## Your INFANT Hospital's BREASTFEEDING Logo **RECORD** Here

MOTHER'S NAME:

**Maternal Infant Health** 

## PATIENT IDENTIFICATION

									* O = Observed / R = F	Reported	
Feeding DATE / TIME	L	Α	Т	С	Н	TOTAL	0/R*	Supplement	Comments / Interventions	Initials	
INITIALS / SIGNATURES											

## **LATCH - Breastfeeding Chart System**

	0	1	2
L	Too sleepy or reluctant	Repeated attempts	Grasps breast
LATCH	No latch achieved	Hold nipple in mouth	Tongue down
2, 1, 0, 1,		Stimulate to suck	Lips flanged
			Rhythmical sucking
A	None	A few with stimulation	Spontaneous & intermittent < 24 Hr
AUDIBLE SWALLOWING			Spontaneous & frequent
Т	Inverted	Flat	Everted (after stimulation)
TYPE OF NIPPLE			
С	Engorged	Filling	Soft
COMFORT	Cracked, bleeding, blisters, bruises	Reddened / small blisters or bruises	Non - tender
(Breast/Nipple)	Severe discomfort	Moderate discomfort	
Н	Full assist (staff holds)	Minimal assist (ie, pillows, ↑HOB)	No assist from staff
HOLD (Positioning)		Teach one side, Mom does other	Mom able to position / hold baby
		Staff holds -> Mom takes over	

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## PART OF THE MEDICAL RECORD