

Patient: _____

Breastfeeding Self-Assessment Questionnaire

The following questions will help us know if you and your baby are off to a good start with breastfeeding.

Please answer these questions when your baby is **5-7 days old.**

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| 1. Do you feel that breastfeeding is going well for you so far? | Yes | No |
| 2. Has your milk come in yet? (Have your breasts felt firm and full since your baby was born?) | Yes | No |
| 3. Does your baby latch on to the breast easily? | Yes | No |
| 4. Is your baby able to keep sucking rhythmically at the breast for 5-10 minutes each feeding? | Yes | No |
| 5. Does your baby wake up to eat on his/her own at least every 3 hours? | Yes | No |
| 6. Does your baby eat from both breasts most feedings? | Yes | No |
| 7. Does your baby eat at least 8 times in 24 hours? | Yes | No |
| 8. Do your breasts feel full before feedings? | Yes | No |
| 9. Do your breasts feel softer after feedings? | Yes | No |
| 10. Do you hear your baby swallowing while nursing? | Yes | No |
| 11. Do you enjoy each feeding (there is no nipple soreness causing you to dread the next feeding?) | Yes | No |
| 12. Is your baby having yellow bowel movements that look like cottage cheese and mustard? | Yes | No |
| 13. Is your baby having at least 3 bowel movements a day that are more than a stain on the diaper? | Yes | No |
| 14. Is your baby having at least 6-8 wet diapers a day? | Yes | No |
| 15. Does your baby seem satisfied or full after most feedings? | Yes | No |
| 16. Are your breasts free of soreness, tenderness and redness? | Yes | No |

Riordan, Jan and Auerback, Kathleen, "Breastfeeding and Human Lactation", Jones and Bartlett Publishers, Boston, 1998; P. 226-228; Box 8-5

Please call your Woodcreek provider at 253.848.8797 if you answered "No" to more than 2 questions.