### Questions to Ask
**Optimal Clinical Care**

**Ask the following:**
- How can I help you breastfeed?
- What are your concerns for breastfeeding?
- If you have breastfed before, what concerns do you have from this experience?
- How does your family/partner feel about you breastfeeding?
- Have you had any breast surgery?
- How have your breasts changed since you've been pregnant?
- Do you take medications either prescription or non-prescription?
- Do you use herbal, homeopathic, or other alternative medicine?
- Is there a history of smoking tobacco, regular alcohol consumption, or substance abuse?
- Tell me about your typical diet. Are there foods that you don't eat or foods that you eat a lot of, and what are they?

### Red Flags
**Record and Monitor all that apply**

- Language barrier or problems communicating
- Ambivalence or lack of support system
- Failed or extreme difficulty with previous breastfeeding experience.
- Lack of breast changes during pregnancy.
- Breast/nipple irregularities such as tubular breasts.
- Medications or herbal supplements that are or may be contraindicated
- Medical history (diabetes, PCOS)
- Maternal smoking
- Regular use of alcohol
- Substance abuse (breastfeeding contraindicated)
- Methadone maintenance (breastfeeding okay)

### Care, Counseling & Referral

- Appropriate translator if Low English Proficiency
- Community support group
- Consumer products: books, videos, brochures
- Hospital or other breastfeeding class
- WIC program, if eligible
- * Failed or extreme difficulty with any previous breastfeeding experience
- * Lack of breast changes during pregnancy
- * Large periareolar incision or evidence of breast surgery (reduction, augmentation or other)
- * Breast/nipple anomalies
- Contraindicated medications: referral to explore alternatives when possible (1, 2)
- Tobacco or alcohol use
  - * Lactation consultant or physician with specialized lactation training, such as FABM, or AAP CBC

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**Reference:**
Hale TW. Medications in mother's milk 10th ed. Amarillo, TX: Pharmasoft; 2002
## PERIPARTUM
### Maternal Care

<table>
<thead>
<tr>
<th>Questions to Ask</th>
<th>Red Flags</th>
<th>Referral for Additional Support</th>
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<tbody>
<tr>
<td><strong>Mother:</strong></td>
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<tr>
<td>• Provide an environment that portrays breastfeeding as the norm</td>
<td>• Previous negative breastfeeding experience</td>
<td>• Unrealistic expectations regarding feeding schedule</td>
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<tr>
<td>• Support natural childbirth</td>
<td>• Unrealistic expectations</td>
<td>• *Mother in ICU or medical complication</td>
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<tr>
<td>• Prepare mothers with information about what to expect in the delivery hospital/setting</td>
<td>• Low confidence</td>
<td>• Complications of delivery</td>
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<tr>
<td>• Instruct labor/delivery partner (father of baby, doula) in their role to support breastfeeding</td>
<td>• Language barrier (document use of interpreter)</td>
<td>• *Breasts/nipples that require assistive devices (nipple shield, breast pump, etc.)</td>
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<tr>
<td>• Use medications that are compatible with breastfeeding, if possible</td>
<td>• Anxiety/depression</td>
<td>• Absence of lactogenesis-II by day 3 or before hospital discharge</td>
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<td>• Avoid oversedation</td>
<td>• Taboos (eg. colostrum)</td>
<td>* Lactation consultant or physician with specialized lactation training, such as FABM, or AAP CBC</td>
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<tr>
<td>• Avoid overhydration</td>
<td>• C-section delivery</td>
<td>BEFORE DISCHARGE:</td>
</tr>
<tr>
<td>• Continuous skin to skin contact after delivery</td>
<td>• Complications of delivery</td>
<td>• Schedule maternal follow-up at 6 weeks; sooner if items in this column are noted.</td>
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<tr>
<td>• Initiate breastfeeding within an hour of birth</td>
<td>• Mother/baby separation</td>
<td>• Coordinate care with additional providers (WIC, Community Support Groups, etc.)</td>
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<tr>
<td>• Avoid mother/baby separation</td>
<td>• Excessive post-partum pain</td>
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<tr>
<td>• Assess breasts/nipples before, during and after breastfeeding</td>
<td>• Underlying medical conditions (eg. diabetes)</td>
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<tr>
<td><strong>Ask the following:</strong></td>
<td>• Smoking (maternal or environmental)</td>
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<tr>
<td>• How are you doing?</td>
<td>• Maternal medications that may be contraindicated</td>
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<tr>
<td>• How is breastfeeding going?</td>
<td>• Edematous nipples/areolas</td>
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<tr>
<td>• What concerns do you have about breastfeeding?</td>
<td>• Flat/inverted nipples</td>
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<tr>
<td>• What are your plans for breastfeeding?</td>
<td>• Nipple damage</td>
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<tr>
<td>• What have you decided about family planning?</td>
<td>• Evidence of breast surgery</td>
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<td></td>
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<td>• Contraception</td>
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### Additional references:
# PERIPARTUM
## Infant Care: Healthy Term Newborn

### Questions to Ask
#### Optimal Clinical Care
- **Infant:**
  - How is the baby doing?
  - Assess baby’s eagerness to feed.
  - Initiate breastfeeding early then at least 8 attempts per 24 hours, facilitated by skin to skin care and continuous rooming-in.
  - Monitor glucose selectively, for SGA, LGA, and other risk groups. Best response to asymptomatic hypoglycemia is early and frequent breastfeeding.
  - Recognize minimum vol. required: 1 1/2 oz. on first day, 5 oz. on second day of life.
  - Monitor weight at least daily
  - Consider test weights for high risk infants
  - Expect at least 1 void on DOL #1
  - Discourage pacifier use
  - Avoid supplements unless a medical indication exists
  - Monitor for signs and symptoms of jaundice

- **Dyad:**
  - Evaluate breastfeeding (latch, position)
  - Document on mother’s and baby’s chart
  - Refer to community support group

### Red Flags
#### Record and Monitor
- **Infant:**
  - Congenital anomalies or other medical condition affecting breastfeeding
  - Ankyloglossia
  - Multiple birth
  - Gestation less than 38 weeks
  - Baby sleepy or slow to latch on
  - Disorganized suckle
  - Symptomatic hypoglycemia
  - Early jaundice
  - Persistent meconium stools on DOL #3
  - Weight loss > 7% of birth weight

- **Dyad:**
  - Mother/baby separation
  - Infrequent attempts, < 8 times per 24 hours
  - Trouble latching on

### Referral for Additional Support
- **Infant:**
  - * Ankyloglossia (may require surgical correction, can be done by pediatricians, or ENT/oral surgeons)
  - Sleepy baby
  - Disorganized suckle
  - * Breast aversion
  - * Trouble latching on
  - Weight loss > 7% of birth weight
  - Early jaundice
  - Multiple birth
  - Gestation < 38 weeks
  - Lactation consultant or physician with specialized lactation training, such as FABM, or AAP CBC

**BEFORE DISCHARGE:**
- Schedule first follow-up appointment for baby at DOL 3-5
- Additional problem oriented visits may be necessary
- Coordinate care with additional providers (WIC, Community Support Groups, etc.)

### Additional references:
# First Follow-up Visit for Infant at 3 - 5 Days of Life

**Home visit or ambulatory visit in office setting (Infant's Medical Home)**

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**Infant:**
- Assessments include:
  - Eagerness to feed
  - Ability to latch; suckle
  - Weight
  - Elimination patterns
  - Jaundice
  - Need for vitamins, minerals, or supplement

**Mother:**
- Congratulate
- Provide reassurance
- Support exclusive breastfeeding

**Ask the following:**
- What are your expectations for breastfeeding including work, social, family?
- How is your support system helping?
- What kind of pain are you having?
- Do you have painful breasts or sore nipples?
- Tell me about your milk production.
- What have you decided about family planning?
- What do you know about maintaining your milk supply?
- Are you taking medications/herbals?
- What are your plans for work?

**Discuss:**
- Methods of milk expression
- Common problems/solutions
- How to get help

**Red Flags:**
- Excessive Sleepiness
- Weight loss > 7%
- Continued downward trend of weight beyond DOL #4
- Under birth weight at 10 - 14 days
- Jaundice
- For DOL #3: Less that 3 voids, and less than 1 stool or persistent meconium or pale stool
- For DOL #4-5: Less than 5 voids, and less than 3 stools (should be yellow and seedy)
- GER or vomiting

**Mother:**
- Nipple damage
- Engorgement
- Mastitis
- Low supply
- Post-partum depression
- New medications
- Restrictive diet
- Lack of support system
- Perception of low milk supply
- Mother-baby separation

**Infant:**
- Abnormal state of arousal or abnormal neurological exam
- * Problems latching on
- * Ankyloglossia
- * Slow weight gain or excessive loss
- Jaundice

**Mother:**
- * Absence of lactogenesis-II by day 3 of life, soft breasts
- New medications
- Use of herbal, homeopathic or alternative treatments
- Need for breast pump
- *Need for assistive breastfeeding devices (eg. supplemental nursing system, shields)
- Excessive vaginal bleeding
- * Continued nipple or breast pain
- Post-partum depression
- Smoking cessation
- WIC eligibility
- * Lactation consultant or physician with specialized lactation training, such as FABM, or AAP CBC

### Determine Need for Additional Problem Oriented Visit

**National Breastfeeding Warm-Line:** 1-800-994-WOMAN (9662)