

# Breastfeeding Checklist for My Baby and Me

This checklist will help you know things are going well for you and your 4 day to 4 week old baby. If you have any concerns, call the baby's doctor and a lactation expert.

## Check that breastfeeding is going well for you and for your baby.

### My baby is over 4 days old and:

- Breastfeeds at least 8 times in 24 hours.
- Makes swallowing sounds during most of the feeding.
- Makes at least 4 dirty diapers in 24 hours.
- Has dirty diapers that are lighter in color and not so dark and thick.
- Only breastfeeds and does not take formula or other liquids.

### I delivered more than 4 days ago and:

- I enjoy breastfeeding my baby.
- Latching baby on to feed is getting easier.
- After my baby latches on and I count to 10, my nipples do not hurt.
- My breasts were larger and heavier after delivery.
- My breasts feel softer after I breastfeed.
- I believe that breastfeeding is going well.

**Check if you or your baby need help with breastfeeding.** If you check any of these boxes, contact your baby's doctor or a lactation expert and/or WIC to get help quickly.

### My baby is over 4 days old and:

- Sleeps more than 5 hours at a time
- Does not wake up to breastfeed at least 8 times every 24 hours.
- Does not make swallowing sounds during the most of the feeding.
- Wet diapers are not heavy and have a pink color.
- Does not make at least 4 dirty diapers in 24 hours.
- The dirty diapers are dark and thick.
- Breastfeeds and drinks formula and other liquids.
- Has yellow colored skin and eyes.

### I delivered more than 4 days ago and:

- My breasts did not get larger and heavier after delivery.
- Latching baby on is difficult.
- My breasts do not feel softer after I breastfeed.
- I worry I don't have enough milk.
- I can't tell when my baby is hungry and when my baby is full.
- After my baby latches on and I count to 10, my nipples still hurt.
- I change sanitary pads every hour because I bleed so much.
- I do not think breastfeeding is going well.

Baby's Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
My Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Lactation Expert \_\_\_\_\_ Phone \_\_\_\_\_  
WIC's Phone \_\_\_\_\_

Baby's Birth Date \_\_\_\_\_ Baby's Birth Weight \_\_\_\_\_ Baby's Discharge Weight \_\_\_\_\_