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BREASTFEEDING ENOUGH

How to Tell Whether Your Breastfeeding Baby Is Getting Enough Milk

Even though you can't see how much milk your baby takes while nursing, you can tell whether breastfeeding is off to a good start if you know what to look for. This is what should be happening when breastfeeding is going well:

Your milk should “come in” at two to four days after delivery. If your baby seems hungry after most nursing and you do not think your milk has come in by the fifth day, consult your baby's doctor and have your baby weighed.

Your baby should latch on correctly to your breast and suck rhythmically for at least 10 minutes on each breast. He or she may pause periodically but should nurse vigorously throughout most of the feeding. A baby usually gets more milk from nursing at both breasts than from nursing on one side only. Alternate the side on which you start feedings, so both breasts receive comparable stimulation and emptying.

Your baby should appear satisfied after nursings and probably will fall asleep at the second breast. If your baby falls asleep and will not take the second breast, try to divide the baby's effective suckling time between the two sides. A sleepy baby will get more milk by nursing for five minutes at each breast than 10 minutes at one. Breastfed infants who appear hungry after most feedings, who chew their hands after nursing, and who often require a pacifier may not be getting enough milk.

Your newborn baby should nurse at least eight times in each 24 hours. A pattern that works well for many infants is nursing at one and a half to three hour intervals throughout the day, with a single five-hour stretch during the night. Time the feedings from the beginning of one nursing to the beginning of the next. Four-hour intervals (six nursings in 24 hours) are too long for a newborn; very few breastfed babies will gain adequate weight that way. Don't be surprised if you need to wake your baby up to feed; it's not uncommon. Some babies just don't demand to be fed as often as they need to.

Your breasts should feel full before each feeding, and softer after your baby has nursed. You should hear your baby swallow regularly while breastfeeding. One breast may drip milk while your baby nurses on the other side. After your longest night interval, your breasts should feel particularly full.

Your baby should urinate six or more times a day. Most breastfed babies wet their diapers after every feeding. The urine should be colorless, not yellow. Dark urine or a red “brick dust” appearance on the diaper could suggest that your baby is not getting enough milk. You may have difficulty telling whether a super-absorbent diaper is wet; put a piece of toilet tissue between baby's bottom and the diaper surface, to help you be sure.

Your baby's bowel movements should look yellow—somewhat like a mixture of cottage cheese and mustard—by the fourth or fifth day of life. These are called “milk stools.” If your baby is still having dark meconium or greenish brown “transition” stools by 5 days of age, he or she may not be getting enough milk.

Your baby should have four or more bowel movements each day. Many breastfed infants pass a stool with every nursing during the first four weeks of life. If your newborn baby is having fewer than four stools each day, it might mean he or she is not getting enough milk.

Your nipples may be slightly tender for the first several days of nursing. Usually, tenderness is present only at the beginning of the feedings and discomfort is gone by the end of the first week. Severe nipple pain, pain that lasts throughout a feeding, or pain persisting beyond one week probably means your baby is nursing incorrectly. If your baby isn't latched on properly to nurse, not only will your nipples hurt, but your baby may not obtain enough milk. If your nipples are very sore, ask your baby's doctor to check your infant's weight and refer you to a
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breastfeeding specialist who can evaluate your nursing technique.

After two or three weeks, you may be aware of the sensations associated with the milk ejection or milk let-down reflex. The feeling can be described as a tingling, pins-and-needles, or tightening sensation in your breasts as milk begins to flow. When let-down occurs, your baby may start to gulp milk, and milk may drip or spray from the other breast. Just hearing your baby cry can cause your milk to let-down, even before your baby latches on. Although some women breastfeed just fine without noticing sign of the milk ejection reflex, failure to perceive let-down sensations could mean that your milk supply is low. If you are in doubt, ask your baby's doctor to weigh your infant.

Once your milk has come in, your breast-fed baby should gain about 1 oz. each day for the first few months of life. The only way to be absolutely certain that your baby is getting enough milk is to have him or her weighed regularly. If your baby is not gaining weight appropriately, it is possible that your milk supply is low or that your baby is not nursing effectively. Such breastfeeding difficulties are easier to remedy if they are recognized and treated early. Your baby's doctor can work with a breastfeeding specialist to develop a feeding plan tailored for you and your baby.

Developed at The Lactation Program®, Denver, CO