

Feeding Your Preterm Baby at Home

Preterm babies have special nutrition needs in the first year. Meeting these needs will help with:

- growth and development
- bone growth
- brain and eye development



High calorie breastmilk and formula

Preterm babies have higher needs than term babies for calories, protein, vitamins, and minerals. They also benefit from essential (omega-3) fats. Many preterm babies need extra nutrition from formula added to breastmilk. Some late preterm babies grow well on breastmilk alone.

Your baby's dietitian will provide a recipe and steps to safely prepare high calorie breastmilk or formula. This is called a *high calorie feeding*.

How many high calorie feedings does baby need each day?

The number of high calorie feedings will depend on your baby, and will change as baby grows. Often, parents combine breastfeeding with high calorie feedings.

How long will baby need high calorie feedings?

High calorie feedings may continue until 3–12 months *corrected age*. Talk to baby's doctor or dietitian about when to decrease or stop high calorie feedings. They will use your baby's growth to guide this change.

Corrected age is the age baby would be if he was born on his due date. For example, if a 6 month old baby was born 2 months early, baby's corrected age is 4 months old.

6 months - 2 months = 4 months corrected age

How often should I feed baby?

In the NICU, babies are often fed on a schedule at the beginning. Before going home, some babies may change to *feeding on cue*.

Feeding on cue means that you feed baby when she seems hungry and stop when she seems full.

Young babies usually feed every 2–4 hours. Watch baby for signs of hunger. It's normal for babies to vary how much they take at each feed. Watch baby for signs of fullness while feeding.

You can tell **baby's hungry** when he:

- smacks his lips
- sucks with his mouth
- searches with an open mouth
- sucks on his hands or fists
- cries (a late sign of hunger, baby may not be able to feed until he's calmer)



You can tell **baby's full** when she:

- closes her mouth
- slows or stops sucking or swallowing
- turns her head and comes off the breast or bottle relaxed and content
- opens and relaxes her arms alongside her body
- falls asleep at the end of the feeding

How can I tell if baby is getting enough to eat?

Baby is getting enough to eat if he's growing, has 6 or more wet diapers each day, and shows signs of fullness at the end of each feeding. If baby doesn't show signs of fullness, offer more. If baby is bottle fed, offer 5–10 mL (1–2 tsp) more at the next feeding.

Growth

Babies grow at different rates. Weight, length, and head size should be measured routinely by a health care provider to track changes. Growth pattern over time is more important than one measurement.

Growing too fast or too slow may suggest a problem with health or nutrition. Baby's health care provider will use corrected age for baby for the first 2 years.

Vitamin D and iron

Vitamin D helps the body absorb calcium, promotes healthy bones and prevents rickets. Baby will need at least 400 international units (IU) of vitamin D each day from a supplement.

Iron helps the body carry oxygen in the blood and helps baby's brain develop. Babies born early may have low iron stores and are at higher risk for iron deficiency. Baby may need an iron supplement until 12 months corrected age, or until a health care provider says it's ok to stop. Baby will also get some iron from breastmilk, formula, and once eating solids, from foods like pureed meat and baby cereal with iron.

Common concerns

Spitting up

Some babies spit up small amounts right after a feeding or between feedings. Spitting up can be normal as long as it isn't forceful and baby is healthy and gaining weight.

Try these tips to help decrease spitting up:

- Feed baby before she becomes very hungry.
- Burp baby during and after feeding. Burp every 5–10 minutes or 1–2 oz (30–60 mL).
- Carry baby in an upright position and handle gently for 20–30 minutes after feeding.
- Avoid tight diapers and 'sling' type baby carriers if they cause discomfort.
- Use a child safety seat only for travelling, as the position may cause more spitting up.



- If bottle-feeding, make sure the nipple flow is right for baby. If the flow of milk is too fast, baby's stomach will fill quickly and may cause more spitting up.
- If bottle-feeding, try feeding smaller amounts at a time. Overfeeding can make spitting up worse. Baby doesn't have to finish the bottle.

Bowel movements (poop, stool)

Bowel movements can be very different from one baby to another. What's normal depends on baby's age and whether he's breastfed or formula-fed (or both). Stools can be yellow, green or brown, mushy, pasty, soft or firm.

Bowel movements change in thickness, number, and colour when a change is made to what baby eats (for example: changing formula type or starting to eat solid foods). It's normal for babies to grunt and get red in the face when having a bowel movement.

Baby may be constipated if bowel movements are dry and hard or if they are difficult or painful to pass. For more information about constipation, visit www.ahs.ca and search *constipation in babies*.

Gas

Gas is very common in babies. **These tips may help:**

- Burp baby more often.
- Gently move baby's legs back and forth, as if she is pedaling a bicycle.
- If bottle-feeding, use a slow flow nipple.
- If using powder formula, mix it gently and let air bubbles out before feeding.

Some over-the-counter products, such as probiotics, simethicone drops, and gripe water, are promoted to help relieve gas. Talk to baby's doctor or pharmacist about whether these products are right for your baby.

Call your baby's doctor if baby:

- spits up streaks of blood
- chokes, gags, or turns blue after spitting up
- is not gaining enough weight
- seems uncomfortable (fussy, arching, irritable or cranky) during or after feeds
- shows signs of hunger, but won't feed or will only feed when asleep

