

## **Breastmilk is best for preterm infants**

Breastfed preterm infants have a lower incidence of infections<sup>1</sup>. Breastfeeding preterm infants reduces the risk of Necrotizing Enterocolitis (NEC), leads to earlier hospital discharge and results in better gastrointestinal function<sup>2</sup>.

**Kangaroo** care or skin-to-skin holding of the infant has a beneficial effect on premature infants and their mothers in a variety of physiological and psychological ways. Some of the benefits reported include greater lactation duration<sup>3</sup>, greater weight gain, earlier discharge from hospital<sup>4</sup> and less crying episodes.<sup>3-4</sup> Factors determining whether a mother chooses to breastfeed will depend on the baby's age, maturity and his/her medical condition. Breastfeeding mothers are advised to express milk as soon as possible and store in a fridge until the infant is ready. However, adequate nutrient intake is compromised by the wide variability in composition of breastmilk. Impacting on growth whereby breastmilk fortification is necessary. Fortified breastmilk must be used under medical supervision.

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<sup>1</sup>Hylander MA et al., Human milk feedings and infection among very low birth weight infants. Paed. 1998; 102 (3), 1-6.

<sup>2</sup> Schanler RJ et al., Feeding strategies for premature infants: Beneficial outcomes for feeding fortified human milk versus preterm formula. Paed. 1999; 103 (6), 1150-1157.

<sup>3</sup> Whitelaw A et al. Skin to skin contact for very low birthweight infants and their mothers. Arch Dis Child 1988; 63, 1377-1381

<sup>4</sup> Anderson GC. Current Knowledge about skin-to-skin (kangaroo) care for preterm infants. J Perinatol 1991; 11 (3), 216-226