Daily Expressing & Breastfeeding Assessment Tool Name:

Expressing Assessment

Please complete an expressing assessment **4 times in the first 2 weeks** and continue regular checks after this period as it is always important to highlight any concerns.

Expressing Assessment start date (DOB): Expressing Assessment end date (at 2 weeks):

What to observe	Answer indicative of effective expressing	Date of assessment				Answer indicative of a problem	Date of assessment			
Frequency of expression	8-10 times a day plus one at night					Fewer than 8 times				
Timing of expression	Timings work around lifestyle					Long gaps between expressions. Less than 8 in 24 hours				
Stimulating milk ejection	Massage, skin to skin & photos to help stimulate oxytocin					Difficulty in milk ejection. Stressed & anxious.				
Hand expression	Confident with technique					Poor technique, not confident.				
Using a breast pump	Access to an electric pump, good technique. Breast shield fit OK					Concern about technique, incorrect size shield or suction too high/ low				
Breast condition	Full breasts which soften after					Breast/ nipples are painful				
Milk flow	Good milk flow					Poor milk flow				
Milk volume	Gradual increase in 24-hour volume					Decreasing or slow to increase				

Breastfeeding Assessment

Begin by recognising your baby's feeding cues

Practice positioning & attachment

Positioning

Close

Head Free

In Line

Nose to nipple

Signs of effective attachment

- Wide open mouth
- More areola visible above the top lip
- Rounded cheeks
- Chin indenting the breast
- Rapid sucks initially, turning to deep sucks with swallows
- Baby is content & stays on the breast
- Pain free for mum

Assess your baby's feed using the top up tool below:

			Date of assessment							
Score	**Definition**	**Action**	**Please tick**							
A	Offered the breast, not showing feeding cues, sleepy	Full top up								
B	Some interest in latching (licking & mouth opening/ head turning) but does not latch	Full top up								
C	Attaches to the breast but comes on & 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								
E	Attaches well, long, slow, rhythmical sucking and swallowing - sustained for a short time with breasts softened throughout	Half top up if mother not around for next feed. If mother is available for next feed, do not top up, 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								

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.**

Assess your breasts

Breasts	**Please tick**							
Breasts and nipples are comfortable								
Nipples are the same shape at the end of the feed as at the start								

Observe your baby's nappies

Wet & dirty nappies	**Please tick**							
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								
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 every day; 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.**