

## ■ Hindmilk and Foremilk — What Parents Should Know

You may have heard that babies sometimes get “too much foremilk” or “not enough hindmilk.” The truth is — there’s no such thing as an imbalance.

Breastmilk naturally changes from the start to the end of a feeding: the milk at the beginning is a bit lighter, and as the feeding continues, it gradually becomes creamier. But over the course of 24 hours, your baby gets the perfect blend of nutrients, calories, and fats for healthy growth. Every parent makes milk that is right for their baby. There’s no “low-calorie” breastmilk — your body knows what to do!

### ■ When Baby’s Weight Gain Seems Slow

Some babies are just naturally smaller — just like adults, growth patterns vary by family background and genetics.

If a baby is transferring plenty of milk but not gaining as expected, sometimes the reason isn’t the milk at all. Occasionally, a baby may have higher metabolic demands — meaning their body is working harder and burning more energy. This can happen with things like:

- Unrecognized heart or lung issues
- Thyroid or metabolic differences
- Recovery from illness or prematurity

In these cases, the goal is to find out why the baby needs more calories — not to automatically add formula. Supplementing without understanding the cause can make babies less interested in nursing and delay identifying what’s really going on.

### ■■ Typical Feeding Volumes

- Newborns: about 2–3 oz every 2–3 hours (8–12 feedings in 24 hours)
- Older babies: around 2–5 oz per feeding, depending on how often they nurse

Remember — every baby and every parent’s milk supply is unique! What matters most is effective milk transfer, frequent feeding, and steady overall growth.

### ■ The Bottom Line

Your body makes exactly what your baby needs. “Foremilk” and “hindmilk” are just parts of the same amazing meal. If your baby’s growth seems off, it’s worth looking at feeding patterns, milk transfer, and possible medical reasons — not assuming your milk is the problem.

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