

Breastfeeding assessment tool: Neonatal

How you and your nurse/midwife can recognise that your baby is feeding well								*please see reverse of form for guidance on top-ups post-breastfeed
What to look for/ask about	✓	✓	✓	✓	✓	✓	✓	
Your baby:								Wet nappies: Day 1-2 = 1-2 or more in 24 hours Day 3-4 = 3-4 or more in 24 hours, heavier Day 6 plus = 6 or more in 24 hours, heavy
Is not interested, when offered breast, sleepy (*A)								
Is showing feeding cues but not attaching (*B)								
Attaches at the breast but quickly falls asleep (*C)								
Attaches for short bursts with long pauses (*D)								
Attaches well with long rhythmical sucking and swallowing for a short feed (requiring stimulation) (*E)								
Attaches well for a sustained period with long rhythmical sucking and swallowing (*F)								
Normal skin colour and tone								
Gaining weight appropriately								
Your baby's nappies:								Stools/dirty nappies: Day 1-2 = 1 or more in 24 hours, meconium Day 3-4 = 2 (preferably more) in 24 hours changing stools By day 10-14 babies should pass frequent soft, runny stools everyday; 2 dirty nappies in 24 hours being the minimum you would expect. Exclusively breastfed babies should not have a day when they do not pass stool within the first 4-6 weeks. If they do then a full breastfeed should be observed to check for effective feeding. However, it is recognised that very preterm babies who transition to breastfeeding later may have developed their individual stooling pattern before beginning to breastfeed, and therefore this may be used as a guide to what is normal for each baby.
At least 5-6 heavy, wet nappies in 24 hours								
At least 2 dirty nappies in 24hrs, at least £2 coin size, yellow and runny								
Your breasts:								
Breasts and nipples are comfortable								
Nipples are the same shape at the end of the feed as at the start								
Referred for additional breastfeeding support								
Date								
Midwife/nurse initials								
Midwife/nurse: If any responses not ticked: watch a full breastfeed, develop a care plan including revisiting positioning and attachment and/or refer for additional support. Consider specialist support if needed.								Feed frequency: Babies who are born preterm/sick may not be able to feed responsively in the way a term baby does. It is important that they have 8-10 feeds in 24 hours and they may need to be wakened if they don't show feeding cues after 3 hours. During this time it is important that you protect your milk supply by continuing to express. Being responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure, happy baby.

Breastfeeding assessment score to determine tube top ups

adapted from Imperial College Hospitals NHS Trust

To be used in conjunction with the assessment of maternal lactation, attachment and signs of effective milk transfer

Score	Definition	Action
A	Offered the breast, not showing feeding cues, sleepy	Full top up
B	Some interest in feeding (licking and mouth opening/head turning) but does not attach	Full top up
C	Attaches onto the breast but comes on and off or falls asleep	Full top up
D	Attaches only for a short burst of sucking, uncoordinated with breathing and swallowing and/or frequent long pauses	Half top up if the mother is available for next feed. The baby may wake early
E	Attaches well, long, slow, rhythmical sucking and swallowing – sustained for a short time with breasts not softened throughout	Half top up if mother is not available for next feed. If mother is available for next feed do not top up, and assess effectiveness of next feed.
F	Attaches well, long, slow, rhythmical sucking and swallowing – sustained for a longer time with breasts feeling soft following feed	No top up