

Breaststeps- Birth to Discharge

	Actions	Rationale	Considerations	Readiness
1 Love	<p><u>Skin to Skin with head high on chest</u></p> <ul style="list-style-type: none"> • RN and RT needed for transfer if intubated • Baby in diaper only • Standing transfer • Parent reclined • Cover with blanket • Quiet time 	<ul style="list-style-type: none"> • Stabilizes temp, HR & RR • Promotes bonding • Increases milk supply • Aids healthy microbiota • Supports sensory development • Provides positive comfort 	<ul style="list-style-type: none"> • Airway Management • Line security • Temperature stability 	<ul style="list-style-type: none"> • Able to tolerate position changes • Avoid during cooling protocol • Any gestation
2 Lick	<p><u>Skin to Skin with head near breast</u></p> <ul style="list-style-type: none"> • Pump breasts prior • Baby in diaper only • Position baby's nose at the nipple • Licking/tastes optional • Too soon to introduce nipple shield 	<ul style="list-style-type: none"> • As listed above • Oral exposure to milk • Practice with handling and positioning of baby • Positive oral experiences 	<ul style="list-style-type: none"> • Safe positioning to maintain stability • Slow progression and expectations 	<p>Above and:</p> <ul style="list-style-type: none"> • Extubated • <32 weeks • If >32 weeks must be on 2L O2 or less
3 Latch	<p><u>At drained breast in breastfeeding position: "non-nutritive nuzzling"</u></p> <ul style="list-style-type: none"> • Pump breasts prior • Practice latching as able • Practice daily during quiet alert periods • Too soon to introduce nipple shield 	<ul style="list-style-type: none"> • Support positive experiences • Reduces stress while working towards feeding goals • Supports emerging skills of coordinating sucks and swallows 	<ul style="list-style-type: none"> • Patience with inconsistency and relatching • Limited expectation of suck/swallow/breathe pattern quite yet • Monitoring for breathing and stability 	<ul style="list-style-type: none"> • Nasal Cannula 2L or less • 30+ weeks PMA • Assess for readiness once skin-to-skin
4 Learn	<p><u>To full breast</u></p> <ul style="list-style-type: none"> • Put infant to full breast on cue (any # of feedings) • Watch for evidence of milk transfer (assess breast softening, swallows and begin test weights) • Introduce nipple shield as needed to sustain latch 	<ul style="list-style-type: none"> • Encourages success • Incorporation of suck-swallow-breathe • Sucking rhythms maintained with appropriate rest phase • Reduces dependency on feeding tube 	<ul style="list-style-type: none"> • Address and dispel any concerns for energy expenditure and length of stay • Should maintain ongoing pumping with feedings • Could consider transitioning with partially full breast 	<ul style="list-style-type: none"> • Nasal Cannula 2L or less • 33+ weeks
5 Leave	<p><u>Go Baby Go!</u></p> <ul style="list-style-type: none"> • At least 2-3 times daily (or whenever parent present) • Put infant to full breast • Watch for evidence of milk transfer • Follow hunger cues • Evaluate for follow-up • Document breastfeeding plan in AVS 	<ul style="list-style-type: none"> • Reaching maturity needed for success • Improvement in endurance and coordination • Self-pacing evident • Prep for discharge (trial positions, tandem feeding, etc.) 	<ul style="list-style-type: none"> • Resources for follow-up support and discharge • Transitioning to home breast pump with advancing feeding • Ongoing patience for those still developing skills with follow-up recommendations 	<ul style="list-style-type: none"> • 36-42+ weeks

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