

**Clinical Practice
Guidelines**

**Breastmilk for
Preterm Neonates**

January 2020

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Table 1: Summary of Recommendations for supporting breastmilk feeding in preterm Neonates

S.No.	Recommendations	Strength of recommendations	Quality of Evidence
1.	Mothers whose preterm infants are admitted in the neonatal unit may use either electric or manual breast pumps in the first week after delivery to get higher volume of expressed breastmilk; they may use manual breast pumps to do sequential expression (i.e. expression from one breast followed by that from the other) in the second week after delivery. <i>Comment:</i> In resource constrained settings, manual milk pumps and manual expression of milk may be used in place of electric milk pumps.	Weak	Low
2.	KMC should be routinely used for all low birth weight infants.	Strong	Moderate
3a.	Domperidone may be used to enhance the volume of expressed breastmilk in mothers with preterm infants who are expressing insufficient amounts of breastmilk. <i>Comment :</i> Domperidone should not be used in women at risk for arrhythmias.	Weak, conditional	Moderate
3b.	Metoclopramide should not be used to enhance the volume of expressed breastmilk in mothers of preterm infants.	Strong	Moderate
4.	Skilled professional support should be provided to lactating mothers whose babies are admitted in neonatal units to establish and sustain breastfeeding.	Strong	Moderate
5a.	Low-cost interventions like breast massage, breast warming, and relaxation techniques should be used to enhance breastmilk supply in mothers whose preterm infants are admitted in the neonatal unit.	Strong	High
5b.	Non-nutritive sucking should be encouraged in preterm very low birth weight infants admitted in neonatal unit	Strong	Moderate
6.	Peer support should be provided to the mothers to help in initiating and sustaining breastfeeding.	Strong	High