Appendix 2

**Breast feeding admission information**

On admission each breast fed infant or child will have the following areas documented by the admitting nurse or doctor:

**Breast feeding history:**
Range of feeding intervals (e.g. 3 to 6 hourly) _______________________________

Any changes lately?____________________________________________________

Any concerns with weight gains? (Please tick)  YES □  or  NO □

Any issues around feeding for mother or infant? (Please tick)  YES □  or  NO □

Brief description if answered YES:

(If answered YES, consider undertaking a breast feeding assessment as in appendix 4)

Does the mother intend to continue to breast feed during the hospital admission?  YES □  or  NO □

What is the mothers’ preferred alternative feeding plan if unable to breast feed?

Please get mothers consent if formula is to be used in hospital for any reason. See Consent below.

Does the mother intend and consent to the use of dummies?  YES □  or  NO □

Are there any circumstances (such as other family members to care for) that might make it difficult for the mother to be present during the admission and to breast feed?

What times can mother be present to breast feed?

Does the mother have any medical conditions or taking any medications?

Is the baby taking anything apart from breast milk including infant formula, or solid foods?  YES □  or  NO □

If Yes, what?

I, ___________________________________________________________________ mother of ________________________________________

hereby give my consent for _____________________________________________(name of) formula to be used when I am unable/ unavailable to breast feed.

Signed ___________________________________________ Date ___/___/___