

Breastfeeding Communication Tool

Parent/Guardian:

DOB:

Baby's name:

DOB:

Prenatal Contact

Peer Counselor:

Date:

Identified Barriers/Concerns

- | | | |
|--|--|--|
| <input type="checkbox"/> Confidence | <input type="checkbox"/> Going back to work/school | <input type="checkbox"/> Breastfeeding in public |
| <input type="checkbox"/> Fear of pain | <input type="checkbox"/> Lack of family support | <input type="checkbox"/> Other |
| <input type="checkbox"/> History of breastfeeding difficulty | <input type="checkbox"/> Medical concerns | |
- Specify: _____

Topics Discussed

- | | | |
|---|---|---|
| <input type="checkbox"/> Benefits of breastfeeding | <input type="checkbox"/> Support available through WIC | <input type="checkbox"/> Referral _____ |
| <input type="checkbox"/> Latch/positioning | <input type="checkbox"/> Rights of the breastfeeding mother | <input type="checkbox"/> Other |
| <input type="checkbox"/> Engorgement/establishment of supply | <input type="checkbox"/> Tips for nursing discreetly | |
| <input type="checkbox"/> Pumping – <input type="checkbox"/> work <input type="checkbox"/> school <input type="checkbox"/> other | <input type="checkbox"/> Prenatal education materials given | |

Breastfeeding/PP Contact

Peer Counselor:

Date:

Breastfeeding Assessment

- | | | |
|--|---|---|
| <input type="checkbox"/> Nipple pain _____ | <input type="checkbox"/> Supply concerns | <input type="checkbox"/> BF equipment questions |
| <input type="checkbox"/> Breast pain _____ | <input type="checkbox"/> low supply <input type="checkbox"/> oversupply | <input type="checkbox"/> Other |
| <input type="checkbox"/> Difficulty with latch or position | <input type="checkbox"/> Confidence/BF management | |
| <input type="checkbox"/> Baby fussy at breast | <input type="checkbox"/> Concern for infant weight gain/loss | BW: CW: |

Education Support

- | | | |
|---|---|--|
| <input type="checkbox"/> Assistance with latch/positioning | <input type="checkbox"/> Soothing techniques | <input type="checkbox"/> Gave praise/encouragement |
| <input type="checkbox"/> Basic breastfeeding management | <input type="checkbox"/> Milk supply regulation (note plan below) | <input type="checkbox"/> Pumping techniques |
| <input type="checkbox"/> Importance of breastfeeding | <input type="checkbox"/> Taught signs of milk transfer | <input type="checkbox"/> work/school <input type="checkbox"/> supply |
| <input type="checkbox"/> Nipple/breast assessment (if applicable) | <input type="checkbox"/> Infant assessment (if applicable) | <input type="checkbox"/> Referral _____ |
- Note _____ Note _____ Equipment issued _____
- Other

Notes

WIC Staff:

Date:

Additional Information/Follow-up



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Breastfeeding Communication Tool

Note:

Breastfeeding/PP Contact	Peer Counselor:	Date:
Breastfeeding Assessment		
<input type="checkbox"/> Nipple pain _____	<input type="checkbox"/> Supply concerns	<input type="checkbox"/> BF equipment questions
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<input type="checkbox"/> Baby fussy at breast	<input type="checkbox"/> Concern for infant weight gain/loss	BW: CW:
Education/Support		
<input type="checkbox"/> Assistance with latch/positioning	<input type="checkbox"/> Soothing techniques	<input type="checkbox"/> Gave praise/encouragement
<input type="checkbox"/> Basic breastfeeding management	<input type="checkbox"/> Milk supply regulation (note plan below)	<input type="checkbox"/> Pumping techniques
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<input type="checkbox"/> Nipple/breast assessment (if applicable)	<input type="checkbox"/> Infant assessment (if applicable)	<input type="checkbox"/> Referral _____
Note _____	Note _____	<input type="checkbox"/> Equipment issued _____
<input type="checkbox"/> Other		
Notes	WIC Staff:	Date:
Additional Information/Follow-up		