

## **Newborn Feeding Record**

Time of first Skin to Skin (STS) \_

Duration	n of first STS					
■ Daily We	eight: Recommended: Taking w	eights as close to 24h/48h/72h of age as possible				
	Birth Weight =		% Weight Loss	D/M/Y	Time	Initia
	8% loss =	g				

% weight loss = birth weight - weight birth weight X 100 g \_\_\_\_\_\_ g \_\_\_\_\_\_

Type: BR - Breast EBM - Expressed Breast Milk F - Formula

Method: C - Cup SNS - Supplemental Nursing System SP- Spoon FF - Finger Feeding B - Bottle

Amount: Breast: time and side Formula: mLs

DATE TIME SO Method)					Ві		Fed In CH-R				"	HAND EXPRESSION	PUMPING	COMMENTS (e.g. visible jaundice, mucousy)	۵	STOOL	INITIAL
				L	Α	Т	С	Н	R	Total	STS	HAP	PUI		VOID	STC	Z
			·														

## LATCH-R BREASTFEEDING ASSESSMENT GUIDE

	0	1	2
LATCH	too sleepy or reluctant     no latch achieved	<ul><li>repeated attempts</li><li>hold nipple in mouth</li><li>stimulate to suck</li></ul>	<ul><li> grasps breast</li><li> tongue down</li><li> lips flanged</li><li> rhythmical sucking</li></ul>
AUDIBLE SWALLING	• none	a few with stimulation	<ul><li>spontaneous and intermittent &lt; 24h</li><li>spontaneous and frequent &gt; 24h</li></ul>
TYPE OF NIPPLE	inverted	• flat	everted after stimulation
COMFORT (Breast / Nipple)	engorged     cracked, bleeding, large blisters or bruises     severe discomfort	filling     reddened, small blisters or bruises     mild / moderate discomfort	soft     non-tender
HOLD (Positioning)	full assist	<ul> <li>minimal assist</li> <li>teach one side, mother does other</li> <li>staff holds, mother takes over</li> </ul>	no assist from staff     mother able to position and hold baby
MOTHER'S RESPONSIVENESS TO INFANT CUES, CONFIDENCE TO BREASTFEED	mother does not respond to infant feeding cues     mother does not feel confident about her ability to breastfeed	mother requires help to interpret infant feeding cues     mother requires confidence building	mother responds appropriately to infant feeding cues     mother feels confident about her ability to breastfeed

 Newborn Feeding Record
 CLI.5810.SG.006.FORM.01
 December 28, 2016
 SKU # 03498
 Page 1 of 2

BR - Breast EBM - Expressed Breast Milk F - Formula

Type: Method: SNS - Supplemental Nursing System SP - Spoon FF - Finger Feeding C – Cup B - Bottle

Amount: Formula: mLs Breast: time and side

Amount.	Diedst. time and side							FOIIIIIII. IIILS									
DATE	TIME	GLUCOSE READING	FEEDING (Type, Amount, Method)		В	reast l	Fed In CH-R	fants SCOR	Only E		8	HAND EXPRESSION	PUMPING	COMMENTS (e.g. visible jaundice, mucousy)		STOOL	INITIAL
		GL! RE,		L	Α	Т	С	Н	R	Total	STS	EX A	PUI		VOID	ST	Z

Newborn Feeding Record CLI.5810.SG.006.FORM.01 December 28, 2016 SKU # 03498 Page 2 of 2