Reproductive Care Program of Nova Scotia

BREASTFEEDING: ASSESSMENT AND DISCHARGE

Part A: FIRST BREASTFEEDING EXPERIENCE — Initial when complete

INFANT	MOTHER
Relevant Information and Risk Factors (mom or baby):	**Breast/Nipple Assessment Completed** ❑ Prenatally ❑ After birth Comments:
Initial Skin−to−Skin: _____ Immediate _____ Delayed Length of Delay: _____ _____ None If delayed or none, identify medical reason: ❑ Skin−to−Skin until at least end of first feed; if discontinued prior to this explain: Initial Breast Contact: ❑ N or ❑ Y Date/Time:_____ First Breastmilk (Colostrum) Transfer: Date/Time:_____ ❑ At breast ❑ Drops given ❑ No breastmilk transfer (explain): ❑ Skin−to−Skin during transfer between care areas	Mother's Breastfeeding Goals* Mother's Breastfeeding Concerns: **Maternal Response to First Breastfeeding Experience:** ❑ Physically Comfortable Maternal concerns: ❑ Emotionally Comfortable ❑ Not Comfortable Low High Self−efficacy/confidence −(circle): 1 2 3 4 5 ❑ Assistance required and given (explain) **Post Feed Nipple Assessment** ❑ Same as prefeeding ❑ Misshapen ❑ Painful ❑ Damaged Describe:

Part B: EDUCATION (* =required topics for BFI)

Initial		Initial	
	❑ * Importance of exclusive breastfeeding		❑ Milk transfer
	❑ * Breastfeeding recommendations		❑ Signs of adequate intake
	❑ * Importance of skin−to−skin		❑ Hunger & satiation cues
	❑ * Hand expression		❑ Normal newborn weight loss
	❑ * Infant states & effect on breastfeeding		❑ Breast & nipple care
	❑ * Soothing babies without use of pacifiers		❑ Milk production
	❑ * Importance of mother−baby togetherness, especially at night and including sleep strategies		❑ Growth Spurts
			❑ Engorgement prevention
	❑ * Safe Sleep		❑ * Expressed breastmilk storage, handling & feeding
	❑ * Positioning & latching		❑ * Family planning
	❑ * Frequency of feedings		❑ * Professional & peer community breastfeeding supports
	❑ * Clusterfeedings		❑ * Rights of breastfeeding mothers
	❑ * Increasing volumes		❑ Other:
	❑ * Informed decision−making		

Part C: REFERRALS — Initials:

Please list:

NSRCBRAS

Reproductive Care Program of Nova Scotia

BREASTFEEDING: ASSESSMENT AND DISCHARGE

Part D: BREASTFEEDING FOLLOW UP (date if appointment arranged and initial)

❑ Physician/Midwife/NP	Date/Time Appt		Initial
❑ Public Health	Date/Time Appt		Initial
❑ Out−patient Clinic (return to unit)	Date/Time Appt		Initial
❑ Peer Support	Date/Time Appt		Initial
❑ Lactation consultant	Date/Time Appt		Initial
❑ Other	Date/Time Appt		Initial

Part E: FEEDING DISCHARGE SUMMARY

Initials:

Discharge Date & Time

Infant Age (days & hours)

Weight @ 24 Discharge weight

Weight loss ≥ 10%? N Y If yes, % lost:

voids last 24 hours

stool & type last 24 hours

❑ Waking independently for feedings

❑ Requiring waking for feedings

Describe

❑ Breastfeeding exclusively ❑ EBM

❑ Breastmilk subsitute (e.g formula)

Method of supplement

Medical Indication

❑ Not currently breastfeeding

Comments

Maternal Assessment

❑ Physically Comfortable

❑ Emotionally Comfortable

❑ Not Comfortable

❑ Self−efficacy/confidence (low to high) 1 2 3 4 5

Maternal Concerns:

Current Breastfeeding Goals:

Discharge Feeding Plan (please attach additional sheet if required)

Continue with:

Work toward:

Seek professional assistance if:

PRINT NAME	SIGNATURE/STATUS	INITIALS

NSRCBRAS