

Breastfeeding Assessment Form

Mother Information

Mother Initials:	Age:	Language: English Spanish Other
Date of Delivery:	Vaginal Cesarean	Anesthesia/Medication Type:
# of Previous Children:	# of Children Breastfed:	* Avg. Length of BF:
Previous Breast Surgeries: YES NO	Current Medications:	
History of BF Problems:		
How is BF going for Mother:		
Using a Breast pump? If yes, what is frequency of pumping. Y or N		
Milk Supply: Colostrum WNL for days PP Low Milk Supply Overabundance		

Infants Information

Gest. Age: weeks	Blood sugars: YES NO	Tongue tie Cleft lip/palate
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Perform LATCH Assessment on Patient:

	0	1	2	Scoring
Latch				
Audible Swallowing				
Type of Nipple				
Comfort				
Hold/Help (positioning)				

What is something from theory you have taken and applied today?

What is the plan of care for the mother & infant? *Donor Human Milk, Supplementation, Increase frequency of feedings, pump, etc.....*

What did you find most interesting during your clinical experience?

LATCH SCORING CHEAT SHEET

	0	1	2
LATCH	Too sleepy or reluctant No latch obtained	Repeated attempts Must hold nipple in mouth Must stimulate to suck	Grasps breast Tongue down and forward Lips flanged Rhythmic suckling
AUDIBLE SWALLOWING	None	A few with stimulation	Spontaneous, intermittent (less than 24 hours old) Spontaneous, frequent (greater than 24 hours old)
TYPE OF NIPPLE	Inverted	Flat	Everted (after stimulation)
COMFORT (Breast/Nipple)	Engorged Cracked, bleeding, large blisters or bruises Severe discomfort	Filling, Small blisters or bruises Mother complains of pinching Mild/moderate discomfort	Soft Tender Intact nipples (no damage)
HOLD (Positioning) HELP	Full assist (staff holds infant at breast)	Minimal assist (i.e. elevate head of bed, place pillows) Teach one side, mother does other Staff help, mother takes over feeding	No assist from staff Mother able to position/hold infant