

How to Tell if Your Baby is Breastfeeding Well

What Is Considered a Good Versus an Ineffective Breastfeeding Session?

Good Breastfeeding Session	Ineffective Breastfeeding Session
<ol style="list-style-type: none">1. Baby is actively sucking and swallowing with a few short breaks, for at least 10–15 minutes on each breast.2. Baby is satisfied after feeding.	<ol style="list-style-type: none">1. Baby is latched but mostly sleeping while on the breast.2. Baby does not sustain sucking or swallowing.3. Baby must be frequently awoken to keep them latched or swallowing.

A Well-Fed Newborn . . .

- Is content after feedings.
- Is able to sleep for 2–3 hours between feedings.
- Wakes for feedings every 2–3 hours.
- Actively feeds during the entire feeding, with about 3–5 sucks per swallow before milk is in, and 1–2 times per swallow afterward.ⁱ
- Is easy to keep awake during the 20- to 30-minute feeding.
- Shows no more than 75th percentile weight loss on the NEWT.
- Shows no more than 7 percent weight loss from birth weight.
- Has moist lips and mouth.
- Has hydrated skin that doesn't stay wrinkled when gently squeezed.
- Has a flat soft spot (fontanelle).
- Has minimal yellowing of skin, limited to the face and white of the eyes.
- Has clear or light yellow urine.
- Has 6–8 wet diapers and 3 or more dirty diapers a day once they are getting full feedings. (Note: For exclusively breastfed newborns, diapers counts are unreliable until milk comes in.)

Blood Markers of a Well-Fed Newborn

Glucoseⁱⁱ	>50 mg/dL in first 48 hours >60 mg/dL after 48 hours
Sodiumⁱⁱⁱ	135–145 mEq/L
Total Bilirubin^{iv}	<13.5 mg/dL (safest for brain development)

Signs of a Hungry Newborn

H	Hypoglycemia (low blood sugar), characterized by jittery hands, low body temperature, inconsolable and high-pitched crying, lethargy, limpness, turning blue, and seizures
U	Unsatisfied nursing, lasting longer than 30 minutes and occurring more frequently than every 2 hours; crying despite prolonged breastfeeding
N	Not waking for feeding every 3 hours, nodding off during feeds, difficult to arouse, not maintaining latch, limp, lethargic
G	Growth is poor—weight loss exceeds 7%, weight gain is less than 6 oz/week (170 grams/week) once newborn starts gaining
R	Reduced wet and dirty diaper counts (no wet diapers in 6 hours), red-orange brick dust in diapers, dry lips and mouth, skin that wrinkles
Y	Yellowing of the eyes or skin, especially below the face (excessive jaundice)

Estimated Newborn Milk Intake

As described in chapter four, newborns experience a recovery period for several hours after birth where they often take in less than their full milk requirement. Eventually, however, they become hungry for their full requirement. The table below provides an estimate of this.

Average Term Newborn Human Milk or Formula Intake per Feed, if Fed to Satisfaction^v

Time After Birth	Volume Per Feed (oz)		Volume per Feed for an Average (3.2 kg/7 lb) Baby, if Given Every 3 Hours
	Per lb	Per kg	
Postbirth recovery period (0–24 hours after birth)*	0.15	0.35	0.5–1 oz
When baby becomes hungry for full feedings (after the recovery period)	0.3	0.7	2.2 oz

*Based on the known term newborn resting energy requirement of 50 calories/kg/day, which approximates the minimum number of calories required to maintain basic vital functions.^{vi} The duration of the recovery period varies between babies.

ⁱ Shahmoon, R., Y. Tamir, Y. Beiderman, et al. 2022. "Analysis of Swallowing in Infants and Adults Using Speckle Pattern Analysis." *Scientific Reports* 12: 3847. <https://doi.org/10.1038/s41598-022-07895-w>.

ⁱⁱ Thornton, Paul S., Charles A. Stanley, Diva D. De Leon, Deborah Harris, Morey W. Haymond, Khalid Hussain, Lynne L. Levitsky, et al. 2015. "Recommendations from the Pediatric Endocrine Society for Evaluation and Management of Persistent Hypoglycemia in Neonates, Infants, and Children." *Journal of Pediatrics* 167 (2): 238–45. <https://doi.org/10.1016/j.jpeds.2015.03.057>.

- ⁱⁱⁱ Ferrández-González, Mónica, et al. 2018. "Weight Loss Thresholds to Detect Early Hypernatremia in Newborns." *Jornal de Pediatria* 95 (6): 689–95. <https://doi.org/10.1016/j.jpmed.2018.06.005>.
- ^{iv} Jangaard, Krista A., et al. 2008. "Outcomes in a Population of Healthy Term and Near-Term Infants with Serum Bilirubin Levels of $\geq 325 \mu\text{mol/L}$ ($\geq 19 \text{ g/dL}$) Who Were Born in Nova Scotia, Canada, Between 1994 and 2000." *Pediatrics* 122 (1): 119–24. <https://doi.org/10.1542/peds.2007-0967>.
- ^v Zaitsu, Masayoshi, et al. 2018. "Optimal Thermal Control with Sufficient Nutrition May Reduce the Incidence of Neonatal Jaundice by Preventing Body-Weight Loss Among Non-Low Birth Weight Infants Not Admitted to Neonatal Intensive Care Unit." *Neonatology* 114 (4): 348–54. <https://doi.org/10.1159/000491817>; Bauer, J., C. Werner, and J. Gerss. 2009. "Metabolic Rate Analysis of Healthy Preterm and Full-Term Infants During the First Weeks of Life." *American Journal of Clinical Nutrition* 90 (6): 1517–24. <https://doi.org/10.3945/ajcn.2009.28304>.
- ^{vi} FAO/WHO/UNU Expert Committee. 2001. "Human Energy Requirements Report of a Joint FAO/WHO/UNU Expert Consultation." <http://www.fao.org/3/y5686e/y5686e.pdf>.