

ASSESSMENT QUESTIONS		CONSIDERATIONS		POSSIBLE REFERRAL ^{1, 7}													
				MEDICAL PROVIDER	IBCLC	CLE BFPC											
Age of baby	_____	<ul style="list-style-type: none"> Gestational Age (Due date vs birth date) Vaginal or Surgical delivery Induction or spontaneous labor/delivery 		✓	✓												
Discharge weight	_____	<table border="1"> <thead> <tr> <th>Infant Age</th> <th>Normal Weight Pattern ^{1,3,7}</th> </tr> </thead> <tbody> <tr> <td>0-5 days</td> <td>↓ 7-10% weight loss is within normal</td> </tr> <tr> <td>10 -14 days</td> <td>Regain birth weight</td> </tr> <tr> <td>0-4 months</td> <td>7 ounces per week</td> </tr> <tr> <td>4-6 months</td> <td>3.25 – 4.5 ounces per week</td> </tr> <tr> <td>4-6 months</td> <td>Double the birth weight</td> </tr> </tbody> </table>	Infant Age	Normal Weight Pattern ^{1,3,7}	0-5 days	↓ 7-10% weight loss is within normal	10 -14 days	Regain birth weight	0-4 months	7 ounces per week	4-6 months	3.25 – 4.5 ounces per week	4-6 months	Double the birth weight	✓	✓	
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Current naked weight	_____																
Gain (+) or loss (-)	_____																
Infant stools/void in most recent 24 hour	Stools Void	By day 4, stools should be yellow and seedy, not black or green ^{1,2,3} (Please refer to chart on back page for age appropriate guidelines)		✓													
Interval from beginning of feeding to next one	Feeding to baby cues or following a schedule?	Infant hunger cues: rooting, hands to mouth, sucking/puckering lips, bending arms and legs Infant (0-6 months) may feed 10 or more times in 24 hours		✓	✓												
Length of time active suckling during feeding	Effective latch? Active suckling? Audible swallows?	Maintains deep wide latch for duration of feed Consistent pull or tugging sensation with sucking. Slow, steady jaw movement and audible swallows while baby is feeding		✓	✓												
Supplementation	What supplement? Why? How much? How often? Method of delivery? Re-evaluation timeline	If clinically indicated , supplement with expressed breastmilk first before formula; do not supplement with water or sweetened liquids Appropriate method of delivery will depend on clinical evaluation All supplementation plans must include guidelines for method, amount and frequency of supplement; as well as re-evaluation of mother and infant within 24-72 hours as appropriate ⁵	✓	✓													
Pain or discomfort	How severe? (1 to 10) Occurs when? Where?	Pain <3 refer to Peer Counselor for comfort measures/position support ⁷ Pain >3 or which does not resolve in 72 hours should be referred for evaluation by medical health care provider and/or IBCLC ^{1,7}	✓	✓	✓												
Other: Mother	Temperature _____ Symptom infection? Nipple trauma? Medication/Herbs	All fever and/or symptoms of infection (i.e. red hot lump) are referred to medical health care provider <i>and</i> IBCLC for evaluation/plan ^{1,7} Nipple trauma from issues with latch and position refer to IBCLC ^{1,7} Many maternal medications/herbs are safe for breastfeeding infants; physician may consult IBCLC for adaptive lactation plan, if concern	✓	✓													
Other: Baby	Temperature _____ Jaundice/color Active/sleep cycles	All fever or jaundice refer to medical health care provider for evaluation ¹ Breastfeeding jaundice referred to IBCLC for evaluation of breastfeeding If “too sleepy to breastfeed” or hungry after feeding, refer to IBCLC ^{1,7}	✓	✓													