Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Sample Patient Education Checklist\****Please have parent √ as they learn.*

* **I know how to keep my baby skin-to-skin during my hospital stay. I understand how skin-to-skin:**
  + helps regulate my baby’s temperature
  + helps me to be calm and bond with my baby
  + regulates my baby’s heartbeat and breathing
  + helps with breastfeeding
* **I can identify my baby’s feeding cues. These include:**
  + **Early Cues** – “*I’m Hungry*” (stirring, mouth opening turning head, seeking/rooting)
  + **Mid Cues** – “*I’m really hungry*” (stretching, increasing movement, hand to mouth)
  + **Late Cues** – “*Calm me, then feed me*” (crying, lots of movement, color turning red)
* **I know it’s important to feed my baby “on-demand” which can be 8 or more times in 24 hours, even at night, because this:**
  + helps build my milk supply
  + prevents breast engorgement
  + helps my baby to be content
* **I understand how often I should feed my baby. This includes:**
  + whenever I see my baby’s feeding cues
  + whenever my baby is hungry
* **I understand the importance of rooming-in in helping me establish a bond with my baby as well as to get to know how to respond to my baby’s needs. By “rooming-in”:**
  + I have learned how to comfort and care for my baby
  + I better understand my baby’s feeding cues
  + I have been able to feed my baby when I see those early signs
  + my baby is getting to know me
  + my baby and I have been able to stay together since delivery
* **I know when my baby is full because my baby:**
  + falls asleep and stops sucking
  + relaxes his/her hands and body
  + will let go of my breast and nipple (if breastfeeding)
* **I understand both the risks of, and alternatives to using pacifiers. These include:**
  + I will not be able to see my baby’s feeding cues if my baby uses a pacifier.
  + Using a pacifier may make it more difficult for my baby to attach to my breast.
  + My milk supply may decrease if my baby uses a pacifier and I am breastfeeding.
  + I should wait until my breastfeeding is established before giving my baby a pacifier.
  + A pacifier can be used to reduce the risk of Sudden Infant Death Syndrome (SIDS).
* **I have been given information on how to feed my baby. This includes:**
  + holding my baby close and making eye contact while feeding
  + how much and how often my baby will eat in the first few days
  + looking for feeding cues
* **If I have given or plan to supplement with formula, I have reviewed and have had a chance to discuss the “Safe Formula Preparation Guidelines.” This information includes:**
  + hand hygiene
  + use of clean utensils and equipment
  + the importance of measuring all ingredients
  + how to safely store and handle prepared formula
* **I have been given information about breastfeeding and about how breast milk is the preferred source of nutrition for my baby. I understand that using formula:**
  + may decrease my milk supply if I am also breastfeeding
  + may increase my baby’s sensitivity to allergens

***For Breastfeeding Mothers***

* **I know how to hold and attach my baby for breastfeeding. This includes:**
  + sitting up straight or lying on my side
  + holding my baby close with the baby’s head and body in a straight line
  + while my baby’s mouth is open wide, aiming the nipple to the roof of the baby’s mouth, with the baby’s chin and lower lip touching the breast first below the nipple
  + after this first contact, the baby’s upper lip follows forming a seal
* **I know why my baby has a good attachment because:**
  + my baby is content
  + both of my baby’s lips are turned out and the baby has rapid sucks and swallows
  + more of the areola is seen above the top lip than the bottom
  + my baby’s chin is indenting the breast and the baby’s cheeks are rounded
* **I know how to hand express my breast milk. To do this I:**
  + stimulate the breast with massage and nipple rolling
  + gently grasp the breast with thumb and forefinger about 1 inch back from the nipple forming a “C” and pull the breast back to the chest wall
  + compress the thumb and forefinger together without sliding fingers along the skin
  + release and repeat “compress and release” knowing that it may take a few minutes for milk to flow
  + rotate the position of my fingers around the breast and alternate sides
* **I know why hand expression of breast milk is important. Hand expression:**
  + is the best way to express colostrum
  + helps my baby to attach to my breast
  + can help to deal with a blocked duct
  + will help relieve breast engorgement

Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Adapted with permission from Massachusetts General Hospital