



Patient Information

How to Be Sure Your Baby Is Getting Enough

Sometimes it is hard to know if your baby is getting enough. It is important to keep your baby close so that you can watch your baby and learn how your baby tells you he is hungry. Always respond quickly to your baby's hunger cues by breastfeeding. Avoid tight swaddling and do not use a pacifier so you can see your baby's feeding cues.

How Often to Breastfeed

- Early feeding cues to watch for include eyelid movement, moving the arms and legs, making sucking motions, raising the hands to the mouth, and rooting (turns head and looks for something to suck). Breastfeed your baby when you notice the early feeding cues. Crying is a late feeding cue.
- Babies become hungry every **1.5 to 3 hours** and sometimes sooner. Some babies breastfeed for a couple of hours and then sleep for a few hours and repeat this pattern.
- Another common pattern is for babies to feed more frequently for shorter periods of time. Some babies cluster feed every hour or so for three or four feedings and have a longer sleep stretch. Be sure that your baby has no more than one 4-hour sleep in 24 hours in the first 6 weeks.
- Breastfeeding during the night is important for both you and your baby. A mother's milk supply will be more plentiful during the day if she breastfeeds at night. When your baby awakens at night he should be breastfed.
- As your baby gets older he may be sleeping for longer stretches at night and feeding mostly during the day and evening.

Your baby needs to breastfeed 8 or more times in 24 hours.

Length of Feedings

- Offer both breasts at each feeding. This will help stimulate your milk supply.
- The baby should stay on the first breast as long as he is actively sucking and swallowing. Once sucking slows or stops your baby can be taken off the breast, burped, and moved to the other side. Watch your baby rather than timing your feedings. Most babies breastfeed from the first breast longer than the second breast.
- The second breast should be offered first at the next feeding.

If you are not able to breastfeed right away because of medical reasons, you can hand express and/or use a hospital grade electric breast pump to help build your milk supply. You will need to remove milk from your breasts as often as you would feed your baby.

Is My Baby Getting Enough Milk?

| Baby's First Week Of Life | Minimum Number of Bowel Movements In 24 Hours | Minimum Number Of Wet Diapers In 24 Hours |
|---------------------------|---|---|
| Day 1 | 1 black meconium | 1 - 3 |
| Day 2 | 1 meconium | 2 - 3 |
| Day 3 | 1 blackish green | 3 soaked |
| Day 4 | 2 brownish yellow | 4 soaked |
| Day 5 | 2 yellow | 5 heavily soaked |
| Day 6 | 2 – 5 yellow seedy | 6 – 8 heavily soaked |

- Your baby should continue to wet 6 to 8 times in 24 hours after the first week of life.
- After 6 weeks many babies have less frequent bowel movements. Your baby's bowel movements should remain soft.
- Your baby should look healthy and have periods of alertness and increased activity every day.

Weight Gain

- It is normal for your baby to lose weight in the first 3 days of life.
- Most babies regain their birth weight by 2 weeks of age.
- Expect your baby to steadily gain weight. It is important that babies are weighed using a scale that is meant for infants.
- Talk to your health care provider about your baby's growth patterns using the WHO growth charts.

Your baby may require more milk if he:

- Always needs to be wakened to feed even though he is 3 or more days old.
- Sleeps for long stretches between feeds and is feeding fewer than 8 times in 24 hours.
- Quickly falls asleep when at breast and then awakens when moved away from the breast.
- Cries and fusses when not at the breast.
- Usually roots, sucks, or shows other feeding cues when not at the breast.

Or if your breasts:

- Remain firm and full with few or no areas of softness although you have just breastfed your baby.
- Never show signs of increased heaviness or fullness.

If you think that your baby is not getting enough breastmilk or gaining enough weight, contact a Lactation Consultant or health care provider who is skilled with helping breastfeeding mothers.

References:

- 1) Lawrence, R. & Lawrence, R. (2016). *Breastfeeding: A Guide for the Medical Profession*, 8th ed. Philadelphia, PA: Elsevier, pp. 338-341.
- 2) Mohrbacher, N., & Kendall-Tackett, K. (2010). *Breastfeeding Answers Made Simple: Seven Natural Laws for Nursing Mothers*, 2nd ed. Oakland, CA: New Harbinger Publications, pp. 116-119.
- 3) Walker, M. (2017). *Breastfeeding Management for the Clinician: Using the Evidence*, 4th ed. Burlington, MA: Jones & Bartlett Learning, pp. 348-349.
- 4) Wambach, K., & Riordan, J. (2016). *Breastfeeding and Human Lactation*, 5th ed. Boston: Jones and Bartlett Learning, pp. 273-275.

Originally developed by Middlesex London Health Unit, 2003, and adapted by the Middlesex London Breastfeeding Coalition, June 2013.
Currently revised by the Middlesex London Elgin Breastfeeding Coalition with representation from London Health Sciences Centre, Strathroy Middlesex General Hospital, Middlesex London Health Unit, Elgin St. Thomas Public Health and St. Thomas Elgin General Hospital. May 2018.