

O N B E C O M I N G

B A B Y

W I S E

Giving Your Infant the *GIFT* of
Nighttime Sleep

Audiobook Supplement

ROBERT BUCKNAM M.D.

GARY EZZO, M.A.

ON BECOMING BABYWISE
Giving Your Infant the GIFT of Nighttime Sleep
(2017 - Audio Edition)

A Production of
Parentwise Solutions, Inc./Hawksflight & Associates

© 2017 by Dr. Robert Bucknam and Gary Ezzo
International Standard Book Number
ISBN: 978-1-932740-06-6

Produced in the United States of America

All Rights Reserved

No part of this publication/sound track may be reproduced, stored in a retrieval system, or transmitted in any form or by any means; electronic, mechanical, photocopying, recording, or otherwise; without prior written permission.

Parent-Wise Solutions, Inc.
Administrative Office
2160 Cheswick Lane
Mount Pleasant, SC 29466

Breast Feeding Positions

Most commonly used is the *cradle position*. Sitting in a comfortable chair, place your baby's head in the curve of your arm. Placing a pillow under your supporting arm will lessen the stress on your neck and upper back.



Mothers recovering from a Cesarean birth will often use the *side-lying position* because of their abdominal sensitivity. The illustration shows Mom in a reclining position with her baby supported by a pillow. The baby and Mom's tummies should be facing each other although not touching. The baby's head should be centered on the breast.



To use the *football hold*, place one hand under Baby's head while lifting and supporting the breast with the other hand. With your fingers above and below the nipple, introduce the baby to the breast by drawing him near. As explained previously, stroke lightly downward on Baby's lower lip until he opens his mouth. When his mouth opens wide, center your



nipple and draw him close to you so the tip of his nose is touching your breast.

Burping Positions

The four common positions for burping a baby are illustrated, so parents can find the one that is most effective for their baby. What they all have in common is placing slight pressure on Baby's tummy while patting Baby's back. The process of burping may occur one, two, or three times during a feed-ing, depending on the baby and the efficiency of his feeding. Bottle-fed newborns will need to be burped after every 1-2 ounces, and breastfed babies when changing sides.

1. Sitting Lap Position: Place the palm of your hand over Baby's stomach. Now hook your thumb around the side of your baby, wrapping the rest of your fingers around the chest area. Note how the baby is securely resting upright on Mom's lap with one of her hands supporting and holding his chest. Lean your baby slightly and begin patting Baby's back.



2. Tummy-over-Lap Position: In a sitting position, place your baby's legs between your legs and drape the baby over your thigh. While supporting the baby's head in your hands, bring your knees together for further support and pat Baby's back firmly.

3. The Shoulder Position: With Baby's chest resting on a cloth diaper high on Mom's shoulder and his tummy resting on the front of her shoulder, begin patting Baby's back firmly.



4. The Cradle Position: Mom cradles the baby in her arm with his bottom



in her hands and his head resting at Mom's elbow. One of the baby's arms and one leg are to be wrapped around her arm, making sure the baby is facing away from her. This position allows her other hand to be free to pat the baby's back.

Sample Schedule Weeks 1-2 *Activities*

1. Early Morning

7:00 a.m.

1. Feeding, diaper change and hygiene care
2. Waketime: minimal
3. Down for a nap

2. Mid-morning

9:30 a.m.

1. Feeding, diaper change and hygiene
2. Waketime: minimal
3. Down for a nap

3. Afternoon

12:00 p.m.

1. Feeding, diaper change and hygiene care
2. Waketime: minimal
3. Down for a nap

4. Mid-afternoon

2:30 p.m.

1. Feeding, diaper change and hygiene care
2. Waketime: minimal
3. Down for a nap

5. Late Afternoon

5:00 p.m.

1. Feeding, diaper change and hygiene care
2. Waketime: minimal
3. Down for a nap

6. Early Evening

8:00 p.m.

1. Feeding, diaper change and hygiene care
2. Waketime: minimal
3. Down for a nap

7. Late Evening

11:00 p.m.

1. Feeding, diaper change, down for sleep. Allow baby to wake up naturally, but do not let him sleep longer than 4 hours continuously at night for the first four weeks.

8. Middle of the Night

1:30 a.m.

1. Feeding, diaper change and right back to crib (Usually between 1:00 and 2:30 a.m.)

9. Pre-morning

4:00 a.m.

1. Feeding, diaper change and right back to crib. (Usually between 3:30 and 5:00 a.m.)

Now observe the dramatic differences in the feed-wake-sleep activities of a 10-12 month-old.

Sample Schedule:
Weeks 48-52
Activities

- | | |
|--|---|
| 1. Morning
7:30 a.m.
_____ | 1. Feeding: Breakfast
2. Waketime activities
3. Down for nap |
| 2. Mid-day
11:30 a.m.
_____ | 1. Feeding: Lunch
2. Waketime activities
3. Down for nap |
| 3. Late Afternoon
3:30-4:00 p.m.

_____ | 1. Snack after nap
2. Waketime activity
3. Dinner time with family
4. Early evening waketime |
| 4. Bedtime
8:00 p.m. | 1. Down for the night |

Sample Schedule After Merge One
Weeks Three-Six
Activities

1. Early Morning

7:00 a.m.

1. Feeding, diaper change, and hygiene care
2. Waketime: minimal
3. Down for a nap

2. Mid-morning

_____ a.m.

1. Feeding, diaper change, and hygiene care
2. Waketime: minimal
3. Down for a nap

3. Afternoon

_____ p.m.

1. Feeding, diaper change, and hygiene care
2. Waketime: minimal
3. Down for a nap

4. Mid-afternoon

_____ p.m.

1. Feeding, diaper change, and hygiene care
2. Waketime: minimal
3. Down for a nap

5. Late Afternoon

_____ p.m.

1. Feeding, diaper change, and hygiene care
2. Waketime: minimal
3. Down for a nap

6. Early Evening

_____ p.m.

1. Feeding, diaper change, and hygiene care
2. Waketime: minimal
3. Down for a nap

7. Late Evening

_____ p.m.

1. Feeding and diaper change, baby back to bed, allowing him to wake up naturally, but do not let him sleep longer than 4 hours continuously at night for the first four weeks.

8. Middle of the Night

_____ a.m.

1. Feeding and diaper change, back to crib (Usually between 1:00 and 3:00 a.m.)

Here is a sample schedule after Merge Two takes place.

Sample Schedule After Merge Two

(Weeks 7-10)

Activities

- | | |
|---|--|
| <p>1. Early Morning
6:30-7:00 a.m.

_____</p> | <p>1. Feeding, diaper change, and hygiene care
2. Waketime
3. Down for a nap</p> |
| <p>2. Mid-morning
9:30 a.m.

_____</p> | <p>1. Feeding, diaper change, and hygiene care
2. Waketime
3. Down for a nap</p> |
| <p>3. Noontime
12:30 p.m.

_____</p> | <p>1. Feeding, diaper change, and hygiene care
2. Waketime
3. Down for a nap</p> |
| <p>4. Mid-afternoon
3:30 p.m.

_____</p> | <p>1. Feeding, diaper change, and hygiene care
2. Waketime
3. Down for a nap</p> |
| <p>5. Late Afternoon
5:30-6:00 p.m.

_____</p> | <p>1. Feeding, diaper change, and hygiene care
2. Waketime
3. Down for a nap</p> |
| <p>6. Early Evening
8:00-8:30 p.m.
_____</p> | <p>1. Feeding, diaper change, and hygiene care
2. Down for a nap</p> |
| <p>7. Late Evening
10:30-11:00 p.m.</p> | <p>1. Feeding and diaper change, down for the night.</p> |

Sample Schedule After Merge Three
(Weeks 10-15)
Activities

1. Early Morning

6:30-7:00 a.m.

1. Feeding
2. Waketime
3. Down for a nap

2. Mid-morning

9:30 a.m.

1. Feeding
2. Waketime
3. Down for a nap

3. Noontime

12:30 p.m.

1. Feeding
2. Waketime
3. Down for a nap

4. Mid-afternoon

3:30 p.m.

1. Feeding
2. Waketime
3. Down for a nap

5. Late Afternoon

5:30-6:00 p.m.

1. Feeding
2. Waketime
3. Down for a nap

6. Evening

8:30-9:00 p.m.

1. Feeding and down for the night.

(Merge Four) Between Weeks 16 and 24: This is when many *Babywise* babies begin to extend their morning waketime by merging the early morning feeding and the mid-morning feeding. This merge reduces six feed-wake-sleep cycles to five. As a result, there will be only one feed-wake-sleep cycle between breakfast and lunch (although lunchtime is usually moved up at least a half-hour). This is also close to the time when solid foods might become necessary and can potentially impact the timing of activities within the feed-wake-sleep cycles. (A full explanation of how the introduction of solid foods can impact the feed-wake-sleep cycles and nighttime sleep is in *Babywise II*.)

Sample Schedule After Merge Four
(Weeks 16-24)
Activities

1. Morning

7:00 a.m.

1. Feeding
2. Waketime
3. Down for a nap

2. Late Morning

1. Feeding
2. Waketime
3. Down for a nap

3. Early Afternoon

1. Feeding
2. Waketime
3. Down for a nap

4. Late Afternoon

1. Feeding, diaper change and hygiene care
2. Waketime*

5. Early Evening

8:00-8:30 p.m.

1. Early Evening Waketime
2. Liquid feeding, down for the night**

Sample Schedule After Merge Five
(Weeks 24-39 with Catnap)

Activities

1. Morning

7:00 a.m.

1. Feeding
2. Waketime
3. Down for a nap

2. Late Morning

1. Feeding
2. Waketime
3. Down for a nap

3. Mid-afternoon

1. Feeding
2. Waketime
3. Down for Catnap*

4. Late Afternoon/Dinnertime

1. Feeding
2. Waketime

5. Early Evening

8:00-8:30 p.m.

1. Early evening waketime
2. Liquid Feeding, down for the night

* This is usually around dinnertime, (between 5:00 p.m. - 6:00 p.m.).

(Merge Six) Between Weeks 28 and 40: Sometime within the weeks listed, most *Babywise* babies drop their catnap, reducing the five feed-wake-sleep cycles to four, requiring more daytime

:

Sample Schedule After Merge Six
(Weeks 28-40, Without Catnap)

Activities

1. Breakfast

7:00-8:00 a.m.

2. Mid-day

3. Late Afternoon

4. Bedtime

8:00 p.m.

1. Feeding
2. Waketime
3. Down for a nap

1. Feeding
2. Waketime
3. Down for a nap

1. Feeding*
2. Waketime
3. Dinner time with family**
4. Early evening waketime

1. Liquid feeding, down for the night

* Baby will receive his cereal, vegetables, or fruits at this feeding.

** Baby joins family mealtime with light finger foods. (This is more of a snack than a full meal.)

(Merge Seven) Between Weeks 46 and 52: This is when Baby no longer receives a liquid feeding before bedtime. He might receive a cup of formula, breastmilk, or juice, but a bottle of milk is not necessary. Congratulations! You have come a long way since the early days of the nine feed-wake-sleep cycles. Your new schedule will look something like this:

Sample Schedule After Merge Seven

(Weeks 46-52)

Activities

1. Breakfast

7:00 a.m.

2. Midday

3. Late Afternoon

4:00-5:00 p.m.

4. Bedtime

8:00 p.m.

1. Feeding
2. Waketime
3. Down for a nap

1. Feeding
2. Waketime
3. Down for nap

1. Snack after nap
2. Waketime
3. Dinner time with family
4. Early evening waketime

1. Down for the night

Time Spent in Sleep

Weeks	Time Spent in Sleep	Number of Naps
1 - 2	17-19 hours, including	5-6 naps per day
3 - 5	16-18 hours, including	5-6 naps per day
6 - 7	15-18 hours, including	4-6 naps per day
8 - 12	14-17 hours, including	4-5 naps per day
13 - 15	13-17 hours, including	3-4 naps per day
16 - 24	13-16 hours, including	3-4 naps per day
25 - 38	13-15 hours, including	2-3 naps per day
39 - 52	12-15 hours, including	2 naps per day

Each point is given a value, and the sum total provides the score. A score of 7-10 is considered normal and indicates a baby in good condition. A score of 4-6 indicates a baby who probably needs respiratory assistance, and a score of 0-3 indicates the need for lifesaving intervention. Here is a basic Apgar Scoring Chart.

APGAR	0	1	2
Appearance (Color)	Blue or pale pink	Body pink, extremities blue	Pink
Pulse (Heart Rate)	Absent	Below 100/min	Above 100/min
Grimace (Response to Stimulation)	No response	Grimace	Lusty cry
Activity (Muscle Tone)	Absent	Some movement	Good movement
Respiration (Breathing Rate)	Absent	Slow, irregular, weak cry	Good, strong cry

WHAT TO EXPECT IN THE FIRST THREE DAYS

- A baby is most alert right after delivery and usually ready to nurse.
- Colostrum is a baby's first milk and present at birth.
- After a Cesarean birth, Baby is usually able to nurse soon after Mom is moved to the recovery room.
- Baby's meconium stool (dark and sticky like tar) should have passed within the first 48 hours after delivery, followed by transition stools over the next several days.
- A baby should urinate within the first 24 hours after delivery.
- Within 24-48 hours, your baby should start having wet diapers, increasing to three to five per day as Mom's milk comes in.
- Babies usually lose 7-8 ounces from their recorded birth weight within the first 24-36 hours. Your baby's hospital-discharge weight is more reflective of your baby's actual body weight and is the better base line for your baby's growth.
- One of the biggest challenges of the first 72 hours is a baby's sleepiness. Parents must keep their baby awake to take full feedings approximately every 2-3 hours.
- Follow proper umbilical-cord care and hygiene at each diaper change. If your son has been circumcised, provide the appropriate care at each diaper change.
- In these early days, be more concerned with providing your baby 8-10 good feedings every 24 hours than establishing your baby's routine or sleeping patterns.
- Remember that for now, your baby's feeding time is his waketime.

WHAT CONCERNS TO LOOK FOR IN THE FIRST THREE DAYS

- □ The color of Baby's skin is yellow: After the first day, newborns usually develop jaundice, which produces a yellowish hue to their skin. If that happens, a doctor will usually order a blood test to measure the level of bilirubin, which then determines the course of treatment. If the yellow tint appears after discharge from the hospital, be sure to contact your baby's doctor.
- □ Baby is lethargic, very sleepy or unwilling to feed: While it is common for newborns in the first week to be sleepy, it should not interfere with feeding. If you are breast-feeding, make sure your baby is properly positioned at the breast and properly latched on. Seek the experience of a lactation consultant or your doctor if you have any concerns.

WHAT TO EXPECT DURING THE FIRST THREE WEEKS

- □ The transition milk comes in between days three and five and by week three, mature breastmilk should be in.
- □ Continue to focus on full feedings.
- □ Monitor your baby's growth using the Healthy Baby Growth Chart in Appendix Five. By week two, the baby should have regained his birth weight or be close to it.
- □ The baby's stools will transition in color and consistency after the third day.
- □ The stools of breastfed babies tend to be softer and a lighter color than that of formula-fed babies. By five and seven days of age, a baby should have at least 3 to 5 loose yellow stools per day.
- □ By five to seven days, a baby should have a least 6-8 wet diapers, some saturated. Urine varies in color from nearly clear to dark yellow.

- □ Like adults, the color of the urine helps determine if your baby is receiving enough milk to keep him adequately hydrated. Colorless or pale-yellow urine suggests adequate hydration; darker, apple-juice-colored urine (by the end of the first week) suggests that Baby is not receiving enough milk.
- □ Continue providing umbilical-cord care at each diaper change until cord stump falls off. That usually happens around week two. During this time, the baby needs only a sponge bath: do not immerse him in water. Remember, if your son has been circumcised, provide the proper care with each diaper change until the circumcision is healed.
- □ Between ten days to three weeks, babies may have a growth spurt and require additional feedings. This may last from one to three days.
 - □ For a breastfed baby, feeding could be as often as every two hours (possibly extending through the night) for one to three days.
 - □ For a formula-fed infant, parents will notice that their baby appears hungry after consuming the normally-prepared number of ounces; or he is showing signs of hunger sooner than the next scheduled feeding. There are a couple of options to consider:
 - □ Add 1-2 ounces to his bottle at each feeding, allowing baby to take as much as he wants. If baby was taking 2½ oz. per feeding, make a full 4 oz. bottle and allow him to eat until full; or
 - □ Offer the extra feeding as Baby shows signs of hunger. When the growth spurt is over Baby will return to his normal

feed-wake-sleep routine. However, on the day following a growth spurt most babies take longer than normal naps.

- □ By week three, alertness should be increasing at feeding times. Between weeks three and four, your baby's wake-time will begin to emerge as a separate activity apart from eating. His schedule should look something like this: feeding, burping and diaper change takes about 30+ minutes. A little bit of waketime adds another 20+ minutes. Naptime is 1½ to 2 hours.
- □ Not all feed-wake-sleep cycles during the day will be exactly the same length of time. That is why a range of times is provided and not *fixed* times.
- □ If breastfeeding, do not allow your baby to go longer than 3 hours between feedings during the first three weeks. The feed-sleep cycle should not exceed 3 to 3½ hours during the first three weeks. At night, do not allow your newborn to go more than 4 hours between feedings. (Normal feeding times usually fall between 2½ to 3 hours.)

WHAT CONCERNS TO LOOK FOR IN THE FIRST THREE WEEKS

- □ By 5-7 days, if your baby is not having a least 6-8 wet diapers, or not having at least 3-5 loose yellow stools per day, contact your baby's pediatrician.
- □ Baby is unwilling to feed.
 - □ If breastfeeding, make sure Baby is properly positioned at the breast, is latching on properly and that milk is being let-down. Check inside your baby's mouth for any presence of oral thrush, which is caused by the yeast *Candida Albican*. Signs include a milky white substance that coats the roof and side of the baby's mouth.

- □ If bottle feeding, make sure the nipple opening is neither too small nor too big. If too small, then Baby is sucking too hard to get the milk and may pull away. If the nipple opening is too big, the milk will come out too fast, usually causing Baby to gag and pull away. Change to appropriate size nipple.
- □ If your baby cries excessively before, during or after feedings, or if he is sleeping less than one hour and wakes up crying, call your pediatrician. Make sure you are keeping track of Baby's intake and output with the Healthy Baby Growth Chart, (Appendix Five).

There is so much more to learn and enjoy in the journey ahead. Visit us online to continue the dialogue at www.babywise.life

Signs of Adequate Nutrition

Chart One—Week One

If you are breastfeeding, monitoring your baby's growth is of vital concern. How do you know if your baby is getting enough food to grow on? There are a number of objective indicators to healthy growth and proper nutrition. Indicators of healthy baby growth provide mom guidance and feedback as to how well she and her baby are doing. The following indicators represent healthy signs of growth during the first week of life.

1. Your baby goes to the breast and nurses.
2. Your baby is nursing a minimum of eight times in a 24-hour period.
3. Your baby is nursing over 15 minutes at each nursing period.
4. You can hear your baby swallowing milk.
5. Your baby has passed his first stool called meconium. (Make sure you let the nurses know that you are tracking your baby's growth indicators.)
6. Your baby's stooling pattern progresses from meconium (greenish black) to brownie-batter transition stools, to yellow stools by the fourth or fifth day. This is one of the most positive signs that your baby is getting enough milk.
7. Within 24 to 48 hours, your baby starts having wet diapers (increasing to two or three a day). By the end of the first week wet diapers are becoming more frequent.

Unhealthy growth indicators for the first week.

1. Your baby is not showing any desire to nurse or has a very weak suck.
2. Your baby fails to nurse eight times in a 24-hour period.
3. Your baby tires quickly at the breast and cannot sustain at least 15 minutes of nursing.
4. Your baby continually falls asleep at the breast before taking a full feeding.
5. You hear a clicking sound accompanied by dimpled cheeks while baby is nursing.
6. Your baby's stooling pattern is not progressing to yellow stools within a week's time.
7. Your baby has not had any wet diapers within 48 hours of birth.

Using the chart to keep track of your baby's vital health indicators can make the difference between healthy and unhealthy growth. Feel free to make copies of the chart for your personal use, or to give to a friend. Place it in a convenient location (on a refrigerator, above the crib, etc.). Add the appropriate (✓) mark or letter designated for each occurrence. For example, if your baby nurses nine times on day two, then place nine checks on that day. If your baby passes his first meconium stool on the second day, then place an "M" on that day. Knowing what to expect and measuring results will get you and your baby off to a great start. For additional charts, visit us at www.babywise.life/charts.

HEALTHY BABY GROWTH CHART: Chart One Week 1

Birth Weight _____lb. /oz. Birth Length _____inches

HEALTHY GROWTH INDICATORS	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Place a check (✓) for each feeding in a 24 hour period. (Minimum of 8 feedings a day.)							
Place a check (✓) for each nursing period of 15 or more minutes in length.							
Place a "M" for the first stool (Meconium) and a "T" for each brownie battered transition stool.							
Place a "Y" to record each yellow stool. (Milk stools should appear by the 4th or 5th day.)							
Place a check (✓) for each wet diaper. (Wet diapers should start to appear by 48 hours or sooner.)							

7-10 days: Weight _____lb. /oz. Length _____inches

Any two consecutive days of deviation from what is listed as normal should be reported immediately to your pediatrician.

Signs of Adequate Nutrition

Chart Two—Weeks Two through Four

Just because things have gone well in the first week does not mean you can slack off from monitoring your baby's healthy growth signs. After the first week, some of the healthy growth indicators begin to change. This chart represents healthy baby growth indicators to be monitored over the next three weeks. Please note the changes.

Here is the checklist for the next three weeks.

1. Your baby is nursing at least eight times a day.
2. Your baby over the next three weeks has two to five or more yellow stools daily. (This number will probably decrease after the first month.)
3. Your baby should start to have six to eight wet diapers a day, some saturated.
4. Your baby's urine is clear, not yellow.
5. Your baby has a strong suck, you see milk, and you can hear an audible swallow.
6. You are noticing increased signs of alertness during your baby's waketime.
7. Your baby is gaining weight and growing in length.

Unhealthy growth indicators are:

1. Your baby is not getting eight feedings a day.
2. Your baby has small, scant, and infrequent stools.
3. Your baby does not have the appropriate number of wet diapers given his age.
4. Your baby's urine is concentrated and bright yellow.
5. Your baby has a weak or tiring suck and you cannot hear him swallow.
6. Your baby is sluggish or slow to respond to stimulus, and does not sleep between feedings.
7. Your baby is not gaining weight or growing in length. Your doctor will direct you in the best strategy to correct this problem.

Any two consecutive days of deviation from what is listed above as normal should be reported immediately to your pediatrician. Using the chart to keep track of your baby's vital health indicators can make the difference between healthy and unhealthy growth. If you wish, make copies of the chart and place it in a convenient location (on a refrigerator, above the crib, etc.). For your assurance record the results with a (✓) mark for each occurrence of each healthy indicator. For example, six wet diapers on Monday should have six checks in the appropriate box. Knowing what to expect and measuring the expected results against the actual will provide you security and confidence as your baby grows.

HEALTHY BABY GROWTH CHART: Chart Two Weeks 2–4

Summary of Each Day

HEALTHY GROWTH INDICATORS	MON	TUE	WED	THU	FRI	SAT	SUN
Place a check (✓) for each feeding in a 24-hour period. (Minimum of 8.)							
Place a check (✓) for each wet diaper per day with clear urine. (Norm per day: 5 to 7.)							
Place a check (✓) for each wet diaper with yellow concentrated urine. (Norm per day: 0.)							
Place a check (✓) for each yellow stool. (For the first month, 2 to 5 or more, per day.)							

Any two consecutive days of deviation from what is listed as normal should be reported immediately to your pediatrician.

Signs of Adequate Nutrition

Chart Three—Weeks Five through Ten Weeks

This third chart differs from the second only in the number of stools eliminated. Basically the rest of the chart is the same. Continue to monitor your baby's growth, especially after your baby starts sleeping through the night.

Here is the checklist for the next six weeks.

1. Your baby is nursing at least seven to eight times a day.
2. Your baby's stooling pattern again changes. Your baby may have several small stools or one large one. He may have several a day or one every couple of days.
3. Your baby should have six to eight wet diapers a day, some saturated.
4. Your baby's urine is clear, not yellow.
5. Your baby has a strong suck, you see milk, and you can hear an audible swallow.
6. You are seeing increasing signs of alertness during your baby's waketime.
7. Your baby is gaining weight and growing in length.

Unhealthy growth indicators are:

1. Your baby is not getting a minimum of seven feedings a day.
2. Your baby does not have the appropriate number of wet diapers given his age.
3. Your baby's urine is concentrated and bright yellow.
4. Your baby has a weak or tiring suck and you cannot hear him swallow.
5. Your baby is sluggish or slow to respond to stimulus, and does not sleep between feedings.
6. Your baby is not gaining weight or growing in length. Your doctor will direct you in the best strategy to correct this problem.

Any two consecutive days of deviation from what is listed above as normal should be reported immediately to your pediatrician. Using the chart to keep track of your baby's vital health indicators can make the difference between healthy and unhealthy growth. If you wish, make copies of the chart and place it in a convenient location (on a refrigerator, above the crib, etc.). For your assurance, record the results with a (√) mark for each occurrence of each healthy indicator. For example, six wet diapers on Monday should have six checks in the appropriate box. Knowing what to expect and measuring the expected results against the actual will provide you security and confidence as your baby grows.

For more tools and strategies related to care and healthy growth visit us at www.babywise.life

HEALTHY BABY GROWTH CHART: Chart Three Weeks 5–10

Summary of Each Day

HEALTHY GROWTH INDICATORS	MON	TUE	WED	THU	FRI	SAT	SUN
Place a check (✓) for each feeding. (Minimum should be 7-8 in a 24-hour period.)							
Place a check (✓) for each wet diaper per day with clear urine (Norm per day: 5 to 7.)							
Place a check (✓) for each wet diaper with yellow concentrated urine. (Norm per day: 0.)							
Place a check (✓) for each stool per day.							

Any two consecutive days of deviation from what is listed as normal should be reported immediately to your pediatrician.