

## 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 to Breastfeed?

Per day, on average over 24 hours



At least 8 feeds per day. Baby is sucking strongly, slowly, steadily and swallowing often.

### 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

### Baby's Weight

Most babies lose a bit of weight  
in the first 3 days after birth.

From day 4 onward, most babies gain weight regularly. Babies should return to birth weight or more by the age of 10 - 14 days.  
If parents have any concerns with their baby's weight gain patterns encourage them to consult their health care provider.

### Growth Spurts

Babies often vary the length of time between feeding with some feedings being closer together and others being farther apart.  
Babies will often feed for varying lengths of time at the breast. Sometimes feedings may be shorter and other times longer. Babies should feed 8 or more times in 24 hours.

### Other Signs

Baby should have a strong cry, move actively and wake easily. Mother's breasts feels softer and less full after breastfeeding.

Inform parents to get advice, help and support from:

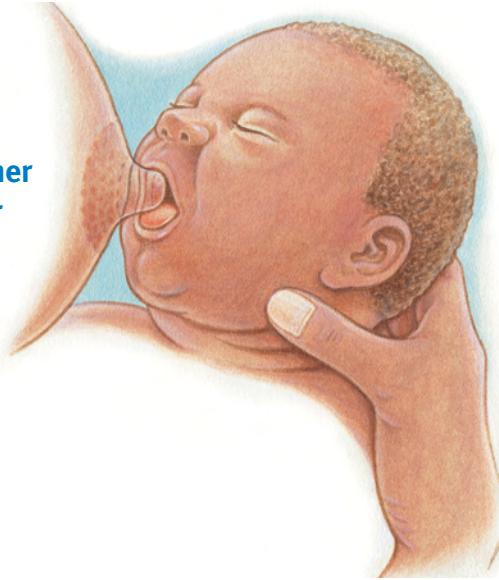
- Their health care provider.
- Telehealth Ontario's specialized breastfeeding support line at 1-866-797-0000 or TTY at 1-866-797-0007.
- Bilingual Online Ontario Breastfeeding Services directory at [www.ontariobreastfeeds.ca](http://www.ontariobreastfeeds.ca)



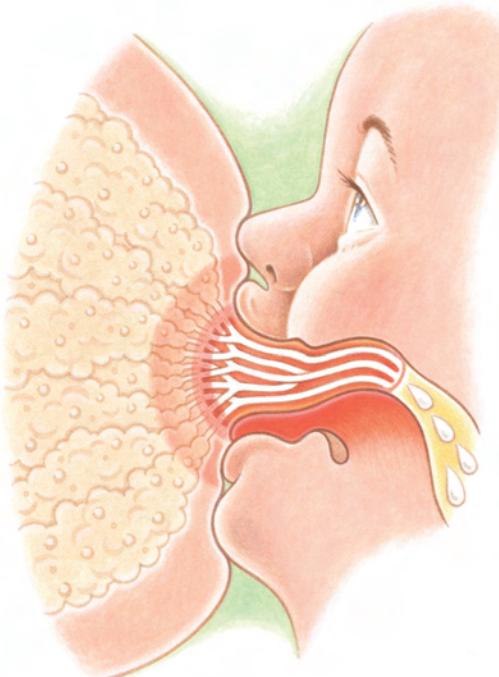
# Breastfeeding

## GUIDELINES FOR CONSULTANTS

Observe the mother breastfeeding 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.



Assess the latch. The baby's mouth is wide open, the lips are flanged and the chin is pressed into the breast. Check for signs that the baby is drinking.

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

If breastfeeding problems persist, reassess and try current evidence-based management strategies. Refer to someone skilled with helping breastfeeding mothers and consult with a physician as needed.

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

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

### MEDICAL INDICATIONS FOR SUPPLEMENTATION

The WHO provides a complete listing of medical indications for supplementation at the following link: [www.who.int/nutrition/publications/infantfeeding/WHO\\_NMH\\_NHD\\_09.01/en/](http://www.who.int/nutrition/publications/infantfeeding/WHO_NMH_NHD_09.01/en/)

Medical indications for supplementation are also found in the Breastfeeding Committee for Canada's document titled Baby-Friendly Initiative 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services. The link to this document is: <http://breastfeedingcanada.ca/BFI.aspx>

### ACCEPTABLE BREASTFEEDING SUPPLEMENTS

- First Choice:** Fresh breast milk from baby's mother
- Second choice: Previously expressed breast milk from baby's mother
- Third choice: Pasteurized donor breast milk
- Fourth choice: Commercial cow milk based infant formula

### PROVIDING BREASTFEEDING SUPPLEMENTS

- When supplementation is required, one of the following techniques may be used:
- Cup, spoon, dropper or finger feeding
  - Supplemental nursing device at the breast
  - Bottle feeding

*Encourage mothers to hold their baby skin-to-skin as soon as possible after birth for continuous and prolonged periods of time. If they cannot hold their baby skin-to-skin, encourage a support person chosen by the mother to do this.*

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[www.beststart.org](http://www.beststart.org)  
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