Breastfeeding Health Supervision Checklist

Breastfeeding and Assessment

☐ How are things going?
☐ How often is the baby feeding? (per 24 hours)
☐ How do you know your baby wants to eat?
☐ What does it feel like when your baby nurses?
☐ How do you know when your baby is finished feeding?
☐ What is the diaper output? (wet/stools)
☐ How is your baby sleeping?
☐ How do family members feel about breastfeeding?
☐ How is the mother’s health? (medical problems, medications, depression)

Examination: Infant and Mother

☐ Assess and document weight
☐ Physical exam (hydration status, oro-motor exam, jaundice, etc.)
☐ Observe >breastfeeding

Anticipatory Guidance

☐ Feeding behaviors and cues
☐ Breastfeeding on Demand
☐ Overnight patterns
☐ Exclusive breastfeeding x approximately 6 months
☐ Elimination patterns
☐ Vitamin supplementation
☐ Return to work
☐ When to call the office

Breastfeeding Interventions

☐ Try to determine/treat cause of inadequate supply before supplementing
☐ LC support PRN
☐ Community BF supports PRN

End of Visit

☐ Validate decision to breastfeed
☐ Review benefits of exclusive breastfeeding
☐ Follow up visits