Breastfeeding Assessment and Counseling Form

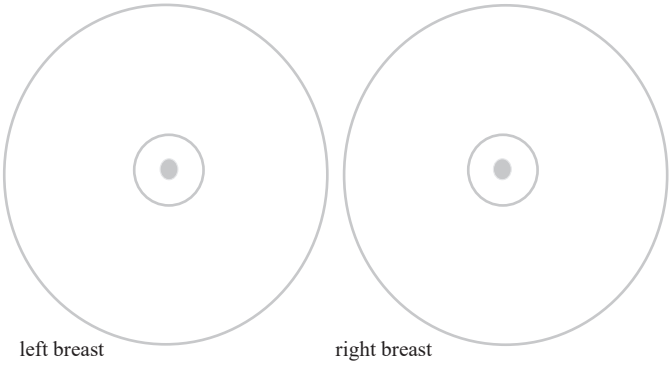
Counselor Information		
Counselor Name:		Clinic Site/Facility:
Date of Consultation:	Type: ❑ In Person ❑ By Telephone	Place: ❑ Hospital ❑ Clinic ❑ Home

Mother Information			
Language: ❑ English ❑ Spanish ❑ Other:	PAN:		Preferred Phone #:
Mother's Name:		DOB:	Alternate Contact:
Date of Delivery:	Delivery Hospital:	Method: ❑ Vag ❑ C-sec	Medicated Delivery: ❑ Y ❑ N
# of Previous Children:	# of Previous Children Breastfed:		*Avg. Length of BF:
Previous Breast Surgeries ❑ Y ❑ N	Current Maternal Medications:		
History of Breastfeeding Problems:			
How is breastfeeding going for mom and infant?			
Using breast pump? ❑ Y ❑ N If yes, type and frequency of pumping:			

Returning to Work/School		
Date returning: ❑ FT ❑ PT	Hours of mom/infant separation, including travel time:_____per day	Supportive employer? ❑ Y ❑ N
Accessible place to store milk? ❑ Y ❑ N	Access to private place to pump? ❑ Y ❑ N	Accessible place to clean pump equipment? ❑ Y ❑ N

Check all that apply:

Milk Supply	Nipple/Areola Assessment (Visual or verbal)				Breast Assessment
❑ Colostrum	Pain/soreness	❑ mild	❑ moderate	❑ extreme	❑ Pain in breasts
❑ WNL for days postpartum	Engorgement	❑ mild	❑ moderate	❑ extreme	❑ Engorgement
❑ Low milk supply	Blistered/cracked/bleeding	❑ mild	❑ moderate	❑ extreme	❑ Softer after feeding
❑ Over-abundant milk supply	Everted/flat/inverted				❑ Mastitis/Inflamation
	Everts: ❑ at rest ❑ with stimulation				❑ Fever/Flu Symptoms
	❑ Other:				❑ Redness
					❑ Lump/Mass
					❑ Plugged duct
					❑ Other:



left breast right breast

Infant Information					
Infant name:	Sex: ❑ M ❑ F	Wks gestation:	DOB:	Birth weight:	Birth length:

Home from hospital? ❑ Y ❑ N	How many times does baby nurse in 24 hrs?	Who ends feeding? ❑ Baby ❑ Mom

Does baby get ❑ formula ❑ water ❑ juice ❑ solids ❑ other:
What/how much each day?

# of wet diapers in 24 hours:	# of dirty diapers in 24 hours:	Color of dirty diapers:	Any current health problems/medications?

How would you categorize the baby's level of alertness?

❑ Awake ❑Alert ❑ Very active ❑ Fussy ❑ Very passive ❑ Sleepy ❑ Lethargic Notes:

Feeding behavior, position and latch (visual or verbal)

❑ Ears, shoulders, hips in alignment	❑ Chin indents breast	❑ Audible swallowing/ clicking noises	❑ Circular movement of jaw
❑ Nipple confusion	❑ Cries at the breast	Falls off breast: ❑ during feed ❑ end of feed	❑ Stays attached & sleeps, no sucking
❑ Feeds on nipple, not areola	❑ Lips not flanged ❑ Lips flanged	❑ Cheeks dimpling ❑ Cheeks rounded	❑ Other:

Infant Weight Assessment

Date:	Initial Weight:		Post Weight:
		❑ Clothed ❑ Unclothed ❑ Diaper Only	
		❑ Clothed ❑ Unclothed ❑ Diaper Only	
		❑ Clothed ❑ Unclothed ❑ Diaper Only	
		❑ Clothed ❑ Unclothed ❑ Diaper Only	
		❑ Clothed ❑ Unclothed ❑ Diaper Only	
		❑ Clothed ❑ Unclothed ❑ Diaper Only	

Supplies Provided

❑ Shields-size	❑ XL pump flange	❑ Pads	❑ Bra	❑ Shells	❑ SNS	❑ Other:

Type of pump issued:	Reason for pump issuance:

Education Provided During Consult

❑ Signs of good/bad latch	❑ Hunger/satiety cues	❑ Skin-to-skin care	❑ Establishing milk supply
❑ Diaper counts	❑ Nipple care	❑ Milk storage	❑ Breast care/engorgement
❑ Pumping	❑ Return to work/school	❑ Medications and BF	❑ Prenatal education items
❑ Positioning	❑ Other:		

Referrals

❑ LA IBCLC	❑ Support Group (WIC/LLL)	❑ Pediatrician	❑ OB	❑ Clinic/ER	❑ Other:

Follow-up? ❑ Y ❑ N	In person: ❑ Y ❑ N Courtesy call: ❑ Y ❑ N	Follow-up date:	Specific issue:

I give permission for WIC's designated Breastfeeding Expert to counsel and examine me breastfeeding my baby. I understand that during the session there is the possibility of direct contact with my breasts to ensure the correct position of the baby at the breast.

Yo doy permiso a la consejera especializada en la lactancia materna para aconsejarme y examinarme en cómo alimentar con el pecho a mi bebé. Yo entiendo que durante la sesión existe la posibilidad del contacto directo con mi seno para poder asegurar la posición correcta del bebé al pecho.

Participant's Signature/Firma de Participante:_____ Date/Fecha:_____

Counselor's Signature:_____ Date: _____

*WNL – Within Normal Limits
*Avg. – Average
ABM – artificial baby milk
BID – twice a day
c – with
C/O – complaints of
C/S – cesarean section
DBF – direct breast feed
EBM – expressed breast milk
ELBW – extremely low birth weight <1000 grams or < 2# 3oz
FNA – fine needle aspiration
FTT – failure to thrive
HS – at bedtime
HX – history
IDM – infant of diabetic mother
IUGR – intrauterine growth restriction
LBW – low birth weight <2500 grams or <5# 8 oz
LGA – large for gestational age
P 1 G 1 – Para one and gravida one
PP – post partum
PPD – post partum depression
QID – four times a day
QNS – quantity not sufficient
QS – quantity sufficient
RX – prescription
s – without
SGA – small for gestational age
SIDS – sudden infant death syndrome
STS – skin to skin
SX – symptom
TID – three times a day
TX – treatment
U/S – ultra sound
VAVD – vacuum assisted vaginal delivery
VD – vaginal delivery
VLBW – very low birth weight <1500 grams or <3# 5 oz
> – greater than
< – less than

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