Improving Breastfeeding Supports in Primary Care Settings
Breastfeeding Evaluation Data Collection Form

Little Rivers Health Care - Bradford

Month of Visit: ____________________________

VERY IMPORTANT: Do not put ANY identifying information on this form other than month of visit.

Well-child visit:

- 0-6 days
- 1-4 weeks
- 1-2 months
- 4 months
- 6 months

STOP Do not proceed until you have checked off the relevant infant age category above.

**Feeding Status**

<table>
<thead>
<tr>
<th>☐ Exclusive breast milk</th>
<th>☐ Any breast milk</th>
<th>☐ No breast milk</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Exclusive at breast</td>
<td>☐ Return to work</td>
<td>☐ Breastfeeding not initiated</td>
</tr>
<tr>
<td>☐ Partial pumping</td>
<td>☐ Choice</td>
<td>☐ Breastfeeding initiation but stopped</td>
</tr>
<tr>
<td>☐ Exclusive pumping</td>
<td>☐ Other</td>
<td>☐ Return to work</td>
</tr>
<tr>
<td>☐ Infant is 6 months of age and receiving complementary foods in addition to breast milk</td>
<td></td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

Indicate reason for supplementation:

Form complete.

STOP Do not proceed until you have checked off the relevant infant age category above.

Clinical breastfeeding evaluation was completed for appropriate infant age (i.e., used “cheat sheets” if needed)

Breastfeeding diagnosis documented in patient chart (check off #1, #2 or #3 below)

- #1: Exclusive breast milk feeding with sufficient milk transfer and minimal discomfort
- #2: Supplementing breast milk for non-medical indication
- #3: Supplementing breast milk for medical indication. Check all applicable diagnoses, in boxes below:

**Problem Diagnosis: Infant (ICD-9 Code)**

- Feeding problem <28 days (779.31)
- Feeding problem >28 days (783.3)
- Neonatal jaundice (774.6)
- Weight loss (783.21)
- Underweight (783.22)
- Slow weight gain, FTT (783.41)
- Fussy baby/excessive crying (780.91/780.92)
- Ankyloglossia (750.0)
- High palate (750.26)
- Prematurity (765.22-765.28)
- Other ____________________________

**Problem Diagnosis: Mother (ICD-9 Code)**

- Lactation, delayed (676.84)
- Lactation, suppressed (676.54)
- Breast engorgement or blocked duct (675.24)
- Mastitis (675.14)
- Nipple or breast pain (782.0)
- Nipple, sore/cracked (676.34/676.14)
- Candidiasis, nipple (112.89)
- Retracted nipple (676.04)
- Other ____________________________

**Visit Summary**

- Follow-up plan (check all that apply)
  - Return to our office for next routine visit
  - Return to office for problem follow-up with provider
  - Follow up by phone
  - See lactation specialist in our office
  - Refer to outside lactation consultant
  - Refer to WIC office
  - Refer to peer support group (e.g., La Leche League)
  - Refer to home health/visiting nurse
  - Refer for medical issue (frenotomy, maternal medication)
  - Refer for breast pump
  - Other ____________________________

Fax sheet to Kara Bissonnette at VCHIP: 802-656-8368