

Breastfeeding - Baby Questions

Definition

- Breastfeeding questions about your baby

Topics Covered

Go to the topic that relates to your question for advice:

1. Signs of a good milk supply (Do I have enough milk?)
2. Normal stools during the first weeks of life
3. Normal infrequent breast milk stools after 1 month of age
4. Milk letdown that causes pulling away, coughing or choking
5. Burping
6. Vitamin D for breastfed baby
7. Sick infants

Care Advice

1. **Signs of a Good Milk Supply:** (Is your baby getting enough breast milk?)
 - It is very important that your baby is latched on right. This way she can get enough milk.
 - Wait for your baby's mouth to open wide. Then have your baby take nipple and part of areola. Lips must be wide open (like a fish) to get a good latch.
 - Look and listen for regular swallowing. This shows that your milk has letdown. Letdown is the release of breastmilk into the milk ducts just before a feeding. It starts after 2 to 3 weeks of nursing. At first, milk letdown may take 60 to 90 seconds of sucking before it starts.
 - As your milk volume increases and is established (usually by day 4 of life), you should see the following:
 - **Urine:** Expect a steady increase in the number of wet diapers for each day of life. Three wet diapers per day can be normal while milk is coming in. By day 5 of life, your baby should have 6 or more wet diapers per day. Note: If you aren't sure about the diaper being wet, place a tissue in the diaper.
 - **Stools:** Stools should increase in quantity and change from black to green to yellow-mustard in color. They should be yellow-colored by day 5. The number of stools is the best marker for how much breastmilk the baby is getting. On day 2 and 3, the baby should pass 1 or 2 stools per day. By day 4 or 5, the baby should be passing 3 or more normal breastmilk stools per day. Once breast-feeding is established, babies normally pass 4 stools per day to 1 after each feeding during the first month of life.
 - Caution: Once the milk is in, infrequent stools are not normal for the first month of life. However, it can become normal after 4 weeks of age.
 - Your baby should be satisfied (not hungry) after feedings.
 - Your breasts should feel full before feedings and soft after feedings.
2. **Breastfed Stools During the First Weeks of Life:**
 - **Meconium Stools** are dark greenish-black, thick and sticky. They are passed during the first 2 days of life.
 - **Transitional Stools** (a mix of meconium and milk stools) are greenish-brown and loose. They are passed day 3 to 4 of life. While breastmilk is coming in, babies have about one stool per day. This is usually from day 1 to 4. By day 5, passing black or dark green stools is not normal. Your baby should be seen to make sure your baby is getting enough milk.
 - **Normal Breastmilk Stools** without any meconium present are seen from day 5 on. The stools are runny, mustard-colored and can contain seedy particles. Normal breastfed stools can also be green. The green color is from bile. Runny stools can even be bordered by a water ring. This is normal, especially during the first month. (Reason: rapid transit.)
 - Normal stool size is about half to 1 tablespoon (8 to 15 ml).
 - If breastfed babies get any formula, their stools become greener. They also become more frequent, more formed and odorous.
 - **Number of Stools.** The number of stools is the best marker for how much breastmilk the baby is getting. On day 2 and 3, the baby should pass 1 or 2 stools per day. By day 4 or 5, the baby should be passing 3 or more normal breastmilk stools per day. Once breastfeeding is established, babies normally pass 4 stools per day to 1 after each feeding during the first month of life.

- Breastfed stools have changed to **true diarrhea** if:
 - They have blood or mucus
 - Smell bad or have a sudden increase in number
 - Your baby feeds poorly, acts sick, or a fever occurs
- 3. Normal Infrequent Breastfed Stools After 1 Month of Age:**
 - Between 4 and 8 weeks of age, some breastfed babies change to normal infrequent stools.
 - They can pass 1 large soft stool every 4 to 7 days.
 - Reason: Complete absorption of breastmilk.
 - The longer they go without a stool, the larger the volume that is passed.
 - There is no pain or crying with stool passage.
 - 4. Milk Letdown that Causes Pulling Away, Coughing or Choking:**
 - Sometimes, a milk surge will be more than your baby can keep up with.
 - Your baby's reaction will be to pull away from the breast. She may cry, cough or even choke.
 - Stop the feeding and let your baby recover.
 - Wait until the letdown spray stops before putting her back to the breast.
 - Pausing and burping more often may help.
 - Prevention: The overactive letdown often occurs in mothers who pump often. So, finish one side all the way. Then only pump the other side enough to get rid of any pain.
 - 5. Burping:**
 - You do not have to burp your baby. Burping is an option, but not needed.
 - It is not harmful if a baby doesn't burp.
 - Burping can lessen spitting up, but it doesn't decrease crying.
 - Burping can be done twice per feeding, once midway and once at the end.
 - If the baby does not burp after 1 minute of patting, it can be stopped.
 - 6. Vitamin D for the Baby:**
 - Breast milk contains all the needed vitamins and minerals except Vitamin D.
 - **Vitamin D.** Starting the first week of life, all breastfed babies need Vitamin D. The dose is 400 IU per day. (AAP Committee on Nutrition 2009). You can use separate Vitamin D drops. D-Vi-Sol are liquid vitamin D drops, 400 IU per 1 ml. Or, you can use Vitamin ADC drops in a dose of 1 ml per day. (No prescription is needed).
 - Your child needs Vitamin D drops until he drinks enough cow's milk or formula. This is at least 32 ounces (1000 ml) of milk or formula per day. Each 8 ounces (250 ml) contains 100 IU of Vitamin D.
 - 7. Sick Infants:**
 - Do not stop breastfeeding for vomiting, spitting up, diarrhea, cough, or jaundice.
 - Keep breastfeeding when possible.
 - Talk with your doctor or nurse to decide if your baby needs to be seen.

Call Your Doctor Back If...

- Your baby's suck becomes weak
- Your baby starts looking or acting sick
- Your baby starts looking or acting abnormal in any way
- Your baby is always hungry
- You think your baby needs to be seen

This handout is intended for informational purposes only and should not be used as a substitute for the care and advice of a medical professional. The accuracy of the information contained in this handout is not guaranteed and there may be variations in treatment that your doctor or nurse may recommend based on individual facts and circumstances.

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Author: Barton Schmitt MD, FAAP

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