

BREASTFEEDING ASSESSMENT FORM



Gestation at birth Birth weight kgs Weight at day 3-5 kgs Weight at day 6-10 kgs

Name

Address

DOB

Unit Number NHS number

Use baby identification sticker if possible

MIDWIFE
Assess and complete columns and insert into red book when neonatal screening is performed.

Date of assessment

Age of baby

Midwife (print name)

If formula feeding this form to be returned to the Maternity Unit

HEALTH VISITOR
Reassess and complete at Primary visit

Date of assessment

Age of baby

Health Visitor (print name)

Form to be filed with the mastercard

If any of the boxes in the right-hand column are ticked it is essential to observe a full breastfeed and develop an individualised plan of care, including revisiting positioning and attachment and/or referring appropriately. Any additional concerns about well-being should be followed up as necessary.

WHAT TO OBSERVE/ASK ABOUT	ANSWER INDICATING EFFECTIVE BREASTFEEDING	MW	HV	ANSWER SUGGESTIVE OF A PROBLEM	MW	HV
Urine output	At least 6 heavy wet nappies in 24 hours			Fewer than 6 wet nappies in 24 hours**		
Appearance & frequency of stools	2 or more in 24 hours normal appearance at least £2 coin size, yellow soft & loose			Fewer than 2 in 24 hours or abnormal appearance**		
Colour, Alertness & Tone	Good skin colour, alert responsive, waking for feeds regularly			Jaundice worsening or not improving, baby lethargic, not waking to feed, poor tone**		
Weight	Weight loss within normal limits – current guidelines			Static weight or weight loss not within normal limits**		
Number of feeds in 24 hours	At least 6-8 feeds in last 24 hours			Fewer than 8 feeds in last 24 hours**		
Behaviour of baby during BF	Generally calm and relaxed			Comes on and off breast and may refuse to BF*		
Sucking pattern during BF	Initial rapid sucks changing to slower sucks with pauses and swallowing			No change in sucking pattern or noisy feeding (clicking)†		
Length of feed	Feeds for 5-30mins at most feeds			Consistently feeds for less than 5mins or longer than 40mins***		
End of feed	Comes off spontaneously			Baby does not release breast spontaneously or mother removes from breast**		
Offer of second breast	Second breast offered. Baby feeds from 2nd breast or not, depending on appetite			Mother restricts baby to one breast per feed or insists on both per feed***		
Behaviour of baby after a BF	Content after most feeds			Baby unsettled after feeds. Fist in mouth***		
MOTHER						
How are breasts and nipples	Both comfortable			Nipples sore or breasts engorged or mastitis*		
Shape of nipple at end of BF	Usually the same, maybe longer			Misshapen or wedged*		
Use of dummies/nipple shields/formula	None used			Yes (state which). Ask Why? Difficulty with attachment. Baby not growing. Baby unsettled***		
Expressing only [‡]	Expressing at least 8 times per 24 hours including nighttimes			Mother not expressing or less than 8 times per 24 hours****		

* / ** / *** refer to Care Pathway

‡ refer to BfN leaflet 'Expressing and Storing Breastmilk'