

Description

Feeding In Complexity: Supporting Parents of Preterm or Unwell Babies

For parents of preterm or critically-ill infants, feeding is often far removed from the breastfeeding experience. Instead of feeding at the breast, many families navigate incubators, feeding tubes, breast pumps and prolonged separation. In this environment, mother's own milk is far more than nutrition. It is a biologically active therapy that supports infant health and development while providing parents with a meaningful way to participate in their baby's care.

One of the most important interventions in the Neonatal Intensive Care Unit (NICU) is supporting early and frequent milk expression. When direct breastfeeding is not possible, mothers should be supported to begin expressing within the first few hours after birth and continue frequent and effective milk removal during the critical first days postpartum. Early, effective breast stimulation supports timely secretory activation (commonly known as milk 'coming in'), helps establish long-term milk production and increases the likelihood of achieving the milk volumes needed throughout the NICU journey and beyond.

Mothers of premature infants are at increased risk of delayed or impaired milk production due to maternal-infant separation, medical complications, stress and dependence on a breast pump. Because these infants may initially require only small volumes of milk, families may not recognise the importance of building and maintaining a robust milk supply for the future. Consistent education, evidence-based guidance and practical lactation care are therefore essential.

The NICU journey carries a considerable emotional burden. Parents often balance recovery from birth, concern for their infant's condition, hospital visits, pumping schedules and complex medical information. Compassionate, family-centred support can help families navigate these challenges.

Partners also play an important role by supporting pumping routines, assisting with milk handling and storage, participating in kangaroo care and providing emotional encouragement.

Even when feeding becomes highly medicalised, opportunities for connection remain essential. Skin-to-skin care, oral immune therapy with colostrum, caregiving activities and the provision of mother's own milk help strengthen the parent-infant relationship while supporting infant wellbeing. By recognising mother's own milk as both medicine and connection, healthcare professionals can support both clinical outcomes and family bonding during this vulnerable time.

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