

A close-up photograph of a baby's face, showing the eye, nose, and ear, being gently held by a hand. The baby's eyes are closed, and the hand is positioned near the ear and cheek.

Chicco.
Wherever there's a baby
**AND A DEEP
CONNECTION**

GUIDE TO BREASTFEEDING, ONSET
AND CONTINUATION: EVERYTHING
YOU NEED TO KNOW TO SHARE
THIS UNIQUE MOMENT WITH
YOUR BABY NATURALLY.



OSSERVATORIO CHICCO

BABY RESEARCH CENTER



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Breastfeeding is an essential part of the reproductive process: it's natural and the ideal source of nourishment as well as providing incomparable biological and emotional support for the newborn.

Breastfeeding provides global social, economic and public health benefits over both the short term and the long term.

The WHO and UNICEF offer the following recommendations:

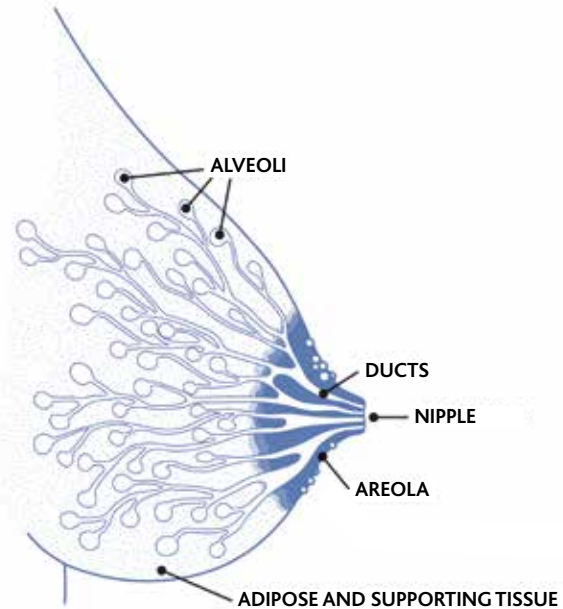
- ✓ Start breastfeeding within an hour of childbirth;
- ✓ Continue exclusive breastfeeding for the first 6 months;
- ✓ Introduce additional foods at 6 months and continue breastfeeding for as long as mother and child desire up to age 2.

HOW BREAST MILK IS PRODUCED

ANATOMY OF THE BREAST

Over the course of the pregnancy and immediately after childbirth hormones bring about changes to the mother's breasts that will guarantee the production of milk and establish the right conditions for effective breastfeeding.

The breast is an exocrine gland arranged into lobes further subdivided into lobules, whose fundamental unit is the alveolus. This is where the milk is produced before being collected into lactiferous ducts and ultimately reaching the nipple.



Neither the size, nor the shape of the breast nor the presence of any mild asymmetry affects the ability to breastfeed. The shape of the nipple doesn't affect the ability to breastfeed but needs to be considered for a proper latch.

THE PHYSIOLOGY OF BREASTFEEDING

Phases of human lactation:



LACTOGENESIS I

(from halfway through pregnancy to the 2nd day after childbirth):
milk synthesis begins, milk production
is under endocrine control.



LACTOGENESIS II

(from the 3rd to the 8th day after childbirth):
abundant milk production begins, the breast is
hot and turgid, milk production is under endocrine
control. It is very important to breastfeed on
demand during this phase.



GALACTOPOIESIS

(from the 9th day after childbirth to involution):
milk production is regulated by the child's suckling and by the emptying of the breast and is under local autocrine control (demand and supply). Milk production normally adapts to the baby's needs and stabilises after about 4-6 weeks. The size of the breast shrinks between the 6th and 9th month after childbirth.



INVOLUTION

(about 40 days after the last feeding):
once foods other than milk are added to the child's diet, the build up of inhibitory peptides gradually reduces the production of milk.



Factors that regulate the production of milk

After childbirth prolactin levels increase and the hormone acts on the cells of the alveolus stimulating the production of milk and of oxytocin. Oxytocin, in turn, acts on the outermost cells of the alveolus causing them to contract and push milk toward the nipple.

Three factors affect the production of milk:

- ✓ **Prolactin:** causes the mother to feel relaxed. Prolactin levels follow a circadian rhythm and are higher at night, which is why breastfeeding at night allows for increased production of the hormone.
- ✓ **Oxytocin:** is produced in greater quantity following visual, tactile, auditory and psychological signals associated with the baby and when the mother is undisturbed; meanwhile secretion of the hormone is inhibited by pain, stress, physical and mental uneasiness as well as by nicotine and alcohol. It's important, especially over the initial period, to encourage proximity and contact between the newborn and the mother throughout the day and to find a calm place for the mother and child to breastfeed without feeling hurried or following a pre-determined schedule.

- ✓ **Feedback Inhibitor of Lactation:** locally produced by alveolar cell, this factor causes production to decrease when the breast is too full. Only by removing the milk, thanks to frequent and effective feeding or by expressing the milk, manually or with a breast pump, can normal production be restored.

DID YOU KNOW THAT...

...mothers are strongly advised to have the baby sleep in his/her own crib but in the same room as the mother in order to simplify breastfeeding at night without skipping meals.



CARING FOR THE BREAST

Except for special situations it is sufficient for the mother to maintain ordinary hygiene with daily washings, even with just water; there's no need to wash the breast after every feeding.



THE IMPORTANCE OF BREASTFEEDING

THE COMPOSITION OF BREAST MILK

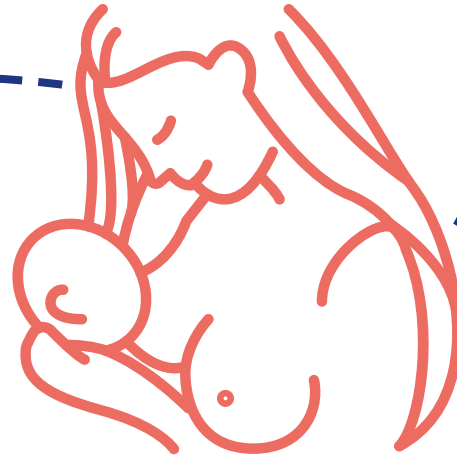
Breast milk isn't merely food; it's living tissue, with hundreds of components: a single drop of breast milk contains roughly 4,000 cells. Besides being species-specific, breast milk is also specific to the individual: every mother produces milk that's suitable for the needs of her own child. Colostrum, transition milk and mature breast milk are produced on the basis of gestational age and contingent nutritional needs.

The composition varies from day to day and from month to month, responding to the needs of the child.

Colostrum, a dense, viscous liquid with a colour that varies from yellow to orange, is produced by the breast from the seventh month of pregnancy and production continues into the first days after childbirth. It's the perfect first food for newborns; it's poor in fats and abounds in carbohydrates, proteins, vitamin A and antibodies.

Colostrum is easy to digest and at the same time very nutritious.

It also has a laxative effect, helping the child eliminate his/her first faeces (meconium) and expel excess bilirubin, which helps prevent jaundice.



Colostrum is produced in small quantities, suitable for the size of the newborn's stomach and for his/her kidneys, which are still immature and unable to handle large volumes of liquids.

The antibodies contained in colostrum line the intestine of the newborn and serve as the first immunisation against many viruses and bacteria, encouraging colonisation of the intestine by helpful bacteria.

Over the first 2 or 3 days after childbirth, colostrum gradually changes to become mature breast milk.

As the days pass the milk becomes increasingly white and opaque, ultimately forming mature breast milk at lactation onset, some 3 to 4 days after childbirth. The time it takes to transition from colostrum to mature breast milk varies widely from individual to individual.

Mature breast milk contains all the main nutrients: proteins, carbohydrates, fats, vitamins, mineral salts and water, in quantities that match the baby's needs and in forms that are easy to absorb.

Proteins: protein quantities are suitable for the growth of the child and for his/her neurological development. They're not affected by the mother's diet. These proteins are rapidly absorbed and easily digested.

Carbohydrates: the main sugar is lactose, which facilitates the absorption of calcium and the development of nerve cells and slows the growth of pathogens in the intestine.


Fats: are the baby's main source of energy.

Iron: is present in a form that's easily absorbed by the baby's intestine.

Water: constitutes about 80% of breast milk. When a baby is breastfed exclusively and on demand, he/she doesn't need any other source of water - not even in climates that are very hot and dry - because the mother's milk contains lots of water with the composition changing to adapt to external conditions.

The composition of the mother's milk varies with the time of day, the duration of feeding, the baby's needs and even over the course of a single feeding: when feeding begins the baby mainly receives water and sugar, an immediate source of energy to soothe his/her hunger and thirst; the milk is then enriched with proteins and fats, slow-release energy that's crucial for his/her growth (see graph).

It's important therefore to wait until the end of the feeding, when the baby spontaneously unlatches from the breast, before offering the other breast.

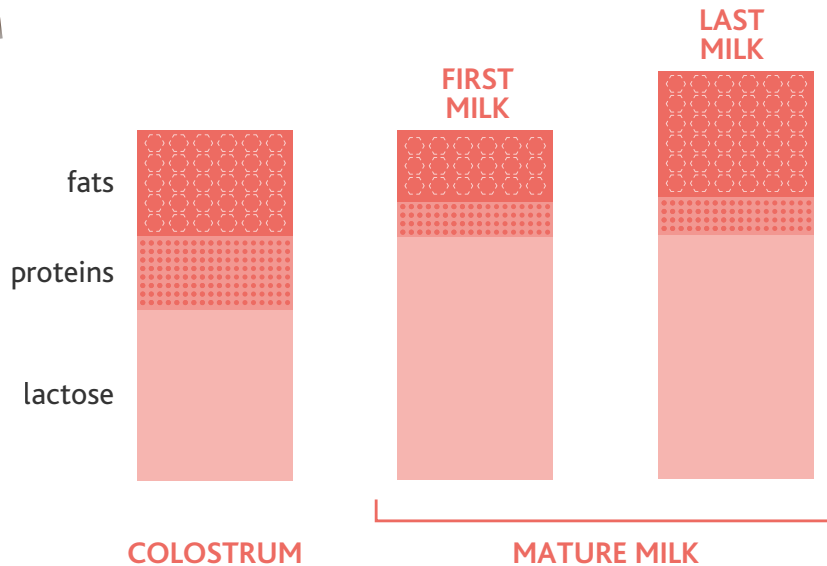
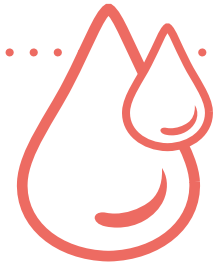


DID YOU KNOW THAT...

...as the milk becomes more and more mature the sugar content (lactose) also increases and encourages the growth of brain tissue; meanwhile, as the months pass, protein levels diminish since the growth of the baby's body tends to slow down.



DIFFERENCE BETWEEN COLOSTRUM AND MATURE BREAST MILK AND HOW THIS VARIES FROM FIRST MILK TO LAST MILK



THE BENEFITS OF BREASTFEEDING



For the baby

The benefits of breastfeeding have long been recognised by the World Health Organisation, which considers breastfeeding a priority public health objective globally. It impacts the proper development of the child and the prevention of numerous diseases. Breastfeeding is an extraordinary investment in the health of your child. Thanks to its properties, breast milk is capable of helping with the proper development of the child and protecting him/her from many diseases. Specifically, several scientific studies have demonstrated that breastfeeding:

- ✓ contributes to forming a better-shaped mouth
- ✓ protects against respiratory tract infections and asthma
- ✓ protects against otitis
- ✓ protects against diarrhoea
- ✓ reduces the risk of obesity, diabetes and tumours of the lymphatic system.

For the mother

Mothers also receive significant benefits from breastfeeding their baby:

- ✓ loss of weight gained during pregnancy
- ✓ reduced risk of developing osteoporosis
- ✓ prevention of certain tumours of the breast and ovaries
- ✓ there's no cost
- ✓ it's practical





BETTER BREASTFEEDING

HOW TO TELL WHEN THE BABY IS HUNGRY

Newborn children should be breastfed freely, frequently and without a preset schedule. A frequency of 8 to 12 feedings per day is considered normal. Learning to recognise signs of hunger in a baby is important and helps guarantee a relaxed and effective feeding experience. Signs of hunger are classified by when they manifest: early, intermediate and late.

Early and intermediate signs include: restlessness that may become agitation and irritability, rapid movement of the eyes, movement of the mouth and neck, sucking sounds, tendency to bring the hand to the mouth. Crying is generally a late sign of hunger, which may negatively impact effective feeding in some cases.

The duration of feedings varies greatly, depending on the flow of milk and the behaviour of the newborn: the baby will unlatch spontaneously when he/she is full.

Reliable signs of suitable milk production and intake are the emission of urine and faeces and a lively child who is growing well. If the feedings are going well the baby should wet 5 or 6 nappies per day with clean, clear urine. As far as faeces go, it's normal for the transition from meconium to faeces to occur the fourth day of life with the emission of very runny yellowish faeces (3-8 times per day for the whole first month, then on average at least once every 3-4 days).

EARLY SIGNS
"I'M HUNGRY"



I MOVE



I OPEN MY MOUTH



I TURN MY HEAD,
SEARCHING FOR
THE BREAST

INTERMEDIATE SIGNS
"I'M VERY HUNGRY"



I STRETCH



I MOVE MORE
AND MORE



I BRING MY HAND
TO MY MOUTH

LATE SIGNS OF HUNGER
"HELP ME CALM DOWN, FEED ME"



I CRY



I'M AGITATED



I BECOME RED



IT'S TIME
TO CALM THE
CRYING CHILD:

CUDDLE HIM/HER

MAINTAIN CONTACT
SKIN TO SKIN ON YOUR CHEST

TALK TO YOUR BABY

CARESS HIM/HER

...BEFORE
FEEDING

Other recommended positions are:



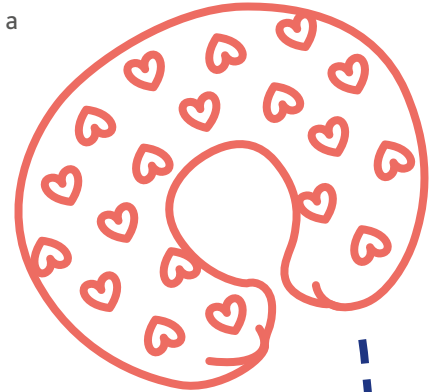
Lying flat or sideways: this helps the mother rest and is therefore recommended during the initial period after childbirth, especially for women who have had a caesarean or when the mother is particularly tired.



Crossover: useful for newborns who are small or sick and can be useful while learning to breastfeed. A specific cushion that provides support for the child can be helpful in this case as well.



Rugby position: useful when the breast is very full, to help drain the milk from every area, or when breastfeeding twins. The mother holds the baby using the arm on the same side as the breast being offered. Placing the cushion to the side of the mother with the baby resting on top can be helpful, the baby's body will be under the mother's arm. The mother uses her arm to bring the baby's head close to the breast.



There's no single perfect position. The best position will vary with each mother-child pair.

An approach known as **biological nurturing**, which calls for the mother to find a comfortable, partially reclining position with the baby lying on her body, allows both to make the best use of their instinctive skills thereby reducing problems with latching and feeding.

This is meant to show that breastfeeding is an innate practice and that choosing between the various positions for nursing must depend on the preferences of the mother and baby.



SIGNS OF A PROPER LATCH AND EFFECTIVE SUCKLING

Once the preferred position - or the best position for the given feeding - has been selected, it is very important to determine whether the baby has latched on to the breast correctly.

The baby has latched on correctly if:

- ✓ his/her mouth is wide open and covers the areola and nipple;
- ✓ the baby's chin is touching the breast;
- ✓ the lower lip is turned outward; and
- ✓ more of the upper portion of the areola is visible compared to the lower portion.



With correct latching the mother doesn't feel pain, though she might feel a little discomfort immediately after latching over the first days.

Signs that the baby is suckling effectively are:

- ✓ slow, deep sucking, at times with a brief pause
 - ✓ visible and audible swallowing, with no other sounds
 - ✓ cheeks full and well-rounded, not sunken
 - ✓ spontaneous unlatching by the baby, who releases the breast on his/her own and appears satisfied.
- fine spontanea della poppata da parte del bambino, che lascia il seno da solo e sembra soddisfatto.*

DIETARY CONSIDERATIONS FOR WOMEN WHO ARE BREASTFEEDING

A breastfeeding mother who doesn't have any special clinical conditions will only need to consume sufficient foods and drinks - in terms of quantity and quality - to feel well and be able to care for the family, taking in all the proteins, vitamins and minerals she needs. There's no need to eat certain special foods or avoid others when breastfeeding. The same is true for liquids, drinking enough to quench the natural sense of thirst is sufficient: mothers need to drink when they're thirsty or notice that their urine is concentrated or limited.

Here are some common myths about breastfeeding and eating habits that need correcting:

✓ **When breastfeeding you need to eat for two: false.**

Breastfeeding mothers produce 750ml to a litre of milk per day and only need an additional 500-700 calories, an energy need that is easily met by consuming just a little extra food.

✓ **Several foods such as garlic, onions, broccoli should be avoided when breastfeeding: false.**

There are no forbidden foods, especially since the baby has already grown accustomed to spices and other flavours while in the womb. As the mother's diet varies the flavour of the milk changes and the baby enjoys those changes. The variety also helps him/her grow accustomed to the family's dietary habits and prepare for the transition to eating those same foods, which generally occurs after a full 6 months. Food is also part of culture, so observing eating habits is a form of respect for a person's culture. A vegetarian diet isn't a problem when breastfeeding, whereas a vegan diet can cause breast milk to lack vitamin B12, which the mother needs to take.

✓ **Drinking beer helps with lactation: false.**

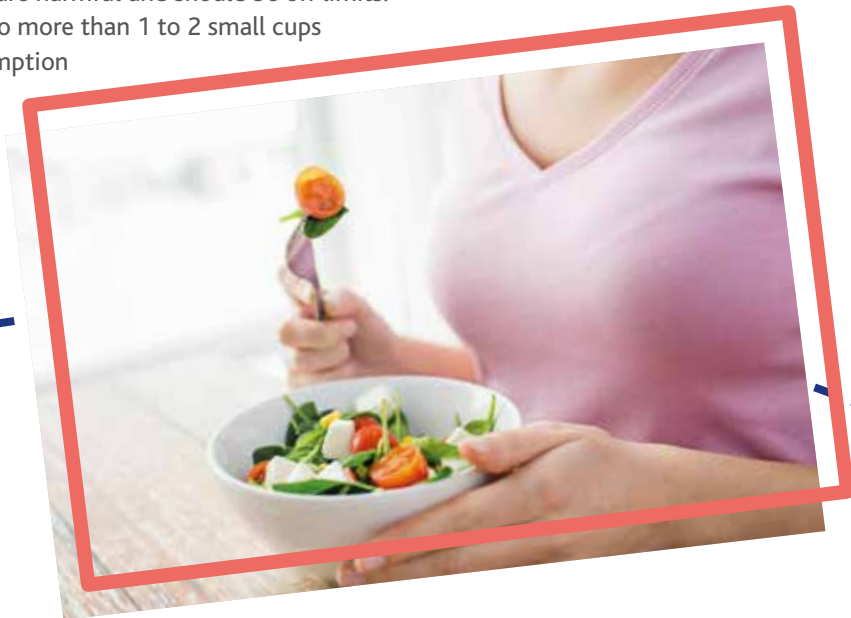
In fact, there's no documented evidence that any drink consumed in large quantities helps with the production of milk, which largely depends on correct latching and suckling.

✓ **A glass of wine isn't harmful: true.**

A glass of wine taken with a meal is occasionally permissible, though one should always take the simple precaution of not breastfeeding immediately after drinking. Spirits, on the other hand, should be completely eliminated.

✓ **Coffee and tea are off limits: false**

There's no scientific evidence that they are harmful and should be off limits. Common sense should be used, taking no more than 1 to 2 small cups per day as desired. Only elevated consumption can cause the baby to be irritable.





HOW TO HELP MAINTAIN THE PRODUCTION OF MILK

EXPRESSING BREAST MILK

Milk expression can be useful to:

- ✓ feed a child who has a hard time latching and suckling;
- ✓ feed a child who weighs very little or is unable to suckle due to an illness;
- ✓ maintain the production of milk when mother and baby are separated;
- ✓ feed the baby with his/her mother's milk when the mother is at work or needs to be away for a while;
- ✓ drain a breast that is excessively turgid, thereby helping the child latch on; and
- ✓ reduce blockage, the obstruction of a lactiferous duct with milk stasis.

Milk can be expressed manually or with the help of a breast pump: manual expression is done by hand and requires a specific technique to be learned with the help of an obstetrician; alternatively, if the mother desires or when milk expression is frequent over the course of the day or prolonged for a given period of time, the operation can be completed with an effective breast pump. In either case, it's important to have clean hands and use sterilised equipment.

Using a comfortable level of suction for expression is just as important when using a breast pump as it is when breastfeeding the baby: expression should be brief and rapid at the beginning followed by longer and slower expression later. When using a manual breast pump the frequency and intensity is adjusted by using the lever; electric breast pumps, on the other hand, must be equipped with dual mode: stimulation and expression.

If the mother produces more milk than the baby needs, the expressed milk can be left to rest for a short period of time, allowing the fatty part of the milk to rise to the top. This fattier portion can then be added to the milk prepared for a feeding in order to increase its energy content.

DID YOU KNOW THAT...

...in the event of frequent expression or when pumping milk for an extended period of time the use of an electric breast pump is advised; for less frequent expression or to address problems that are minor and temporary (stepping out for a moment, blockage...) a manual breast pump can be used instead. It is advisable to collect the milk in sterile glass or plastic containers with lids that are easy to wash.

STORING BREAST MILK

Healthy breastfed baby at home

Fresh breast milk:

- ✓ at 25°-37°C for 4 hours
- ✓ at 15°-25°C for 8 hours
- ✓ at less than 15°C for 24 hours
- ✓ don't store at more than 37°C

Refrigerated breast milk:

- ✓ at 2°-4°C, up to 8 days (place the container in the coldest part of the refrigerator). Since many refrigerators don't maintain a constant temperature, using the milk within 3-5 days or freezing any milk that won't be used within 5 days is preferable.

Frozen breast milk:

- ✓ in the refrigerator's freezer compartment: 2 weeks;
- ✓ in the freezer compartment of a freezer fridge: 3 months;
- ✓ in a separate low temperature freezer: 6 months;
- ✓ thawed slowly in the fridge: 24 hours (don't freeze a second time).



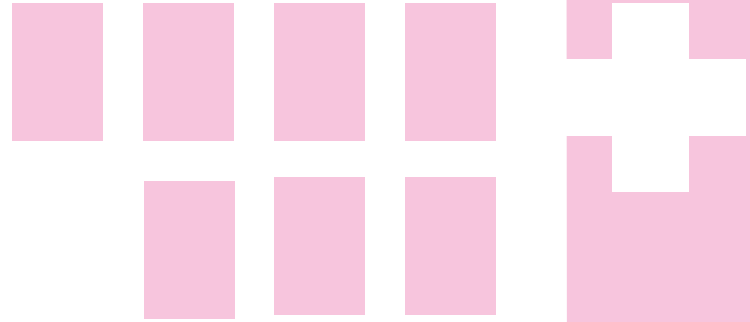
Sick breastfed baby in the hospital

Fresh breast milk:

- ✓ at room temperature (up to 25°C) for 4 hours;
- ✓ in the refrigerator (2°-4°C) for 48 hours.

Frozen breast milk:

- ✓ in the refrigerator's freezer compartment: 2 weeks;
- ✓ in the freezer compartment of a freezer fridge or in a separate freezer (-20°C): 3 months;
- ✓ thawed slowly in the fridge: 12 hours (don't freeze a second time).



To preserve all its nutritional properties, breast milk must be warmed slowly, using a bottle warmer with a slow cycle, avoiding microwave ovens or a water bath with boiling water.

THE IMPORTANCE OF DONATED BREAST MILK

In Italy donated breast milk is especially used for premature babies hospitalised in neonatal intensive care for whom the mother's milk is not available.

www.human-milklink.org

ADDRESSING MINOR ISSUES THAT ARISE WITH BREASTFEEDING

Problems may arise when breastfeeding that can negatively impact successful suckling if they are not addressed in due time: most of the time they are caused by breastfeeding incorrectly (position of the mother and baby, latch, unsuitable frequency and inefficient suckling). The main problems that arise while breastfeeding are: inverted nipples, cracked nipples, engorged breasts, duct obstruction, mastitis, infections with *Candida albicans*.

Flat or inverted nipples

Flat nipples occur when the eversion of the nipple is very weak; meanwhile, if the nipples tend to pull inward when stimulated they are referred to as inverted nipples. The first thing to remember is that the baby doesn't latch to just the nipple but the entire areola, so this condition doesn't mean the mother can't breastfeed; however, it is important to pay special attention to the latch right from the start until the baby gains sufficient experience. Use a C-hold on the breast (see figure) to create light pressure on the edges of the areola, thereby changing the shape of the breast and helping the child latch properly.

Using a nipple corrector or breast pump to tug lightly on the nipple and help with eversion before feeding can be useful. In these cases nipple shields can provide temporary assistance throughout the feeding or over the first minutes. Nipple shields are also useful when production is abundant and the emission reflex is excessively strong.



Cracked nipples

Over the first weeks of breastfeeding, pain may arise due to irritation of the nipple. Injuries to the nipple result from an incorrect latch and improper feeding position.

In the event of cracked nipples, the frequency of feedings should not be reduced, but it is important to treat the cause by correcting the latch and the position of the baby.

Over the meantime appropriate measures should be taken to encourage healing and sooth the pain caused by the injury.

DID YOU KNOW THAT...

...a specific breastfeeding pillow can be useful to help hold the baby and maintain a correct position.

DID YOU KNOW THAT...

...in the event of cracked nipples, nipple shields can be used temporarily on the sore nipple, for the most painful period (usually 2 or 3 days) or over the first minutes of feeding, which are generally the most painful; after feeding begins the nipple shield can be pulled out - without separating the baby from the breast - and feeding can continue as usual.

Breast engorgement

This problem arises when the breast isn't emptied frequently and completely. There can be several causes: delayed breastfeeding after childbirth, improper latch, infrequent or insufficiently long feedings, missed night-time feedings. The breast becomes very hot, hard and sore and appears taut and shiny. The nipple may be stretched, taut and flattened, making it even more difficult for the baby to latch on and leading to further engorgement. If engorgement continues the feedback inhibitor of lactation reduces milk production and the milk stops flowing. To treat the engorgement the milk needs to be removed and lactation encouraged. Gently massaging the breast to express the milk manually or with a breast pump will soften the areola and make latching easier. Latch frequency should also be increased (8-12 times in 24 hours), offering the engorged breast to the baby first.

Engorgement should not be confused with a breast full of milk: at lactation onset, more blood flows to the breast to produce more milk, and it's normal for the breast to feel hot and heavy. Feeding the baby frequently is enough to alleviate this sensation.

Obstructed duct

Sometimes milk won't flow from a part of the breast due to the obstruction of a lactiferous duct. This too is caused by infrequent feedings and insufficient expression of milk from a part of the breast.

Pressure created by tight clothes or by the mother's fingers can also lead to the condition, other causes include trauma or the pressure put on the breast when the mother lies down. The solution is similar to the remedy for engorgement: increase the feedings, alternating positions to drain the various parts of the breast.

DID YOU KNOW THAT...

...taking a hot shower or bath can help the milk flow; wearing a comfortable bra without an underwire avoids putting pressure on the breast offering immediate relief; using cold compresses between feedings can reduce the pain.



Mastitis

The extreme consequence of untreated breast engorgement or duct obstruction is mastitis: inflammation of mammary tissue complicated by bacterial infection of the injured nipple, which becomes a gateway for germs. The result is a turgid breast, swelling, local erythema, pain that extends to the thoracic muscles, general malaise and flu-like symptoms accompanied by fever. If this happens you should consult your doctor. Women with mastitis need to continue to attempt feedings, offering the breast frequently and starting with the infected breast. If the breast is very big, it's useful to encourage the flow of milk with a delicate massage that moves toward the nipple and placing warm compresses on the affected area before feeding, besides encouraging frequent feedings. Only rarely will the mother need to stop breastfeeding and, in any event, the milk will need to be removed with a breast pump, which offers the added benefit of reducing the symptoms. Avoid the pressure caused by clothing or fingers.

Infection with *Candida albicans*

Nipple infections caused by *Candida albicans* can be the result of an infection present in the baby's mouth or be caused by antibiotic therapy for mastitis or some other infection or a caesarean section.

Typical signs of Candida are:

- ✓ nipples or areola are pink-orange with desquamation, itchy-redness and burning;
- ✓ cracked nipples;
- ✓ twinges or jabs to the breast during or after feeding.

At the same time, the baby will also often have a nappy rash, white patches in his/her mouth and be reluctant to feed.

Recommendations to reduce the discomfort and inhibit the growth of the fungus are:

- ✓ keep the nipple dry;
- ✓ sterilise the breast pump and change the pacifier and any teats weekly;
- ✓ change bra frequently and wash it with hot soapy water;
- ✓ wash hands thoroughly.

In these cases one must refer to a doctor, who will specify an antibiotic treatment.



REGURGITATION

Regurgitation refers to a small quantity of milk returning from the stomach to the mouth immediately after a feeding.

Regurgitation can appear immediately after a feeding (the milk will generally be unaltered) or even after a few hours. In this case the milk will have curdled because digestion is already well under way and the contents may appear liquid. Regurgitation is very common among babies, especially between the 2nd and 6th month, and isn't cause for concern if the baby is growing well. It will, in fact, improve on its own with the passage of time and disappear after the first year.

In any event, some practical measures can be taken:

- ✓ keep the baby in a vertical position after each feeding, protecting your shoulder with a small towel (also avoid sunken positions);
- ✓ avoid changing the nappy immediately after a feeding.

A paediatrician needs to be contacted if the regurgitation turns to actual vomit with extended bouts and forceful expulsion and if the baby shows signs of suffering (crying and complaining, persistent state of agitation).



NON-NUTRITIONAL SUCKING BEFORE AND AFTER BIRTH

Non-nutritional sucking is an innate instinct, already exhibited by the baby over the nine months of gestation. This instinct plays a crucial role in helping foetal neural circuits mature and allows the baby to feed autonomously after birth.

After birth, soothing remains important as a source of consolation and can be properly encouraged by using a soother that helps keep the tongue in a natural position, allowing the mouth to develop correctly and best serve its purpose.





USEFUL INFORMATION

HOW TO EVALUATE GROWTH IN A BREASTFED BABY

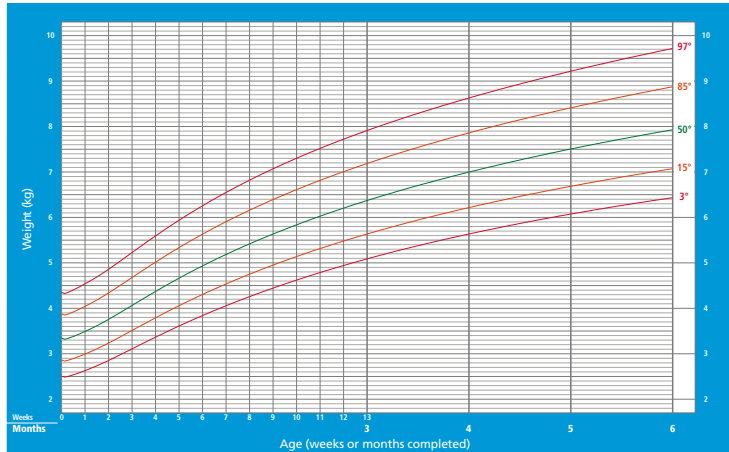
Besides checking the baby's urine and faeces (5-6 nappies per day with clean, clear urine) weight gain is also a reliable sign, if accurate scales are available and if measurements can be repeated with the same scales. Newborns can lose 7-10% of their birth weight over the first days, but they need to regain any weight lost within 2-3 weeks.

The WHO provides standards for evaluating growth in all children.

DID YOU KNOW THAT...

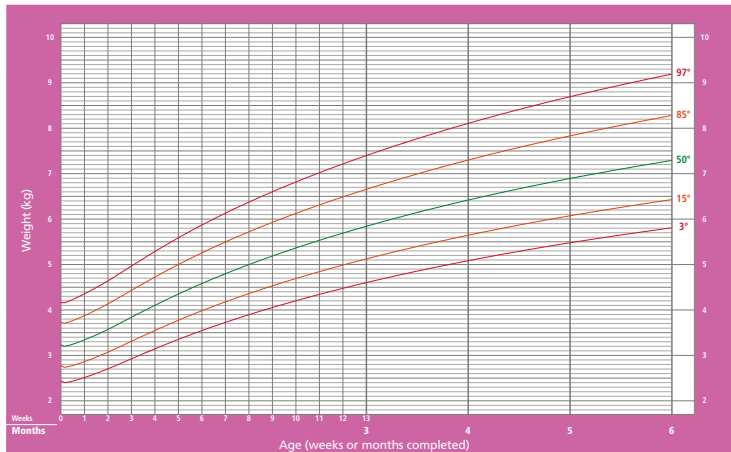
...given the variable amount of milk consumed from one feeding to the next, the practice of weighing a baby before and after feedings is not recommended; weighing the baby once a week is the recommended approach.

WHO GROWTH CURVES



Males, 0-6 months

Consulting a paediatrician to properly calculate the curves together is always recommended, since failure to gain weight needs to be properly evaluated in babies: in fact, the baby's weight percentile is not as important as the slowing rate of growth, verified by at least three weighings at suitable intervals. In any event, decisions must never be taken solely on the basis of the weight curve, the baby's overall health also needs to be taken into consideration.



Females, 0-6 months

Chicco Baby Research Center

Thanks to the help of our experts and to our continuing communication with parents, we are able to study and understand the needs of children and their families, developing solutions that enable them to enjoy each moment to the full.

For more advice,
come visit our website
www.chicco.it



THE BABY RESEARCH CENTRE THANKS

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