

Breastfeeding support chart for LPIs

During pregnancy	When planning to give birth at week 34–37 of gestation	Information provision • Advantages of breastfeeding • Breast milk secretion, establishment, and maintenance
During hospitalization	Immediately after birth	Assistance with continuous skin-to-skin contact Initial breastfeeding: If direct breastfeeding is difficult, pump milk within one hour and place milk in baby's mouth
	Until 24 hours after birth	Breastfeeding description • Benefits of breastfeeding, methods of breastfeeding and establishment, maintenance, and specific strategies • Direct breastfeeding procedure: Necessity and procedure of dancer-hand position • Breastfeeding method: As a general rule, babies should be given as much as they want. The estimated frequency of breastfeeding is 8–12 times/day (increase when weight gain is poor) and the frequency of milking is at least six times/day (eight times/day if the baby cannot suckle properly) • Timing of breastfeeding: signs of wanting to be breastfed, sleep/wake rhythm, soothing method, waking method, etc. • Milking: Explanation of the necessity, method, and items used for milking Environmental adjustment • Mother and child sharing room all day: Providing a place where the mother can stay near the child if not possible • Continuous skin-to-skin contact: Performed without restrictions unless there is a valid reason Prevention of rapid weight loss • If the weight loss rate is 3% or more at 24 hours after birth, re-evaluation of breastfeeding
	Until 72 hours	Prevention of rapid weight loss

	after birth	• If the weight loss rate is 7% or more at 24 hours after birth, re-evaluation of breastfeeding method Prevention of insufficient feeding based on direct breastfeeding • When necessary, select an auxiliary tool that facilitates the transition to direct breastfeeding. First, use a cup or spoon. Use artificial nipples only for good reason. • Do not reduce the frequency of direct breastfeeding by pouring milk from the corner of the mouth using a tube while breastfeeding directly.
	Until the day before discharge	Evaluation for discharge • Determine whether the child is physiologically stable and able to take in a sufficient amount of milk with only or supplemented breast milk. Post-discharge breastfeeding plan ▪ Determining situation-specific breastfeeding method that prioritizes direct breastfeeding ▪ Procuring breastfeeding support equipment and confirming actual use ▪ Trying manual breast pump and electric breast pump and preparing for continuous use even after discharge when necessary ▪ Documenting post-discharge breastfeeding plan and sharing it with the mother and post-discharge breastfeeding specialists. ▪ Confirming contact method with the decision of a breastfeeding support specialist outside the delivery facility Date of first consultation after discharge ▪ Confirm the first consultation appointment after discharge within 48 hours after discharge ▪ Setup to ensure that mothers and children can receive medical examinations Explanation to family and request for cooperation
After discharge	Until the second day	Observation content during first consultation after discharge ▪ Evaluate and revise status of spending two days at home based on the discharge plan

	after discharge	▪ Provide lifestyle advice to continue breastfeeding Confirmation of next consultation appointment ▪ If there are changes in the breastfeeding plan, the consultation will be done within 48 hours. Otherwise, regular follow-up will be conducted once a week.
	Until 40 weeks after conceptions	Period of regular follow-up ▪ Weekly weight check until 40 weeks after conception or until proven that the LPI is gaining weight without supplementation Timing of follow-up in addition to regular follow-up ▪ Consultation when weight gain is poor ▪ 2–4 days after changing the breastfeeding plan Follow-up content ▪ Confirm of weight gain and determining poor weight gain (less than 20g/day) ▪ Check height and head circumference, average 0.5 cm/week ▪ Bilirubin check when needed ▪ Introduce breastfeeding support specialists ▪ Evaluate children who have difficulty suckling ▪ Consider drug use in case of insufficient milk production ▪ Evaluate whether the mother is following the breastfeeding plan and change the plan when necessary ▪ Prevent anemia in children