

# We saved the breast till last

Breastfeeding is not something that always comes naturally to many mums and attempting to achieve this in the middle of a busy, noisy and distressing intensive care environment is extremely difficult. This article chronicles a mother's determination to breastfeed her baby against all the odds and the enjoyment it gave to both mother and baby when they eventually achieved it after nine long months.

**B**reastfeeding my son Thomas has been such an amazing achievement and one of the most fantastic things I have ever done. I find it extremely calming and when I am breastfeeding Thomas we both completely relax. Despite the challenges of our environment and a very tough journey I am really proud that Thomas started breastfeeding at nine months of age.

Thomas was born just before Christmas 2006. He was 23 weeks plus 6 days gestation, weighed 1lb 6oz when he arrived and was very small and fragile. Thomas had a twin; sadly his brother Jack did not survive the birth. Thomas has spent 10 months so far on the neonatal intensive care unit (NICU) at Southmead Hospital in Bristol. He still requires oxygen and is hooked up to lots of monitoring equipment. He is growing in front of our eyes and is now such a happy, thriving and delightful little boy.

It was a huge shock to have the twins so early and devastating to lose Jack. During those terrifying first hours, medical staff gave Thomas a fifty per cent chance of survival. My husband Mike and I were determined to be strong for Thomas and give him every opportunity to do well. During my short pregnancy I had been planning to breastfeed the twins and was keen to enjoy good skin-to-skin contact at birth to enhance this. However, breastfeeding was the last thing on my mind as we went to see Thomas in intensive care for the first time when he was two hours old. Medical intervention, an incubator and countless wires and drips separated us from our baby boy. Because he had arrived so early it seemed like breastfeeding was never going to be an option. However, the midwife on the delivery suite was fantastic and set to straight away explaining how to express my milk. At first I hand expressed the small dribbles of colostrum using a syringe. Thomas

As a neonatal developmental care specialist nurse working at Southmead Hospital Bristol, I have protected time to provide families an opportunity "To get to know their baby" whilst they are being cared for within the neonatal environment. I try to ensure that they have an opportunity to explore and enjoy their parenting experience. We are always endeavouring to ensure that we provide family-centred care and therefore respond to our families' individual needs. Whilst caring for Thomas we introduced portable breast pumps and individual Medela swing pumps which mum could use anywhere she wanted. Caring for Thomas and his family for nearly 13 months on our unit, I encouraged mum to reflect on all their wonderful achievements that they had accomplished and this article is one to celebrate!

*Chrissie Israel*

was not even having any milk at this stage so it was frozen for use later. After two or three days Thomas was able to have 0.5mL of my milk every two hours by oral gastric tube. Thomas had been taken from us into the hands of the medical and nursing staff and the intensive care environment was extremely overwhelming. We were not able to hold Thomas, kiss him or cuddle him, but expressing milk meant we were contributing to part of his care.

At several times during the first weeks Thomas was nil by mouth and feeds were stopped, he was getting his nutrition by an intravenous line. I continued to express using a pump and I produced far more milk than Thomas needed. Meticulously labelled and frozen for when he was better it was disheartening that all this milk was available but Thomas was too ill to benefit from it. We filled the freezer at home and overflowed the tray we had been allocated at NICU. Many of the nurses would comment that he would catch me up and even overtake my supply soon enough. This was impossible to believe during times when Thomas was frequently resuscitated, scanned and continually ventilated.

Eventually as he had more periods of stability, the amount of milk Thomas was receiving at each feed increased through the magic 5mL barrier up to 20mL and beyond. Gradually he was getting through my supply and by three months his needs were exceeding what I could produce. Despite expressing in the middle of the night again (something I had gladly given up some weeks before while his requirements were low) and religiously throughout the day using a portable pump so I could be near him, I increased my milk production but could not keep up with our rapidly growing little man. The portable pump really helped, instead of sitting in the expressing room for half an hour, four or five times a day I was able to express milk close to Thomas and





spend more time with him. However, my supply was still not enough and this made me feel inadequate and very frustrated. The best way to improve my supply was to breastfeed but Thomas still required help with his breathing – even cuddles were few and far between at times – so breastfeeding was not possible. The drugs, domperidone and metoclopramide have been shown to increase milk supply and a course of these was suggested. At first I was reluctant to take the drugs feeling that I should be able to make the milk myself. However, I had tried everything else and was still determined that Thomas should not have formula milk at this time. I did start taking domperidone to stimulate my supply, which worked after about three days. However, typical of Thomas's journey, he became ill again in May just as we thought he was making great progress. His bowel was obstructed and he was sent to another hospital for surgery to repair the hernias causing the problem. This stressful time had quite an impact on my milk supply which reduced again. It felt as though I would never be able to breastfeed Thomas.

Thomas has had several more times when he has been very poorly including some extremely difficult weeks in July when he had an infection and needed an oscillating ventilator to keep him alive. We even had Thomas baptised at this point and celebrated his life. Remarkably, our determined son surprised us all and made it through this infection. Thomas was back on full feeds and growing healthily again very soon. I am convinced that the nutrition provided by my breast milk (Thomas had this exclusively until the age of seven months) helped with his recovery. At this point I made a decision to cut down on the expressing and give Thomas some formula. I was not going to be able to produce enough milk to meet his requirements and he was still not able to coordinate his sucking, swallowing and breathing well enough to breastfeed. The cumbersome CPAP equipment also meant that breastfeeding was a bit tricky, although we did try a few times with some success. I was surprisingly calm about the introduction of formula milk, by continuing to express I felt I was not ruling out the possibility of breastfeeding at a later date.

Thomas tolerated formula milk well at this stage and had

decreasing amounts of breast milk. It was quite liberating not being hooked up to the pump six to seven times daily and I was pleased to reduce my expressing to two or three times a day. This kept my milk going and I used it to make up baby rice and eventually purées for Thomas as his appetite increased and he was ready for weaning. I was still convinced that breastfeeding would be a valuable and enjoyable experience for Thomas and me, so continued to express once a day. On many occasions I had a feeling I was being a bit foolish and irrational to think that Thomas could start to breastfeed after so many months and after he had started to eat solid food. Thomas was still having frequent set backs requiring resuscitation and periods of ventilation. I just hoped each week that the next week might be the time I got to breastfeed. The NICU staff always encouraged me to keep

expressing until Thomas was ready to at least give breastfeeding a try. Once he was established on low flow oxygen with just CPAP at night it was felt reasonable to try Thomas on the breast again. Amazingly Thomas latched on well and fed for 10 minutes, I was so delighted but was not sure if this was a fluke. However, when he did just as well the next day I was so happy and very proud of him. I am also very proud of my own determination to persevere with expressing for such a long time despite the odds. It was my strong-willed and brave little boy that kept me motivated and I am thankful every day that I am able to share such an amazing experience with him. All the hours of expressing, not knowing if Thomas would ever breastfeed, were so worthwhile.

Thomas and I now enjoy breastfeeding once a day as part of his daily routine, which also includes quite a selection of purées lovingly prepared at home (in a spare moment when we are not at the hospital!). Life with a baby in intensive care is certainly very difficult but need not be a barrier to enjoying the usual activities of being a parent.

*Alison and Mike Jones*

