

A prospective cohort study evaluating exclusive breastfeeding in late preterm infants

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Objective. In late preterm neonates, born between 34 0/7 and 36 6/7 weeks gestation, breastfeeding can be arduous.

Materials and Methods. This is a prospective cohort study in which we evaluated exclusive breastfeeding at discharge, at 3 and 6 months of life among late preterm infants, aiming to identify the facilitators and challenges present. In our cohort, only late preterm neonates eligible for the rooming-in were included. We collected data about breastfeeding at discharge, at 3 and 6 months of life.

Results. 214 late preterm infants were included in the study. At discharge 70 infants (32.7%) were fed with human milk and 144 (67.2%) were not. Women who were primiparous, who had hypertension, and who

underwent cesarean sections had non-exclusive breastfeeding more frequently. Non-exclusive breastfeeding was associated with a low birth weight (< 2500 g), ≥ 2 blood glucose controls, weight loss > 10%, and longer hospital stay. Exclusive human milk feeding was associated with an early first latch-on and skin-to-skin contact ($p < 0.001$). Late preterm neonates born at 35 weeks showed a significant increase in exclusive human milk feeding at 3 months compared to the rate at discharge ($p = 0.004$).

Conclusions. In this cohort, exclusive human milk feeding was more common with an early first latch-on and immediate skin-to-skin contact. Despite being formula-fed during hospitalization, at the follow-up there was an increase in infants born at ≥ 35 weeks gestation who were exclusively breastfed.