BREAST FEEDING PEER COUNSELOR HOSPITAL LACTATION SPECIFIC CLIENT CONTACT

WIC Site/ County: _____ Room: _____
Initial visit by:_____ Date: _____
Follow-up visit by: _____ Date: _____

Circle Feeding Method: Breastfeeding Pumping Formula Feeding Type:_____
BF goals: _____BF History:_____

Mother's Information

Name: _____ Age: _____
Address: _____
Phone Number(s)_____ WIC ID#_____

Maternal History (check all that apply)

☐	Diabetic Insulin Dependent	☐	Diabetic Non Insulin Dependent
☐	Drug/Alcohol Abuse	☐	Smoking
☐	Hyperthyroidism	☐	Hypothyroidism
☐	Breast Trauma/ Surgeries	☐	other (specify)

Breasts: (check all that apply)

size:	☐	Small	☐	Medium	☐	Large	☐	X-Large	☐ other:
	☐	Soft	☐	Filling	☐	Full	☐	Engorged	☐ other:

Nipples: (check all that apply)

size:	☐	Small	☐	Medium	☐	Large	☐	X-Large	☐ other:
☐	Everted	☐	Everted w/ pinch	☐	Inverted R / L with pinch	☐	Tender	☐	Pink / reddened
☐	Cracked	☐	Creased	☐	Flat R / L	☐	Bleeding	☐	Bruised ☐ Scabbed ☐ Blisters

Baby's Information

DOB: _____ Weeks Gestation: _____ Sex: M F
Baby's Name: _____ Apgar Score: _____
Birth weight: _____pounds_____grams Birth length: _____
Pediatrician: _____ Group B Strep: Yes No

Infant Assessment: (check all that apply)

☐	Asleep	☐	Drowsy	☐	Alert	☐	Fussy	☐	Tongue extends past lower gum
☐	Chin recedes	☐	Frenulum Short	☐	other:				

Digital Suck Exam: (check all that apply)

☐	Normal	☐	Absent	☐	Depressed	☐	Strong / rhythmic	☐	Frantic/ disorganized

Feeding Assessment: (check all that apply)

Attachment:	☐	Adequate	☐	Shallow	☐	Difficult	☐	None	

Suck Assessment: (check al that apply)

☐	Nutritive / audible swallow	☐	Non-nutritive suckling	☐	Weak	☐	Attached-not suckling
☐	Starts / stops repeatedly	☐	No latch	☐	other:		

Type of delivery:

☐	**Vaginal**	☐	Induced	☐	Pitocin	☐	**Cesarean**	☐	Scheduled	☐	Emergency ☐ Vacuum
☐	Forceps	☐	Epidural	☐	Stadol	☐	Magnesium Sulfate	☐	other:		

Attending OB/GYN Doctor: _____

Information Given:

	WV WIC (BF-54) Breastmilk or Formula		Is My Baby Getting Enough to Eat? (Newman)
	Breastfeeding Peer Counselor's Contact Numbers		Breastfeeding & Jaundice (Newman)
	Sore Nipples (MEDELA)		Other:
	Engorgement (MEDELA)		Other:

_____ Normal maternal feelings when breastfeeding (*drowsiness, uterine contractions, thirst)*

_____ Baby's bowel movements (*first few days, changes, counts)*

_____Wet diaper count

_____ Baby's weight loss / gain

_____ Why wake a sleepy baby

_____ Tips for waking a sleepy baby

_____ Proper positioning

_____ How to break baby's suck

5-8% weight loss at birth
birth weight by 10-14 days
6-8oz weekly for the first 3-4 weeks
double birth weight by 6 months
triple birth weight by 1 year

_____ How to sandwich breast at latch-on for deep grasp of areola

_____ Feeding pattern variation (*nurse often, no limits of frequency, cluster feedings, growth spurts*)

_____ Baby's stomach capacity (Day 1= 5-7ml, Day 3= 22-27ml, Day 10 = 45-60ml) 30ml = 1oz

_____ Pumping Tips

_____ Importance of mother-baby togetherness

_____ AAP endorses breastfeeding

Date	Narrative Documentation of Contacts