

Date _____ Mother/s Name _____ Infant's Name _____ Birth Weight ___ lb ___ oz

BREASTFED NEWBORN TRIAGE FORM

This questionnaire should be routinely completed for all breastfeeding dyads in the first week of life, if the dyad is not seen in the clinic setting by the HCP. In addition it can be used as a telephone triage form whenever a mom calls with a breastfeeding problem in a newborn infant. If client has any risk factors bring this to the attention of the baby's provider as soon as possible.

BREASTFED NEWBORN ASSESSMENT

QUESTIONS	NORMALS	PATIENT RESPONSE	RISK FACTORS
Age of baby today and at birth?	38-42 weeks	___ DAYS or WEEKS ___ GESTATIONAL WEEKS	Less than 38 weeks with other risk factors or less than 36 weeks without.
Complications: 1. Any complications in mom or infant? 2. Any medication usage in mom or infant or during labor? 3. Vaginal or C-section delivery? 4. Single or multiple birth?	No complications. NSVD of a single child. No medication usage.	Complications: NONE or _____ MEDS: NONE or _____ Single or Multiple	If any complications present or Hx of c-section, pain meds, epidural, jaundice, sleepy baby, or multiple birth.
Feeding characteristics: 1. How often is baby fed? 2. How many feedings in 24 hours? Any schedule? 3. Who ends the feeding? 4. For what length of the feeding do you hear the baby swallowing?	Feeding and sleeping intervals vary. There may be one 5 hour stretch. Cluster feeding is normal. Swallows for at least 10 minutes per feeding. Feed on demand.	Frequency/interval _____ Number of feedings _____ Baby ends/Mom ends/ varies Swallowing length _____ Cluster feeding _____	Less than 8 or more than 15 feedings. Any consistent intervals greater than 5 hours or shorter than 45 min. Scheduled feedings. Swallowing less than 10 minutes.
Intake and Output: (over last 24 hours) 1. Using paper or cloth diapers? 2. Number and character of stools? 3. Number and color of wet diapers? 4. Birth weight, Discharge weight? Last weight? 5. Any supplements and if so what type and how much?	Easy to miss voids with paper diapers. Urine and Stool normals. One wet diaper per day of age & 2 or more stools (progressing from meconium to yellow seedy) per day until milk in. Once milk in, 6-8 clear colored wet diapers and at least 3 generous stools per day. 10% weight loss at birth with regain by 3 weeks of age. Then 2 to 1 oz. per day. No supplements.	Number of wet Cloth/Paper diapers _____ Character of urine: Clear/ Yellow/ Brick/red Number of stools _____ Stool Character: Meconium Transitional/ Yellow Seedy/ Green/Watery/Bloody Other _____ Supplements: yes/no If yes, what type: Artificial milk/juice/water. How much per day? _____	Less than 6 wet diapers by day 6 and/or brick red colored urine. Stools not progressing or less than 2 per day. Less than birth weight at 2 weeks or gaining less than 2 oz per day. Use of supplements
Any breast or nipple discomfort/pain?	Get description of discomfort. It is common to have latch-on soreness that lasts less than 60 seconds. Breast pain is never normal.	NONE Pain scale 1-10. _____ (10 is severe) Location: nipple/breast/areola Description: Open sores/ Fever /Redness/Lumps/Other _____	Open sores, redness, fever, or tender lump. Pain which is hindering nursing or causing desire to cease nursing.

Any other concerns? NONE OR

ASSESSMENT: NORMAL BREASTFEEDING DYAD or ABNORMAL BF- DYAD SECONDARY TO: _____

PLAN: SCHEDULE PROVIDER VISIT ___ TODAY ___ WITHIN 48 HOURS WITHIN ___ WEEK(S)

EDUCATION REGARDING: FEEDING FREQUENCY/ BREAST-NIPPLE CARE /SLEEP CYCLES/ SIGNS OF HUNGER/ INTAKE & OUTPUT/POSITIONING & LATCH-ON/ JAUNDICE/ HINDMILK/FOREMILK/CLUSTER FEEDS/GROWTHS SPURTS/ BENEFITS OF BF /EXCLUSIVE BF FOR 6 MONTHS/OTHER _____

MOTHER INSTRUCTED TO: INCREASE FEEDING FREQUENCY/FEEDING DURATION FOR ___ MIN/ STIMULATE BABY/ PUMP POST FEEDING FOR ___ MIN/ FEED EXPRESSED MILK VIA _____ / SUPPLEMENT WITH EBM/FORMULA ___ OZ/SEE LACTATION SPECIALIST

OTHER _____

(Developed by Christine Betzold MSN NP IBCLC. 9/01.)