Breastfeeding Observations: Directions

This activity counts as part of your required out-of-class work and counts toward the total number of CERPs that you will receive. Completion of this activity is one of the requirements for obtaining the CLS certificate. If you cannot do all three observations, you will be given two written homework assignments that will need to be completed after class on days 1 & 2 as an alternate activity. Make sure you have downloaded 4 documents all together.

Since the course is being held remotely, you can either fill out these forms on your computer and e-mail them, or you can fill them out by hand, scan them, or take a picture of them and e-mail them. The completed forms are to be sent to Jan Barger at LECOffice@aol.com. They need to be turned in no later than the first morning of your class. *Important: PLEASE put the date of the class in your subject line in the e-mail and your name in the body of the e-mail so I know which file to download it to.*

1. You need to observe three infants nursing. No credit is given for only one or two observations.

2. You may not observe and report on a couple nursing from a video or of yourself nursing.

3. You cannot use the same mother twice. It is best if you sit beside the nursing couple, observe the entire feeding and fill out the observation form while watching the feeding. HOWEVER!! Because of social distancing and all that related to COVID-19, you may observe the nursing couple in real time via Zoom, Skype, Facetime or another means, as long as it is direct observation and not a video. Keep in mind that these are not encrypted, and mom needs to understand that before giving you her consent.

4. You will be sending three breastfeeding observations; three assessments and plans of care and one evaluation of the activity itself. This is important – you will be sending a total of **7** documents all together. Make sure they are readable.

5. Age of the nursing infant doesn't matter, but try to get different ages if at all possible.

6. Look at the Breastfeeding Observation Form over before you see the mother so that you are familiar with it and know what things you are looking for.

7. Use the Assessment & Plan of Care Form to note your suggestions that you gave the mother, any problems that she or you identified and your evaluation of the feed.

8. Use the Evaluation sheet to evaluate this activity.

9. Put your name on each page you are e-mailing to Jan. She will let you know that she has received them. Don't forget to put your name & date of course you are taking in the body of the e-mail!

BREASTEEDING OBSERVATION FORM

Baby's Initials   **Baby's Age Today**   **Date Today**

Signs the breastfeeding is going well	Signs that there may be problems
Mother ☐ Mother looks healthy ☐ Mother is relaxed and comfortable ☐ Signs of bonding between mother and baby	**Mother** ☐ Mother looks exhausted ☐ Mother looks depressed or tense ☐ Mother doesn't look at her baby or hold it closely
Baby ☐ Baby looks healthy ☐ Baby is relaxed and comfortable ☐ Baby roots for the breast	**Baby** ☐ Baby looks thin ☐ Baby looks sick or irritable ☐ Baby doesn't root or look for the nipple
Breasts ☐ Mother says nipples and breasts are pain free ☐ Mother supports her breasts if she is sitting up to nurse	**Breasts** ☐ Breasts are red, hard or look sore ☐ Nipples/areola are red, cracked or bleeding ☐ Mother puts her fingers too close to the nipple
Baby's Position ☐ Baby's mouth and body is in alignment with the breast ☐ Baby is held close to the mother's body ☐ All of the baby's extremities are supported ☐ Mother positions her nipple at the height of the baby's nose	**Baby's Position** ☐ Baby is laid on his back with his head turned toward the breast ☐ Baby appears to be dangling from the mother's arms ☐ Baby's extremities are not supported ☐ Baby's mouth is positioned across or above the nipple
Baby's Attachment ☐ More areola is seen above the baby's top lip ☐ Baby's mouth has a wide gape ☐ Lips are flanged out ☐ Chin is pushed into the breast and the nose is clear of the breast	**Baby's Attachment** ☐ Most of the areola is seen beneath the bottom lip ☐ Baby's mouth in not opened very wide ☐ One or both lips are sucked in ☐ Baby's nose is pushed into the breast and/or there is a space between the chin and the breast
Feeding	**Feeding**

☐ Baby has slow deep sucks	☐ Rapid short sucks, few or no swallows
☐ Baby pauses, but starts sucking again without prodding	☐ Baby needs prodding to keep sucking
☐ Baby lets go of the breast when done	☐ Baby never comes off the breast or mother takes him off
☐ Nipple is round when released	☐ Nipple is misshapen when released

Assessment and Plan of Care

Mother's first name:

1.   Identify any concerns for the mother and for the infant.

        Mother:

        Infant:

2.   What was the gestational age of this infant when born?

3.   What was infant's age when you did the observation?

4.   What is your assessment of this mother's milk supply?

5.   What do you think about the infant's feeding evaluation?

6.   What suggestions did you give the mother?

Your name:

Evaluation of Breastfeeding Observation Activity

1.   How long did it take to do each observation? Site of each observation?

        1)

        2)

        3)

2.   Were you nervous/uncomfortable about doing this activity? Please explain.

3.   Did you get a chance to review the form before using it?

4.   Were any of the mothers nervous about you observing them and/or using the observation form?

        No: Yes: Please explain

5.   What did you learn from doing this activity?

6.   Would you be comfortable using this form to teach others how to observe a breastfeeding mother and infant?

7.   What did you like about this form/activity? What did you dislike about either the form or activity?

8.   Generally, how did the mothers respond to you using the form and obsering them breastfeed?

9.   What would improve the activity for you?

10.   What type of facility to you work in? Hospital   WIC   Private practice
        Physician's office   Clinic   Other

Your name: