



## Weight loss in newborn babies

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**This leaflet explains why some babies may gain weight slower than others and also explains how we will support you at this time. If you have any further questions or concerns, please speak with your midwife, health visitor or GP.**

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### Introduction

It is normal for babies to experience some weight loss in the first days after birth and usually relates to body fluid adjustments, but sometimes inefficient feeding. This weight loss usually stops after about 3 or 4 days of life and most infants have returned to their birth weight by 3 weeks of age. There are circumstances where challenges in the early days mean that feeding does not get off to the best start and milk production is delayed. It is important that you receive support to establish breastfeeding and maximise your supply. Dummy use or early use of nipple shields can contribute to weight loss.

It is unusual for formula fed babies to lose large amounts of weight so if your formula fed baby does lose more than expected then check with your midwife that formula is being made up correctly.

If your baby has lost more than 10% of their birth weight, our staff will carry out a feeding assessment. This will take into consideration what has happened so far for you and your baby as well as observing a feed to help you look for signs that the feed is effective.

Sometimes, even minor adjustments in how you attach your baby to your breast can make a difference to how efficiently your baby feeds. Ineffective milk removal because of a shallow latch is the most common cause of excessive weight loss in young babies. If you are finding feeding painful it is likely that assistance to achieve a deeper latch will improve the milk transfer to your baby.

A feeding plan will be discussed and agreed between yourself and the team. Feeding plans often include feeding your baby each time you observe a feeding cue from your baby (feeding cues include, but are not limited to, wakefulness, poking their tongue out and mouthing their hands) and importantly ensuring that your baby is fed a minimum of 8 times in 24 hours.

Please ask for support with feeding if you feel unsure or have concerns. It is usually possible to start expressing your milk, either with a pump, or by hand (depending on how many days from birth) This is the best way to supplement your baby for a few days to ensure baby is fully hydrated and starts to regain some weight. Expressing your own milk is preferable to using formula as this can impact on your breastfeeding and effective milk removal is the way to ensure future milk supply.

Sometimes temporary formula use is indicated, but as your production increases this should be gradually reduced and replaced with your own milk. Ask your health professional to assist you with the method of giving extra milk to your baby (see RBH leaflet [Alternative feeding methods - cup or finger feeding - Royal Berkshire NHS Foundation Trust](#)). When you feel confident that baby is feeding effectively directly from your breast and weight gain is reassuring then expressing may not be required, although it is sensible to reduce this gradually.

## How you can recognise that your baby is feeding well

### By day 5\* your baby:

- Feeds at least 8 times in 24 hours\*. Typically, a newborn will feed 10-12 times in 24 hours.
- Appears calm and relaxed when feeding and has periods of contentment between feeds.
- Takes deep rhythmic sucks and you can see your baby's jaw and throat working as they swallow.
- Feeds last between 5-40mins and during this time you see your baby feeding effectively.
- Has a normal skin colour, is alert and wakes for feeds.
- Hasn't lost more than 10% from birth weight.
- Has heavy and wet nappies (at least 5 in 24 hours\*, by day 5) and usually has at least 2 dirty ones (at least £2 coin size and yellow\*), with the right colour of poo, according to the age of your baby, ranging from meconium at the beginning, changing stool to yellow on day 5 or before.
- If breastfeeding: your breasts and nipples are comfortable and not misshapen at the end of feeding.

If your baby has lost more than 12.5% from birth weight, then we recommend a full review of baby's wellbeing by a doctor (paediatrician). Other contributory factors to your baby's weight loss will be excluded and appropriate actions put in place. Your baby will be examined and may have a blood test to check for dehydration. The doctor will talk to you about how your baby is feeding, your baby's behaviour and any concerns you might have such as nappy content.

If you are at home then we recommend that you bring your baby into the RBH for this review. Our community staff will arrange this for you. Pack a bag for yourself and your baby as you might need an overnight stay, include ear phones and your own familiar comforts which may help you feel relaxed.

### Overcoming the challenge:

- We would recommend continuing with breastfeeding responsively to baby's cues but at least 8 times in 24 hours, (after having the feed observed and any adjustments made to the latch), Frequent expressing will help you make more milk (8 times in 24 hours is the recommendation but do whatever you feel able) and provide supplementation for your baby which can be given after most feeds. This will usually boost your baby's weight and safeguard your supply.
- Sometimes we may suggest using formula as a "quick temporary fix", and **only** if there is not enough breast milk. We will support you to continue with breastfeeding and expressing, as regular formula use is known to affect a mother's supply and confidence in her breastfeeding.
- It may feel a bit overwhelming to find that your baby has lost a lot of weight, especially if you and the baby are readmitted to hospital. Remember, that with the right support you can maintain your breastfeeding and your baby will regain weight with a sensible feeding plan. Try not to feel demoralised if expressing is not as productive as you had hoped, it is common for the hormones which 'let down the milk' to be temporarily affected during stressful situations. Our staff will make you feel as comfortable as possible whilst supporting

your feeding. Some mothers will continue to supplement for a few days until the baby is stable. Further breastfeeding support once you are home again may be required and you will soon see the signs of effective feeding, (see above, the nappy reveals all) as the baby recovers and puts on weight.

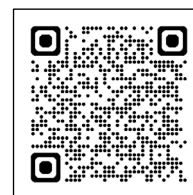
- Most babies regain birth weight by 3 weeks.
- Our community staff provide you extra support, where needed, and may refer for a review of more complex issues such as tongue tie, or persistent weight gain problems with one of the Infant feeding specialist midwives.

If there are later weight gain issues after discharge from midwifery care, seek help from your health visitor. It is always useful to access additional support from local groups in your area and details can be found in the insert to your baby’s PCHR (Red Book).




### Suggestions to help a breastfed baby gain weight in addition to the recommended feeding plan






Offer both breasts at every feed. Feed responsively, baby will have times of frequent feeding and times of contentment, respond to your baby’s cues and your breasts feeling full. Safe skin to skin contact will promote you milk making hormones and encourage baby to feed (see RBH leaflet [Skin to skin contact - Royal Berkshire NHS Foundation Trust](#))

Breast compressions help baby access more milk from the breast [My baby needs more milk – La Leche League GB](#)



### Further information

<p>UNICEF Responsive Feeding Info-sheet (unicef.org.uk)  <a href="https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2017/12/Responsive-Feeding-Infosheet-Unicef-UK-Baby-Friendly-Initiative.pdf">https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2017/12/Responsive-Feeding-Infosheet-Unicef-UK-Baby-Friendly-Initiative.pdf</a></p>	
<p>Responsive Feeding video - Royal Berkshire NHS Foundation Trust  <a href="https://www.youtube.com/watch?v=u-e-l8AOeqA#2">https://www.youtube.com/watch?v=u-e-l8AOeqA#2</a></p>	
<p>Skin to skin contact - Royal Berkshire NHS Foundation Trust  <a href="https://www.royalberkshire.nhs.uk/media/h5vdxeei/skin-to-skin-contact.pdf">https://www.royalberkshire.nhs.uk/media/h5vdxeei/skin-to-skin-contact.pdf</a></p>	

<p>How can I tell if breastfeeding is going well? - Royal Berkshire NHS Foundation Trust <a href="https://www.royalberkshire.nhs.uk/leaflets/infant-feeding-how-can-i-tell-if-breastfeeding-is-going-well">https://www.royalberkshire.nhs.uk/leaflets/infant-feeding-how-can-i-tell-if-breastfeeding-is-going-well</a></p>	
<p>NICE guidance (2017) Faltering growth: recognition and management of faltering growth in children: <a href="https://www.nice.org.uk/guidance/ng75/chapter/Recommendations#weight-loss-in-the-early-days-of-life">https://www.nice.org.uk/guidance/ng75/chapter/Recommendations#weight-loss-in-the-early-days-of-life</a></p>	
<p>NHS Breastfeeding: the first few days <a href="https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding/the-first-few-days/">https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding/the-first-few-days/</a></p>	
<p>NHS Breastfeeding: is my baby getting enough milk? <a href="https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding-problems/enough-milk/">https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding-problems/enough-milk/</a></p>	
<p>NHS Best Start in Life - Breastfeeding - Milk supply <a href="https://www.nhs.uk/best-start-in-life/baby/feeding-your-baby/breastfeeding/breastfeeding-challenges/milk-supply/">https://www.nhs.uk/best-start-in-life/baby/feeding-your-baby/breastfeeding/breastfeeding-challenges/milk-supply/</a></p>	

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

Infant Feeding Team Lead MW, June 2019  
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## Our Maternity Strategy and Vision

*'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'*

You can read our maternity strategy here

