

| Lactation Assessment Care Tool (LACT)   |   |  |
|---|---|--|
| Maternal Factors (5 possible points)  | Infant Factors (6 possible points)  | Lactation Function (5 possible points)   |
| 1. What is mother's breastfeeding experience?<br>1 Previous successful breastfeeding experience<br>0 No breastfeeding/unsuccessful experiences  | 1. What was the infant's gestational age (GA) at birth?<br>1 Full-term (at least 38 weeks)<br>0 Pre-term (32-37 6/7 weeks)                                      | 1. Did the infant latch and was skin-to-skin contact made within the first hour after birth?<br>1 Yes<br>0 No  |
| 2. Were there interventions or complications with birth? (examples: cesarean section, induction, epidural, narcotics, vacuum, forceps)<br>1 No birth interventions/complications<br>0 Birth interventions/complications | 2. Was the infant's weight at birth appropriate for GA?<br>1 Appropriate for GA (2500-4000g/5.5-9lbs)<br>0 LGA or low birth weight (>4000g/9lb or <2500g/5.5lb) | 2. Use of feeding devices (bottle, nipple shield, syringe)?<br>1 No<br>0 Yes   |
| 3. Is medical history significant for infertility, DM, GDM, depression, PCOS, IGT, breast surgery?<br>1 No<br>0 1 or more   | 3. What was percentage of weight loss at hospital discharge?<br>1 Loss of less than 7%<br>0 Loss of 7-10% or more   | 3. Is formula supplementation begin given?<br>1 No<br>0 Yes  |
| 4. Is partner/family/friend support available?<br>1 Yes<br>0 No   | 4. What is the infant's current weight gain pattern?<br>1 Gain >20g/day and maintain upward curve<br>0 Gain of <20g/day or not maintain upward curve            | 4. Is pumping needed more than once per 24 hours?<br>1 No<br>0 Yes   |
| 5. Maternal nipple irregularities? (examples: true inverted nipple, bifurcated nipple)<br>1 No<br>0 Yes   | 5. How many stools have occurred in the last 24 hours?<br>1 3 or more<br>0 less than 3  | 5. Is maternal nipple, areolar, or breast trauma present? (examples: pain, swelling, blistering, abrasions, cracking, bleeding, plugged ducts, or mastitis)<br>1 No<br>0 Yes |
|   | 6. Does the infant have anatomical irregularities (examples: ankyloglossia, torticollis, facial/head/jaw asymmetry, or recessed jaw)?<br>1 No<br>0 Yes          |  |

#### Lactation Care Needs Assessment Tool Score (0-16 scales)

Total Score: \_\_\_\_\_

Please select most urgent/acute need:

- ☐ Urgent professional care with a lactation consultant (IBCLC) within 1-2 days
- ☐ Routine professional lactation care (IBCLC) and/or counselor/educator support (CLC, CLE, CBS, or equivalent) when available
- ☐ Community support (La Leche League Leader, or other breastfeeding support group)

**Exclusion criteria:** Infants who are VLBW, <32 weeks gestation, multiple birth (twins, triplets, etc), or have congenital abnormalities that prevent breastfeeding. (Please refer to a professional lactation consultant.)