



MONITORING THE BREASTFEEDING BABY

Having a new baby in the house can be very exciting and heartwarming, but for new parents it can also be a time of worry and self-doubt. Never have you had such little preparation for a job with such great responsibility. One of the biggest fears for new parents is not knowing what to do. Parenting is a learning experience where you get on-the-job training each and every day. You will make mistakes, but you will find that your newborn is quite forgiving. Each day you will learn more about your baby and you will discover qualities within yourself that you didn't know existed. This is the amazing thing about becoming a parent - when it comes to your child, you always seem to find the strength to do what needs to be done.

One of the most important aspects of parenting is learning how to recognize and accept your child's unique character. Your newborn will develop a feeding pattern that is uniquely his own. It is best to observe and follow his nursing style by feeding him on request whenever he displays signs of hunger, instead of trying to change his natural feeding pattern by putting him on a schedule. By observing your baby's feeding, sleeping, waking, and elimination patterns, you will soon become aware of what is normal for your individual child, and you will be able to detect any problems that may need medical attention, especially during the critical first six weeks of life. The American Academy of Pediatrics and most breastfeeding experts recommend keeping a daily record of your baby's feeding and elimination patterns during the early days of nursing to ensure that your baby is thriving. By monitoring and tracking your baby's behaviors you will begin to see typical patterns start to emerge. Keep in mind though, that there may be days when you will see no pattern at all, so be flexible and ready for change. However, with time, as your newborn grows and develops, the length of time between feedings will become more regular, his sleeping and waking periods will become more predictable, and his elimination patterns will become more regulated.

FREQUENCY AND DURATION OF FEEDINGS

Once your mature milk comes in, usually about three or four days after birth, your baby's appetite will begin to increase. He should be fed on request whenever he displays signs of hunger or the need for comfort. He should request feedings approximately every two to three hours. He may begin to have one 4 to 5 hour stretch of sleep, usually at night, in a 24-hour period. It is completely normal for your baby to want to nurse quite often, even if he has recently consumed a large quantity of milk, since breast milk is quickly and easily digested. Remember, frequent feedings stimulate milk production, creating a plentiful milk supply. When your baby begins to receive mature milk, a good nursing session should average about 10 to 20 minutes on each breast, or 15 to 30 minutes on one breast, if he nurses only on one side. However, some babies enjoy taking their time and may nurse for up to 45 minutes or longer, which is also normal. Your baby may take

several weeks to settle into an efficient feeding pattern, but eventually the frequency and duration of feedings will become more regular.

ELIMINATION PATTERNS

One behavior that is very predictable in the life of a baby is his constant need for diaper changes. In the early days, your baby's body is in the process of regulating itself and observing the content of his diapers is one method of gauging his overall health. A sudden unusual change in diaper contents or elimination patterns can be an important indicator of a medical problem. Tracking wet and soiled diapers is one of the most effective ways to determine whether your baby is receiving the nutrition he needs. Remember, what goes in must come out. A sudden decrease in urination or bowel movements may be a sign that your baby is not getting enough breast milk, and he could possibly become dehydrated. Keeping track of wet diapers and bowel movements during the early days of breastfeeding will alert you to any problems that merit medical attention.

URINARY OUTPUT

Once your mature milk comes in, usually about three to four days after birth, your newborn's urinary output will begin to increase. He should have at least six to eight wet diapers in a 24-hour period by the fifth day. His urine should be pale-yellow to almost clear in color. If your baby is urinating less than six times in a 24-hour period on the fifth day, alert your baby's doctor, especially if your newborn is displaying any signs of dehydration.

BOWEL MOVEMENTS

When the meconium (baby's first bowel movement) has passed, by the second or third day, you will begin to see transitional stools. Your baby's stools will change from greenish-black to greenish-brown, and then to greenish-yellow in color. These transitional stools may be loose, unformed, and sometimes seedy in texture. After about three to four days of transitional stools, as your baby receives more of the fatty hindmilk, his bowel movements will become golden yellow in color, and mustard-like in texture. They may sometimes be seedy, curdly, loose, or even watery. Occasionally babies have a watery gush, called an explosive stool, which is normal and should not be confused with diarrhea. Because breast milk has a natural laxative effect, the stools of breastfed babies are softer and more frequent than those of formula-fed infants, and they also have a milder odor. Nevertheless, during the first few weeks, many babies sometimes have to strain to pass a stool, even when the stool is soft or liquid. This is usually due to an immature digestive system.

The number of stools per day varies among newborns. But generally, after the meconium has passed and your mature milk has come in, your newborn should have at least two to five bowel movements in a 24-hour period. Some babies have a bowel movement during or immediately after every breastfeeding session. But as the weeks progress, and your baby's digestive system matures, his bowel movements may become less frequent and more regular. Within a month he may have only one or two bowel movements in an entire week. This is not uncommon as long as your baby is healthy and thriving. While these changes are normal, you

should contact your baby's doctor if you see any sudden unusual changes in your baby's bowel movement, especially if they are accompanied by other symptoms such as fever, lethargy, or irritability.

GROWTH SPURTS

You may just begin to see a pattern develop in your baby's nursing frequency, and then all of a sudden 'out of the blue' your baby wants to nurse every half-hour or so, all day long. You wonder why he is unusually hungry and fussier than normal, and you question whether you are making enough breast milk. Because babies grow so rapidly in such a short period of time, they go through occasional growth spurts. During these periods their appetites greatly increase, and they may want to nurse almost twice as often. Their more frequent nursing will increase your milk supply to meet their growing needs. During these growth spurts it is important not to assume that the reason your baby is nursing so often is because he is not satisfied with your breast milk. Some mothers make this mistake and offer their babies formula supplements instead of allowing them to nurse more often. After a bottle of formula a baby nurses less often, and when offered the breast may become frustrated so more formula is offered. As a result, the mother's milk supply begins to diminish because the baby is taking less milk, and this vicious cycle usually brings breastfeeding to an early end. During a growth spurt it is important not to supplement with formula (unless medically necessary). When you supplement with formula, you decrease your own milk supply, because your breasts are not being stimulated to make the milk that is being replaced with the formula. Believe in yourself and trust that your body will produce plenty of breast milk for your baby, as long as your baby continues to nurse frequently and exclusively. Growth spurts usually last for two or three days, or until your milk supply catches up to your baby's increased needs. After a growth spurt, your baby's feeding sessions will begin to space out once again. Growth spurts are fairly predictable and usually occur around two weeks, six weeks, three months, and six months.

WEIGHT GAIN

In the first three to four days after birth, it is normal for babies to lose up to 10% of their birth weight. Babies are born with extra fluid, which they quickly lose in the first few days of life. Once your mature milk comes in, and your milk supply becomes more plentiful, expect your baby to start gaining weight. After the initial weight loss, he should be back up to his birth weight by about two weeks of age. Then he should gain approximately 4 to 7 ounces per week, or at least one pound per month. Be sure to count weight gain from his lowest weight (his weight on his third or fourth day of life), not from his birth weight. Monitoring your baby's growth pattern is another method of gauging his overall health. Keep in mind when monitoring his growth, that the rate and consistency is more important than the actual amount of growth.

IS BABY GETTING ENOUGH?

Nursing mothers often worry about whether their babies are 'getting enough,' especially since they have no way of measuring exactly how much breast milk their babies are consuming. In the first few weeks, it is sometimes difficult to tell, especially for first-time mothers. After the first month or so, you will intuitively

know that your baby is getting enough nourishment by the way he is nursing and the way his body is filling out and growing. Here are the signs to look for in the first few weeks to ensure that your breastfeeding baby is thriving:

- During the first 2 to 3 days of life, your baby is offered a feeding of colostrum every 1.5 to 3 hours around the clock, and is nursing at least 8 to 12 times every 24 hours.
- During the first 2 to 3 days of life, while receiving colostrum, your baby passes meconium, the greenish-black, sticky, tarlike first stools.
- During the first 2 to 3 days of life, while receiving colostrum, your baby has at least 1 to 2 wet diapers every 24 hours. His urine should be pale-yellow to clear in color.
- After your mature milk comes in, you baby requests or you offer a feeding at least every 2 to 3 hours. Your baby nurses at least 8 to 12 times every 24 hours (he may have one 4 to 5 hour stretch of sleep in a 24-hour period).
- After your mature milk comes in, and the meconium has passed, your baby has at least 2 to 5 bowel movements every 24 hours.
- After your mature milk comes in, your baby has at least 6 to 8 wet diapers every 24 hours. His urine should be pale-yellow to clear in color.
- You feel a tugging (not pain) at your nipple and areola as your baby latches on your breast.
- You hear your baby sucking and swallowing and his cheeks are rounded. (Clicking noises, or dimples on the cheek may indicate that your baby is not sucking properly and may not be getting enough milk. Reposition your baby and latch him on again.)
- Your breasts feel full before each feeding and softer after the feeding.
- Your baby seems satisfied or sleepy after each feeding, not fussy.
- Your baby is gaining 4 to 7 ounces per week, or at least 1 pound per month.
- Your baby appears healthy, has good color and skin tone, is filling out and growing in length and head circumference, and is alert and active.

If you feel like your baby is not getting enough breast milk, talk to your health care provider and seek out the help of a lactation specialist. Someone with expert knowledge of breastfeeding can help you solve any problems you may be encountering, while making certain that your baby is getting enough fluids and calories.

SIGNS OF DEHYDRATION

Dehydration is most often the result of diarrhea or vomiting that accompanies an illness. However, dehydration can also occur in healthy newborns who are not getting enough breast milk. Because the human body has better reserves of energy than fluid, it is more important that we have enough to drink than enough to eat. Additionally, the lack of fluid is more critical in small babies than in adults, because their tiny bodies utilize fluids more rapidly and require more fluid intake per pound of their body weight. Since newborns also have a smaller safety margin than adults, if fluids are scarce, they are more likely to suffer ill effects. Therefore, newborns who do not request feedings during the night need to be awakened to be fed, even if they are not showing signs of hunger. An entire night without a feeding is far too long for a newborn to go without fluids. When a baby becomes seriously short of fluid he is not able to maintain the complex and delicate balance of chemicals that his body requires to function. Diarrhea and vomiting also make a baby very

susceptible to dehydration, because each bout may deprive his body of more fluid than he has taken in at his last feeding. It is very important to be aware of the signs of dehydration. Contact your baby's doctor immediately if you notice any of these symptoms in your newborn:

- Fewer than 6 wet diapers in a 24-hour period after the 4th day
- Fewer than 2 bowel movements in a 24-hour period after the 4th day
- Dark-colored urine
- A red or pink 'brick dust' appearance on the diaper (uric acid crystals)
- Any sudden or unusual changes in your baby's elimination patterns
- Fever, vomiting, or diarrhea
- A sudden increase in sleepiness and difficulty waking
- A decreased amount of tears when crying
- Dry mouth and lips
- Sunken eyes
- Soft spot on the top of the head (fontanel) appears sunken
- Loose and wrinkly skin
- Cool, discolored hands and feet
- Listlessness
- Unusual irritability
- Persistent inconsolable bouts of crying
- Slower than normal weight gain

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