

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