



Name and date of birth or Addressograph

Over the next few days it will be important for you and your baby to take time to learn how to breastfeed. This diary will help you keep a note of when you are feeding your baby. It also provides you with useful tips and information to support you on your breastfeeding journey. Please make sure you have your diary available when you contact your midwife, maternity support worker or the infant feeding team.

If you need feeding support during the first couple of weeks after your baby's birth, please contact:

- Maternity Infant Feeding Team on 07786267584. Leave a voicemail with your name, number and a short message and a member of the team will aim to get back to you within 48 hours.
- Midwifery community co-ordinator (8am to 4pm) on 023 8120 4871 (option 1), to speak with a midwife.
- Broadlands Birth Centre (out of hours line) 023 8120 6012 to speak with a midwife.

You may also like to:

- visit our website www.uhs.nhs.uk/feedingyourbaby
- download the "Off to the best start" booklet from **www.unicef.org.uk** This booklet has been produced with the Department of Health and has some helpful photographs showing you how to ensure your baby is well attached to your breast.

For more information about local breastfeeding groups and other sources of support please scan the QR codes/visit the websites listed on page 12.

Record of skin to skin contact. You should aim to give your baby at least an hour of uninterrupted skin to skin contact following birth, or until after the first feed.
Length of time skin to skin was achieved for Discontinued due to
Signed
Record of support being given with the first feed.
Support given by Signed
Midwife/maternity support worker's observation of feed before discharge home.
Signed

Diary example

You will find some useful information and tables on which to record your baby's feeds on the next few pages. Don't worry if you don't use the diary every day, you may still find it useful. You can also make a note of anything you would like to discuss with your health professional when they next visit.

Here is an example of how to fill out a chart:

Day one			
6	am	L	R
10.30	am _ pm	L (R
3	am _ pm	L	R
7	am _ pm	L (R
10	am _ pm	<u>L</u> (R
	am _ pm	L	R
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How car	I tell that breastfeeding is going well?
Breastfeeding is going well when:	Talk to your midwife / health visitor / maternity care assistant if:
Your baby is more than 24 hours old and has 8 or more feeds in a 24 hour period	Your baby is more than 24 hours old but continues to be sleepy and has had less than 6 feeds in a 24 hour period
Your baby will generally feed for between 5 and 40 minutes and will come off the breast spontaneously	Your baby consistently feeds for less than 5 minutes at each feed Your baby consistently feeds for longer than 40 minutes at each feed
	Your baby always falls asleep on the breast and/or never finishes the feed himself
Your baby has normal skin colour	Your baby appears jaundiced (yellow discolouration of the skin) Most jaundice in babies is not harmful, however, it is important to check your baby for any signs of yellow colouring particularly during the first week of life. The yellow colour will usually appear around the face and forehead first and then spread to the body, arms and legs. A good time to check is when you are changing a nappy or clothes. From time to time press your baby's skin gently to see if you can see a yellow tinge developing. Also check the whites of your baby's eyes when they are open and the inside of his/her mouth when open to see if the sides, gums or roof of the mouth look yellow
Your baby is generally calm and relaxed whilst feeding and is content after most feeds	Your baby comes on and off the breast frequently during the feed or refuses to breastfeed
Your baby has wet and dirty nappies (see chart on page 3)	Your baby is not having the wet and dirty nappies explained (see chart on page 3)
Breastfeeding is comfortable	You are having pain in your breasts or nipples, which doesn't disappear after the baby's first few sucks. Your nipple comes out of the baby's mouth looking pinched or flattened on one side
When your baby is 3-4 days old and beyond you should be able to hear your baby swallowing frequently during the feed	You cannot tell if your baby is swallowing any milk when your baby is 3-4 days old and beyond
	You think your baby needs a dummy
	You feel you need to give your baby formula milk

On the day your baby is born

- Skin to skin contact is recommended for one hour after birth or your until baby has had their first breastfeed. Make sure when holding your baby skin to skin you can always see their face and their chin is not on their chest. This will make sure your baby's breathing is not restricted.
- A feed should be pain free, with your baby attached well at the breast with good sucking. Please ask for this to be assessed if you are unsure.
- If your baby fed well at birth offer the breast six hours later, unless baby wakes up before.
- Your baby may only feed three to four times in the first 24 hours.

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Nappies

The contents of your baby's nappies will change during the first week. These changes will help you know if feeding is going well.

Speak to your midwife if you have any concerns

Speak to your midwife if you have any concerns				
Baby's age	Wet nappies	Dirty nappies		
Day of birth	Small amounts of urine that may contain "rust" coloured spots of concentrated urine.	1 or more dark green/black 'tar like' stool called meconium		
1-2 days old	1-2 or more per day urates may be present*	1 or more dark green/black 'tar like' stool called meconium		
3-4 days old	3 or more per day nappies feel heavier	At least 2, changing in colour and consistency – brown/green/yel- low, becoming looser ('changing stool')		
5-6 days old	5 or more Heavy wet**	At least 2, yellow; may be quite watery		
7 days to 28 days old	6 or more heavy wet	At least 2, at least the size of a £2 coin yellow and watery, 'seedy' appearance		

^{*}Urates are a dark pink/red substance that many babies pass in the first couple of days. At this age they are not a problem, however if they go beyond the first couple of days you should tell your midwife as that may be a sign that your baby is not getting enough milk.

^{**} With disposable nappies it is often hard to tell if they are wet. Some brands of disposable nappy have a yellow line at the front which will go green/blue when it is in contact with urine. This can be helpful if you are unsure if your baby is having wet as well as dirty nappies.

How well your baby sucks and swallows at the breast during the feed is more important than the length of feed. This will vary each time from 5 minutes to 40 minutes. Therefore, it is important to watch your baby for signs of really good drinking rather than just watching the clock.

Day 1 - 2

- Enjoy skin to skin contact with your baby whenever you can to help your milk supply, bond with baby and to soothe your baby if s/he is unsettled.
- It is extremely normal for your baby to want to be held constantly during this time.
- Encourage your baby to feed frequently day and night, with no more than six hours between feeds.
- If your baby feeds very frequently, this may be described as 'cluster feeding'. Cluster feeding is very common in the early days and especially at night, when levels of your milk making hormone prolactin are higher. Your baby knows this and will feed frequently at night to encourage milk to be made.
- Breastfeeding should not be painful. Please refer to page 2 or ask for assistance if you are unsure if your baby is feeding well or you are experiencing pain while you are feeding your baby.
- It is important to avoid dummies and supplemental feeds wherever possible as these may affect your milk supply.

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Days 3 - 4

- Your baby will feed at least 8 to 12 times in 24 hours.
- Look for your baby's feeding cues. your baby will suck their fists, root (open their mouth as though they were about to breastfeed) and turn their head from side to side when they are getting ready for a feed. Crying is the last sign of hunger and by then your baby may be too distressed to feed effectively
- You will begin to notice changes in your breast. They will become warmer, heavier and fuller. If you are worried this hasn't happened by now, speak to your midwife/ maternity support worker.
- Your baby will be weighed on day three as part of a feeding assessment. It is common for babies to lose up to 10% of their birth weight at this stage.
- Feeds should last for 5 minutes to 40 minutes with good sucking and swallowing, separated by natural pauses.

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How you and your midwife can recognise that your baby is feeding well

You will have an appointment a midwife or maternity support worker and that your baby will be weighed during this appointment. Please complete this self assessment form when your baby is 5 days old (before your midwife appointment)

Date	Yes / No	
What to look for/ask about		
Your baby: has at least 8–12 feeds in 24 hours		If you have answered 'no' to any of these questions your midwife will observe you feeding your baby and develop a care plan
is generally calm and relaxed when feeding and content after most feeds		which will include revisiting attachment and positioning and/or referring you and your baby for additional specialist support.
will take deep rhythmic sucks and you will hear swallowing		
will generally feed for between 5 and 40 minutes and will come off the breast spontaneously		
has a normal skin colour and is alert and waking for feeds		
has not lost more than 10% of their birth weight		
Your baby's nappies: at least 5-6 heavy, wet nappies in 24 hours		Midwifery review Date
at least 2 dirty nappies in 24 hours (usually more), your baby's poo should be yellow, runny and at least the size of a £2 coin.		Signature
		Feed observed Yes / No
Your breasts: breasts and nipples are comfortable		Care plan commenced Yes / No (please refer to page 11 of this booklet)
nipples are the same shape at the end of the feed as the start		
How using a dummy/nipple shields/infant formula can impact on breastfeeding		

Days 5 - 10

- You should notice that your breasts are heavier before a feed and lighter after a feed. Some mothers experience a tingling feeling as the feed starts, others do not, this is normal.
- Your baby should be more settled after feeds.
- Always offer both breasts at each feed. When your baby comes off the first breast and the breast feels lighter, offer the second. Your baby may not be interested. This is fine, start with this breast at the next feed.
- Your baby should now be feeding at least eight times in 24 hours, including one or more night feeds which are important to maintain a good milk supply.

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Responsive breastfeeding

Responsive breastfeeding supports the development of a close, loving relationship between you and your baby.

It means putting your baby to your breast whenever you want or when:

- baby shows feeding cues
- baby is distressed or lonely
- your breasts are full
- you simply want to sit down and cuddle your baby.

For more information visit www.unicef.org.uk and search for 'responsive breastfeeding'.

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Well done for getting to 10 days

Remember, "Every day makes a difference to your baby".

For details of where to access breastfeeding help and support please see page 12.

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Colour of poos					

How you and your midwife can recognise that your baby is feeding well

Please complete this additional self assessment form if you are asked to do so by your midwife or maternity care assistant. A care plan for you and your baby will be discussed with you.

	1		1
Date	Yes / No		
What to look for/ask about			This assessment tool was developed for use on or around day 5. If used at other times:
Your baby: has at least 8–12 feeds in 24 hours		If you have answered 'no' to any of these questions your midwife will observe you feeding your	Wet nappies: Day 1-2 = 1-2 or more in 24 hours
is generally calm and relaxed when feeding and content after most feeds		baby and and develop a care plan which will include revisiting attachment and positioning and/or referring you and your baby	Day 3-4 = 3-4 or more in 24 hours heavier
will take deep rhythmic sucks and you will hear swallowing		for additional specialist support.	Day 6 onwards = 6 or more in 24 hours heavy
will generally feed for between 5 and 40 minutes			Stools / dirty nappies:
and will come off the breast spontaneously			Day 1-2 = 1 or more in 24 hours
has a normal skin colour and is alert and waking for feeds			Day 3-4 = 2 (preferably more) in 24 hours changing stools
has not lost more than 10% of their birth weight			Sucking pattern: Swallows may be less audible until milk comes in at day 3-4
Your baby's nappies: at least 5-6 heavy, wet nappies in 24 hours		Midwifery review	Feed frequency: Day 1 at least 3-4 feeds
		Date	After day 1 young babies will feed
at least 2 dirty nappies in 24 hours (usually more), your baby's poo should be yellow,		Signature	often and the pattern and number of feeds will vary from day to day.
runny and at least the size of a £2 coin.		Feed observed Yes / No	Being responsive to your baby's need to breastfeed for food, drink,
			comfort and security will ensure
Your breasts: breasts and nipples are comfortable		Care plan commenced Yes / No (please refer to page 11 of this booklet)	you have a good milk supply and a secure, happy baby.
nipples are the same shape at the end of the feed as the start			
How using a dummy/nipple shields/infant formula can impact on breastfeeding			Care plan commenced: Yes/No:

	Care plan	Date
Problem identified:		
Care plan:		
Next review:		
Problem identified:		
Care plan:		
Next review:		

Infant feeding resources

Where to find help and information about feeding your baby

Local Support

If you have any problems or questions about breastfeeding please contact the Maternity Infant Feeding Team on 07786267584 or your local support group.



For more information and a range of useful information please scan the QR code or visit our website.

Useful links

Scan the QR codes below to view video content that you may find helpful.

Attaching your baby to the breast



How to tell if your baby is getting enough milk



Hand expressing



Nipple pain



Increasing milk supply



Care of the small or preterm baby



www.uhs.nhs.uk/feedingyourbaby

If you are under the care of one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit www.uhs.nhs.uk/additionalsupport