



Breastfeeding Forms (RCP 6.0 & 6.1) User Guide

Purpose of Breastfeeding Forms:

- To guide breastfeeding documentation in accordance with minimum best practice standards for the Baby-Friendly Initiative (BFI).
- To increase mothers' confidence as they approach independence in breastfeeding.
- To capture relevant information required by health care professionals to:
 - reflect daily breastfeeding assessments
 - support women's successful breastfeeding outcomes
 - create a clear discharge feeding plan, and
 - improve the continuity of care and support through concise communication.

Note: To accurately capture maternal breastfeeding goals and concerns, please begin documenting as close to the birthing admission as possible.

RCP Form 6.0: *Daily Breastfeeding Record (staff and/or parent may document)*

Notes: Encourage mothers to use this record to document, with a particular focus on elimination, infant state, and self-efficacy/confidence. The form is double-sided. Please use additional Daily Breastfeeding Records as required during hospital stay.

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| | <p>'Elimination'</p> <ul style="list-style-type: none"> • Record urine and stool using key. |
| | <p>'Infant State', and 'Position & Latch'</p> <ul style="list-style-type: none"> • Record Infant State prior to each feed using key. • Record breastfeeding assessments at least once per shift and ideally with each feeding using key. Describe infant positioning on each breast. The rating of maternal breastfeeding self-efficacy/confidence is intended to be self-reported. |
| | <p>'Interventions'</p> <ul style="list-style-type: none"> • Record any interventions introduced to the breastfeeding dyad using key. In the Progress Notes, document rationale for intervention(s) and also include the mother's and baby's response. |
| | <p>'Intervention: Education'</p> <p>Record intervention education provided to mother/family (including risks) as either initial education or reinforcement/expansion of existing knowledge. Potential topics are suggested in Part B of RCP form 6.1 <i>Breastfeeding: Assessment and Discharge</i>. Use Progress Note if needed.</p> |
| | <p>'Plan for Next Feeding'</p> <ul style="list-style-type: none"> • Record any short term goals and plans for the next feeding. If additional space is required, please document on a Progress Note. |

RCP Form 6.1: *Breastfeeding: Assessment and Discharge*

This form is intended to support the iterative process of helping mothers to establish and meet their breastfeeding goals, to achieve confidence and independence. The form can be started prenatally, continued during the birth admission/in-hospital and shared with moms and health care providers after discharge to ensure continuity in the care and support of new mothers and their infants. To assist with communication, hospital-based staff may consider providing a copy of the completed form to the mother and/or her primary care provider at the time of discharge.

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Part A: First Breastfeeding Experience

Note: If mother and baby are separated at birth for medical reasons, please complete when initial skin-to-skin occurs and/or the breast is first offered.

'Infant'

- Relevant information and risk factors:
 - Record potential influences on breastfeeding outcomes.
 - May include items such as gestation, small or large for gestational age (SGA/LGA), birth trauma, birth anomalies, etc.
 - May also include maternal history of breast surgery or low milk supply, & risk factors for low milk supply (hormone conditions, PPH, ergot, etc.).
- Initial skin-to-skin:
 - Record initial contact (this includes skin-to-skin with partner or support persons).
 - Identify factors resulting in delayed skin-to-skin, or early discontinuation.
 - Record skin to skin during transfers between care areas.
- First breastmilk (colostrum) transfer:
 - Record date and time of first audible swallows or drops of colostrum given orally (e.g. does not refer to latching and sucking, but to milk transfer).
 - If delayed this may still be recorded; please complete section when first breastmilk transfer does occur.

'Mother'

- Breast & Nipple Assessment:
 - May be completed prenatally or after birth.
 - Describe findings (e.g. nipple type, breast tissue development, etc.).
- Mother's Breastfeeding Goals:
 - Explore with the mother her initial beliefs and values as they relate to breastfeeding.
 - Review informed decision making (including importance of breastfeeding and risk of formula).
 - Document her intentions regarding exclusivity, and expected duration of exclusive and/or any breastfeeding.

Part A: First Breastfeeding Experience (continued)

- **Mother's Breastfeeding Concerns:**
 - Identify any concerns the mother may have regarding her capacity to achieve her breastfeeding goals. Concerns may relate to experiences she has had (e.g. birthing etc.), or physical and/or psychosocial influences.

- **Maternal Response to First Breastfeeding Experience:**
 - Record physical and emotional response to breastfeeding (e.g. may include feelings, physical and/or social comfort related to infant latch and suck) Consider examples such as birth experience, self-image, BMI, mental health, sleep deprivation, etc. and their influence on breastfeeding.
 - Describe any concerns expressed following this experience.
 - Self-efficacy/confidence: discuss with mother and record her perception (1 = low to 5 = mastered).

- **Post-feed Nipple Assessment:**
 - Describe assessment findings following first breastfeeding experience.
 - "same as prefeeding" denotes no concerns and no nipple changes with breastfeeding; record otherwise as assessed.
 - Daily Breastfeeding Record (RCP/6.0) or Progress Notes are used to document ongoing assessments and follow-up.

Part B: Education

Note: please refer to provincial resources (Breastfeeding Basics, Loving Care, Formula Book, RCP online learning module, etc.) to support educational requirements of staff and families. Links are provided at the end of this document.

- Indicate topics discussed with mother and family prenatally, during hospital stay, and/or following discharge.
- Topics required by the Baby-Friendly Initiative are indicated with '**'.
- Optimally, all topics will be discussed prenatally or before discharge from hospital; if not, indicate the topics that will require follow-up with other care providers in Part E: Feeding Discharge Summary.
- 'Other' may include providing information for formula supplementation for those who choose to do so (e.g. preparation, handling and storage of Formula; selecting one that is AFASS (acceptable, feasible, affordable, sustainable & safe)).

Part C: Referrals

- Record any referrals made for the mother-baby dyad related to breastfeeding.

| Part D: Breastfeeding Follow Up | |
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| | <ul style="list-style-type: none"> • Document post-discharge breastfeeding follow-up plans for mother-baby dyad. • If possible, please include specifics of provider name and date of appointment. • Record information shared regarding available community-based peer and professional supports. |
| Part E: Feeding Discharge Summary | |
| | <ul style="list-style-type: none"> • Record infant and feeding status at time of discharge, and for previous 24 hours. • Document any medical indication(s) for supplementation at time of discharge (<i>note: only medical indication needs to be documented; this does not include informed maternal choice to breastfeed and use formula</i>). <p>‘Maternal Assessment’</p> <ul style="list-style-type: none"> • Record physical and emotional response to breastfeeding (e.g. feelings and/or comfort related to degree of physical, emotional and social comfort, birth experience and stage of healing, maternal attachment, engorgement, or previous breastfeeding experience and their relationship to current breastfeeding status). • Self-efficacy/confidence: discuss with mother and record her perception (1 = low to 5 = mastered). <p>‘Maternal Concerns’</p> <ul style="list-style-type: none"> • Identify any concerns the mother may have regarding her capacity to achieve her breastfeeding goals. Examples may include physical or psychosocial experiences (e.g. birthing, parenting, etc.) as they relate to breastfeeding. • Explore with the mother the effect of family and supports as well as other post-discharge concerns that may affect breastfeeding outcomes. <p>‘Current Breastfeeding Goals’</p> <ul style="list-style-type: none"> • Describe the mother’s expressed breastfeeding goals at time of hospital discharge: <ul style="list-style-type: none"> ○ Explore with the mother her beliefs and values as they relate to breastfeeding; what has been the impact of her experience? ○ Review (and possibly revise) her intentions regarding exclusivity, and expected duration of exclusive and/or any breastfeeding |

Discharge Feeding Plan

- Recommended for all mother-baby dyads to support optimal breastfeeding outcomes.
- Required for any mother-baby dyad with unresolved breastfeeding challenges.
- In the “continue with” area, describe the feeding plan as it exists at time of discharge:
 - Examples to include: cue-based feeding/feeding frequency, assessment of milk transfer, skin-to-skin, supplementation (when applicable), etc.
- In the “work toward” area, identify goals to be met and ways to adjust the feeding plan accordingly:
 - Examples to include: optimizing effective breastmilk transfer; decreasing supplementation volumes (when applicable); etc.
- In the “seek professional assistance” area, identify circumstances and situations when the mother-baby dyad may require skilled assessment:
 - Examples of circumstances to include: decreased urine/stool output; infant not waking to feed/lethargic; unresolving nipple trauma, etc.
 - Examples of resources may include (provide contact information for resources mother/family may access locally): Public health services, primary health provider, La Leche League, Family Resource Centre, local telephone support line, Lactation Consultant, Breastfeeding Network or local clinic, or other peer supports.

Relevant Links for Health Professionals, Community Partners, and Parents:

Breastfeeding Basics:

<http://novascotia.ca/dhw/healthy-communities/documents/Breastfeeding-Basics.pdf>

Loving Care:

http://novascotia.ca/dhw/lovingcare/docs/09045_LCBirthto6MonthsBook_En.pdf

Formula Book: *How to Feed Your Baby with Infant Formula*

<http://novascotia.ca/dhw/healthy-development/documents/05115-How-to-Feed-Your-Baby-with-Infant-Formula-Linked-Index-En.pdf>

RCP learning module: *Introduction to the Care of Breastfeeding Mothers and Babies*

<http://rcp.nshealth.ca/education/learning-modules/care-breastfeeding-mothers-babies>