
Promote the well-being of bereaved people.
PO Box 800, Richmond, Surrey TW9 1RG
Helpline 0844 477 9400
Young persons’ helpline 0808 808 1677
e helpline@cruse.org.uk
www.crusebereavementcare.org.uk

SANDS (Stillbirth and Neonatal Death Society)
Telephone support and groups for bereaved families.
28 Portland Place, London W1B 1LY
Helpline 020 7436 5881
e helpline@uk-sands.org
www.uk-sands.org

Disability and medical problems

BDF Newlife
Help and care for sick and disabled babies, children and their families.
BDF Centre, Hemlock Business Park
Hemlock Way, Cannock
Staffordshire WS11 2GF
t 01543 468888
BDF Newlife nurse service
0870 070 7020
e info@bdfnewlife.co.uk
www.bdfnewlife.co.uk

British Brain and Spine Foundation
Information and support on neurological disorders.
7 Winchester House, Cranmer Road
Kennington Park, London SW9 8EJ
Helpline: 0808 808 1000
t: 020 7793 5900
e info@brainandspine.org.uk
www.brainandspine.org.uk

British Heart Foundation
14 Fitzhardinge Street, London W1H 6DH
t 020 7935 0185
Helpline 0845 070 8070
www.bhf.org.uk
British Lung Foundation (BLF)  
Support and advice as well as a network of Breathe Easy support groups.  
73-75 Goswell Road, London EC1V 7ER  
t 020 7688 5555  
Helpline 0845 850 5020  
www.lunguk.org

Cerebra  
Foundation for brain injured children and young people.  
2nd floor, The Lyric Building, King Street  
Carmarthen SA31 1BD  
t 01267 244200  
Freephone 0800 328 1159  
www.cerebra.org.uk

Cerubs UK  
Offers specific medical information and support for families of children born with Congenital Diaphragmatic Hernia (CDH).  
43 Vancouver Avenue, Kings Lynn  
Norfolk PE30 5RD  
t 01553 762 884 / 01908 565 574  
www.uk-cherubs.org.uk

Cleft Lip and Palate Association  
1st Floor, Green Man Tower  
332B Goswell Road, London EC1V 7LQ  
t 020 7833 4883  
www.clapa.com

Contact A Family  
Provides support and advice to families caring for a disabled child or children with specific rare disorders.  
209-211 City Road, London EC1V 1JN  
t 020 7608 8700  
Helpline: 0808 808 3555  
e info@cafamily.org.uk  
www.cafamily.org.uk

Down’s Heart Group  
PO Box 4260  
Dunstable  
LU6 2ZT  
t 0845 166 8061  
e info@dhg.org.uk  
www.dhg.org.uk

Down’s Syndrome Association  
Langdon Down Centre, 2a Langdon Park  
Teddington TW11 9PS  
t: 0845 230 0372  
www.dsa-uk.com

LOOK (National Federation of families with visually impaired children)  
C/o Queen Alexandra College  
49 Court Oak Road, Harbourne  
Birmingham B17 9TG  
t 0121 428 5038  
e office@look-uk.org  
www.look-uk.org

Meningitis Research Foundation  
Support and information for families.  
Midland Way, Thornbury  
Bristol BS35 2BS  
Helpline: 0808 800 3344 (UK)  
www.meningitis.org.uk

NHS Direct  
t 0845 4647  
www.nhsdirect.nhs.uk

Scope  
Support for cerebral palsy and related disabilities.  
6 Market Road, London N7 9PW  
t 0808 800 3333  
e response@scope.org  
www.scope.org.uk

Specialist travel insurance  
Atlas Direct  
37 Kings Exchange, Tile Yard Road  
London N7 9AH  
t 0870 8111700  
f 0870 8111800  
Medical Helpline 0871 855 3500  
www.atlasdirect.net

British Insurance Brokers Association  
14 Bevis Marks, London EC3A 7NT  
t 0901 814 0015  
f 0207 626 9676  
e enquiries@biba.org.uk
Breastfeeding your premature baby © BLISS – the premature baby charity 2008 www.bliss.org.uk

Free Spirit Travel Insurance
PJ Hayman and Company Ltd
Specialist travel insurance for people with pre-existing medical conditions.
Stansted House, Rowlands Castle
Hampshire PO9 6DX
t: 0845 230 5000 8am to 6pm, Monday to Friday
f: 0239 241 9049
e: pjhayman.com
www.free-spirit.com

Makesure Travel Insurance Services Limited
Cover for travelers with pre-existing medical conditions.
6th Floor, Central House, Cliftown Road, Southend-on-Sea, Essex SS1 1AB
t 0870 156 6679

Perry & Gamble & Co Ltd
East Devon Business Park
Wilmington, Honiton, Devon EX14 9RL
t 01404 830 100

Make sure Direct Ltd
PO Box 5317, Southend on Sea
Essex SS1 1Wy
t 428 4399
www.make-sure-direct.co.uk

Financial support

Family Fund Trust
Financial help and information for families of disabled and seriously ill children under the age of 16.
Unit 4, Alpha Court, Monks Cross Drive, Huntington, York YO32 9WN.
t 0845 130 4542
www.familyfundtrust.org.uk

Lions Club International
Contact head office for more information.
t 0121 441 4544
www.lions.org.uk

Rotary International
Contact head office for more information.
t 01789 765 411
www.rotary.org.uk

Clothes for low birth weight babies and other practical items

Babycity
Unit 20 Belvue Business Centre
Belvue Road, Northolt
Middlesex UB5 5QQ
t 0845 370 8380
e info@babycity.co.uk
www.babycity.co.uk

Clothes 4 Prematures
PO Box 156, Dereham
Norfolk NR19 9AW
t 01362 853 313
www.clothes4prematures.co.uk

Designer Angels
11 Market Gate, Market Deeping
Lincolnshire PE6 8DL
t 07912 667 730
e sales@designerangels.co.uk
www.designerangels.co.uk

Earlybirds
e info@earlybirds.com.au
www.earlybirds.com.au

Peeny Weeny Baby
P.O Box 71, Shanklin
Isle of Wight PO37 6ZW
t 01983 863 532 / 07973 362 955
e enquiries@peenyweeny.co.uk
www.peenyweeny.co.uk

Home support

Childcare Link
Contact Childcare link for details of your local Children’s Information Service (CIS) for a list of registered childcare in your area and for other information about childcare.
www.childcarelink.gov.uk

Home-Start UK
Home support for families with young children across UK.
2 Salisbury Road, Leicester LE1 7QR
t 0116 233 9955
Freephone 0800 068 6368
www.home-start.org.uk

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t 0116 233 9955
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www.home-start.org.uk

Clothes for low birth weight babies and other practical items

Babycity
Unit 20 Belvue Business Centre
Belvue Road, Northolt
Middlesex UB5 5QQ
t 0845 370 8380
e info@babycity.co.uk
www.babycity.co.uk

Clothes 4 Prematures
PO Box 156, Dereham
Norfolk NR19 9AW
t 01362 853 313
www.clothes4prematures.co.uk

Designer Angels
11 Market Gate, Market Deeping
Lincolnshire PE6 8DL
t 07912 667 730
e sales@designerangels.co.uk
www.designerangels.co.uk

Earlybirds
e info@earlybirds.com.au
www.earlybirds.com.au

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P.O Box 71, Shanklin
Isle of Wight PO37 6ZW
t 01983 863 532 / 07973 362 955
e enquiries@peenyweeny.co.uk
www.peenyweeny.co.uk
PreciousPrems Ltd
18 Paddockdyke, Skelmorlie
North Ayrshire PA17 5DA
t 01475 521863 / 07830 149592/593
e sales@preciousprems.co.uk
www.preciousprems.co.uk

Tiny Baby & Co Ltd
The Old Bakery, King Street, Eastwood
Nottingham NG16 3DA
t 01773 715 577
e janewalker@btconnect.com
www.tinybabyandco.com

Other items

Angelcare
The Angelcare Baby Monitor reacts to your baby’s sounds and movements.
t 0845 009 1789
www.angelcare-uk.co.uk

Bebe Cannelle
Baby carriers and prem baby clothes.
e info@bebecannelle.com
www.bebecannelle.com

Bettacare Ltd
‘Tiny Traveller’ car seats.
9-10 Faygate Business Centre, Faygate
West Sussex RH12 4DN
t 01293 851 896
www.bettacare.co.uk

Boots
A range of products.
t 08456 090 055
www.boots.com

Kari Me Baby Carrier
Baby sling and carrier which can be used for Kangaroo Care.
t 0800 634 8688
e info@kari-me.com
www.kari-me.com

Klodhoppers Ltd
Babies and children’s shoes starting from size 1 (17). Available in store only.
93 Blatchington Road, Hove BN3 5NE
17 Sussex Road, Haywards Heath
RH16 4DZ
t 01273 711 132/01444 452 824
e klodhoppers@ntlworld.com
www.klodhoppers.com

Lil May Baby Shops
Premature baby car seat inserts.
11 North Street, Portslade, Brighton, Sussex BN41 1DH.
t 01273 411 331
www.lilimay.com

Mothercare
A wide range of products and information available.
t 08453 30 40 70
www.mothercare.com

NUK
Providing soothers, dummies and teats.
t 0845 300 2467
e mail@nukbaby.co.uk
www.nukbaby.co.uk

Pampers Micro and Premature Nappies
Freephone 0800 328 3281
N Ireland 1800 535 124
www.pampers.co.uk

Sling Easy Baby Sling from Kids in Comfort
172 Victoria Road, Wargrave RG10 8AJ
t 0118 940 4942
e Karen@slingeasy.co.uk
www.slingeasy.co.uk

Start rite ‘First Walker Shoes’
Stockists of girls’ shoes starting at size 2,
and boys’ shoes starting at size 3.
e webenquiries@start-rite.co.uk
www.startriteshoes.co.uk

Vertbaudet
PO Box 125, Bradford BD99 4YG
t 0844 842 0000
www.vertbaudet.co.uk
Other BLISS publications

- BLISS general leaflet
- Breastfeeding your premature baby
- Containment holding poster
- Facts for fathers
- Financial help for families
- Going home – your questions answered
- Going home on oxygen
- Handle me with care
- Kangaroo Care poster
- *little BLISS magazine**
- Look at me – I’m talking to you!
- Parent Information Guide – available online in Polish, French and Urdu
- RSV (Respiratory Syncytial Virus)
- Surfactant*
- The next pregnancy
- Useful organisations and further reading*
- Ventilation and Chronic Lung Disease – your questions answered
- Weaning your premature baby

All publications are available to download from www.bliss.org.uk

*download only **subscription only

**Families:** order online at www.bliss.org.uk or call 020 7378 1122.
All publications are free to families of a premature or sick baby.

**Health professionals:** order online or call 01933 318503.

**Family Support Helpline** FREEPHONE 0500 618140
**RNID typetalk** 018001 0500 618140

**BLISS parent message board:** visit www.bliss.org.uk and follow the link.

BLISS is a member of **Language Line**, the telephone interpreting service, which has access to qualified interpreters in 170 languages.

**BLISStext** - text messaging advice line. Text ‘register’ to 07800 00 8100 for information, support and advice.

BLISS, 9 Holyrood Street, London SE1 2EL
t 020 7378 1122  f 020 7403 0673
e enquiries@bliss.org.uk  www.bliss.org.uk
BLISS – the premature baby charity
Helping babies born too soon, too small or too sick
to cope on their own

Family Support Helpline
FREEPHONE 0500 618140
RNID typetalk 018001 0500 618140

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