



Infant Nutrition Council

Industry supporting both Breastfeeding & Infant Formula

This article was written by Professor John Birkbeck, MB, ChB (Edin), F.R.C.P.C., paediatrician and Adjunct Professor of Human Nutrition, Institute of Food, Nutrition and Human Health, Massey University, Albany Campus, Auckland NZ and does not necessarily reflect the views of the Infant Nutrition Council

What is normal postnatal weight loss in breastfed infants?

While “everyone knows” that babies usually lose some weight in the early days of life, the amount of loss and its timing are surprisingly not well documented. This is especially surprising since “failure to gain” is an indication for investigation both of feeding adequacy and for some abnormality of health.

Three Canadian nurses decided to find out by looking for studies. They found 11 studies which gave sufficient information. These included a total of 2142 babies.

The median amount of greatest loss was around 6% of birth weight. The range was 3.2-8.3%. The timing of maximum reduction from birth weight was about 2-3 days. Unfortunately there was quite a lot of variation in the results from different studies, not only due to differing methods of analysis. It seems that most infants have regained birth weight by around 8 days of age.

These findings were then compared to recommendations for investigating possible problems if weight loss is excessive. The International Lactation Consultants' Association advises that “a loss of more than 7% of birth weight, continued loss after day 3, or failure to regain birth weight within a minimum number of days (i.e.10 days) are signs of ineffective breastfeeding. “

Of course if there is some pathological factor at work that should be investigated if inadequate breastfeeding seems unlikely to be a cause. The Academy of Breastfeeding Medicine advises “Possible indications for supplementation in term, healthy infants [include] weight loss of 8% to 10% accompanied by delayed lactogenesis (day 5 or later).”

It can be difficult to determine the milk intake of a breastfed infant except by test weighing which is timeconsuming and invasive, and may itself induce breastfeeding difficulties. Contrary to popular belief, inadequacy of the composition of breastmilk itself, as distinct from inadequacy of volume, is effectively never an issue. Mothers can still be told “your milk is too weak” but if feeding is too short in duration, the higher-nutrient hind milk may never be consumed.

These findings should not be applied to formula-fed infants. It is evident that there is still more to be learned about this simplest of situations.

Joy Noel-Weiss, Genevieve Courant, A. Kirsten Woodend: Physiological weight loss in the breastfed neonate: a systematic review. *Open Medicine* 2008;2:11- 22.

PO Box 7190
Yarralumla ACT 2600
Australia

Phone +61 2 6282 4748 (Australia)
+64 9 354 3272 (New Zealand)
Fax +61 2 6161 4782”
Email info@infantnutritioncouncil.com