

Criteria which confirm a normal course of breastfeeding and measures to be taken in case of need

	Observations and requested information		Output	Growth	Measures in case of problems								
Initial 24 hours	<ul style="list-style-type: none"> extended skin-to-skin contact after birth baby-led attachment, OR: mother-led attachment many more hours of skin-to-skin contact relaxed mother-baby relationship frequently breastfed mostly briefly as soon as he gives early feeding cues (8-12 x/day) baby goes to the breast spontaneously and attaches well 	<ul style="list-style-type: none"> good position for mother and baby no malformation of the nipple initial drops of milk, many small feeds possibly spontaneous leaking from the other breast mother has no pain overall condition of baby is good oral anatomy has been checked infant and maternal risk factors for breastfeeding reviewed baby suckles only at the breast 	Within the first 8 hours: <ul style="list-style-type: none"> first urine first bowel movement „clay dust sediment“, a rusty red spot in the diaper can occur 	Birthweight influenced by: <ul style="list-style-type: none"> time when it was measured before/after first breastfeed, before/after first bowel movement infusions during labor week of pregnancy maternal smoking maternal diabetes 	<ul style="list-style-type: none"> renewed, extended skin contact, “re-bonding” observe a breastfeed give breastfeeding information put the baby to breast at the earliest feeding cues, encourage frequent breastfeeding breast massage and giving colostrum rooming-in avoid bottle nipples and pacifiers 								
Early days	<p>As in the first 24 hours, additionally:</p> <ul style="list-style-type: none"> continued extended skin/body contact mother-baby relationship is relaxed breastfed 8–12 x/d good attachment to the breast good position for mother and baby <p>Signs of milk transfer:</p> <ul style="list-style-type: none"> rhythmic, sustained, painless suckling, periodic pauses swallowing audible/visible noticeable increase in firmness, weight, and size of breasts and noticeable increase in milk volume and composition mother may feel the milk ejection reflex possible spontaneous leaking from the other side 	<ul style="list-style-type: none"> relaxation or drowsiness, thirst uterine contractions increased lochia flow after breastfeeding, baby’s hands are relaxed, mouth moist, breast softer, nipples are not deformed crying after breastfeeding can have causes other than too little milk <p>Mother’s breastfeeding knowledge:</p> <ul style="list-style-type: none"> she knows feeding cues and the signs of milk transfer, wakes a sleepy baby can express milk by hand knows that the more milk is removed, the more will be produced knows when she needs professional support 	<ul style="list-style-type: none"> bowel movements begin to be lighter in color from the 3rd day, no more “clay dust sediment” <p>From the 3rd/4th day:</p> <ul style="list-style-type: none"> at least 3 bowel movements daily 5-6 heavy disposable diapers daily or: 6-8 cloth diapers daily urine is clear or light yellow <p>From the 5th day:</p> <ul style="list-style-type: none"> no more meconium 	<ul style="list-style-type: none"> no weight loss after day 3 maximum weight loss of 7% weight gain by day 5 back to birth weight by day 10 <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>All criteria fulfilled: → optimal course of breastfeeding, routine check-ups sufficient</p> <p>Almost all criteria fulfilled: → normal course of breastfeeding, routine check-ups usually sufficient</p> <p>Some criteria not fulfilled: → examine thoroughly, take corrective steps, long-term follow-up</p> </div>	<ul style="list-style-type: none"> extended skin contact, “re-bonding” observe a breastfeed, observe signs of milk transfer give breastfeeding information again put the baby to breast at the earliest feeding cues, encourage frequent breastfeeding rest for the mother (limit visitors) rooming-in avoid bottle nipples and pacifiers breast massage + giving colostrum breast compression begin to pump/express regularly supplement at the breast daily weight checks, exact documentation of the course of breastfeeding 								
Initial weeks and months	<p>As in the first few days, additionally:</p> <ul style="list-style-type: none"> breastfed 8–12 x/day sustained suckling regular swallowing change from rapid to slow suckling during the breastfeed active sucking and swallowing pattern sucking need is not satisfied in any other way (no pacifier, no bottle nipple, no nipple shield) 	<p>Mother’s breastfeeding knowledge:</p> <ul style="list-style-type: none"> as in the first few days breastfeeding behavior in the early months <p>Baby’s overall condition:</p> <ul style="list-style-type: none"> healthy lively, alert age-appropriate development 	<p>In the first 4-6 weeks:</p> <ul style="list-style-type: none"> 2-5x bowel movements /day 5-6 heavy disposable diapers/day or: 6-8 cloth diapers/day urine clear or light yellow <p>After 4-6 weeks:</p> <ul style="list-style-type: none"> urine as in the first 4-6 weeks normal range for bowel movements: 3 x/day to 1 x/every 14 days 	<p>Under normal, good conditions:</p> <ul style="list-style-type: none"> the weight curve runs parallel to a percentile within the WHO Standards the weekly weight gain is: <table border="1" style="margin-left: 20px;"> <tr> <td>0-2 months</td> <td>170-330 g/we</td> </tr> <tr> <td>> 2-4 months</td> <td>110-330 g/we</td> </tr> <tr> <td>> 4-6 months</td> <td>70-140 g/we</td> </tr> <tr> <td>> 6-12 months</td> <td>40-110 g/we</td> </tr> </table> <ul style="list-style-type: none"> growth of length and head circumference falls within the WHO-Standards 	0-2 months	170-330 g/we	> 2-4 months	110-330 g/we	> 4-6 months	70-140 g/we	> 6-12 months	40-110 g/we	<ul style="list-style-type: none"> observe a breastfeed ask about breastfeeding frequency optimize breastfeeding management weight check every 3 days, exact documentation of the course of events, record output 2 days „vacation“ with baby in bed extended body/skin contact breast compression supplement at the breast pump after breastfeeding take the history, look for the causes galactagogues further special measures/interventions
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