

Breastfeeding Assessment Components

The following components comprise the basis of a thorough breastfeeding assessment. The focus placed on each assessment component will depend on the breastfeeding dyad and should be adjusted to match the presenting needs of the breastfeeding family.

Breastfeeding Parent			
Socio-Ecological Considerations	<ul style="list-style-type: none"> • Perspectives on their breastfeeding experience and the breastfeeding relationship with their infant(s) • Personal concerns (e.g., body image, financial limitations, return to work, health, and wellness) • Support system in place and how support is responsive to the breastfeeding parent’s needs • Previous experiences with the health care system and breastfeeding support from health care professionals • Cultural & societal expectations, norms, and considerations (e.g., family and community considerations, breastfeeding in public, etc.) 	Informed Feeding Decisions	<ul style="list-style-type: none"> • Current feeding goals and expectations; explore if there has been a change from their prenatal feeding plans • Knowledge about breastfeeding and other feeding options • Understanding of the health benefits, safety concerns, considerations, and health risks for the feeding options relevant to their situation • Level of confidence and satisfaction with their current decision and if the HCP support provided is helping them meet their feeding goals • See the <i>Informed Feeding Decisions</i> module
Health History	<ul style="list-style-type: none"> • Health history (physical and mental), current health concerns, medications, history of or current substance use • Fertility, pregnancy, and birth complications/interventions • Previous breastfeeding experiences, including successes, challenges, duration, and exclusivity • Presence of safety issues or temporary/permanent contraindications to breastfeeding • Parent has confidence in their ability to care for, feed and calm the infant, knows how to get help if needed • Parent can independently obtain a comfortable and effective latch, and knows how to unlatch 	Physical Assessment	<ul style="list-style-type: none"> • History or signs of hypoplasia, previous breast surgery or trauma • Presence of breast changes during pregnancy • Congruency between anticipated and presenting stage of lactogenesis and the parent’s perception of their milk supply • Presence of breast fullness after onset of Lactogenesis II and appropriate softening as the infant feeds • Absence of nipple pain associated with latch and no need for pain management • Absence of breast pain, lumps, engorgement, or redness • Nipple protrusion and elasticity • Appearance of nipple shape after latch release • Absence of nipple damage, nipple colour changes, or discharge

For more information about each assessment area, see the AHS 20 Hour Breastfeeding Course: <https://cumming.ucalgary.ca/cme/courses/format/online-self-learning/breastfeeding>

Breastfeeding Assessment Components

Breastfeeding Infant			
Health History	<ul style="list-style-type: none"> Health history, current health concerns, medications In utero or current exposure to legal and/or illicit substances Pregnancy and birth complications and/or interventions Timing of first breastfeed after birth Use of past or current supplementation, including water or other liquids, and alternate feeding methods 	Feeding Behaviours	<ul style="list-style-type: none"> Parent can recognize and respond to infant feeding and satiation cues, has awareness of infant temperament and how it can impact breastfeeding, and has realistic expectations of infant feeding behaviours Presence of feeding cues and readiness to feed at regular intervals Evidence of pain or discomfort and corresponding pain management Level of alertness prior to and during feeds, no evidence of disengagement during feeds
Positioning	<ul style="list-style-type: none"> Position is comfortable and well-supported for both breastfeeding parent and infant Infant is well secured against parent's body, usually tummy-to-tummy, with alignment of head, shoulders, and hips Infant's head, neck, and limbs are supported but free to move around 	Anatomy	<ul style="list-style-type: none"> Absence of bruising or other injury on head or face Head shape is symmetrical Uninhibited range of motion in infant's head and neck Lips and palate are intact Jaw movement is symmetrical, and infant can open mouth wide (like a yawn) Tongue size, symmetry, palate arch width and height, range of tongue motion/mobility (extension, elevation, lateralization and cupping) Lip mobility Tongue, gums, and mucous membranes are moist and pink Presence and strength of suck reflex
Effective Latch	<ul style="list-style-type: none"> Ability to coordinate suck, swallow, breathe Ability to pace the feed with long stretches of sucking, followed by short pauses Ability to open mouth wide while latching, taking in entire nipple and some breast tissue Chin touches breast with space evident between breast and nose Both cheeks remain full (no collapsing or dimpling) and touch breast during feeds Ability to stay attached and maintain a seal throughout the feed Ability to latch to both breasts with absence of nipple pain Suck is quiet, absence of clicking or extra sounds 	Evidence of Milk Transfer	<ul style="list-style-type: none"> Adequate frequency of feeds (at least 8 feeds in 24 hours, likely more) Nutritive sucking with regular and audible swallows throughout the feed, usually 1-2:1 suck/swallow ratio for most of the feed (following onset of Lactogenesis II) After 3-5 days of age, evidence of breast softening after infant feeds Presence of satiation cues, e.g., infant looks relaxed after feed Infant tolerates feeds Adequate voiding and stooling by age of infant Appropriate weight gain