MODERN MILK

The First Week of Breastfeeding

How to know your baby is getting enough.

Colostrum · Diapers · Weight · When to call

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What to expect in week one

The first week comes down to one question, and it's the one that wakes you at 3am: is my baby getting enough? You can't measure milk the way you can with a bottle. But you can count diapers, listen for swallows, and watch the scale. Those three things tell you almost everything.

1. **Your first milk comes in teaspoons, not ounces — and that's on purpose.** For the first three to five days your breasts make colostrum — thick, deep yellow, and packed with antibodies. Your baby gets about **one to two teaspoons per feeding**. A newborn stomach is the size of a cherry, and one to two teaspoons is exactly what fits.

2. **Your milk should come in between days three and five.** You will not need anyone to tell you it happened — breasts go from soft to full, heavy and warm, sometimes overnight. It can be delayed after a cesarean, a long labor, heavy bleeding after delivery, or with certain medical conditions. **If your milk hasn't come in by day seven, call an IBCLC.** The longer you wait, the harder it is to build supply back.

3. **All babies lose weight after birth.** Yours will too, and it is not a sign you're doing anything wrong. There's very little volume coming in those first few days, so a dip is expected. Most babies lose **5 to 7%** of their birth weight, hit their lowest point around day three, and are back to birth weight by **10 to 14 days**. Once a baby has lost **10% or more**, that's the point where feeding needs to be properly assessed.

4. **Feed on cues, not on a clock.** At least **8 to 12 feeds in 24 hours**, and never more than two to three hours apart. And yes — it is completely normal to feel like you're feeding almost hourly in the evenings until your milk is in. That's cluster feeding, not a supply problem. I know it feels like it can't possibly be right. It is. Watch for rooting, lip smacking, hand to mouth, stirring and fussing. Crying is a late cue, so try to offer the breast before you get there — and when you don't catch it in time, that's okay. Calm your baby first, then latch.

5. **Tracking feeds and diapers is the first step to keeping your baby hydrated.** It's also the thing that turns "I think something's wrong" into something you can hand your pediatrician. Use the Newborn Feeding Tracker that came with this handout — one page a day.

6. **Poop changes color on a schedule, and it's a useful one.** Meconium (black and tarry) turns green, then brown, then **yellow and seedy** — the normal color for a breastfed baby. Yellow seedy stool by around day four or five is one of the strongest signs you'll get that milk is transferring well.

7. **Have your baby weighed again after you go home.** In the hospital they weigh your baby about every 24 hours. Once you're home, that stops — so book a weight check with your pediatrician or an IBCLC in the first few days. It's one of the most useful appointments you'll make. Either it reassures you, which is worth the trip on its own, or it catches something while it's still easy to fix.

Diaper goals for the first week

Diapers can tell you a lot about your baby's feedings. What goes in must come out, so lots of wet and poopy diapers are a good sign. Dry diapers can be a sign that your baby isn't getting enough milk. You'll want to see at least one wet diaper for each day of life — one on day one, two on day two, and so on. Once your milk comes in, that number jumps.

DAY OF LIFE	WET DIAPERS	DIRTY DIAPERS	WHAT THE STOOL LOOKS LIKE
First 24 hours	1 or more	1 or more	Black, tarry — meconium
Day 2	2 or more	1 or more	Dark green-black, still meconium
Day 3	3 or more	2 or more	Starting to transition — greenish-brown
Day 4	4 or more	3 or more	Greenish-yellow, looser
Day 5	6 or more	3 or more	Yellow, seedy, loose
Day 6	6 or more	3 or more	Yellow, seedy, loose
Day 7	6 or more	3 or more	Yellow, seedy, loose

If your milk comes in early, skip ahead

The numbers above are the minimum **before** your milk arrives. Once it's in, use the Day 5 row from that day on — **6 to 8 wet and 3 to 5 dirty in 24 hours**. So if your milk comes in on day three, you're looking for day-five numbers on day three, not three wet diapers.

Two things that trip everyone up

- **Disposable diapers hide wetness — they're too good at their job.** If you're not sure, lay a single square of toilet paper inside the diaper. It shows wet clearly. And for a sense of scale: a properly wet diaper feels like about three tablespoons of water poured onto a dry one. Go ahead and try it once with a clean diaper. Everybody does.
- **After around six weeks, dirty diapers slow way down** and some breastfed babies go days between them. That's normal **then** — and it worries a lot of parents. It is not normal in the first week.

Signs of dehydration in a newborn

Dehydration doesn't arrive all at once. It builds slowly: fewer diapers, a sleepier baby, a scale that keeps going the wrong way. Caught early, it is easy to fix. Caught late, it is an emergency. Here is what each stage looks like.

EARLY SIGNS — worth paying attention today

- Fluid loss up to about **5%** of body weight
- Fewer wet diapers, or not quite meeting the daily diaper goals
- Your baby otherwise looks and behaves completely normally

MODERATE SIGNS — call your pediatrician and an IBCLC

- **6 to 10%** weight loss
- Irritable, hard to console, or unsatisfied even after frequent feedings
- Dry or cracked lips
- Not meeting diaper goals
- Very loose stool, not stooling daily, only small smears — or stool that isn't changing color
- Dark yellow urine, or orange-red crystals in the diaper, often called "brick dust"
- Cold hands or fingers, or skin that has lost its normal color
- Sunken fontanelle — the soft spot on the head looks indented
- Skin looks wrinkled, and a gently pinched fold is slow to spring back
- Very few or no tears when crying

SEVERE SIGNS — this is an emergency. Go in now.

- **10% or more** weight loss
- Dry diapers
- Lethargic, very hard to rouse, or unresponsive
- Rapid pulse or rapid breathing
- Very sunken fontanelle
- A pinched fold of skin takes a long time to return to normal
- Sunken eyes
- No tears when crying
- Newborns do sleep a lot — but a baby who cannot be woken, or will not stimulate to feed, is a red flag

Preventing dehydration

It comes down to one thing: feeding early, and feeding often.

- **Feed on cues, at least 8 to 12 times in 24 hours.** For the first two weeks, and until your baby is back to birth weight, wake your baby to feed if it has been more than three hours.
- **Add hand expression.** In the first few days, hand express after each breastfeed — or as often as you can manage — and spoon-feed that milk to your baby. Doing this reduces weight loss, dehydration and jaundice, and it can improve your supply. Colostrum is thick and sticky, and a pump often can't get it out. Your hands can. Check out **firstdroplets.com** for more information and research on hand expression in the first few days after birth.
- **Meet with an IBCLC in the first week.** Not because something is wrong. Because many breastfeeding challenges are far easier to fix on day three than on day thirty.
- **Write it down.** Feeds, diapers and weight, on the tracker. It takes about ten seconds per feed, and it makes every appointment more useful.
- **Hold your baby skin to skin as much as you can.** It steadies their temperature and blood sugar, it makes hunger cues much easier to spot, and it helps your milk supply too.

When to seek help

1. **In the hospital,** staff are tracking your baby's weight loss and feedings, and they'll alert you and your pediatrician if intervention is needed. Ask them what the numbers actually are before you go home — birth weight, current weight, and percentage lost.

2. **At home,** your baby may show a few or all of these signs. If you're noticing any of them, or you simply feel like your baby may be dehydrated, **call. Don't wait until morning.** And don't worry about calling after hours — that's exactly what that number is for.

> **Pain is its own reason to call**
>
> Nipple pain that lasts through a whole feed, cracking, bleeding, or a latch that makes you dread the next feed is not something to push through. It is the most common thing I see mothers endure because someone told them it was normal — and most of it is fixable in a single visit.

Fill this in now so you have it handy when you need it:

MY PEDIATRICIAN — NAME AND PHONE _____

MY LACTATION CONSULTANT — NAME AND PHONE _____

MY BABY'S BIRTH WEIGHT _____

DATE AND TIME OF BIRTH _____

Where to go from here

Use this handout to know what to expect. Use the tracker to record what actually happened. Between them, they cover your first two weeks — and they give you something to hand your pediatrician or IBCLC instead of trying to remember it all.

Your first-week checklist

- [ ] Ask the hospital for your baby's **birth weight**, and the weight at discharge
- [ ] Watch the hand-expression videos at **firstdroplets.com**
- [ ] Print the Newborn Feeding Tracker and start a page on day one
- [ ] Book a **weight check** for the first few days after you go home
- [ ] Book an **IBCLC visit** in the first week — before something goes wrong
- [ ] Save your pediatrician's after-hours number in your phone
- [ ] Show your partner the diaper chart, so you're not the only one keeping count

What's in the rest of the class

If you want the whole picture — latch and positioning, what to do when it hurts, supply, pumping and storage, and a bonus module for the things that go wrong at midnight — that's **Mamas Milk Mastery**. Forty short video lessons you can watch straight through before your baby arrives, or search at 3am when something specific goes wrong.

Every clinical section was rewritten in 2026. That matters more than it sounds: in 2022 the Academy of Breastfeeding Medicine reversed decades of advice on clogged ducts and mastitis, and most breastfeeding education still teaches the old version.

> **modernmilk.com/mamas-milk-mastery**
> Lifetime access, including for your next baby. If you're in the Scottsdale area, in-person and virtual consultations are available at modernmilk.com.

One thing to remember: breastfeeding isn't always easy, but there is support available when you need it. Reach out sooner rather than later, and check in often!