

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 _____