



TEAM - Checklist to Use When Discussing Breast Pump Options

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| <p>Time – How long will baby and WIC client be separated? <input type="checkbox"/> Less than 4 hours <input type="checkbox"/> 4 to 6 hours <input type="checkbox"/> 7 to 9 hours <input type="checkbox"/> 10 or greater How many days each week? <input type="checkbox"/> 2 days or less <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 6 days or greater What is your goal, how long do you plan on breastfeeding? <input type="checkbox"/> 3 months or less <input type="checkbox"/> 4- 6 months <input type="checkbox"/> 7-9 months <input type="checkbox"/> 10-12 months <input type="checkbox"/> 1 year and beyond Have you used a pump before? <input type="checkbox"/> Yes <input type="checkbox"/> No How long did you use the pump?</p> | <p>Employer / School – Does the WIC client have a plan for returning to work/school and pumping? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a discussion occurred with employer about pumping at work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a designated location to pump? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there access to electricity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Age of baby- What is baby's current age? <input type="checkbox"/> Less than 6 weeks <input type="checkbox"/> 6 to 10 weeks <input type="checkbox"/> 11 weeks to 16 weeks <input type="checkbox"/> Greater than 16 weeks/4 months Was the baby full term? <input type="checkbox"/> Yes <input type="checkbox"/> No, born at how many weeks _____</p> | <p>Milk Supply Is baby receiving breastmilk exclusively? <input type="checkbox"/> Yes, how many times is baby breastfeeding in 24 hours? ____ <input type="checkbox"/> No Is baby being supplemented with formula? <input type="checkbox"/> Yes, How many ounces in 24 hours ____ <input type="checkbox"/> No Is baby eating any solid foods? <input type="checkbox"/> Yes, how many times a day ____ <input type="checkbox"/> No How many bowel movements (stools) in 24 hours? ____ How many wet diapers in 24 hours? ____ How has baby's weight gain been since birth? What was baby's birth weight? ____ Current weight: _____</p> |