

Your Baby's Age

1 DAY

2 DAYS

3 DAYS

1 WEEK

4 DAYS

5 DAYS

6 DAYS

7 DAYS

2 WEEKS

3 WEEKS

How Often Should You Breastfeed?

Per day, on average over 24 hours



At least 8 feeds per day (every 1 to 3 hours). Your baby is sucking strongly, slowly, steadily and swallowing often.

Your Baby's Tummy Size



Size of a cherry



Size of a walnut



Size of an apricot



Size of an egg

Wet Diapers:

How Many, How Wet

Per day, on average over 24 hours



At least 1
WET



At least 2
WET



At least 3
WET



At least 4
WET



At least 6
HEAVY WET WITH PALE YELLOW OR CLEAR URINE

Soiled Diapers:

Number and Colour of Stools

Per day, on average over 24 hours



At least 1 to 2
BLACK OR DARK GREEN



At least 3
BROWN, GREEN, OR YELLOW



At least 3 large, soft and seedy
YELLOW

Your Baby's Weight

Babies lose an average of 7% of their birth weight in the first 3 days after birth. For example, a 3.2 kilogram or 7-pound baby will lose about 230 grams or 1/2 a pound.

From Day 4 onward your baby should gain 20 to 35g per day (2/3 to 1 1/3 oz) and regain his or her birth weight by 10 to 14 days.

Growth Spurts

Babies often experience a sudden burst in growth—a growth 'spurt'—at certain times within their first few weeks. During these growth spurts your baby may want to nurse more than usual.



Other Signs

Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.

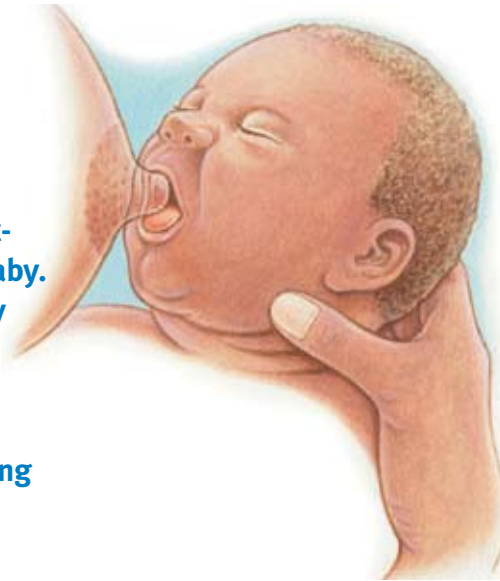
Breast milk is all the food a baby needs for the first six months — At six months of age begin introducing solid foods while continuing to breastfeed until age two or older

(WHO, UNICEF, Breastfeeding Committee for Canada, Ontario Breastfeeding Committee, Registered Nurses Association of Ontario, Canadian Pediatric Society, American Academy of Pediatrics)

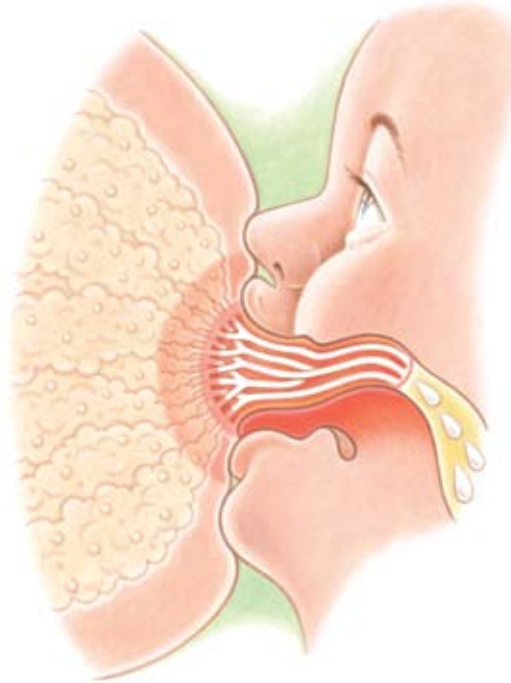
Breastfeeding

GUIDELINES FOR CONSULTANTS

Observe the mother breast-feeding her baby. This is the key to prevention and early identification of breastfeeding problems.



Assess positioning and proper alignment of the mother and baby. Ensure maternal comfort. Use pillows if necessary.



Assess the latch. The baby's mouth is wide open, the lips are flanged and the chin is pressed into the breast. Observe the baby swallowing.

Assess the baby. The baby has the right number of wet and soiled diapers, a moist mouth, bright eyes and is alert, gaining weight and generally healthy.

If nipple discomfort, decreased output, poor weight gain or other problems persist, reassess mother, baby, latch and feed, and consider referral to a physician.

METHODS TO INCREASE MOTHER'S MILK SUPPLY AND BABY'S INTAKE

- Correct latch and position
- Increase number of feeds
- Express milk after feeds
- Use breast compressions
- Switch breasts several times in the same feeding

ACCEPTABLE MEDICAL REASONS FOR SUPPLEMENTATION

- Babies with hypoglycemia that does not improve with increased effective breastfeeding.
- Babies with dehydration that does not improve with increased effective breastfeeding.
- Maternal medications that are contraindicated with breastfeeding (refer to Motherisk 416-813-6780 or www.motherisk.org).
- Babies with inborn errors of metabolism such as galactosemia or PKU.
- Babies who are unable to feed at the breast due to physical or other reasons.
- Babies and mothers who are separated due to severe illness or geographic separation.
- Exclusive formula feeding is recommended for HIV positive mothers.

ACCEPTABLE BREASTFEEDING SUPPLEMENTS

- Best Choice: Expressed mother's breast milk**
- Second choice: Pasteurized donor breast milk
- Third choice: Cow's milk formula
- Fourth choice: Vegetable based formula such as soy

PROVIDING BREASTFEEDING SUPPLEMENTS

- When supplementation is required, one of the following techniques may be used:
- Supplemental nursing device at the breast
 - Cup, spoon, dropper or finger feeding
 - Bottle feeding using slow flow to allow the baby to control the intake

Continue to promote skin-to-skin contact as much as possible between the parents and the baby while supplemental feedings are in progress.

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www.beststart.org
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