

Non-Nutritive Sucking in Pre-term Infants on the Full Breast

I agree with Dr. Narayanan delegating the pacifier to the second place as a method for non-nutritive sucking(1). But in partial modification, I suggest that the baby be allowed to suck at the full breast. This, in my experience, has the following advantages:

- (i) Prior stimulation by the infant results in better emptying of the breast on subsequent manual expression. This, in turn increases milk production.
- (ii) Mother (and relatives) generally don't like tubes sticking out of the infant. So, once the infant starts sucking, she considers the feeding tube to be superfluous. Expressing the breast after the child suckles, proves (to the mother and relatives) that the baby is unable to empty the breast and needs artificial aids. This secures better co-operation from them.

If allowed to suckle under supervision of a nurse, there is hardly any risk of aspiration by the child, as little if any milk is ejected; and what little is obtained, is easily swallowed by the infant (unlike from a feeding bottle).

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REFERENCE

1. Narayanan I. Sucking on the "emptied" breast -- A better method of non-nutritive sucking than the use of a pacifier. *Indian Pediatr* 1990, 27: 1122-1124

Reply

Very small and weak babies generally do not have the capacity to accept a 'full breast' adequately. The risks of aspiration are also higher in such infants and it is not always possible to give such close supervision. Further, they will definitely swallow a significant amount of milk, far more than they would be sucking on the 'emptied breast'. At the same time the amount will usually be insufficient to provide optimal nutrition.

The aim of the intervention of sucking on the 'emptied' breast was, therefore, devised to cater to such high risk infants *before* they can accept full breast feeds, not only to encourage sucking but also to promote milk flow. Obviously the final aim is to encourage direct breast feeding. Further details of the methods are being published.

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Why Dilute Feeds?

Recently, Sarna *et al.*(1) have shown that preterm infants tolerate double volume of diluted feeds without many complications. Their study though interesting has left some questions unanswered in our minds. Firstly, we wonder why babies less than 1.25 kg were given 3 hourly feeds. Ideally such babies should receive hourly or 2 hourly (for 1-1.25 kg group) feeds, as has been recommended(2,3). Prolonged inter-feed intervals may predispose these babies to hypoglycemia especially once the continuous flow of glucose through intravenous fluids is stopped.