

Clinical Site: Parent Educators

Breastfeeding Assessment Form

Mother Information

Mother Initials: <u>KO</u>	Age: <u>36</u>	Language: <u>English</u> Spanish Other
Date of Delivery: <u>8/26/25</u>	<u>Vaginal</u> Cesarean	Anesthesia/Medication Type: <u>epidural</u>
# of Previous Children: <u>0</u>	# of Children Breastfed:	*Avg. Length of BF: <u>15 mins</u>
Previous Breast Surgeries: YES <u>NO</u>	Current Medications: <u>flonase, phenylephran, zolft</u>	

History of BF Problems: <u>N/A</u>
How is BF going for Mother: <u>baby is not liking right side</u>
Using a Breast pump? If yes, what is frequency of pumping. Y or <u>N</u>
Milk Supply: <u>Colostrum</u> WNL for days PP Low Milk Supply Overabundance

Infants Information

Gest. Age: <u>37</u> weeks	Blood sugars: <u>YES</u> NO	Tongue tie	Cleft lip/palate
	<u>60/12 hrs</u>		

Perform LATCH Assessment on Patient:

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

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

encouraging skin to skin with infant
to accomplish a strong latch to breast.

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

continue trying to get baby to latch on right side,
pumping at home

What did you find most interesting during your clinical experience?

The donor milk provided for moms who are having difficulty with breast feeding. Preparation for the nurses each day and thawing and discarding the milk is a very important task.

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

Student Name

Cynthia Rodriguez

Date:

8/27/25

Instructional Module 6: Obstetrics Community Clinical Experience

Community Site:

PE & Lactation Services

1. What did you observe during the day? Were there any specific procedures that were able to participate in or observe?

I was able to observe the daily prep for Donor milk, Labeling the bottles and observing Don PPE before handling the milk

2. What was the best/most interesting part of the experience?

Watching new mothers bond with their baby and teaching them how to properly latch baby so there is less pain for mom.

3. Is a community nursing position something that you would consider working in? Why or why not?

Possibly after some experience on the Mom & baby floor, I could see myself working in lactation Services.

4. Do you feel like this community site met the needs of the population they serve? Why or why not?

The Services provided are excellent for new mothers who need the help and motivation for breast feeding after delivery, it can be hard on some moms who need encouragement.

5. Did you witness patient teaching? What general things were taught to this population? Do you feel that patient teaching in this community site was adequate? Why or why not?

Teaching moms how baby's lip should be properly placed around the nipple/areola is a key concept for baby to latch on correctly, many moms did not know until after demonstration was done.

6. Provide examples of care describing *one or more* of the IM6 Student Learning Outcomes.

IM6 Student Learning Outcomes				
Safety & Quality	Clinical Judgment	Patient Centered Care	Professionalism	Communication & Collaboration
Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.	Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.	Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.	Relate knowledge, skills, and attitudes required of the professional nurse by advocating and providing care to the childbearing families, and the patient with mental health disorders.	Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.

Safety & Quality:

Clinical Judgment:

Patient Centered Care:

Professionalism: Pt delivered last night and began her breastfeeding journey. Lactation visited mom & baby and went over info for tips & tricks. By lunch next day (today) pt changed her mind and requested bottle feeds. Lactation handled her change of mind with patience and was supportive of pt's decision. She displayed a positive attitude encouraged pt baby would still get the nutrition needed.

Communication & Collaboration:

OB Community Verification Sheet

Instructional Module: IM 6

Student Name: Cynthia Rodriguez

Please call the CSON Instructor(s) should you have any additional comments regarding the student's performance and/or participation today.

Instructor Contact Information:

Gracie Nuttall – Cell (806) 724-5445 or Office (806) 725-8934

Rachel Soliz – Cell (806) 781-0689 or Office (806) 725-8951

Community Site: Lactation Date: 8-27-25

Student's Arrival Time: 8:35am Departure Time: 12:30pm

Printed Name of Staff: _____ Signature: _____

Community Site: _____ Date: _____

Student's Arrival Time: _____ Departure Time: _____

Printed Name of Staff: _____ Signature: _____

Community Site: _____ Date: _____

Student's Arrival Time: _____ Departure Time: _____

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