

INFANT FEEDING BOOKLET

DEPARTMENT OF NEONATAL AND DEVELOPMENTAL MEDICINE
SINGAPORE GENERAL HOSPITAL

Compiled by our multidisciplinary team of healthcare professionals

Contents

Introduction	1
Feeding cues	1
Feeding intervals and schedules.....	2
Frequently asked questions on baby-led feeding.....	2
Breastmilk – the ideal infant nutrition	3
Practical tips for successful breastfeeding	3
Skin to skin contact	3
Breastfeeding positions	4
Achieving a good latch	6
Tips for unlatching.....	8
Breastfeeding intervals	8
Frequently asked questions on establishing breastfeeding.....	8
Breastmilk substitutes: Formula Milk	10
Cow’s-milk based preparations	10
Non-cow’s milk based dairy formula milk.....	11
Non-dairy formula milk	11
Anti-reflux formula milk.....	11
High calorie formula milk	11
Hypoallergenic (HA) formula milk	11
Preparation of bottle-feeds.....	12
Bottle-feeding with expressed breast milk (EBM)	12
Bottle-feeding with formula milk	12
Bottles, teats and flow rate.....	12
Frequently asked questions on bottle-feeding	13
Growth spurts and feeding during infancy	15
Monitoring growth along infancy	15
Feeding related red flags to consult your healthcare provider	16

Appendices	16
Appendix 1.0: Useful telephone contact numbers.....	16
Appendix 2.0: Useful web resources	16
Appendix 3.0: Feeding diary.....	17

Introduction

Congratulations on the birth of your baby and welcome to parenthood. Feeding your newborn baby may seem challenging initially but soon you will be able to relax and enjoy the precious bonding time. Building good experiences and associations to feeding promotes your baby's health and brain development in the early years.

Breastmilk is the ideal infant nutrition and breastfeeding is the most natural and deeply rewarding way to nourish babies and preserve their long-term health. It is free, convenient and eco-friendly too. We recommend exclusively breastfeeding for the first 6 months of life and encourage continued breastfeeding for up to 2 years of age.

Parents and caregivers should be responsive to baby's needs by feeding on demand, interacting with cuddles or touch, smiling and talking to her as you go about your daily activities. As a general guide, you can feel assured that baby is feeding sufficiently, if she appears satisfied after a feed and wets several (6 - 8) diapers with or without stools in a day.

Feeding cues

In the early days after discharge from the hospital, most babies are ready to feed when they wake up from sleep and will go back to sleep after drinking. Observing your baby's body language helps you to understand how he feels and if he is interested to drink. Here are some examples of body language to look out for:

Early hunger cues:

- Arousing from sleep
- Rooting (opening mouth wide & turning swiftly towards the side of the cheek, when stroked)
- Sucking on fingers
- Lip smacking

Late hunger cue:

- Crying

When you notice these cues, you can swaddle and hold him as you prepare to breastfeed or bottle-feed. Remember that rooting and sucking are newborn reflexes; i.e. after an effective feed, he may be playing with his fingers by rooting and sucking on them. But if he is unsettled after a feed, burp and calm him by holding and rocking, check for soiled diapers and observe if he is interested to continue feeding. We generally do not recommend disturbing babies from sleep for feeding.

Satiety cues:

- Slowing down of sucking
- Baby stops sucking
- Unlatching from breast or bottle
- Falling asleep
- Turning head away from breast or bottle

When you see these satiety cues, feel comfortable removing him from breast or bottle regardless of how much time has passed. You can help him burp (*refer to page 14*) by holding him upright for about 10 to 15 minutes before laying him down. If he still shows hunger cues, he should be offered more milk.

Feeding intervals and schedules

Babies should be breastfed or offered the bottle when they display certain body signals / body language suggestive of hunger cues. In general, newborns feed every two to four hours. Your baby should determine the timing and duration of each breastfeeding or bottle feeding session i.e. **feeding should be baby-led**. Avoid feeding according to a time schedule e.g. every three hours.

To help you understand your baby's unique pattern of hunger and satiety, maintain a feeding log and record the feeding sessions. This will be useful for you, other caregivers in the family as well as the healthcare providers to understand her feeding pattern. See [Appendix 3 on page 19](#) for templates of feeding logs that you can use. You can also try free online tools for feeding log that can be downloaded on to your mobile device.

Did you know?

Falling asleep with your baby while feeding her increases the risk of sudden infant death syndrome (cot death)!

If you are unsure about whether your baby's feeding pattern, please consult with your baby's healthcare provider.

Frequently asked questions on baby-led feeding

1. If my son wakes up but falls asleep again, do I wake him to feed?

Generally, if baby falls asleep, it means that he is not hungry and needs to sleep. It is probably best to allow him to wake up naturally and display feeding cues before offering another feed.

2. It has been 5 hours since the last feed, should I still wait or wake my daughter to feed?

If this is the first time you notice a 5-hour interval from the last feed, we advise that you continue to observe baby's overall well-being and behavior over the next two to three feeds. If the duration between subsequent feeds shorten, you can be reassured that her long sleep was likely normal.

Cluster feeding is a common reason for an occasional longer stretch of sleep. In this pattern, babies often demand the breast or bottle frequently during a certain time of the day (cluster feed) and sleep for a longer duration after it.

Most well babies would wake up when hungry. We want you and your baby to respond naturally to his or her hunger cues and other body language. Baby-led feeding helps babies to recognize their internal body signals for hunger and satiety. This allows them to develop a healthy hunger-satiety cycle that will ensure happy feeding times and a healthy growth.

Seek medical advice if you observe a pattern of prolonged intervals between feeds over the day or a prolonged change in baby's behavior.

Breastmilk – the ideal infant nutrition

As a mother, your breastmilk is unique and tailor-made specifically for your baby with a perfect combination of nutrients and bioactive factors. Breastmilk offers superior health benefits for both mummy and baby. The composition of breastmilk changes over the course of lactation to meet the needs of your growing baby. Establishing and continuing breastfeeding successfully can be achieved by:

- engaging in skin-to-skin time with your baby soon after birth & as often as you can
- rooming-in or staying close to baby
- frequent latching or hand expression of milk (at least 8-10 times per day).

Breastmilk not only protects your baby from infections and allergic conditions, it also promotes gut health, vision and brain development. Breastfeeding helps the uterus to contract, reduces bleeding after delivery, reduces stress, postnatal blues and also helps to shed the extra weight gained during pregnancy. Continued breastfeeding during infancy reduces your risk of diabetes, heart disease and cancer of breast or ovary.

Practical tips for successful breastfeeding

Successful breastfeeding relies on two key factors:

- **Beginning early with skin to skin contact**
- **Securing a good latch.**

Skin to skin contact

Skin to skin contact of mother and baby soon after birth or within the first hour of delivery helps to calm both mother and baby.



Staying in contact with mother's bare chest after birth regulates the newborn baby's breathing and helps baby to adapt better to life outside the womb. It also keeps baby warm and stimulates the interest in feeding. Most well babies will find their way to mother's nipple and latch for the first feed during this time.

Staying close to baby helps to observe baby's cues and latch frequently. Breastfeeding should not be painful and any initial discomfort should significantly reduce as your baby continues to breastfeed. When put to breast, the rooting reflex should help him find the nipple and open his mouth wide to latch onto the breast.

Did you know?

The rooting reflex is an instinctive response that allows your baby to find the breast or bottle and latch. When the corners of baby's mouth is touched, she would turn her head towards the touch and start to open her mouth.

The following information will help you understand the different breastfeeding positions and teach you some techniques for achieving a good latch.

Breastfeeding positions

There are many positions for breastfeeding; find one that is comfortable for you and your baby. Your back should be rested and arms supported with pillows. You may need to support baby's neck during the initial months, when they are small.



The Cradle Hold

Cradle baby next to the breast with head propped up in your arm and baby's tummy flat against your tummy.

This is a good position if

- you are familiar and comfortable with breastfeeding.
- feeding discreetly in public.



The Cross-cradle Hold

Cradle baby across your arm and guide baby's mouth towards the breast.

This position helps if

- you are learning to breastfeed
- baby is small



The Football Hold

Cradle baby in your arm, holding baby's head at the level of your nipple to guide towards the latch and feet directed towards your elbow.

This position works well if you:

- are learning to breastfeed
- have a small baby
- have large breasts or flat or sore nipples
- had a caesarean delivery



The Side-lying Hold

This position works if you:

- find it too painful to sit
- want to rest
- have large breasts
- had a caesarean birth

Below your
breasts



Across
your breasts



Supported at
your side



Over your
shoulder



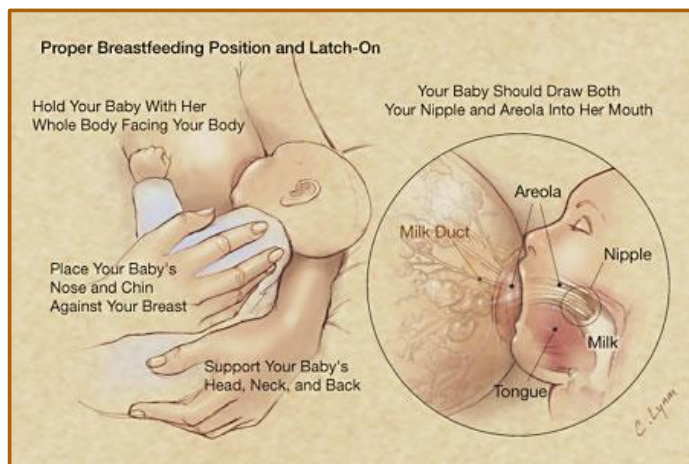
Laid back Nursing

You can lie down comfortably or sit semi-reclined at ease and place your baby on your chest. This position allows baby-led feeding. Support by holding baby's buttocks or thighs as baby moves around to reach the nipple and find a comfortable position. This position works well

- soon after the delivery
- when you are resting

Achieving a good latch

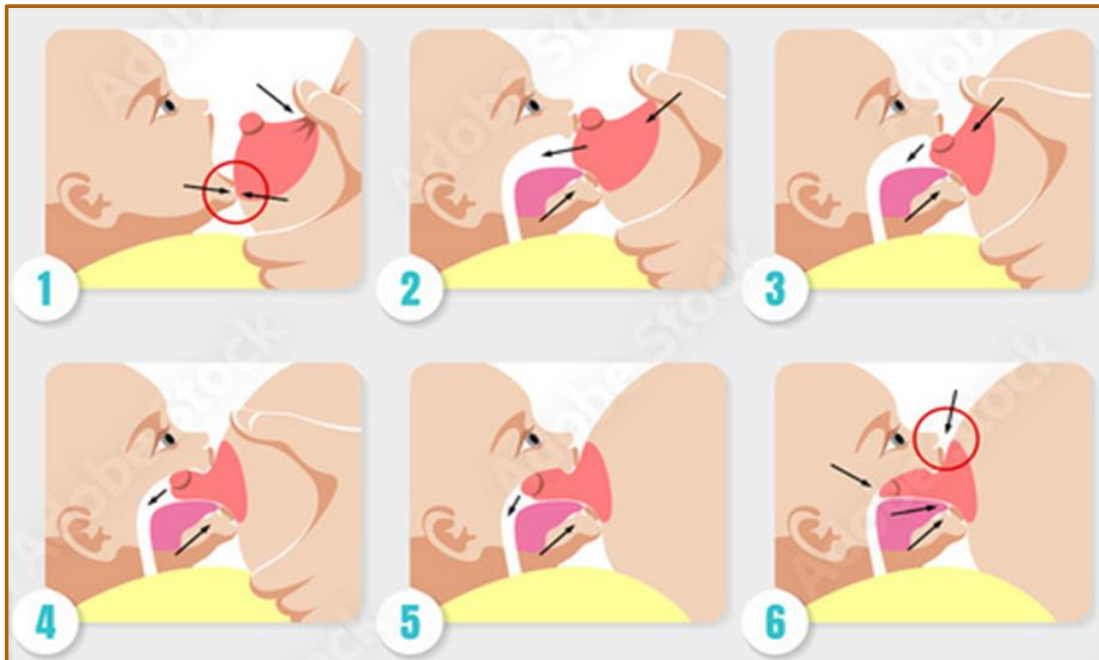
In the early days of breastfeeding, you may feel nipple tenderness or sensitivity at the beginning of a feed. This should reduce dramatically as you get accustomed to breastfeeding with a good latch.



Signs of a good latch

- Tummy to mommy – head, shoulder and body should be aligned in a straight line and facing mother.
- Chin should face breast with mouth open wide and lips around areola.
- Tongue should be down and wrapped around the nipple.

Breastfeeding should not be painful. Follow the steps listed below to achieve a good latch using a C-hold:



- Always sit in a comfortable chair with good back support.
- Use a breastfeeding support pillow if you have one. (if you don't, use any pillow you can find to help support you and baby.) A good breastfeeding pillow can make a huge difference in positioning your baby properly and comfortably.
- Make sure your baby is tummy-to-mummy (baby's ear, shoulder, and hip in alignment and facing you) at all times during the feed.
- Make sure you bring baby to you and do not try to lean over him. Leaning forwards towards baby will severely strain your neck and shoulders.
- Baby's nose should be free and facing your nipple and his chin should press the lower portion of your breast with head tilted slightly back.
- Use either a "C" hold (as shown in picture above) or "U" hold (hold below the nipple) to grasp your breast and guide your nipple towards baby's mouth. Keep your fingers away from the nipple to avoid obstructing a good latch.

- Aim your nipple towards his upper lip or nose and not to the middle of his mouth. You might need to rub your nipple across the upper lip to achieve the best latch. Stimulating the upper lip helps him to open his mouth wide, drop the chin and lower the tongue to secure the latch.
- If baby does not open mouth widely, avoid pushing the nipple in and wiggling her mouth open. In fact, you should move your nipple away from her mouth and reattempt the rooting touch on the upper lip with your nipple to elicit a wide open mouth.
- In a good latch, baby's lips will appear flanged out like a fish's mouth and cover most of the areola (the darker toned area around the nipple).

Tips for unlatching

Babies spontaneously unlatch from the breast when satisfied with the feed. Should you need to unlatch your baby quickly, for example, because of an incorrect/ painful latch, do the following:

Insert a finger into your baby's mouth and push your finger against your areola and nipple. This causes the suction to break, allowing you to painlessly and easily remove your nipple. Do not pull your baby off whilst baby is sucking as this can be painful and damage the skin of your nipples.

Breastfeeding intervals

You can offer both breasts in the same nursing session or offer alternate breasts. This helps to keep up milk supply in both breasts and prevents painful engorgement. A softer breast is easier for baby to latch. Regular direct latching or frequent pumping will keep breasts soft and prevent engorgement.

For further information or assistance with breastfeeding queries, book an appointment with a lactation nurse or the lactation clinic at our Obstetrics and Gynecology Clinic (OGC) located at Level 1 Block 5, SGH. You can also seek help from any member of our healthcare team during the hospital stay.

Frequently asked questions on establishing breastfeeding

1. How often should I breastfeed?

Newborn baby's stomach is very tiny, just the size of a marble on the first day! It slowly increases to the size of a ping pong ball by the second week. A teaspoon of colostrum per feed is adequate for newborn babies and gradually over the following days they suck more often and drink more milk. Therefore, it is important to feed according to your baby's need by responding to her hunger and satiety cues. Every baby's feeding pattern and duration of each feed varies. Breastfeeding should be baby-led and it works on this simple rule - **'supply to meet demand'**.

General feeding intervals guidelines:

- From birth to three months: every two to three hours
- From three to six months: every three to four hours
- From six months onwards: every four to five hours

Did you know?

Babies often set their own schedule by 1 to 2 months of age.

2. How do I breastfeed when my daughter is in the neonatal ward?

If your baby is being observed in the neonatal ward, please start to hand express colostrum. Colostrum, a thick and sticky milk, is the earliest form of breastmilk produced during the last month of pregnancy through to birth. It is rich in nutrients, white blood cells and antibodies to support her long-term health. Our nurses can help you with expressing, collecting and storing colostrum. They can also teach you hand expression techniques. ([Watch SGH video / Appendix 2.0.2](#)) Expressed colostrum collected in a syringe will be fed to your daughter. Whenever possible, we encourage you to visit her to breastfeed, either in her room or in the breastfeeding room within the neonatal ward.



By the fourth day, your breasts should start feeling firmer and heavier. This is a sign that your milk supply is increasing and your breasts are starting to produce mature breastmilk instead of colostrum. Continue to visit your baby regularly for breastfeeding. As breastmilk is a matter of supply and demand, avoid using supplementary formula milk feeds and instead breastfeed frequently to build your breastmilk supply and prevent breast engorgement. Our nurses are happy to call & inform you when baby is ready to feed.

In special circumstances (e.g. a preterm delivery), you will need hospital-grade electric breast pumps to express breastmilk which will be fed to your baby by the healthcare staff. Your healthcare team will further guide you on how to double-pump, store and safely deliver breastmilk to your baby. ([Watch SGH video / Appendix 2.0.1](#))

3. My son will be discharged home in 3 days. Can I store my expressed breastmilk in the fridge till then?

When babies need to stay longer in the neonatal unit for reasons like jaundice, infection, or prematurity, mothers should continue to express breastmilk 8-10 times per day and store them in either specially designed milk storage bags or reusable sterilized bottles. Please refer to the table below to plan on how to store expressed breastmilk. It is best to store in small amounts according to your son's current feed intake to avoid wastage.

Place of storage of expressed breastmilk	Recommended duration
At room temperature of 25°C	4 hours
In a cooler with ice pack at 15°C	24 hours
In the fridge compartment at 4°C	48 hours
In the freezer compartment of 2 door fridge at -5°C to -15°C	3- 6 months
In a deep freezer at -20°C	6 – 12 months
Frozen EBM thawed in the fridge at 4°C	24 hours

4. What can I do to increase breastmilk supply?

- Maintain a well-balanced protein-rich diet as lactation requires extra energy to sustain you and your baby.
- Remember to stay well hydrated (at least 1.5-2 liters/day). Feeling thirsty is a good sign that you have established adequate milk supply.
- Direct latching and/or pumping frequently including overnight helps to empty your breasts regularly and establish a good supply of breast milk.
- Before taking any medication for lactation, please consult with your healthcare provider.
- Take good care of yourself by trying to rest whenever possible e.g. when your baby sleeps, reaching out for help when needed and accepting help as it comes.

Breastmilk substitutes: Formula Milk

When you are not able to breastfeed due to medical reasons or when you don't prefer to breastfeed, cow's-milk based infant formula milk can be offered. Specialized formula milk may be necessary for babies with certain medical conditions such as allergy or intolerance, fat or carbohydrate malabsorption and/or other severe digestive disorders.

The different types of baby milk products in the market can be overwhelming and confusing. We hope the following information will help you to navigate the different types.

Cow's-milk based preparations

Infant formula milk, also called Stage 1 formula milk is suitable for babies aged 0 to 12 months of age. Stage 2 formula milk can be offered for babies six months onwards. Fresh cow's milk should be introduced only after the first birthday.

After the first birthday, you can introduce fresh cow's milk instead of formula milk to supplement your baby's diet. Despite the claims made by infant formula milk companies regarding the benefits of formula milk due to special ingredients, in general, these claims are poorly supported by scientific

evidence. We therefore encourage parents and caregivers to make an informed choice based on their own research and choose a product that best fits your priorities such as budget and availability.

Non-cow's milk based dairy formula milk

These differ widely from breastmilk and other cow's-milk based formula in the quality and amount of protein and buttermilk fat as well as trace minerals. Example: Goat's-milk based formula. In general, there are very few studies evaluating the safety and efficacy of non-cow's milk based dairy formula milk. Goat's milk does not have any role in preventing lactose intolerance.

Non-dairy formula milk

These should be used only if recommended by your healthcare provider for strong medical concerns such as allergy to cow's milk protein, galactosemia. Example: Isomil

Anti-reflux formula milk

These usually contain rice starch to increase the 'thickness' or consistency of the formula milk. Research has shown that these formulas do not reduce acid reflux events. They may be used if prescribed by your healthcare provider to potentially help with reflux-associated symptoms. Examples: Enfamil AR, Similac RS

High calorie formula milk

These preparations contain more calories per unit than Stage 1 formula milk. They are often prescribed for very preterm infants with poor growth. Examples: Neosure, Enfamil post-discharge formula

Hypoallergenic (HA) formula milk

These contain simplified cow's- milk protein for easier digestion. However, children with cow's milk protein allergy do not benefit with these products as they still contain the allergen i.e. cow's milk protein. Hence HA formulas should be used only if prescribed by your healthcare provide. Examples: Nan HA, Similac Gentlease

Please do not change formula milk preparations unless advised by your healthcare provider.

Did you know?

If you are concerned about cow's milk protein allergy (CMPA), please consult your healthcare provider who will assess your baby and prescribe accordingly. Babies with specific medical conditions including CMPA may need specialized preparations. Examples: Nan Lactose free, Nestle Alfare, Enfamil Nutramigen

Preparation of bottle-feeds

Bottle-feeding with expressed breast milk (EBM)

EBM must be labelled with the date and time of expression and can be stored in a refrigerator (0-4°C) for up to 48 hours. EBM should be transported to the hospital in an insulated box or cooler bag with ice packs to maintain 0-4°C.

Before feeding, EBM should be re-warmed to just around normal body temperature (36.5-37.5 °C). This can be done by placing the bottle of EBM in a container of lukewarm water or using bottle-warming equipment. Avoid heating EBM on a stove top or using a microwave. Swirl the milk gently to mix the fat as it may have separated. You should test the temperature of milk before feeding by placing a few drops on the back of your hand. It should feel warm and not hot.

Bottle-feeding with formula milk

Always follow the manufacturer's instructions for preparing the formula milk feed. In general, powdered formula milk preparations are packaged with a scoop and contain specific instructions on the exact amounts of powder and water to be used. Ensure that the milk powder scoop is level and not heaped. We do not recommend gauging the amount of milk powder within the scoop, for example, a third or half a scoop.



Pour the required amount of cool boiled water in the bottle and add the required number of scoops of the milk powder. Shake gently to ensure that the milk powder has dissolved and the milk is lump free. You may warm the milk by placing the bottle in a container of warm water or using bottle-warming equipment. Avoid heating formula milk on a stove top or using a microwave. Again, place a couple of drops on the back of your hand to test if it is warm and not hot.

Bottles, teats and flow rate

There are many different brands of bottles and teats in the market. There are standard round teats, orthodontic teats and specialized teats. Milk flow rates vary widely between different brands of teats. Teats may also come in narrow versions or wide-neck versions and can have a single hole, a slot, Y-cut, X-cut or multiple holes. In general, teats with single holes have a slower flow than teats with different types of cuts or multiple holes.

Currently, there are no industry standards for teat flow rate. You may have seen teats sold as 0+ month, extra-slow flow or premie flow. Despite these claims, Brand A's extra-slow flow teat may be much faster than Brand B's extra-slow flow teat. In general, we recommend starting with single hole teats with slow flow. If you are breastfeeding and use EBM, choose single hole teats with a gradual and gentle slope towards a wide base e.g. Pigeon Peristaltic Plus SoftTouch teats. These teats promote a

more accurate mouth shape and suck that does not hinder breastfeeding. Beware of teats that claim to mimic the breast - to our knowledge, there are none in the market that do!

Round Tip	
	<p>Gentler sloping (A) teats promote better latching and transition between breast and bottle than narrower, pointier teats (B).</p>
Orthodontic (Flatter tip)	
	<p>Alters the tongue shape and suck and does not promote the development of good oro-motor skills.</p>

Signs of milk flow that is too fast:

- Milk leaking from mouth
- Loud gulps or audible swallowing sounds
- Coughing and choking on the bottle
- Struggling and breath holding when sucking
- Squirming during bottle feeding
- Prolonged feeding time
- Appears sleepy while bottling but wakes up when bottle is removed

Did you know?

Using a faster flowing teat does not necessarily mean that your baby is more efficient with feeding. If you observe baby to be squirming or struggling while bottle feeding or resenting the teat, please check with your healthcare provider.

Frequently asked questions on bottle-feeding

1. What is the best position for bottle feeding?

Before bottle feeding, swaddle your baby with his hands out. Hold baby's head, back and shoulders in a straight line with your hand around the back of the neck to support the head. The swaddle helps

to keep his body supported. During feeding, keep his hands out of the swaddle to observe his body language better. Always hold the bottle and avoid propping it using pillows, towels etc.

2. I notice gulping sounds and sometimes milk dribbles out of the corner of my baby's mouth. What should I do?

Babies benefit from being paced when bottle feeding. Paced feeding means the caregiver pauses the feed periodically and enforces a break before the next cluster of sucks. Pacing can be done by moving your baby and bottle such that the milk flows back from the teat to the bottle, and she is given time to swallow after a specific period of sucks.

For example, you may want to pause every five sucks. You can do this by counting the number of sucks. After the 5th suck, move her with the teat still in mouth into a more upright position to allow milk from the teat to flow back. Once she is upright and the teat is empty, allow time for her to rest, swallow the milk and resume quiet breathing for a few moments before leaning her back into the feeding position again. This should be repeated for the entire feed by pausing every five sucks by a coordinated movement of the baby and bottle. Avoid taking the bottle in and out of the mouth.

For further information or assistance with bottle-feeding queries, book an appointment with a speech & language therapist or visit the Pediatric Swallow clinic located at Level 4, Speech therapy department at SingHealth Tower, Outram Community Hospital, adjacent to SGH.

3. How can I know when to pause, discontinue or continue the bottle-feed?

When your baby shows the satiety cues or signs of disengagement such as crying, arching, or stops sucking or transits to sleep, it is good practice to discontinue feeding. You can burp and calm baby down and observe if he is still keen to continue feeding. Do not force feed your baby if there are no hunger cues.

4. My son takes forever to burp. Should I burp after every feed?

Your baby may swallow some air during feeding or crying. Sometimes, this causes discomfort and your baby may be fussy after feeding. You can help him by burping half way through a feed and at the end of a feed.

There are different ways to burp your baby as listed below.

1. Sit him on your lap. With one hand supporting his chest and head from the front, use the other hand to gently pat his back. The chin should gently rest between your thumb and index finger.



2. Hold him upright, with his head on your shoulder and gently pat his back. You may also rub his back up and down or gently rub in a circular motion.
3. With baby seated upright on your lap, gently rotate his body in a small circle whilst supporting chest, head and back.

Try a different position after a few minutes if he does not burp and remains fussy. We recommend you hold your baby upright after feeding for at least 10 to 15 minutes to reduce spitting up.

5. When should I change the teat to a faster flowing one?

In general, if your baby is comfortable on the current teat and completes a bottle within 20 to 30 minutes, there is no need to change the teat. If you observe a pattern of fussiness during feeding and/or longer time to complete the bottle over a few feeds, your baby may be indicating a preference for a faster flowing teat. When you change the teat over to a faster one, remember to pace the feed she learns to adjust to the faster flow of milk and you may want to hold her more upright while bottling for the first few feeds. If she struggles consistently with the new teat, it is likely too fast flowing and you should return to the previous flow rate.

6. My baby wakes up at 2am every night. Can I dream feed so that I can have less disturbed sleep?

In general, we do not recommend dream feeding. The practice of dream feeding lacks scientific evidence for its efficacy. Your baby should only be fed when he is sufficiently alert, demonstrates the rooting reflex and is actively sucking from the breast or bottle. It is dangerous to feed a baby in deep sleep by dripping milk into his mouth, as this poses a choking risk.

Growth spurts and feeding during infancy

Babies go through periods of rapid growth called growth spurts. Although this is highly individual, many babies experience growth spurts around the time they are 7 to 14 days old, 2 months old, 4 months old and 6 months old. During these periods, they may want to feed more frequently and take in larger volumes than usual. This is normal – just follow your baby’s hunger cues and breastfeed or bottle-feed them accordingly. If you consider giving vitamin supplements to your baby, please remember to discuss with your healthcare provider during the vaccination appointments or clinic visits.

Monitoring growth along infancy

Gender specific growth charts can be found in your baby’s health booklet. There are different charts based on weight, height, and head circumference, to monitor growth patterns and identify potential nutrition-related issues. For example, if you are using the weight-age chart, you can plot baby’s birth weight at the start to identify her percentile and track the trend over time. (Page 30,31,

<https://cfps.org.sg/assets/1-Circular-for-GPs/6-CDC-Guidance-Annex-D-Child-Health-Booklet-2014.pdf>. Percentile is a comparison score between a particular baby's score and the scores of the rest

of a group. For example, if her birth weight is plotted on the 85th percentile, it means that 15 of 100 children (15%) of the same age and sex in the reference population (healthy Singaporean girls born at term) have a higher weight-for-age. In other words, in ranking 100 babies by birth weight from the lightest to the heaviest, she ranks 85th.

Feeding related red flags to consult your healthcare provider

- **Poor feeding:** If your baby shows no interest to feed or sucks poorly or appears to be sleepier than usual and you notice less number of wet diapers or none in past 12 hours, he will need a thorough examination by a doctor at the earliest. Remember to bring his health booklet and feeding diary (if you have made one), along with you for the visit. ([Appendix 3.0](#))
- **Pale stools:** Stool frequency differs from baby to baby - ranging from once every feed to once every few days, but they should always be pigmented - yellow or greenish. Pale or cream-like stools are never normal and warrant a medical evaluation.
- **Poor growth:** During vaccination check-ups and other visits to your healthcare provider, you can discuss your baby's growth and feeding issues. Baby's weight, height and head circumference will be measured every visit and monitored along the centile growth curves. You can also record the weight and plot it on the growth chart, nearest to the age in months. If the trend is sloping downwards or jumping by two or more percentile lines, it should be discussed with your healthcare provider and evaluated further.

Appendices

Appendix 1.0: Useful telephone contact numbers

SGH Ward 54 High Dependency ward	6321 4543
SGH Lactation clinic, O&G Centre , Block 5 Level 1	6321 4323/6326 5926
SGH Speech therapy department	6326 5481

Breastmilk is the best source of nourishment for your baby. Some breastmilk is better than none. – Health Promotion Board, Singapore

Appendix 2.0: Useful web resources

1	SGH lactation resource for parents preparing to breastfeed during pregnancy https://youtu.be/Pkq3cv3e91A
2	SGH resource for parents on breastfeeding newborn – Simple tips to a successful start https://www.youtube.com/watch?v=RKin3K6esvg
3	Singapore Health Promotion Board – Early childhood nutrition https://polyclinic.singhealth.com.sg/Documents/Early%20childhood%20nutrition%20from%2000-6%20months.pdf
4	BMSG: Breastfeeding Mothers' Support Group https://breastfeeding.org.sg
5	World Health Organization https://www.who.int/health-topics/breastfeeding
6	Unicef UK Breastfeeding resources for parents https://unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources
7	La Leche League (Multilingual information on breastfeeding) https://www.llli.org
8	American Pregnancy Association: breastfeeding latch https://americanpregnancy.org/healthy-pregnancy/breastfeeding/breastfeeding-latch
9	Skin to skin contact https://www.littlebabygear.com/skin-to-skin-contact
10	ABC of Breastfeeding https://med.stanford.edu/newborns/professional-education/breastfeeding/breastfeeding-in-the-first-hour

Breastfeeding is the most enduring investment in your child's lifelong health - physical, cognitive, and social capacity. – Lancet 2016

Appendix 3.0: Feeding diary

Example 1

Date	DD/MM/YYYY							Total volume	Diaper count	
Start time	0100	0430	0915	1200	1600	1915	2130		Wet	Soiled
End time	0120	0445	0925	1230	1610	1940	2150		✓	✓
Breastfeed	✓	✓		✓		✓			✓	✓
Bottle	EBM / Formula		Formula		EBM		EBM		✓	✓
	Volume (ml)		50		60		60	170	✓	✓
Pumping	Duration	15	25		25	15	30		✓	✓
	Volume (ml)	15	60		70	10	70	225		

Example 2

Date: DD/MM/YYYY						
Start Time	End time	Breastfeed Left / Right	Bottle-feed _____ ml	Wet diaper	Dirty diaper	Note (e.g. playing after feed, strain, vomit)
0100	0120	L(10min) R(10min)		✓	X	Pumped 15ml after
0430	0445	L(10min) R(5min)		✓	✓	
0915	0925		50ml	✓	✓	Pumped 60ml
1200	1230	L(15min) R(15min)		✓	X	
1600	1610		60ml	✓	✓	Pumped 70ml
1915	1940	L(10min) R(10min)		✓	✓	Pumped 10ml after
2130	2150		60ml	✓	✓	Pumped 70ml
			Total = 170ml			

Feeding log template:

Date	Time Start	Time End	Duration (Time end- time start)	Mode of feeding (Breast/bottle)	Volume (if bottled)	Comments e.g. spat up, coughed, happy