# **Pocket Card Tips**

Developed by Dani Cagle, MPH, IBCLC

## LATCHES ASSESSMENT<sup>1</sup>

- L: Latch
- A: Audible swallowing
- T: Type of nipple/Shape after feeding
- C: Comfort level Breast/Nipple/General Feeding
- H: Hold/Positioning
- **E**: Elimination Urine/Stool size & color
- S: Satiation

## **POSITIVE MESSAGES<sup>2</sup>**

- L: Listen to your patients ask open ended questions to learn more
- O: Observe a feeding this will give you a better idea of what is really happening
- V: Validate her feelings and concerns this will show that you value her
- **E**: Empower her with Education and Encouragement!

## AVERAGE INFANT INTAKE<sup>3</sup>

Age	Capacity of infant stomach
Day 1	2-10 ml per feeding
Day 2	5-15 ml per feeding
Day 3	15-30 ml per feeding
Day 4	30-60 ml per feeding

#### If a breastfed baby needs supplementation:

- 1. Supplement should be within the range of normal stomach capacity
- 2. Consider alternative feeding methods avoid bottles
- 3. Initiate hand expression/pumping to help establish milk supply

## TROUBLE SHOOTING

### Sore Nipples:

- Observe a feeding: Correct position and latch
- 2. Rotate positions use least sore side first
- 3. Refer to IBCLC

#### Difficult Latch/Breast Refusal

- Avoid bottle nipples use alternative feeding methods prn
- 2. Skin to skin before and after feedings
- 3. Refer to IBCLC

<sup>1</sup>Management for Clinicians: Using the Evidence, Jones & Bartlett Publishers, New York, 2010.

<sup>2</sup>WIC Value Enhanced Nutrition Assessment, WIC Staff News. Texas Department of State Health Services, 2017

https://www.dshs.texas.gov/wichd/nut/vena\_newsletter/Vena\_Articles/LoveMethod.sht.Accessed

<sup>3</sup>Supplementary Feedings in the Healthy Term Breastfed Neonate, Academy of Breastfeeding Medicine's Clinical Protocol #3, 2017