

When is it safe to initiate breastfeeding for preterm infants?

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Abstract

BACKGROUND:

Breast milk is the gold standard of nutrition for preterm infants. Yet, initiation of direct breastfeeding before 32 weeks' postconceptional age (PCA) is not common practice in many neonatal intensive care units (NICUs). Our clinical question was, "In preterm infants, when is it safe to initiate breastfeeding in infants <32 weeks PCA receiving enteral feedings?"

SEARCH STRATEGY:

A review of the literature was compiled between February 2013 and January 2015 by using the following databases: CINAHL, Cochrane Systematic Review, Scopus, and PubMed. Articles found were written in English and published after 1985. Key words were utilized during searches and references were hand checked.

RESULTS:

Our review revealed that stable preterm infants maintain their physiological status during exposure to the breast as early as 27 to 28 weeks' PCA. Several studies demonstrated infants during breastfeeding compared with bottle-feeding experienced minimal variation in oxygen saturation and heart rate during feeding. Some infants exposed to the breast before 30 weeks' PCA were exclusively breastfeeding (direct breastfeeding and breast milk) at 32.8 weeks' PCA. Skin-to-skin mother-infant contact is crucial to the successful transition to direct breastfeeding.

IMPLICATIONS FOR PRACTICE AND RESEARCH:

The transition from enteral feedings to direct, exclusive breastfeeding should involve frequent mother-infant skin-to-skin contact requiring support and guidance from the NICU staff. Future research should involve creating standard protocols within NICUs to facilitate breastfeeding transition and exploring barriers that may prevent the preterm infant from achieving direct, exclusive breastfeeding.