

Telephone Triage Tool for Neonates

Name of the baby _____

Date of the call: _____ Date/Time of birth: _____ Age of the baby: _____

Nature of the problem _____

Mode of delivery? (c/section, vaginal, vacuum, etc)? _____

Was baby preterm, low birth weight, a multiple, or has other health issues? _____

AAP recommends ALL breastfed babies be seen 48 hours after discharge.

FIRST— Establish if the baby could be in immediate danger and needs to be seen **THAT DAY**, ideally **both** by a Lactation Consultant and the baby's provider.

	Key: <input type="radio"/> Concerning response (be seen today)	<input type="checkbox"/> OK (can wait 1-2 days)
• Does the baby have fever, vomiting, lethargy, breathing problems, or is refusing to feed?	<input type="radio"/> Yes	<input type="checkbox"/> No
• Press the forehead skin – Is it yellow underneath?	<input type="radio"/> Yes	<input type="checkbox"/> No
• How many times in 24 hours are you nursing?	<input type="radio"/> Less than 8	<input type="checkbox"/> 8 to 12
• How many poop diapers per 24 hours?	<input type="radio"/> Less than 3 by day 3 or 4 by day 4	<input type="checkbox"/> More than this
• Are poops yellow by day 4?	<input type="radio"/> No, poops still dark	<input type="checkbox"/> Yes, yellow
• How many wet/heavy diapers?	<input type="radio"/> Less than 4 by day 4	<input type="checkbox"/> 4 or more by day 4
• Can you hear the baby swallowing?	<input type="radio"/> No, or can't tell	<input type="checkbox"/> Yes, she hears swallowing
• Is there red staining in the diaper?	<input type="radio"/> Yes and it's day 3 or later	<input type="checkbox"/> Yes before day 3 (normal), or no
• Can you tell if your milk is in?	<input type="radio"/> No or can't tell by day 4	<input type="checkbox"/> Yes

If answers to any of these questions is concerning (left column checked), she should be seen **that day** and advised to increase number of feedings to 10-12 per 24 hours and massage breast between sucking bursts. Let her know that if she's had a c-section, is obese, or diabetic, her milk may be delayed coming in.)

Comments: _____

SECOND—If above answers are *adequate*, mom can wait to see a **Lactation Consultant within 1-2 days**.

Learn if there are things mom can do **RIGHT NOW** until she's seen. (Further advice in parentheses.)

If mother complains of not having enough milk:

- What makes you concerned that baby isn't getting enough milk?
 - "Baby feeds all the time." (Ask what she means by this. Review that normal number of feeds is 8-12 per 24 hours)
 - "Baby is not satisfied after feedings; OR fussy when put down; OR I don't have enough milk." (Baby may not have effective feeding skills yet. Compress breast to push milk toward nipple during pauses between sucking bursts. Nurse at least 10 times per 24 hours. Feed at the earliest signs of hunger. Encourage skin-to-skin contact- mom's bare chest against baby's bare chest.)
- If you've had your baby's weight checked recently, did his provider say it was OK? (If no, be seen.)
- Is your baby receiving only breast milk? (Recommend that expressed milk be used before formula. Pump after feedings, tell mom that it's normal if not much milk comes out at this point.)
- Are you on any medications? (Narcotics, all hormonal contraceptives including mini-pill, sedating antihistamines may cause problems. Ask mom to check with her doctor about the safety of stopping these medications.)
- Do you smoke, drink coffee, or alcohol, including beer? (Advise stopping. Non-alcoholic beer is OK.)
- Are you sleeping near your baby, in the same room? (If not, recommend doing so.)
- Are you using a pacifier? (If so, advise stopping it.)

If mother complains of painful feedings:

- Is breastfeeding very painful even after baby is latched on? Do you have cracked nipples? (Advise wide open mouth and flip open both lips, position chest to chest, chin to breast. Spread milk on breast and let it dry. It's OK to try lanolin ointment or soothing gel-pads until she's seen.)
- Are you using a pacifier? (Stop the pacifier.)

Comments: _____



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Hold me, Mom

Babies who are held skin-to-skin in their mother's arms:

- Are happier and less likely to cry
- Are more likely to latch on and breastfeed well
- Have better heart rates
- Have better temperatures than under a warmer
- Have better blood sugars
- Burn less calories there than under a warmer

So, be sure to tell your doctor and the hospital nurses that you want to hold your baby for at least the first hour after the birth, skin-to-skin (baby naked, not wrapped in a blanket). That's the best way to introduce your baby to the world.



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Learning to Breastfeeding

What to Expect in the First Three Weeks

Day of Life	Objective	Number of Feedings in 24 hours	Suckling Pattern	Length of Feeding	Good Positions for Latch
0 - 3	Mother - establish milk supply Baby - learn to breastfeed	8 - 12 times at the breast Cluster Feeds	Looking, smelling, & licking leading to bursts of > 10 sucks. Usually 15 - 25 times	5 - 60 minutes Usually at only one breast	Clutch (Football) Cross Cradle
3 - 14	Mother - establish milk supply Baby - milk transfer	8 - 12 times at the breast Cluster Feeds	Burst of suckling greater than 10 transitioning to a Suck - Swallow - Breathe pattern	15 - 20 minutes Usually both breast with a short break between	Clutch (Football) Cross Cradle move towards Cradle
14 - 21	Mother - increase milk supply Baby - growth spurt	12+ times at the breast	8 - 12 times at the breast Cluster Feeds	15 - 20 minutes Usually both breast with a short break between	Cross Cradle Cradle Lying Down
21 +	Mother - maintain milk supply Baby - Maintain growth curve	8 - 12 times at the breast Cluster Feeds	Suck - Swallow - Breathe pattern	15 - 20 minutes Usually both breasts with short break for stimulation between	Cross Cradle Cradle Lying Down

Breastfeeding Checklist for Newborns

Post on your refrigerator or on the back of your bathroom door.

Baby's birth date and time: _____

Your baby will be 4 days old on _____

Baby's birth weight: _____

Baby's discharge weight: _____

(It's normal to lose up to 7% from birth)

Baby's weight at check-up 2 days after discharge: _____

Baby's second week weight _____

(Baby should have regained his birth weight by 14 days).

Important Numbers:

Pediatrician: _____

OB-GYN Doctor: _____

Lactation Consultant: _____

Find more support near you at Zipmilk.org – just enter your zip code.

Some signs that breastfeeding is going well:

- Your baby is breastfeeding at least 8 times every 24 hours.
- Your baby has at least 4 yellow bowel movements every 24 hours by day 4.
- You can hear your baby gulping or swallowing at feedings.
- Once your baby latches on, your nipples do not hurt when your baby nurses.
- Your baby is receiving only breast milk.

Check in with your pediatrician's office or lactation consultant if:

- Your baby is having fewer than 4 poopy diapers per 24 hours by day 4.
- There are any red stains in the diaper after day 3. (It can be normal in the first 3 days.)
- Your baby is still having black tarry bowel movements on day 4.
- Your baby is not breastfeeding at least 8 times every 24 hours.
- You can't hear your baby gulping or swallowing, or you can't tell.
- Your nipples hurt during feeding, even after the baby is first latched on.
- Your baby does not seem satisfied after most feedings.

It is your responsibility to contact your baby's doctor to schedule visits, including a visit 2 days after going home.

Do not wait to call your baby's doctor or the lactation consultant if you think breastfeeding is not going well.



Massachusetts
Breastfeeding
Coalition

Is my baby getting enough?

Signs that your baby is getting enough milk.

- ☺ Your baby is alert and active.
- ☺ Your baby is happy and satisfied after breastfeeding.
- ☺ You hear and see your baby swallow when he breastfeeds.
- ☺ Your baby loses less than 7% of his birth weight during the first 5 days of life.
- ☺ Your baby begins to gain weight after day 5 and is back to his birth weight by 10 days of age.
- ☺ Your baby gains 4-8 ounces each week after the first week.
- ☺ Your baby has 3 or more stools a day after day 1 increasing to 4 or more stools a day by day 5.
- ☺ Your baby's stool changes from black to yellow by day 5.
- ☺ Your baby has clear or pale yellow urine and 6 or more wet diapers a day by day 5.

Signs that your baby may not be getting enough

- ☹ Your baby is unusually sleepy.
- ☹ Your baby is restless and fussy after breastfeeding.
- ☹ Your baby breastfeeds fewer than 8 times in each 24 hours.
- ☹ You can't hear or see your baby swallow when he breastfeeds.
- ☹ Your baby loses more than 7% of his birth weight during the first 5 days.
- ☹ Your baby continues to lose weight after day 5 and is below his birth weight at 10 days of age.
- ☹ Your baby gains less than 4 ounces each week after the first week.
- ☹ Your baby has less than 3 stools a day after day 1.
- ☹ Your baby's stool is still black or green on day 5.
- ☹ Your baby has red or dark yellow urine and less than 6 wet diapers a day by day 5.

CONVERSATION HUSHERS

Sometimes in a group, one mother will get carried away with her own personal story. She may give a negative impression of breastfeeding, or simply run off on another topic. As the class leader, you need to get the conversation back to a positive attitude without embarrassing the mother. Here are some suggestions:

- I am very glad that worked for you. Other mothers have found that _____ worked better for them.
- I know this is very important to you, but I am not allowed to talk about something that is not in my approved lesson plan. I am so sorry, but I know you understand.
- Your points are very interesting, but we need to cover some more material. Please call me tomorrow (or see me after class) and we'll talk some more than.
- Your experience is highly unusual, and we will need to spend our time discussing the common situations that most mothers face. Let's get together to talk after the class.
- I am not sure if you understand that I am not qualified to speak on this matter. Unfortunately, it is something that I know nothing about.
- I'm glad that worked for you, but I certainly can't recommend it for all mothers. My sources don't recommend this practice.
- Let me look this up in the Womanly Art of Breastfeeding to see what La Leche League says. (It's all right to spend a minute looking something up to be sure of your facts.)
- That's too bad. What could you have done differently if you had the information we have talked about today? Or, what would you advise another mom in that situation to do to avoid that problem?

REMEMBER: If you must interrupt a mother, be sure you have a question ready for another mother to quickly change the subject.

It is important to visit with the woman after class so that she doesn't feel bad, or take it personally. Do not let her leave without an encouraging word from you.