### Visit #1 – First Newborn Visit (0-6 days)

**How are things going?**
- Importance of the birth story.
- Problems encountered in the hospital or first days at home.

**How often is your baby feeding?**
- Every 1-2 hours with one longer period of sleep per day.

**How do you know your baby wants to eat?**
- Feeding cues are recognized, feeds are not restricted.

**What does it feel like when your baby nurses?**
- Strong tugging, pulling, tingling with letdown.

**How do you know when your baby is finished feeding?**
- Baby releases breast, relaxed. 1 or 2 sides normal.

**What is diaper output?**
- Stools transitioning, increasing frequency and volume.

**How much is your baby sleeping?**
- 1 to 2 hours at a time, with possibly one longer sleep per day.

**Be sure to assess understanding:**
- Ask “What questions do you have for me?”

**Call the office if:**
- Fussy baby or baby feeding “all the time”
- Baby sleeping too much or not enough
- Nipple pain
- Low diaper output

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FOLLOW-UP PLAN

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Visit #1 – First Newborn Visit (0-6 days) - Pointers

Affirm! Build parental confidence!
May reveal difficulties encountered in hospital that have not had follow-up plan put in place.

-Parents often expect babies to feed every 3 hours, and when they feed more frequently, suspect insufficient breast milk.
-Common teaching is “8-12 feeds per day”, but 8 is rarely enough for a newborn. If only 8 feeds, monitor for weight gain.

Excessive “shushing”, “swaddling” and pacifier use all delay feeds – do not delay feeds at all in first few weeks – wait until baby is gaining well.

Breastfeeding should not be painful, but may be a strong sensation at first. Any reported discomfort in maternal report warrants offering lactation consult.
Often moving baby to nose-to-nipple start corrects latch on its own – baby is in control of position.

Can use breast compressions to determine if baby is falling asleep because they are full or because they are exhausted.
A baby who is finished eating will release the breast rather than continue swallowing.

Use the diaper diary for the first 2 weeks to record diaper output – this is the best indicator of sufficient feeds – both the transition to yellow stools and the frequency of stooling.

Parents expect babies to sleep much longer than they do.
Advise that this will change dramatically with time, but even at 6 months, 6 hours is the longest most babies will sleep.
Explain the infant sleep cycle to help understand why a baby wakes when put down.
Too much sleep often indicates not enough food – wake to feed more frequently.

Open ended questions provide more information. Avoid “yes/no” questions.
Avoid documentation of “breastfeeding going well” – be more specific with language.

Be sure parents know to call the office if they think they are not making enough milk, or if their baby is not getting enough. Most start supplementing without discussing it with their baby’s doctor.

FOLLOW UP PLAN
Follow up plan is an essential part of the visit – for each problem, there needs to be a plan in place.

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