

## 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!**

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|--|-----|-----|
| 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](mailto:LacNackRNP@aol.com) about this form.