

# Neonatal weight loss in the first six weeks

Information for parents



## What is normal?

Babies are weighed at birth and again on day 5, and at any time there may be concerns about their feeding or condition.

Breast/chestfed babies usually lose between 5-7% of their birth weight and formula-fed babies lose between 3-5%.

This weight loss usually stops after 3 or 4 days of life. Babies should have regained their birth weight by day 14, but 20% will not – these baby require a feeding plan.

## Why did my baby lose weight?

There are a number of different reasons, including:

- Short postnatal stay in hospital or a home birth.
- Premature/small baby.
- Ineffective milk transfer due to positioning and attachment.
- Use of opiates or IV fluids in labour.
- Caesarean section, long labour, retained placenta, post-partum haemorrhage.
- Diabetes, polycystic ovary syndrome (PCOS), smoking.
- Reluctant to feed baby.
- Delayed milk production.
- Use of dummies, nipple shields or artificial formula supplements.
- Breast/chest conditions.
- Neonatal/parental illness.

## What now?

Your midwife will watch baby feed and record a feeding assessment in your postnatal notes. The midwife will work out a percentage of weight loss and use a guideline to make a feeding plan.

This will hopefully be a short-term plan for long-term benefits.

## If baby has lost above 8% of their birth weight:

- Feed your baby at least 8-12 times in 24 hours. Encourage baby by having skin to skin with them. Baby will be re-weighed in 24-48 hours.
- If you're asked to feed your baby 3-hourly, start the next feed 3 hours from the beginning of the first feed – this ensures baby has at least 8 feeds in 24 hours.

## For weight losses above 10% there are also the following add-ons:

- **10-12%.** Express after the feed finishes to encourage milk production. Any milk gained should be given to baby with an oral syringe (up to a total of 5mls per feed). For quantities over 5mls, or after day 3 do not use a syringe – instead use a feeding cup (no upper limit) – staff will show you how to safely use these techniques.
- **12.1% or above.** The midwife will contact the on-call paediatrician at King's Mill Hospital. They will make a plan which can involve going to the Children's Assessment Unit for a face to face check, or a plan may be made for you and baby to remain at home. This hospital check may involve blood tests and a possible admission to hospital. You should be given a pump to use during your stay, with feeding support from staff. There may also be the option for a free one week loan of a smaller pump from the Lime Green Infant Feeding Team.

## After weight loss – pumping for milk and stimulation:

- Your midwife, doctor or nurse will calculate the optimal amount of milk supplementation/top-ups your baby needs; this is additional to their usual 8-12 feeds in 24 hours. These supplemented amounts are made up of as much expressed breast milk as you manage to pump, and the rest of the suggested amount can be made up with artificial formula (formula is only required for clinical reasons such as this; staff will support you to maximise your breast/chest milk, and to return to exclusive breast/chestfeeding if this is your aim). These supplements can be given via feeding cup – staff will show you how to safely use this method.
- Massaging your breasts/chest before a pumping session can increase the volume of milk you are able to collect. You can also increase the amount of milk collected by swapping between pumping and hand expressing techniques.
- We recommend pumping at least 8 times in 24 hours, with one of these sessions overnight (these sessions do not need to be at set times) – this will help to boost your milk production. If you are unable to do this many times just pump as many times as you can manage in each 24 hour period.
- Short-term pumping plans are also about encouraging your body to make more milk, and any milk collected is a bonus.

- Relaxation can help to encourage oxytocin production – this hormone promotes the ‘let-down’ of milk. Things which can help include putting a sock over the bottle so you don’t watch the amount collected, breathing exercises, listening to music, having your baby close to you, looking at a photo of your baby or smelling some of their worn clothing.
- Pump for 10-15 minutes on each breast/side of your chest or 10-15 minutes total with a double pump (using two pump kits with one pump).
- If using a pump causes soreness, you may need a different size flange for the pump – please alert a member of staff.
- When leaving hospital please take your pump kit and tubing with you as this can be used at home with hire pumps.

## What next?

- You will be supported by your community midwife and the Lime Green Infant Feeding Team. You can also call the Maternity Unit with any queries or concerns in between visits (contact numbers are in the next section).
- Feeding plans usually adapt and change after each re-weigh; as baby starts to gain weight milk top-ups are halved and then gradually reduced.
- You may be offered a referral to the Infant Feeding Specialist Midwife for further support with complex feeding issues. You can also self-refer to this service.
- If your baby gains weight, feeding is comfortable for you and baby is able to transfer milk effectively, then feeding plans will gradually stop. You will then be encouraged to feed your baby responsively (at least 8 times in 24 hours, but it’s usually more). This is a two-way relationship where you feed baby when they show early feeding cues, and you also feed baby when you want to feed them (for comfort, connection, to fit in with your plans or because your breasts/chest feels full).
- We will continue to care for you until you are discharged to the health visitor.
- **Mastitis.** For more information please read the following leaflet:

**<https://www.sfh-tr.nhs.uk/media/jgtdy32c/pil202503-04-bdm-blocked-ducts-and-mastitis-when-breastfeeding.pdf>**



# Contact details:

- **Infant Feeding Specialist Midwife Natalie Boxall** (for complex feeding issues including tongue tie, cleft lip/palate, milk production concerns, reflux, static or on-going weight loss, or medication enquires) – 01623 622515, extension 6095.
- **Lime Green Infant Feeding Team** (postnatal community support) – email [sfh-tr.infantfeeding@nhs.net](mailto:sfh-tr.infantfeeding@nhs.net)
- **Out of hours** Sherwood Birthing Unit 01623 672244.
- **For urgent concerns for you or your baby** (24/7) – Maternity Triage – 01623 676170.

## Further sources of information

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

## Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King's Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

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