



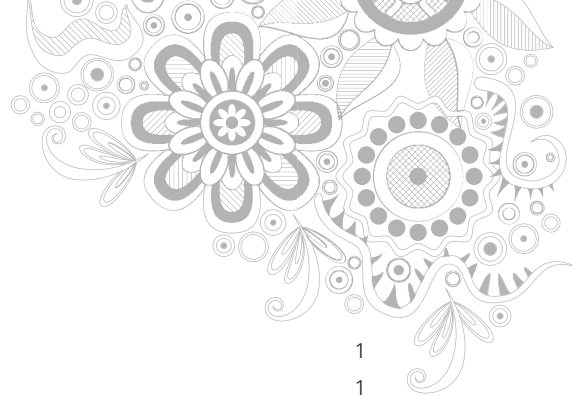
KK Women's and
Children's Hospital
SingHealth



GIVE YOUR CHILD
A HEADSTART

BREASTFEED YOUR BABY





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GIVE YOUR CHILD A HEADSTART

BREASTFEED YOUR BABY

Congratulations on welcoming your baby!

One of the biggest decisions that new parents make is whether to breastfeed or formula feed their baby. At KK Women's and Children's Hospital, we recommend breastfeeding as the best choice for babies. We are Baby Friendly Hospital Initiative (BFHI) certified. This means that we are committed to make caring for you and your baby more complete by helping new mothers achieve breastfeeding success.

Breastfeeding puts a baby on the right start to life. The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of a baby's life as it provides all the energy and nutrients needed for optimal growth, development and protection against infectious and chronic diseases.

Breastfeeding is an acquired skill, which requires counselling, consultation and support to mothers. We also understand that every baby is different and so would every breastfeeding experience. It is therefore beneficial for you to record your baby's feedings in the breastfeeding charts of this booklet to check that your baby is receiving just what he needs to grow healthily. We have referred to the baby as "he" in order to avoid confusion. It also helps to keep an expressed breast milk diary because you may not remember everything. You can share this information with your doctor or lactation consultant at your next visit.

The following information will be useful in helping you get a good start in breastfeeding.

Benefits for the baby

- **Complete nutrition**
Breast milk contains all the nutrients babies need for the first six months.
- **Counters risk of infection**
Colostrum, the early milk produced after birth, is rich in antibodies, minerals and vitamins A and D. These antibodies help your baby fight against infections e.g. diarrhoea and respiratory infections. Breastfed babies are also less prone to allergies, colic and constipation. Breast milk provides protection beyond your baby's first year.
- **Comfort and security**
A natural sense of security from the mother's embrace.

Benefits for the mother

- **Convenient**
There is no need for bottles, sterilisation or temperature check.
- **Clean**
Breast milk is free of germs and washing your nipples with water once daily is sufficient.

- **Cost-saving**
Breast milk is produced naturally and that saves you from paying for formula feeds.
- **Contraction of the womb**
When your baby suckles, it speeds up the recovery of your womb to its pre-pregnancy size.
- **Confidence**
It builds your confidence as a mother who fulfills your baby's emotional and physical needs.
- **Child spacing**
Breastfeeding delays the return of menstruation and this is good for delaying another pregnancy if you are fully breastfeeding for the first six months.
- **Lower risks of cancer**
Risk of breast cancer is reduced in women who breastfeed.
- **Body weight**
Breastfeeding helps new mothers return to pre-pregnancy weight faster.

Preparation for breastfeeding

These pointers will help you to be physically, mentally and emotionally prepared.

- **Physical preparation**
 - Maintain a well-balanced diet during and after pregnancy.
 - Prepare your wardrobe for breastfeeding. Have your nursing bras washed and ready. Two-piece clothing and loose tops make it easier for you to breastfeed on demand.
- **Mental and emotional preparation**
 - Read up on breastfeeding.
 - Plan how long you would breastfeed your baby for.
 - Attend a breastfeeding talk with your spouse as early as possible.
 - Your doctor or lactation consultant will be able to help if you need more information about breastfeeding.
 - Adopt a positive attitude and be confident that you can and will succeed.

Tips for successful breastfeeding

Your baby's first feed should be as soon as possible after delivery, ideally within the first hour of birth, **so as to tap into your baby's innate abilities to latch on**. Let your baby feed on demand for as long as he seems to want to. A healthy baby usually has eight to 10 feeds in a day or once every two to three hours. Normal breast fullness can lead to engorgement if your baby is not nursing often enough or if you do not express your milk often enough, but once you establish a regular pattern, breastfeeding can be an enjoyable experience.

Newborn's stomach capacity



- Colostrum (the first milk) is enough for the newborn baby.
- A newborn baby's stomach is only the size of a marble on day one and it increases to the size of a ping pong ball by day 10.
- Feed on demand according to baby's hunger cues helps to increase mother's milk supply.

Average amount of breast milk

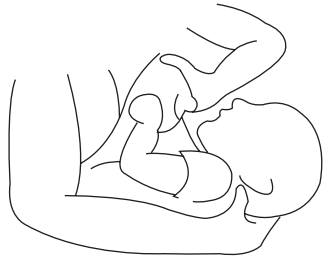
Based on research studies, the average amount* of breastmilk produced by breastfeeding mothers during the baby's first four days of life is as follow:

*Note that the amount of breastmilk produced varies across individuals.

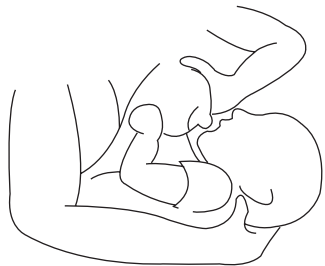
Day	Average 24-hour volume output	Amount of breast milk output (Average range)	Infant's intake
1	37ml	7 - 123ml	few drops - 5ml/feed
2	84ml	44 - 335ml	5 - 15ml/feed
3	408ml	98 - 775ml	15 - 30ml/feed
4	705ml	452 - 876ml	45 - 60ml/feed

Technique of attachment when breastfeeding

A good latch is very important for effective breastfeeding. Developing a good latch can take time, practice and patience. Here are some steps to help make breastfeeding easier, using modified cradle hold during the newborn period.



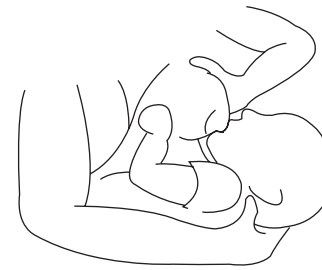
Before you breastfeed, unswaddle your baby. Hold your baby close to you. He should be facing the breast. Support his head, shoulders and body in a straight line.



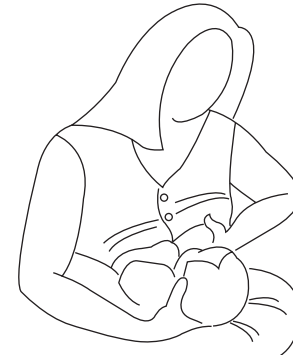
Support your breast using your hand, with your thumb and index fingers in a 'U' shape manner, away from the areola.



Tease your baby's lower lip with your nipple to get him to open his mouth.



Bring your baby to the breast when he opens his mouth wide.



Make sure that your baby's mouth covers as much of the areola (the dark ring surrounding the nipple) as possible.

- You are holding your baby correctly if you observe the following signs:
 - Your baby's head and body are supported at your breast level.
 - Your baby's chin is touching the breast. The nose should be away from the breast.
 - Your baby's mouth is wide open, covering the areola.
 - Your baby's lips form a seal on your breast, with the lower lip turned out.

- Below are three other positions which you may adopt when you breastfeed:



Side lying position



Football position



Modified cradle hold position
- Ideal for small infants and newborns

■ **Signs of correct sucking:**

- Feeding should not be painful.
- Your baby’s jaw is moving rhythmically.
- You are able to see or hear your baby swallowing the milk.
- Your baby’s ears are wiggling.
- No clicking sound heard.
- Your baby’s cheeks are not drawn in.

Watch for your baby’s feeding cues and feed on demand as long as he wants. Allow him to release the breast on his own before offering the second breast. This ensures that he obtains the high-calorie hind milk.

If your baby does not come off the breast and has slowed down sucking with no active swallowing heard, you can gently slide your finger into his mouth to break the seal and then offer him the other breast.

It is important to observe that your baby is sucking well during breastfeeding.

Knowing that my baby is getting enough milk

A baby who has enough is contented and wets about six to eight nappies in 24 hours. His urine should look clear. During the first two days after birth, your baby may only wet two to three nappies in 24 hours. The number of wet nappies will increase by the fourth and fifth day with the increase in milk supply. Your baby may have three to eight stools (usually loose and soft) per day. Older babies may pass their stools less frequently.

Baby’s Output Table

First Week of life: Baby’s Urine and Stools Output

Day of life	Wet diapers and urine colour chart in 24 hours	Stools frequency and chart in 24 hours
1 st 24 hours	1 wet diaper, Light Yellow	1 time, meconium (Dark Olive Green)
Day 2	2 wet diaper, Light Yellow	2 times, meconium (Dark Olive Green)
Day 3	3 wet diaper, Light Yellow	3 times, stool colour change (Greyish Green)
Day 4	4 wet diaper, Light Yellow	3 times, traditional stools (Greenish Yellow)
Day 5	5 wet diaper, Colourless	3 to 4 times, Yellow
Day 6+	6+ wet diaper, Colourless	4 or more times, Yellow

Your breasts may feel full before a feed and less full / soft after feeding. You may leak between feedings or on one side while feeding on the other. During a feed, you will feel your baby sucking vigorously and hear him swallowing. As long as your baby is healthy and gaining weight, he is fine.

Caring for your breast

You are encouraged to clean your breast at least once a day for hygiene purposes. However, avoid using soap on your nipple and areola as this may cause dryness to the area. Air-dry your nipples after each feed before putting on your clothes. Change the wet nursing pad frequently.

Breastfeeding after a caesarean birth

We encourage you to breastfeed your baby as soon as possible after you give birth. Early initiation of breastfeeding after a caesarean birth is just as important as it is after a vaginal birth. As soon as you are fully conscious and able to hold your baby, you can start breastfeeding. Mothers who have epidural rather than general anaesthesia are generally able to hold the baby sooner and nurse him for a longer period of time initially.

Skin-to-skin contact with your baby in the operating theatre or recovery area can be performed if both you and your baby are well. This early contact will encourage your baby to search for the breast and initiate early breastfeeding.

If you are on an intravenous drip, ask for assistance with holding and positioning your baby. Having your husband or a family member around would be helpful too.

You may want to adopt the football hold position to breastfeed when you have had a caesarean section. Once you are able to sit up, prop yourself up on your bed or lie on your side to breastfeed your baby. This will avoid having the baby rest on your tummy.

If your baby cannot be breastfed for medical reasons or if you are separated from your baby, express your breast milk to prevent engorgement and to initiate lactation. This will ensure that the valuable colostrum is available for your baby.

Safe sleeping for your baby

Room sharing allows close proximity to help you respond to your baby's cues promptly. It also enables you to pick up your baby easily to breastfeed. Exclusive breastfeeding has been found to reduce the risk of sudden infant death syndrome (SIDS).

SIDS is when a baby 12 months and below dies during sleep with no warning signs or reason. Although SIDS is uncommon, there are ways to further lower the risk for your baby.

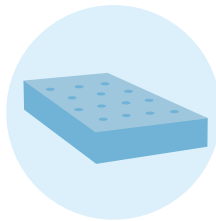
Things you can do:



✓ Place your baby on their back to sleep



✓ Place your baby to sleep in a separate cot in the same room as you for the first six months



✓ Use a firm, flat mattress. No pillows, soft toys or loose bedding in the cot

EXPRESSING AND STORING BREAST MILK

Expressing your breast milk

In situations where you are unable to breastfeed your baby directly, you can still provide your baby with breast milk by expressing as soon as possible. Expressing helps to initiate and establish lactation. It also helps to relieve blocked ducts. If your breast is engorged, expressing some milk will help to relieve the discomfort and enable your baby to grasp the areola properly.

The amount of milk I should express

During the first few days after birth, your breasts produce colostrum in very small volume. You can express the milk by hand and use a syringe to collect the colostrum to feed your baby. Colostrum is milk produced in the first few days after birth. It contains a high concentration of antibodies to protect baby against infections. Expressing milk regularly helps to establish the milk supply. By two weeks, approximately 700 mls of breast milk can be obtained per day.

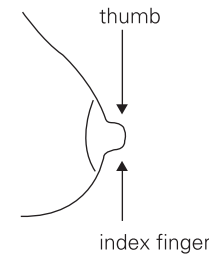
Preparation for expressing breast milk

- Sterilise all equipment before use.
- Hospital-grade electric pump is available for use together with disposable funnels and bottles.
- You are advised to purchase your own breast pump before you go home.
- Think about your baby to help stimulate milk flow.
- Adopt a comfortable and relaxed position.

Breast massage



Wash your hands and clean your breasts with a wet towel. Pay attention to the nipple area to clear away any remains of dried milk.



Massage your nipple and areola using your thumb and index finger.



Massage the main area of the breast with both hands using the pulp of your fingers. Make sure you cover all parts of the breast.

Ways of expressing breast milk

You can choose to express your milk by hand or by using a pump. Choose the method that best suits you.

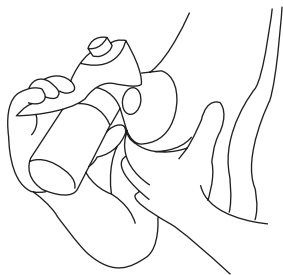
■ Expressing by hand



Place your forefinger and thumb at the edge of the areola and press back firmly against your breast. Then bring your fingers together and compress the areola using the finger pads. Compress your breast in a rhythmic pattern when expressing milk.

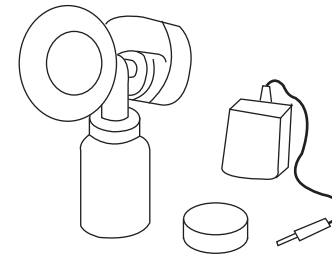
Expressing by hand during the first few days enables you to collect your colostrum using a syringe, for feeding your baby.

■ Expressing via hand pumps



The hand-held pump allows you to control the suction strength.

■ Expressing via battery-operated or electric pump



If you choose to use the battery-operated or electric pump, start with the lowest power before increasing the intensity to the point which you are comfortable with. Ensure that the flange of the pump is placed over the areola to form a complete seal, as your baby's mouth would when you breastfeed.

Time spent on expressing breast milk

- The number of expressions per day should be the same as that of normal breastfeeding. Express regularly, eight times in 24 hours.
- When you pump one breast at a time, switch from one side to the other after about five minutes during the initial period.
- Avoid going longer than 30 minutes for each session.
- The length of time you need to express may vary once your milk supply is established. You will know your breasts are drained when they feel soft and free of lumps.

■ Suggested schedule for expressing breast milk:

- 6.00am
- 9.00am
- 12 noon
- 3.00pm
- 6.00pm
- 9.00pm
- 12.00am
- 3.00am

Sterilisation of storage containers and breast pumps

- Wash all parts of the breast pump that come into contact with your breast milk in soapy water and rinse thoroughly.
- Sterilise using the steaming, boiling or chemical-soaking method.

■ Steaming

- Follow the manufacturer's instructions.

■ Boiling

- Submerge washed expressing kits in a container of clean water. Cover the container and allow the water to boil.
- Let the water boil for another 10 minutes.
- Allow the water to cool after boiling and discard from container.
- Leave the sterilised kits covered in the container.

■ Chemical soaking method

- Use a plastic container with a lid that can hold all the expressing kits.
- Follow the manufacturer's instructions on the use of sterilising agent and prepare the solution.
- Submerge and soak washed expressing kits for at least an hour.
- Change the solution every day.
- Store all expressing kits in a clean and dry container until your next expression.
- Wash your hands with soap and water before picking up the sterilised items.

Storing your expressed breast milk

When storing expressed milk, always remember to use a sterilised bottle. You should also label all the containers with the date and time of collection.

Storage of expressed milk under different conditions.

Location	Temperature	Duration
Room temperature	25°C	4 hours
Refrigerator	4°C	48 hours
Separate door freezer	-5°C to -15°C	3 to 6 months
Deep freezer	-18°C to -20°C	6 to 12 months

Thawing expressed breast milk

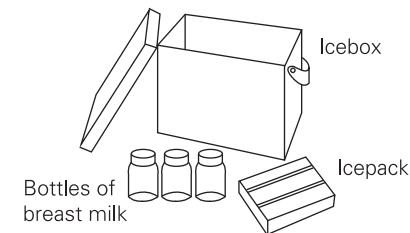
Thaw your frozen expressed breast milk by placing it in the refrigerator at least 12 hours earlier. Milk thawed in the refrigerator can be stored up to 24 hours. Use the thawed milk within 36 hours once it has been transferred to the refrigerator.

For quick thawing of frozen breast milk, stand it in warm water or milk warmer at 40°C for about 10 minutes.

It is important to remember these key points:

- Do NOT thaw or warm up the frozen expressed milk in the microwave. You run the risk of scalding your baby and destroying the milk's natural enzymes and nutrients.
- Shake the bottle before feeding.
- Use warmed milk within the next hour.
- Excess milk left in the bottle after a feed should be discarded.
- Never refreeze milk that has been thawed.

Transportation of breast milk



Transport the bottles of expressed breast milk in a cooler box with ice packs or reusable ice blocks. Once you reach your destination, transfer the bottles to the refrigerator or freezer.

Concerns over milk supply

It is normal for the volume of expressed breast milk to change from day to day and for one breast to produce more milk than the other.

However, your milk supply may reduce due to these reasons:

- Not breastfeeding or expressing regularly over 24 hours.
- Inadequate emptying of the breasts.
- Tiredness, anxiety, stress.
- Sickness
- Smoking

Establishing your milk supply

- Begin to breastfeed or express as soon as possible.
- Encourage skin-to-skin contact with your baby.
- Breastfeed or express breast milk at least eight times per day.
- Use double pumping (simultaneous breast expression), which is faster and more effective in removing milk.
- Massage your breasts before and / or during expressing.
- Make sure that you have adequate rest.
- Take a well-balanced diet and avoid skipping meals.
- Drink at least six to eight glasses of water a day.

Working and breastfeeding

Here are some suggestions that may help you to continue with breastfeeding while working.

- Pump or hand-express as needed when you are exclusively breastfeeding. Store your expressed breast milk in a refrigerator for your caregiver to feed your baby when you return to work.
- Introduce a bottle of expressed breast milk to your baby at approximately four weeks after birth. Use a softer teat to facilitate the transition from breast to bottle. Gradually increase the number of expressed milk feeds at about two weeks before you start work.
- Breastfeed “on demand” on weekends or when you are not working. You can “reconnect” with your baby and increase milk supply simultaneously.

Common breastfeeding problems

■ Sore nipples

Sore nipples can be prevented by ensuring proper positioning and latching during breastfeeding.

- After feeding, express a little milk on your nipples and let them air dry.
- It helps if you go without a bra for short intervals on a daily basis.
- If the soreness persists, express your milk temporarily, six to eight times a day, and feed this milk to your baby.
- Seek help as soon as possible to resolve the problem.

■ Engorgement

This is the accumulation of milk in the breasts resulting in hardness, overdistension, discomfort or pain. Engorgement may be minimised by demand feeding, including night feeding and early feeding from birth. You may adopt the following techniques to reduce the discomfort caused by engorgement:

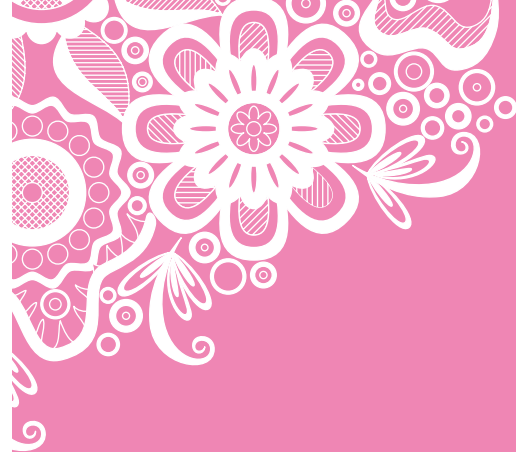
- Massage your nipple, areola and breast to clear any blockage.
- Apply cold towels or cabbage leaves on the breasts in between feeding to reduce the swelling.
- Express your breast milk before and after each feed if needed.
- Analgesic (e.g. Panadol) may be taken to relieve the pain.

■ Blocked milk ducts

This occurs when the milk is not being “emptied” efficiently. Blocked ducts may cause part of your breast to feel lumpy, hard or sore. To unblock the ducts:

- Gently massage the nipple, areola and affected area before feeding.
- Apply cold towels or cabbage leaves on the affected area.
- Change your feeding position, e.g. football hold.

If any part of your breast is red and / or painful, or if you feel shivery or feverish, seek medical attention immediately. There may be a breast infection. Continue breastfeeding to empty the affected breast and to maintain your milk supply. In most cases, you should be able to continue to breastfeed your baby. If in doubt, consult your doctor or a lactation consultant immediately.



Get help from a breastfeeding consultant

You are encouraged to seek help if you have any questions or if you notice the following:

- Your nipples are sore and painful.
- Your breasts are hard and painful.
- Your baby is extremely agitated when you breastfeed him.
- Your expressed breast milk volume seems to be decreasing.

For more information, please call:

- **KKH Lactation Service**
6-CALL KKH (6-2255 554)
Note: Leave your contact details with our telephone operator and our Lactation Consultants will return your call.
- **Breastfeeding Mothers' Support Group (Singapore) Hotline/WhatsApp**
+65 6339-3558 (+65 is necessary)
- **Joyful Parenting and Breastfeeding Hotline**
6488-0286

OTHER CONCERNS AND COMMONLY ASKED QUESTIONS



Breastfeeding of babies on phototherapy treatment

Phototherapy is the most common treatment for jaundice and babies can continue to be breastfed during this time. Your baby may tend to lose more fluids while under the lights but he should be sufficiently hydrated as long as you increase the quantity of breast milk.

Babies on phototherapy may be more sleepy than usual or have a weaker sucking reflex. You can breastfeed more frequently with shorter feeding duration, or supplement breastfeeding with expressed breast milk by cup if he is not latching well.

If expressed breast milk is not available or inadequate, supplementary formula milk may be required. However, it is important for you to continue expressing your breast milk to maintain a good supply.

Commonly asked questions

1. Does breastfeeding hurt?

Breastfeeding should not be painful. If breastfeeding hurts, something is wrong. You may experience some tenderness or discomfort during the first few days of breastfeeding as your body adjusts to a new sensation, but it should never be painful. If there is pain, the most common cause is poor latch. It is important to seek help as soon as possible to resolve the problem.

2. When will my milk “come in”?

Generally, a mother's milk tends to “come in” between the third and fourth day after delivery. The timing is also dependent on regular draining of the milk by feeding and expressing.

3. How often and for how long should I feed my baby?

Breastfeeding “on demand” is very important. It is about responding flexibly to your baby's hunger cues. It means initiating feedings when the baby requests them, and continuing each feeding session until the baby is satisfied.

Usually, your baby feeds every two to three hourly, with each feed lasting between 15 to 45 minutes, within 24 hours. It is common for your baby to breastfeed on demand eight to 12 times in a day. Some very young babies (such as premature babies), jaundiced or sick babies may not have the strength to wake up and demand to be fed. Be sure to wake your baby at least once every three hours to feed. Most babies will feed less frequently as they grow.

4. What is “rooming-in”?

Rooming-in is a practice of keeping your baby by your side at all times in your ward after delivery. The intent is to encourage you to establish a closer bond with your baby sooner. Here are some key benefits of rooming-in:

- Connect and get to know your baby sooner.
- Learn to recognise your baby's feeding cues.
- Practise exclusive breastfeeding him “on demand”.
- Interact with your baby more closely so you learn what your baby's other needs are, e.g. sleepy, uncomfortable, unwell or afraid.
- Increase confidence in caring for your baby.

5. Is breast milk alone sufficient to meet my baby's nutritional needs?

Breast milk is the natural first food for babies and the composition of your breast milk changes as your baby grows. According to The World Health Organization (WHO), mothers should establish and sustain exclusive breastfeeding for the first six months because it is the optimal way of feeding babies. Thereafter, you can give your baby complementary foods with continued breastfeeding up to two years of age or beyond.

6. How is breast milk different from infant formula?

Breast milk has greater nutritional value than infant formula. Human milk contains just the right amount of fat, sugar, water and protein for human digestion, brain development and growth. Formula milk contains a different type of protein that human infants can have difficulty digesting. Formula-fed infants tend to be fatter than breastfed infants, but not necessarily healthier. Breast milk also contains immunologic agents or the mother's antibodies to diseases. These antibodies are transferred to the infant and act against bacteria and viruses. The presence of anti-inflammatory agents in breast milk also helps to regulate the body's immune system response against infection. The bifidus factor in breast milk encourages the growth of Lactobacillus factor, which is a beneficial bacteria that prevents the growth of harmful organisms in a breastfed baby's digestive tract. Since a baby's immune system is not fully mature until around two years old, breast milk provides an advantage that formula-fed infants do not have. Human milk straight from the breast is always clean, because it is untainted by polluted water or dirty bottles, which can lead to diarrhoea in the baby.

7. Do I need to follow a special diet while breastfeeding?

A well-balanced diet is beneficial for your own health, regardless of whether you are breastfeeding or not. There is no single answer to what you need to eat or drink but the general rule of thumb is to stay hydrated, limit your alcohol intake to no more than 30 mls per day and feed your baby before consuming alcohol.

Breastfeeding Chart

Day 1 (First 24 hours)

Date and time of birth: _____

Date: _____

No. of feeds	1	2	3	4	5	6	7	8	9	10	11	12	Minimum Requirement
Time													8 to 10 feeds per day
Duration													15 minutes / feed
Urine (tick)													Urine 1 x / 24 hours
Stools (tick)													2 dark green stools / 24 hours

- Wake sleepy baby for feeding every 3 hours. • Allow baby to suckle as long as the baby desires.

Day 2 (24 to 48 hours)

Date: _____

No. of feeds	1	2	3	4	5	6	7	8	9	10	11	12	Minimum Requirement
Time													8 to 10 feeds per day
Duration													15 minutes / feed
Urine (tick)													Urine 3 x / day
Stools (tick)													3 dark green stools / day

Day 3 (48 to 72 hours)

Date: _____

No. of feeds	1	2	3	4	5	6	7	8	9	10	11	12	Minimum Requirement
Time													8 to 10 feeds per day
Duration													15 minutes / feed
Urine (tick)													Urine 4 x / day
Stools (tick)													3 greenish yellow stools / day

Day 4 (72 to 96 hours)

Date: _____

No. of feeds	1	2	3	4	5	6	7	8	9	10	11	12	Minimum Requirement
Time													8 to 10 feeds per day
Duration													15 minutes / feed
Urine (tick)													Urine 5 x / day
Stools (tick)													3 greenish yellow stools / day

Day 5 (96 to 110 hours)

Date: _____

No. of feeds	1	2	3	4	5	6	7	8	9	10	11	12	Minimum Requirement
Time													8 to 10 feeds per day
Duration													15 minutes / feed
Urine (tick)													Urine 5 x / day
Stools (tick)													3 yellow stools / day

Day 6 (110 to 134 hours)

Date: _____

No. of feeds	1	2	3	4	5	6	7	8	9	10	11	12	Minimum Requirement
Time													8 to 10 feeds per day
Duration													15 minutes / feed
Urine (tick)													Urine 5 x / day
Stools (tick)													3 yellow stools / day

If you have difficulties with breastfeeding, or when your baby passes urine and stools less than the above minimum requirement, please seek help as soon as possible. Help lines are listed on page 18.

Breastfeeding Chart

Day _____

Date: _____

No. of feeds	1	2	3	4	5	6	7	8	9	10	11	12	Minimum Requirement
Time													8 to 10 feeds per day
Duration													15 minutes / feed
Urine (tick)													Urine 5 x / day
Stools (tick)													3 yellow stools / day

Day _____

Date: _____

No. of feeds	1	2	3	4	5	6	7	8	9	10	11	12	Minimum Requirement
Time													8 to 10 feeds per day
Duration													15 minutes / feed
Urine (tick)													Urine 5 x / day
Stools (tick)													3 yellow stools / day

Day _____

Date: _____

No. of feeds	1	2	3	4	5	6	7	8	9	10	11	12	Minimum Requirement
Time													8 to 10 feeds per day
Duration													15 minutes / feed
Urine (tick)													Urine 5 x / day
Stools (tick)													3 yellow stools / day

Day _____

Date: _____

No. of feeds	1	2	3	4	5	6	7	8	9	10	11	12	Minimum Requirement
Time													8 to 10 feeds per day
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Urine (tick)													Urine 5 x / day
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Day _____

Date: _____

No. of feeds	1	2	3	4	5	6	7	8	9	10	11	12	Minimum Requirement
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Day _____

Date: _____

No. of feeds	1	2	3	4	5	6	7	8	9	10	11	12	Minimum Requirement
Time													8 to 10 feeds per day
Duration													15 minutes / feed
Urine (tick)													Urine 5 x / day
Stools (tick)													3 yellow stools / day

Breastfeeding Chart

Day _____

Date: _____

No. of feeds	1	2	3	4	5	6	7	8	9	10	11	12	Minimum Requirement
Time													8 to 10 feeds per day
Duration													15 minutes / feed
Urine (tick)													Urine 5 x / day
Stools (tick)													3 yellow stools / day

Day _____

Date: _____

No. of feeds	1	2	3	4	5	6	7	8	9	10	11	12	Minimum Requirement
Time													8 to 10 feeds per day
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Urine (tick)													Urine 5 x / day
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Day _____

Date: _____

No. of feeds	1	2	3	4	5	6	7	8	9	10	11	12	Minimum Requirement
Time													8 to 10 feeds per day
Duration													15 minutes / feed
Urine (tick)													Urine 5 x / day
Stools (tick)													3 yellow stools / day

Notes



Scan to download the online guide



Scan to view video on breastfeeding



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