

Screening form for the early follow-up of *breastfed* infants

Infant Name: _____ Date: _____ Infant age: _____ days.

The following questions are designed to help us tell whether you are off to a successful start with breastfeeding. The earlier breastfeeding problems are recognized, the easier they are to correct. **Many of these questions address feeding and milk supply so, if you are mostly circling answers in the left hand column then YOUR BABY IS GETTING ENOUGH OF YOUR MILK!**

1. Do you feel that breastfeeding is going well for you so far?	YES	NO
2. Has your milk come in yet? (I.e., did your breasts get firm and full between the second and fifth postpartum day?)	YES	NO
3. Is your baby able to latch on to your breasts without difficulty?	YES	NO
4. Is your baby able to sustain rhythmic suckling for at least 10 minutes total per feeding?	YES	NO
5. Does your baby usually demand to feed? (Answer NO if you have a sleep baby who needs to be awakened for most feedings.)	YES	NO
6. Does your baby usually nurse at both breasts at each feeding?	YES	NO
7. Does your baby nurse approximately every 2-3 hours, with no more than one longer interval of up to 5 hours at night (at least 8 nursing in 24 hours)?	YES	NO
8. Do your breasts feel full before feedings?	YES	NO
9. Do your breasts feel softer after feedings?	YES	NO
10. Are your nipples extremely sore (e.g. causing you to dread feedings)?	NO	YES
11. Is your baby having yellow bowel movements (resembling mustard with some little curds)?	YES	NO
12. Is your baby having at least four good-sized bowel movements each day (more than a stain on the diaper)?	YES	NO
13. Is your baby wetting his/her diapers at least six times each day?	YES	NO
14. Does your baby appear hungry after most feedings (e.g. Sucking hands, crying, often needing a pacifier or continuous nursing)?	NO	YES
15. Do you hear rhythmic suckling and swallowing while your baby nurses?	YES	NO

Contact LacNackRNP@aol.com about this form.