

nursing staff are needed to help infants with breastfeeding. The process is begun slowly—beginning with one feeding daily and gradually increasing the feedings as the infant tolerates them. Supplementary bottle feeding is inefficient because the infant expends energy and calories to feed twice. Supplementing by gavage feeding or using a training nipple is more energy and calorie efficient. Breastfeeding preterm infants often requires additional guidance by a lactation consultant; continued support and encouragement by the nursing staff and family members are essential. In addition, postdischarge breastfeeding often requires further guidance, counseling, and support by nursing staff ([Ahmed and Sands, 2010](#)).

Because of the antiinfective and growth-promoting properties of human milk, as well as its superior nutrition, donor milk is used in many NICUs for preterm or sick infants when the mother's milk is not available ([American Academy of Pediatrics Section on Breastfeeding, 2012](#)). Donor milk is also used therapeutically for medical purposes, such as in transplant recipients who are immunocompromised. Unprocessed human milk from unscreened donors is not recommended because of the risk of transmission of infectious agents ([American Academy of Pediatrics Section on Breastfeeding, 2012](#)).

The Human Milk Banking Association of North America\* has established guidelines for the operation of donor human milk banks ([Human Milk Banking Association, 2015](#)). Donor milk banks collect, screen, process (pasteurize), and distribute milk donated by breastfeeding mothers who are feeding their own infants and pumping a few extra ounces each day for the milk bank.

## **Nipple Feeding**

Vigorous infants can be fed from a nipple with little difficulty, but compromised preterm infants require alternative methods. The amount to be fed is determined largely by the infant's weight gain and tolerance of previous feeding and is increased by small increments until a satisfactory caloric intake is ensured.

The rate of increase that is well tolerated varies from one infant to another, and determining this rate is often a nursing responsibility. Preterm infants require more time and patience to feed compared with full-term infants, and the oropharyngeal mechanism may be