

Breastfeeding Assessment Tool

Full Name:
Address: HCR Addressograph
HCR. Address

Goal:		To ensure that the parent is breastfeeding effectively and highlight any issues or concerns they may have with breastfeeding										
Frequency of completion:		☑ On a	On admission 🗹 Once per shift, or per day, until breastfeeding established to a level parent is happy with +/- clinical judgement									
' ' '			☑ Wee	ekly until discharge								
Δct	ions:			, ,	SE hooklet 'Breastfeeding :	– a good start	t in life' If any responses in the pink column are ticked - observe a full breastfeed					
				e parent with a copy of the HSE booklet 'Breastfeeding – a good start in life'. If any responses in the pink column are ticked - observe a full breastfeed. ent the assessment outcomes and advice given in nursing notes. Discuss any additional concerns with a Breastfeeding Champion/senior staff member.								
_		L	-				·					
Day Wet Nappies			Stools	-		et Nappies		Stools				
1 1+ (over 24 ho		•	irs)	1+ black 4 2+ black 5		4+ 5+			3-4+ greenish or yellowish			
2 2+								ا مساسما	Stools should turn yellow			
3 3+			3+ black or greenish	6 days – 6 weeks 6 weeks – 6 months	6+ (pale, yellow or clear urine		lear urine)	3-8+ yellow, seedy, runny to loose daily 3-5+ yellow, soft (make thicken over time), daily but may skip day				
	Indicator		Indication of offsetive foodi		Ansu		Angwar cua					
1			Indication of effective feeding (Green Indicators) As per table above				Answer suggestive a breastfeeding challenge (Pink Indicators) Not within table limits above					
2		•	-	No more than 7-10% of birth weight loss; regained birth weight by day				Weight loss > than10%; gaining less than 30-35g per day				
_	2 Weight (post initial birth loss)		14; otherwise gaining weight 30-35g per day				Weight 1055 > than 10%, gaining less than 50-55g per day					
3 Infant Colour & Tone			May have evidence of normal physiological jaundice. Centrally &				Jaundice not improving or worsening. Baby has poor tone					
-			peripherally pink/ normal for infant's condition. Baby has good tone									
4 Infant Alertness			Alert when awake, wakes to feed, engages in the feeding process				Lethargic to feed, not waking to feed					
5 Number of breastfeeds			Baby breastfeeds on demand or is fed responsively according to early				Fewer than 8 feeds in last 24 hour period					
			feeding cues with at least 8-12 feeds in a 24-hour period.									
6 Infant's latch			Correct: full cheeks, lower lip flanged out, if any areola visible more so				Incorrect: sunken cheeks, lips flanged in, minimal amount of areola in					
			on top than bottom				mouth					
7 Infant position			Head, neck and body in alignment				Gap between parent & infant; head, neck and body not in alignment					
8 Sucking pattern during feeds		eeds	Initial rapid sucks changing to slower sucks with pauses and audible				No change in sucking pattern or noisy feeding (e.g. clicking)					
			regular, soft swallowing (may be less audible until milk comes in)									
9 Infant's behaviour durin		g and	· · ·				Baby comes on & off/ is unsettled during the breastfeed/ refuses to					
after feeds			Baby is content after most feeds				breastfeed Unsettled after feeds					
10 Length of feeds			5-40 minutes at most feeds				Feeds for < than 5 minutes or > than 40 minutes					
11	,			Baby lets go spontaneously, or does so when breast is gently lifted				Baby does not release breast spontaneously; parent removes baby				
12 Offered 2 nd breast			Second breast offered as recommended when establishing milk				Parent restricts infant to one breast per feed; insists on two breasts per					
			supply. Baby feeds from second breast or not according to appetite				feed					
13	13 Parent's report of their br		oreasts	117 7				Breast engorgement. Mastitis. Nipples sore or damaged. Nipples are				
& nipples			tenderness. Nipples are intact. Nipples same shape when feed began				misshapen or pinched at end of feeds. If yes, state which:					
			or slightly elongated									
14	Use of	f soother/ nipple s	hields/	None used			If yes, state which and explore why e.g. Attachment difficulty?					
	formu	ıla						growing? In	fant unsettled?			



Date		Pink Indicator Numbers	Total EBM volume expressed in previous 24 hrs	Sta	aff Catego (☑ box)	ory	Signature* Counter signature if completed by a student nurse	NMBI/ Corú / Medical Council No.
Assessed	Time			Nursing	HSCP	Medical		