

Breastfeeding Peer Counselor Hospital Lactation Specific Participant Contact**Infant Assessment: (check all that apply)**

<input type="checkbox"/>	Asleep	<input type="checkbox"/>	Drowsy	<input type="checkbox"/>	Alert	<input type="checkbox"/>	Fussy	<input type="checkbox"/>	Tongue extends past lower gum
<input type="checkbox"/>	Chin recedes		<input type="checkbox"/>	Frenulum Short		<input type="checkbox"/>	Other:		

Digital Suck Exam: (check all that apply)

<input type="checkbox"/>	Normal	<input type="checkbox"/>	Absent	<input type="checkbox"/>	Depressed	<input type="checkbox"/>	Strong / Rhythmic	<input type="checkbox"/>	Frantic/ Disorganized
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Feeding Assessment: (check all that apply)

Attachment:	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	Shallow	<input type="checkbox"/>	Difficult	<input type="checkbox"/>	None
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Comments/Notes:

Suck Assessment: (check all that apply)

<input type="checkbox"/>	Nutritive / audible swallow	<input type="checkbox"/>	Non-nutritive suckling	<input type="checkbox"/>	Weak	<input type="checkbox"/>	Attached-not suckling
<input type="checkbox"/>	Starts / stops repeatedly	<input type="checkbox"/>	No latch	<input type="checkbox"/>	Other:		

Type of delivery:

<input type="checkbox"/>	Vaginal	<input type="checkbox"/>	Induced	<input type="checkbox"/>	Pitocin	<input type="checkbox"/>	Cesarean	<input type="checkbox"/>	Scheduled	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Repeat
<input type="checkbox"/>	Forceps	<input type="checkbox"/>	Vacuum	<input type="checkbox"/>	Epidural	<input type="checkbox"/>	Stadol	<input type="checkbox"/>	Magnesium Sulfate	<input type="checkbox"/>	Other:		

Attending OB/GYN Doctor: _____

Information Given:

<input type="checkbox"/>	WV WIC (BF-54) Breastmilk or Formula	<input type="checkbox"/>	Is My Baby Getting Enough to Eat? (Newman)
<input type="checkbox"/>	Breastfeeding Peer Counselor's Contact Numbers	<input type="checkbox"/>	Breastfeeding & Jaundice (Newman)
<input type="checkbox"/>	Breastfeeding Myths	<input type="checkbox"/>	Is Breastfeeding Right for Me?
<input type="checkbox"/>	Why Babies Breastfeed Often	<input type="checkbox"/>	Skin-to-Skin
<input type="checkbox"/>	Pumping and Storing Breastmilk	<input type="checkbox"/>	Making Milk is Easy!
<input type="checkbox"/>	Ten Tips / BF after a C-Section	<input type="checkbox"/>	Ten Tips / Managing Engorgement
<input type="checkbox"/>	Breastfeeding your Twins	<input type="checkbox"/>	Breastfeeding your Premature Baby

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	Dad & Baby	Ten Tips / Hand Expressing Breastmilk
	Ten Tips / Getting Started with Breastfeeding	Diaper Diary Tear Pad
	Breastfeeding Response Cards	Other:
	Other:	Other:
	Other:	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 by Day 5 of life

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

_____ 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 recommends breastfeeding for all infants unless medical reasons

contraindicate breastfeeding (HIV, galactosemia, etc.); See **Policy 5.24 Breastfeeding**

Contraindications

_____ Pacify App

