Participating in Your Newborn’s Hospital Care

Preventing Neonatal Infections

Premature newborns usually need to spend extra time in the hospital, often in the neonatal intensive care unit (NICU). They need help fighting germs and infections, so doctors, nurses, and hospital staff take special care to protect them. You can help too!

Human Milk is Medicine for Your Baby

Modern medicine is amazing, but your body naturally produces milk, which acts like medicine for your infant. Mother’s milk contains special substances called antibodies that coat the inside of your baby’s intestines. These antibodies seal off any open parts in your baby’s intestines so that germs cannot get inside and travel into the blood stream and cause an infection. Some parts of the milk even kill germs and make it difficult for other germs to grow. This benefit lasts after your baby no longer receives your milk. The most expensive formula cannot match all the qualities of mother’s milk. Compared with formula-fed babies, premature babies who receive human milk are able to leave the hospital earlier and are less likely to be readmitted to the NICU. Benefits of human milk feeding last long after the babies leave the NICU. Some studies show health benefits lasting into early childhood.
**Moms are Partners in the NICU**

Seeing how fragile your baby is and understanding the extent of all the intensive care your baby is receiving may make you feel that her care is out of your hands.

There are steps you can take to help your baby and to ensure that you ARE doing your part to help make her healthier. Talk to your doctors and nurses about providing milk for your baby. You also can ask to see a lactation consultant, who can show you how a breast pump works and set you up so you can provide a good supply of milk for your newborn. Any amount that you can provide makes a big difference in your baby’s health and well-being. It is a good idea to start pumping as soon as possible after delivery.

**Powerful Benefits of Mother’s Milk Include:**

- Increasing newborns’ ability to digest and absorb essential nutrients, such as vitamins and minerals;

- Providing a perfect mixture of fats, which help develop your newborn’s brain and eye tissue; and

- Reducing the negative side effects of the oxygen therapy that many premature babies need.

**Myth #1**

Pumping will hurt.

**Fact** Although pumping may feel mildly awkward at first, it should not hurt. When your pump is correctly fitted to your breast, pumping will feel easier each time you do it.
Christie and DJ

When Christie Lillie’s son DJ was born at 26 weeks, he weighed a little over a pound. “It was overwhelming to see him in his incubator connected to so many wires and tubes,” said Christie. “The set up reminded me of a fish tank, so I nicknamed DJ ‘Nemo’.” Christie didn’t know much about breastfeeding, but her NICU team advised her to pump milk for DJ. “My spirits lifted when I learned there was something I could do to help,” said Christie. She remembers nurses referring to mother’s milk as “liquid gold” and that made her realize how special every single drop of her milk was. It took a lot of patience and effort for Christie to increase her milk supply, but she felt overjoyed handing over her bottles of liquid gold to the NICU team for her son. After eight weeks of receiving pumped milk from Christie, as well as human donor milk, DJ weighs more than 3 pounds and is strong enough to cuddle with Christie and try breastfeeding. “My little Nemo is truly a miracle,” said Christie.

Myth #2
My body won’t produce enough milk.

FACT Starting to express milk from your breast early (within 6 hours after your delivery) and often will help you produce enough milk for your baby. You will be able to express milk by hand or electric pump, but most mothers find a combination of both works best. Your nurses will help you while you are in the hospital and after you are discharged from the hospital, the NICU nurses can offer help.

Myth #3
If you take medications you can’t pump.

FACT Some medications do not pass into your milk and you can continue taking them while breastfeeding or pumping. Other medicines that could be a problem for your baby might be replaced with a substitute while you are breastfeeding or pumping. Your care team will talk to you about your medicines and help you plan how to talk to your own doctor about what your baby needs.
For more information about the Ohio Perinatal Quality Collaborative’s Human Milk Project, please email: OPQC@cchmc.org