

# Infant Feeding - Postnatal Checklist (hospital)

All of the following topics should be addressed with all breastfeeding mothers before they return home

	Tick box (or note if mother declined)	Signed	Date
<b>Positioning and attachment taught</b>	<input type="checkbox"/>	.....	.....
Mother confident with positioning and attachment	<input type="checkbox"/>	.....	.....
<b>Hand expressing taught</b>	<input type="checkbox"/>	.....	.....
<small>(If it is not possible to teach this in hospital, mothers should be given a leaflet <i>and</i> explanation where to get more assistance.)</small>			
<b>Other useful information for successful breastfeeding</b>			
■ Baby-led feeding explained	<input type="checkbox"/>	.....	.....
■ Room- and bed-sharing discussed	<input type="checkbox"/>	.....	.....
<small>(To reduce risk of cot death, babies should sleep in parents' room until 6 months. Bed sharing helps with breastfeeding but is not safe if either parent is a smoker, has been drinking or has taken drugs which make them very sleepy; also not safe on sofas or old sagging mattresses.)</small>			
■ Problems with using teats, dummies, nipple shields	<input type="checkbox"/>	.....	.....
■ Importance of exclusive breastfeeding	<input type="checkbox"/>	.....	.....
<small>(Giving any food or drink other than breastmilk before 6 months will reduce the breastmilk supply and make the baby more likely to fall ill.)</small>			
<b>Breastfeeding support details given and explained</b>	<input type="checkbox"/>	.....	.....
<b>Leaflets given and discussed</b>			
.....	<input type="checkbox"/>	.....	.....
.....	<input type="checkbox"/>	.....	.....
.....	<input type="checkbox"/>	.....	.....

*This information is collected to help us monitor the standard of care we provide to new mothers:*

**Date and time of delivery:** .....

**Skin-to-skin contact:** Time started: ..... Time finished: .....

Reason for ending: .....

Time help to start breastfeeding offered: .....

**Date and time help offered with second breastfeed:** .....