UC DAVIS HEALTH | CHILDREN'S HOSPITAL

Preterm Breastfeeding Pathway

Please see the diagram in the next page

UC Davis NICU Preterm Breastfeeding Pathway

Intended for use in patients less than 37 weeks gestational age at birth, admitted directly to the NICU
If no contraindications present, explore breastfeeding goals of parent - if they desire to directly breastfeed, then continue to step 3 and beyond

Do NOT use in patients with contradictions to breastfeeding
Caution in advancing past step 3 in patients with congenital heart disease, gastroenteritis, intestinal failure, or patients that need fluid restriction

1 → 2 → 3 → 4 → 5

1 SKIN TO SKIN

Suggested GA less than 27 wks

Perform Skin-to-skin (STS) as early and often as possible

- May run gavage feeds while baby STS

2 LICK AND NUZZLE

Suggested GA 27-31 weeks

- Run Gavage feed while baby STS
- Allow baby to explore the breast by licking and nuzzling

3 NON-NUTRITIVE RECREATIONAL BREASTFEEDING

Suggested GA 32+ weeks
OK in pts with RAM, HFNC, NC, or RA

- Have lactating parent pump
- Attempt latching when baby awake
- Run gavage feeds during attempts

When **respiratory status stable** , **consistently** alert and **showing feeding** readiness **cues** or **considering bottle feeds,** discuss with medical team about initiating **Break for Breastfeeding** and Lactation assessment
Move to Step 4

4 "AMATEUR" NUTRITIVE BREASTFEEDING

A
Supplement w/ full gavage feed after breastfeeding
B
Supplement ¾ feeding after 10+ minutes of *active breastfeeding
C
Supplement ½ feeding after 15 + minutes of *active breastfeeding

*Consider decreasing supplementation for robust weight gain (35+g/d avg) in concert with dietitians
*Encourage communication with LCs regarding adjusting supplementation guidelines based upon their assessment.

5 "PROFESSIONAL" BREAST/BOTTLE FEEDING PREPARING FOR HOME

Suggested GA 38+ weeks

Breastfeeding followed by supplementation with bottle, if needed. Progress to ad lib feeds and home feeding plan

Updated: KKR; April 2026

Medical Disclaimer

Breastfeeding pathway notes:

Babies may be mature beyond their gestational age or conversely, can be less mature than their age. This pathway serves as a guideline for providers. If you feel that your patient should be advanced beyond the step they are in, please contact the medical team and the lactation consultant for further evaluation.

Nurses can move patients through steps 1-3. Provider will need to update feeding orders to reflect steps 4 and 5

Time for the first breastfeeding session? Schedule lactation appointment using the available QR code. If breastfeeding parent's primary language is not English, please schedule an in-person interpreter for the first nutritive breastfeeding session.

Break for Breastfeeding

- If baby approaching 34 weeks and otherwise meets criteria for oral feeding attempts, team to assess readiness/fitness for Break for Breastfeeding
- If breastfeeding parent desires to directly breastfeed and can commit to at least 3 feeds per day in-person, then can initiate a protected breastfeeding window of 48-72 hours of PO attempts only at the breast and while full feeds are gavaged
- If after 24 hours, breastfeeding parent is unable to come for 3 feeds, they get one additional opportunity before oral feeds are initiated with a bottle
- If breastfeeding parent is coming for at least 3 feeds per day, will provide 72 hours of a protected breastfeeding window before initiating bottlefeedings
- During the Break for Breastfeeding, a sign will be placed on the bedside whiteboard

Active breastfeeding looks like:

- Immature suck pattern 1-3 sucks in a row
- Transitional suck pattern 4-10 sucks in a row
- Mature suck pattern 10-30 sucks in a row
- Ideal suck /swallow ratio for milk transfer 1:1 or 2:1

Assessing readiness to decrease supplementation after breastfeeding sessions:

- If you see active breastfeeding above and beyond what has been previously documented or observed, please ask for a repeat assessment by the lactation team to determine if the dyad is ready to decrease sliding scale/supplementation volumes after breastfeeding.
- If weight gain is robust - average above 35 g/day can consider decreasing supplementation as long as confirmed with objective signs (LATCH scores, improving suck swallow breathe pattern).
- If the breastfeeding parent has low milk supply, need to continue full supplementation with BF despite baby actively feeding at the breast.

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