



โรงพยาบาลหาดใหญ่

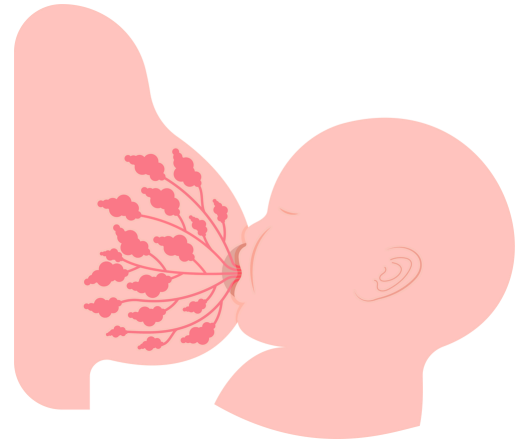
Supporting Breastfeeding in Neonatal Intensive Care Unit

APN.จณัญญา สุขเกษม

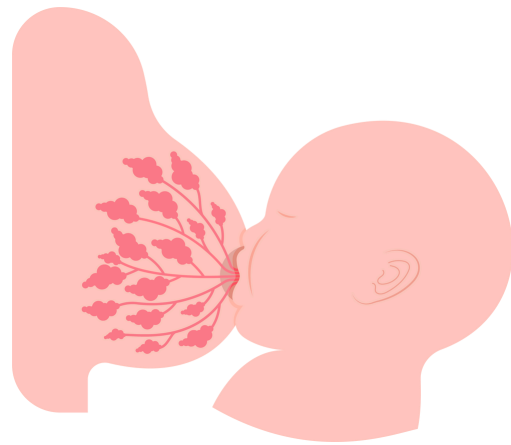
กลุ่มการพยาบาล โรงพยาบาลหาดใหญ่



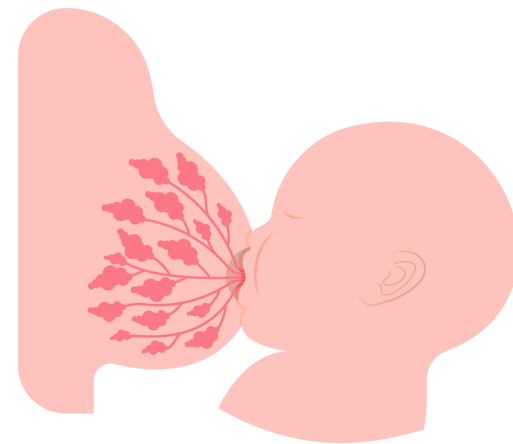
Scope



Barriers to Breastfeeding in NICU



The benefits of HM in NICU



**10 step supportive breastfeeding
in NICU**

WHO



Recommend that breastfeeding be initiated within the first hour after birth, continued exclusively for the first 6 months of life and continued, with safe and adequate complementary foods, up to 2 years or beyond

Barriers to Breastfeeding

- **Mother-Infant Separation**
- **Maternal Comorbidities & Delayed Lactogenesis**
- **Stress & Altered Parental Role.**
- **Poor family and social support.**



The benefits of HM in NICU

- Improved feeding tolerance.
- Decreased incidence of sepsis and necrotizing enterocolitis Necrotizing enterocolitis (NEC).
- Reduced incidence of retinopathy of prematurity (ROP).
- Reduced risk of bronchopulmonary dysplasia (BPD).
- Improved neurodevelopmental outcomes.
- Decreased length of stay related to reduced comorbidities.



10 step supportive breastfeeding in NICU



1 Inform decision

2 Establishment and maintenance of milk supply

10 Appropriate follow up

3 Breast milk management

9 Preparation for discharge

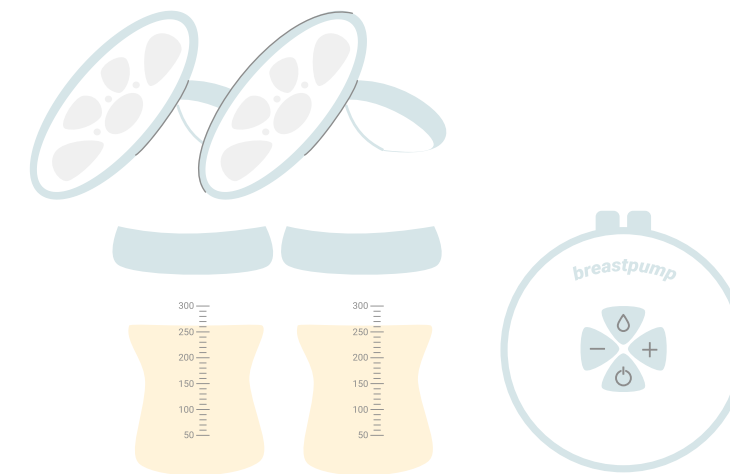
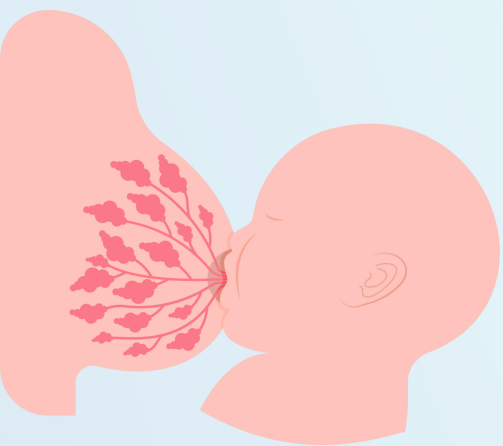
4 Colostrum/breastmilk oral care

8 Measuring milk transfer

5 Skin - to - skin care

7 Transition to breast

6 Non-nutritive sucking



1. Inform decision

- Give informing families about why HM is important for sick baby
- High risk pregnancy should receive special education and guidance about specific benefits of HM and how to get the best start on lactation after delivery

“นมแม่คือยารักษาโรค”

“นมแม่เป็นยา”



2. Establishment and maintenance of milk supply

- Breast pump within the first 2 - 6 hours after birth.
- Neonatal nurses should assess the milk supply of the infant's mother daily.
- Recall of the prior day's pumping schedule.



3. Breast milk management

- Breast milk should be stored in a glass or food-grade plastic container
- sterile breast milk bottles
- Each bottle is completely labeled
(infant's name, date and time of pumping)
- Parents transfer the human milk to NICU



3. Breast milk management

ระยะเวลาเก็บน้ำนม

สถานที่	อุณหภูมิ	ระยะเวลา
ตั้งที่อุณหภูมิห้อง	$> 25^{\circ}\text{C}$	1 ชั่วโมง
ตู้เย็นช่องธรรมดา	$0-4^{\circ}\text{C}$	1-3 วัน
ช่องแช่แข็งตู้เย็นประตูเดียว	ไม่คงที่	2 สัปดาห์
ช่องแช่แข็งตู้เย็น 2 ประตู	-14°C	3 เดือน
ช่องแช่แข็งเย็นจัดตู้เย็นพิเศษ	-19°C	6 เดือน

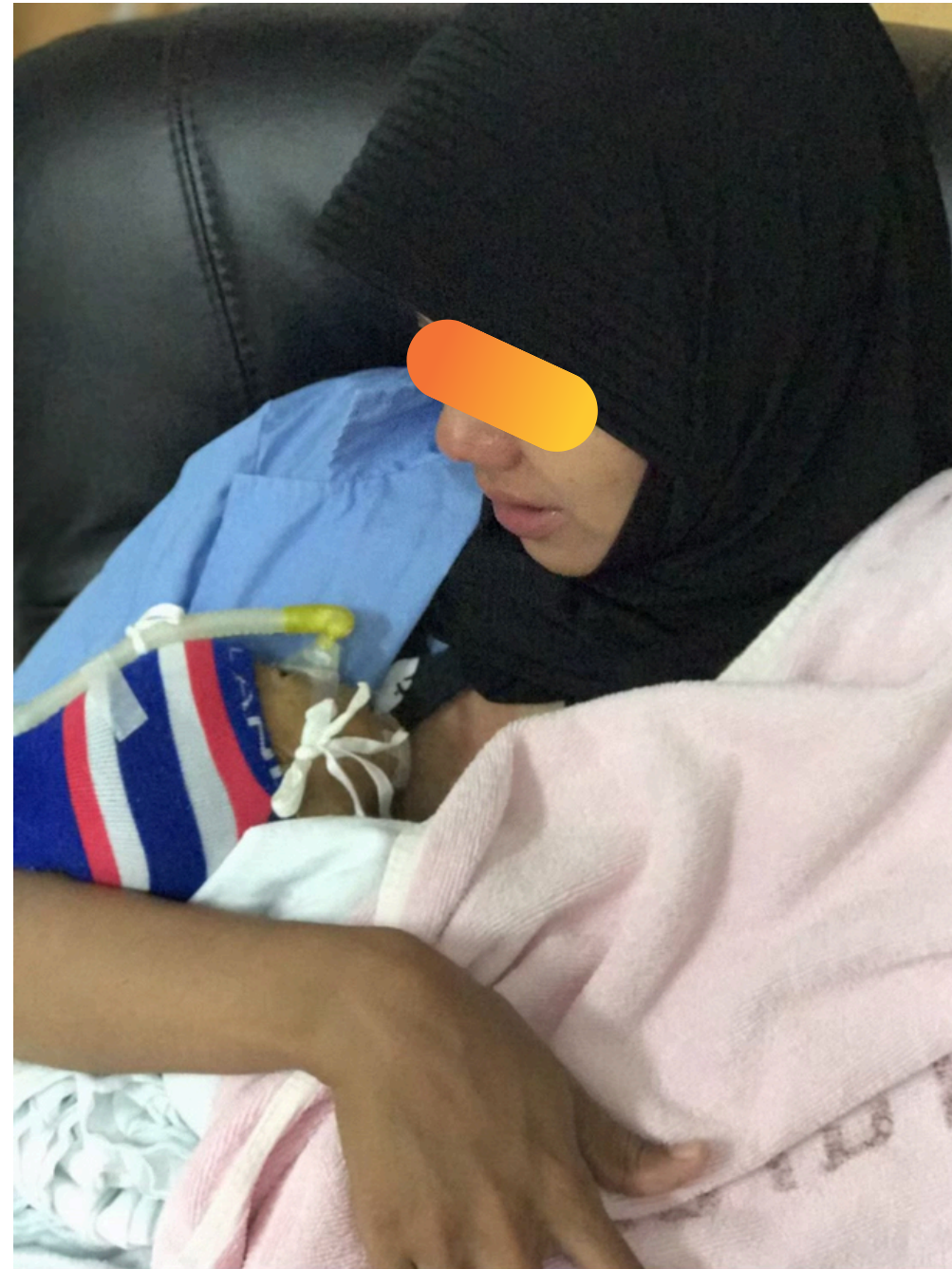
4. Colostrum/breastmilk oral care

- Breast milk is rich in immune active factors, which may be absorbed by the oropharyngeal mucosa.
- Oral care of breast milk can reduce the incidence of VAP and NEC in preterm. (Cai et.al.,2022)
- The amount of colostrum/breastmilk required is very small, usually around 0.2 mL, divided amongst both cheeks.

5. Skin - to - skin care

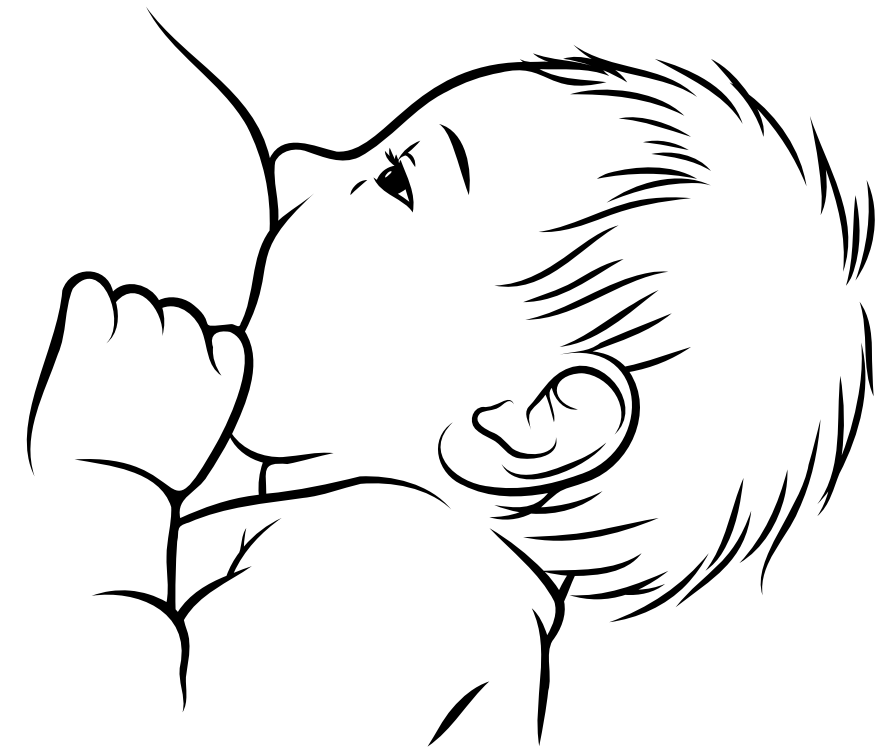
- Encourage parents for Skin to skin care.
- SSC has not been shown to have adverse effects on infant thermoregulation.
- SSC have a positive impact on infant weight gain
- The nurse is a key member of the health care team in promoting SSC.

Skin - to - skin care



6. Non-nutritive sucking

- Nonnutritive sucking at the breast should be initiated once an infant has been extubated.
- Electrical pump to empty 15 - 20 min
- Start non-nutritive sucking with SSC.

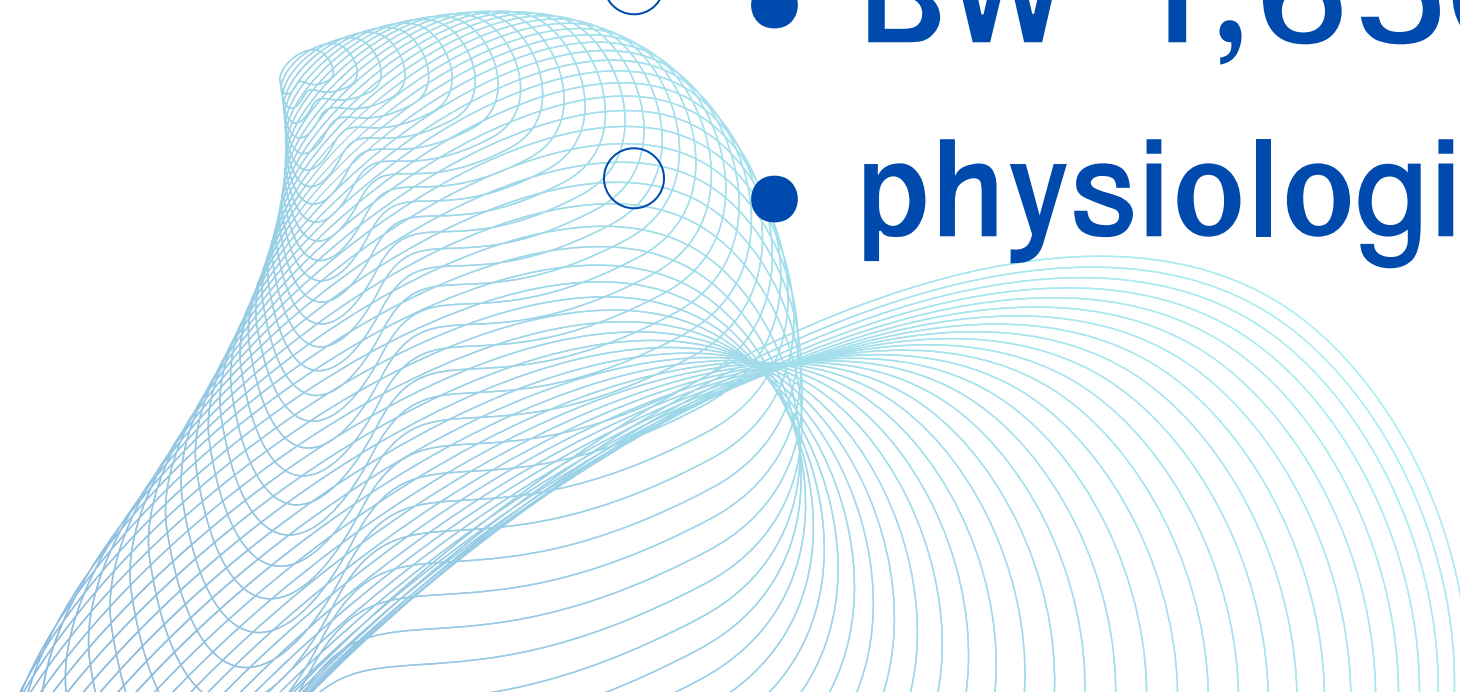


7. Transition to breast

- Assessment feeding readiness
- Traditional feeding practice :
 - ●PCA \geq 34 weeks

(Sucking – Swelling & Breathing coordination)

- ● BW 1,650 grams
- ● physiological stability



บทความวิจัย

ผลของการใช้แนวปฏิบัติการประเมินความพร้อมการกินนมทางปากต่อ
ระยะเวลาเปลี่ยนผ่านจากการให้นมทางสายยางสู่การกินนมทางปาก
และจำนวนวันนอนในโรงพยาบาลในทารกเกิดก่อนกำหนด

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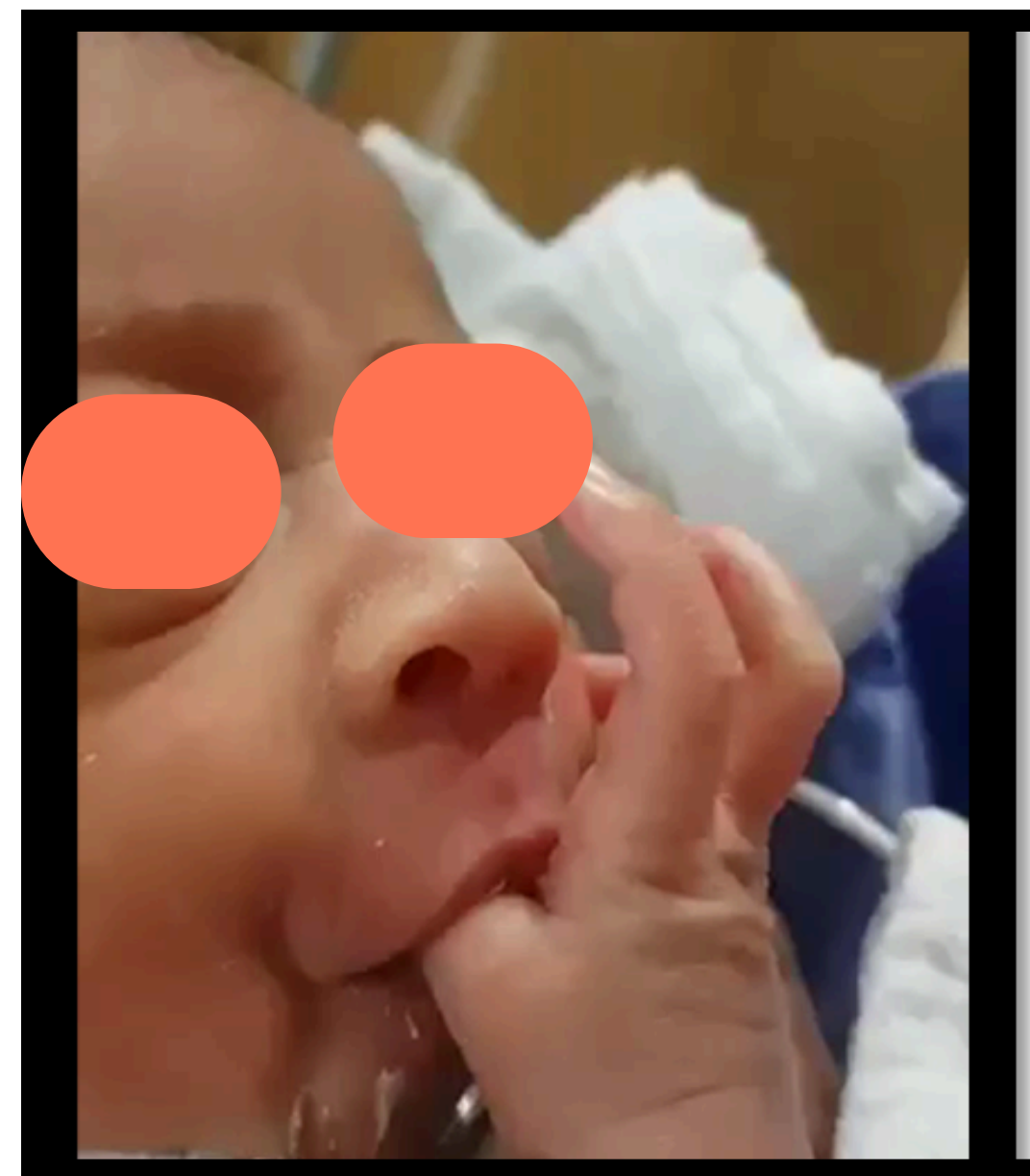
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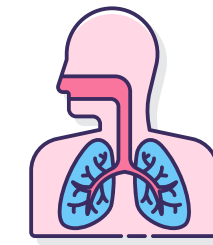
Oral Feeding Readiness Assessment in Preterm

- **Physiological**
- **Behavioral**
- **Feeding cue readiness**
- **Sucking - Swallowing & Breathing coordination**

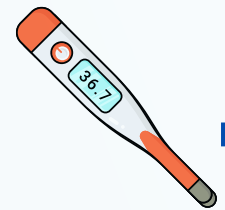


(Sukkasem et.al.,2024)

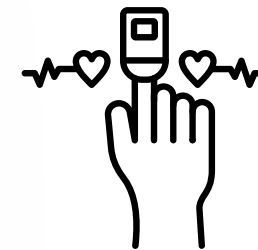
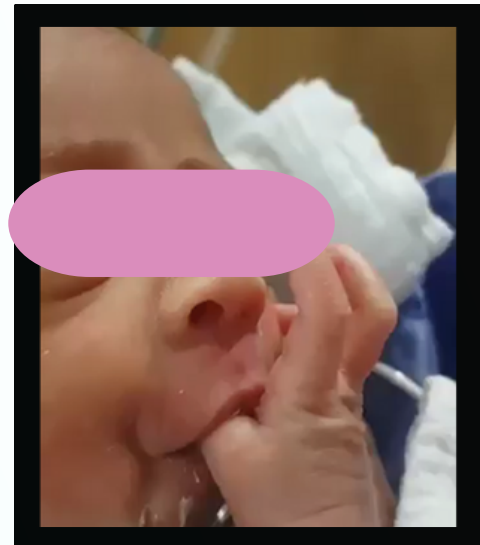
Physiological assessment



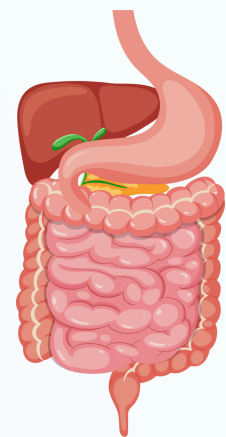
Respiratory rate/pattern



Temperature



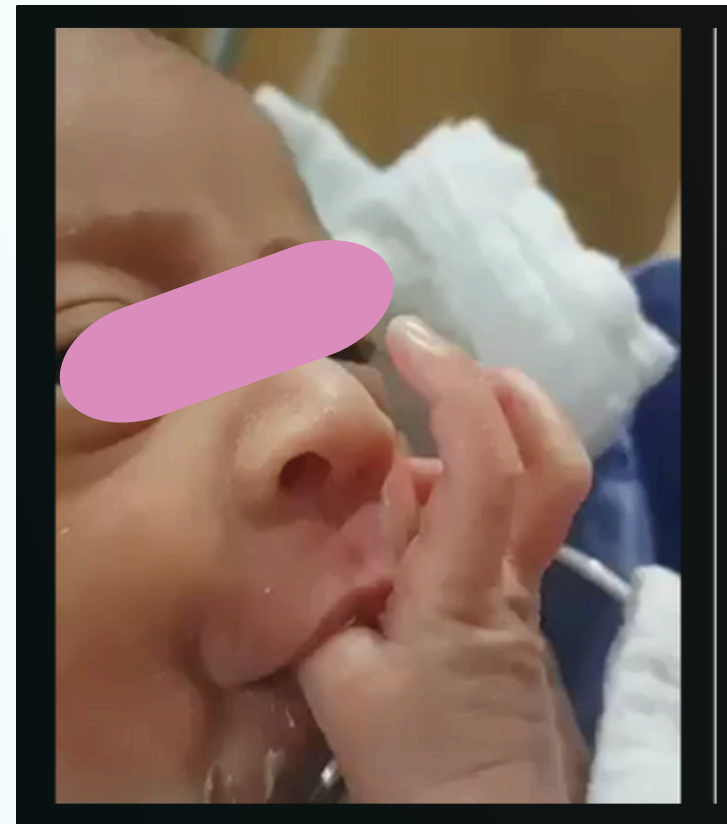
O2 saturation



Tolerate 2-3 hour tube feed well

Behavioral assessment

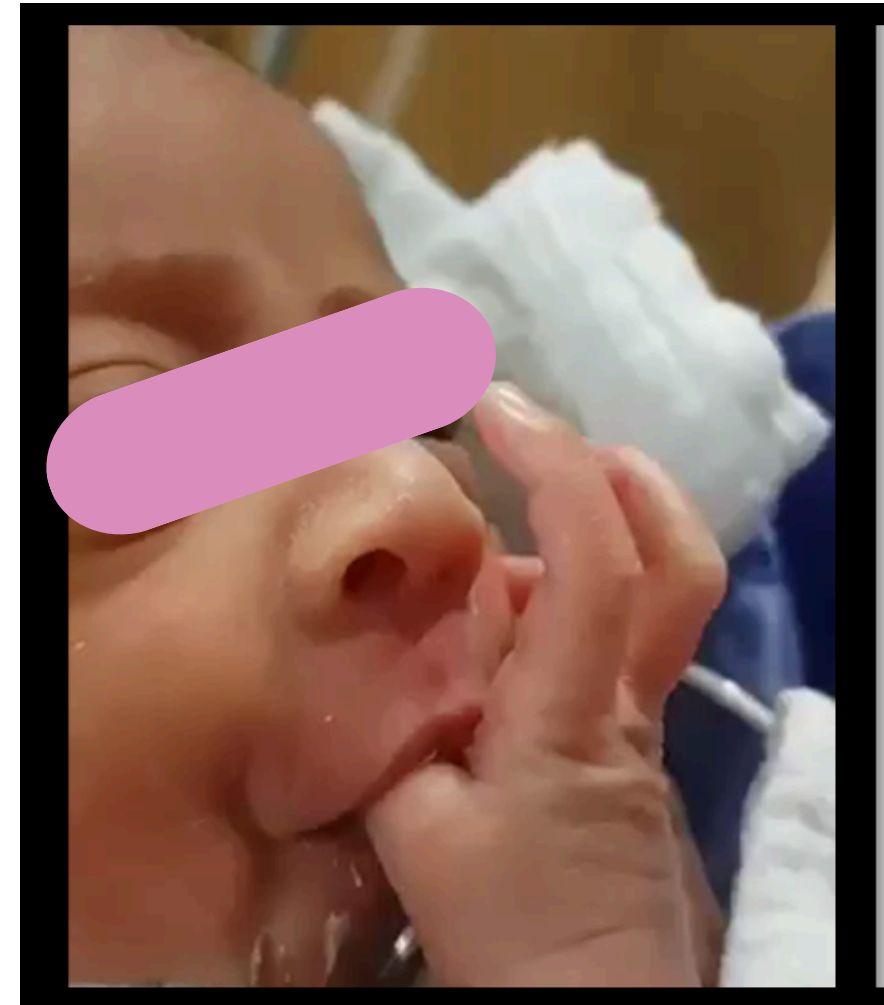
Active alert



Quiet alert

Feeding cue readiness assessment

- **Hand to mouth**
- **Mouth opening**
- **Rooting**
- **Responds to gentle touch to the face**
- **licks at the breast**



Sucking - Swelling & Breathing coordination assessment

- **NNS 3 นาที ก่อนมึนนม**
- **ประเมินการหายใจ, สีผิว, และ O2 sat**
- **ไม่มีอาการสะอึก สำลัก หรือขย้อน**
- **กลืนน้ำลายได้ดี**



Oral Feeding Readiness Assessment in Preterm

- ทารกมีประสบการณ์ในการกินนมเองทางปาก
(Oral feeding experience)
- พัฒนาการทักษะการกินนมทางปาก
- กินนมทางปากได้เต็มที่เร็วขึ้น



8. Measuring milk transfer

- Test weight
- Test weighing is a simple and noninvasive technique for measurement of milk intake
- effective method both in the hospital and after discharge.
- $1 \text{ gm} = 1 \text{ ml}$

9. Preparation for discharge

- Mother 's room for prepare before discharge.
- Encourage mothers to spend as much time at their infant's bedside as possible and learn their infant's behaviors and feeding cues.



10. Appropriate follow up

- Follow up High risk clinic at 2 weeks after discharge.
- Encourage breastfeeding





โรงพยาบาลหาดใหญ่

ขอขอบคุณ จากการนำเสนอ

