

## Preparing for Discharge and Going Home

### *Leaving the hospital*

*Congratulations! You are almost ready to take your baby home. This handout offers tips for discharge planning and transition to breastfeeding at home.*

#### **To Do**

- Make plans to get a breast pump to use after your baby goes home.
- Make plans to stay overnight in the hospital in the days leading up to your baby's discharge.
- Practice breastfeeding before discharge.
- Practice using the sensitive baby scale.

### **Discharge**

By now, you have probably practiced breastfeeding your baby many times. Over the next few weeks, you and your baby will work to transition to full breastfeeding.

During this time, you may need to rent a breast pump to use at home. You may need the pump for 2 or 3 weeks beyond your baby's original due date.

Most health insurance does **not** cover the cost of renting a breast pump once your baby is no longer staying at the hospital. So, it is wise to plan now how you will pay for the rental on your own. Call your insurance provider to check your plan benefits.



*You will practice breastfeeding many times while your baby is in the hospital.*

If you live outside the Seattle area, you may want to rent a pump from a place that is closer to your home. And, if you receive WIC services, now is the time to call your WIC office to ask about a pump you can borrow.

If your baby has ongoing special nutrition needs, a member of your health care team will discuss them with you. A specific feeding plan will be in place before your baby's discharge.

In the days before discharge, it may be helpful to stay the night in the hospital with your baby. This lets you stay close by and practice caring for your baby before you go home. This is a good time to work on breastfeeding.

This practice time also allows us to check *test weights* (see page 17 in "Nursing Your Baby in the NICU"). Weighing your baby before and after breastfeeding shows how much milk your baby is getting directly from your breast. This information will help us create your discharge feeding plan. The lactation consultants will be happy to help you with this part of getting ready to leave the hospital.

## **What to Expect at Home**

Most times, preterm babies are ready for discharge before their original due dates. Because of this, your baby may still have *immature feeding behaviors* when you leave the hospital. Some of these behaviors are:

- Not waking or giving feeding cues
- Falling asleep at your breast
- Slipping off your nipple

With this in mind, try these tips:

- Plan to continue pumping often. This will maintain your milk supply until your baby is an expert at breastfeeding.
- Offer your breast when your baby is fully awake and giving you cues. In the first week or two at home, your baby might not be able or ready to try breastfeeding every time. As babies get bigger and older, they can breastfeed more. We do not advise on-demand feeding for a preterm infant until the baby shows steady growth and is able to take in enough milk on a regular basis.
- If a breastfeeding session is working – your baby is well latched, sucking in rhythm, *and* you can hear swallowing – then let your baby feed for 20 to 30 minutes. If feeding is *not* working, move on to supplementing with a bottle. Pump within 10 minutes of starting the breastfeeding session.



*Continue kangaroo care at home while you work toward full breastfeeding.*



*Weighing your baby before and after breastfeeding shows how much milk your baby is getting directly from your breast.*

- Use the nipple shield as needed to help your baby latch in these early days and weeks at home. In time, your baby will no longer need the shield. There is no hurry to stop using the shield. Some preterm babies will wean from the shield around the time of their original due date. Other babies may use the shield for a longer time.
- Use your pumped breast milk to supplement your baby's direct breastfeeding. You might also need to use formula if your milk supply is low.
- Between feedings, offer your baby your breast for comforting and pacifying. This is called *non-nutritive sucking*.
- Continue kangaroo care (skin-to-skin contact) at home while you work toward full breastfeeding.
- Use a baby scale at home as you and your baby get close to full breastfeeding. Checking your baby's weight before and after feeding will help safely guide you and your baby to full breastfeeding without supplement. It is important to closely monitor your baby's weight. Your baby should gain about 15 to 30 grams each day.
- Your baby will slowly get better at breastfeeding as immature feeding behaviors are replaced with more mature ones. Your baby will probably be fully breastfeeding by 2 or 3 weeks after your original due date.

## **We Are Here to Help**

Even after your baby leaves the hospital, you are welcome to return for a visit with a lactation consultant. We will meet with you and your baby to help work toward your breastfeeding goals. To schedule an appointment with a lactation consultant, call 206.598.4628.

Your commitment to pumping, kangaroo care, and breastfeeding is a gift to your baby that only you can give. And, this special gift will bring long-lasting health benefits to both your baby and you.

## Things to Do Before Discharge

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### Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Lactation Services:  
206.598.4628

Weekdays: 9 a.m. to 5 p.m.

Weekends and holidays:  
9 a.m. to 3 p.m.