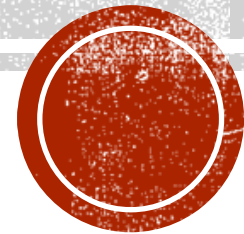


# **INPATIENT BREASTFEEDING ASSESSMENT TOOLS**

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# CONFLICT OF INTEREST

- I have no financial conflict of interest
- I am the creator of the Adams' Breastfeeding Couplet Scale (ABCs) which is currently not in use, under research investigation for PhD Dissertation



# OBJECTIVES

1. Define inter-rater reliability
2. Identify five components of breastfeeding assessment for a full-term neonate
3. Complete a breastfeeding assessment comparing two breastfeeding assessment instruments



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**VOTE**



# INTER-RATER RELIABILITY

- A measure of **consistency** used to evaluate the extent to which different judges agree to their assessment decisions. (AAP).
- Do two or more raters (observers) agree?
- How is this measured?
- Why is this important?



# OTHER IMPORTANT TERMS

## VALIDITY

- The degree to which a tool (etc) measures what it is intended or claimed to measure
- Does it measure what it is supposed to measure?

## PREDICTIVE

- Ability to predict a future outcome
- Can the results be used to predict things about the participant?





# COMPONENTS OF A BREASTFEEDING ASSESSMENT

## Mother



## Baby



Mulder, P. J. (2006). A concept analysis of effective breastfeeding. *Journal of Obstetric, Gynecology, and Neonatal Nursing*, 35(3), 332-339.



Go to [www.menti.com](https://www.menti.com) and use the code **2742 5264**

# Using one word, describe a component of breastfeeding assessment

 Mentimeter





# BREASTFEEDING SELF-EFFICACY SCALE

## SHORT FORM

- Developed by Cindy Dennis, 2003
- Uses Likert Scale 1 to 5 measuring maternal confidence
- Completed in hospital by mom
- Baby is getting enough milk
- Always breastfeed baby, the same as I do other challenging tasks
- Breastfeed baby without the need to add formulated milk
- Baby is suckling in the right method over the period of breastfeeding
- Manage breastfeeding up to my satisfaction
- Can always breastfeed, even when baby was crying
- Always want to breastfeed baby
- Comfortable breastfeeding baby even in the presence or in front of other family members
- Satisfied with breastfeeding experience
- Accept the fact that breastfeeding process will take a long time
- Fully breastfeed on same breast before switching to second breast
- Continue to breastfeed baby without problems at each feeding session
- Manage to breastfeed every time baby asks for milk
- Recognize the time baby is finished and satisfied with breastfeeding session



# EFFECTIVE BREASTFEEDING

- How do you define?
- Is this concept objective or subjective?
- What should occur before a breastfeeding session?
- What should occur during a breastfeeding session?
- What should occur after a breastfeeding session?



# BREASTFEEDING ASSESSMENT TOOLS

INSTRUMENT	USED BY	COMPONENTS	RELIABILITY	VALIDITY	PREDICTIVE
IBFAT (1988)	Nurses; Midwives; Mothers	Infant readiness to feed Rooting Latch Sucking pattern Mother's perception of feeding	77% to 91%	Tested once 1997	Not predictive at 4 weeks PP
MBA (1992)	Not specified	Signaling Position Fixing Milk transfer Ending	84%	Tested once 1997	Not tested
BAPT (1994)	Nurses	Negative breastfeeding sentiment Social and professional support Breastfeeding control Positive breastfeeding sentiment	.70 to .86	Not reported	6-8 weeks PP
LATCH (1994)	Nurses; IBCLCs	See tool	78% to 94%	Tested	6 weeks

Hamelin, K. & McLennan, J. (2000). Examination of the use of an in-hospital breastfeeding assessment tool. *Mother Baby Journal* 5(3), 29-37

Mulford, C. (1992) A Mother-Baby Assessment (MBA): A "Apgar Score" for breastfeeding. *Journal of Human Lactation*, 8(2), 79-82.

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Shah, M. H., Roshan, R., Rarikh, T., Sathe, S., Vaidya, U., C& Pandit, A. (2021). LATCH score at discharge: A Predictor of weight gain and exclusive breastfeeding at six week in term health babies. *JPGN* 72(2), e48-e52.



# BREASTFEEDING ASSESSMENT TOOLS

INSTRUMENT	USED BY	COMPONENTS	RELIABILITY	VALIDITY	PREDICTIVE
BAS (2002)	Nurses	Maternal age Previous breastfeeding experience Latching difficulty Breastfeeding interval Number of bottles of formula Previous breast surgery Maternal hypertension during pregnancy Vacuum vaginal delivery	Not tested	Not tested	7 to 10 days PP
MIBPT (2007)	Nurses	Mother's response to infant cues Time of feeding attempts Latch Nutritive suck Positioning Mother's nipple trauma Mother's comments about breastfeeding	79% to 95%	Not tested	Not tested
ABCs (in progress)	Nurses	See tool	94% .90	Not tested	TBD

Hamelin, K. & McLennan, J. (2000). Examination of the use of an in-hospital breastfeeding assessment tool. *Mother Baby Journal* 5(3), 29-37

Mulford, C. (1992) A Mother-Baby Assessment (MBA): A "Apgar Score: for breastfeeding. *Journal of Human Lactation*, 8(2), 79-82.

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# LATCH

	0	1	2	Score
Latch	Too sleepy or reluctant No sustained latch or suck achieved	Repeated attempts for sustained latch or suck Hold nipple in mouth Stimulate to suck	Grasp breast Tongue down Lips flanged Rhythmical sucking	
Audible swallowing	None	A few with stimulation	Spontaneous and intermittent (< 24 hours old) Spontaneous and frequent (>24 hours old)	
Type of nipple	Inverted	Flat	Everted (after stimulation)	
Comfort (breast/nipple)	Engorged Cracking, bleeding, large blisters or bruises Severe discomfort	Filling Reddened/small blisters or bruises	Soft Non-tender	
Hold (positioning)	Full assist (staff holds infant at breast)	Minimal assistance (elevate head of bed, place pillows for support) Teach one side, mother does other Staff holds and then mother takes over	No assistance from staff Mother able to position and hold infant	
Total score				



# A B C S

<b>Mother items</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>Score</b>
Support system	Adequate to high support system	Limited support system	No support or negative support system	
Breastfeeding knowledge	Knowledgeable about breastfeeding and requires minimal instruction	Some knowledge about breastfeeding and requires moderate instruction	Lacks knowledge about breastfeeding and requires considerable instruction	
Breastfeeding confidence	Reports great confidence in breastfeeding	Reports some confidence in breastfeeding	Reports no confidence in breastfeeding	
Pain assessment (uterine cramping, perineal pain, incisional pain, or body aches)	No pain: 0/10 pain assessment	Mild pain: 1-4/10 pain assessment	Moderate to severe pain: 5-10/10 pain assessment	
Readiness to feed	Rested, awake and ready to feed	Tired but awake and ready to feed	Sleepy and/or too tired and not ready to feed	
Type of nipple	Everted or everts after nipple stimulation	Flat or flattens with compression test	Inverted	
Breast hold	Uses proper breast hold without instruction	Uses proper breast hold after prompting	Uses proper breast hold after instruction	
Nipple pain during feeding	No pain: 0/10 pain assessment	Mild to moderate pain at the beginning of feeding and/or while breastfeeding: 1- 4/10 pain assessment	Severe pain while breastfeeding: 5-10/10 pain assessment	
Integrity of nipple and areola after feeding	No damage	Reddened but intact	<ul style="list-style-type: none"> <li>• Cracked and/or bleeding</li> <li>• Blistered</li> <li>• Bruised</li> <li>• Pinched, creased, or flattened</li> <li>• Blanched white or discolored after feeding</li> </ul>	



# A B C S

Baby items	2	1	0	Score
Readiness to feed	Awake and/or rooting; searching for breast with hands, cheeks and/or mouth	Sleepy and requires stimulation to stay awake	<ul style="list-style-type: none"> <li>• Unable to wake for feeding</li> <li>• Unable to calm for feeding</li> </ul>	
Positioning	Properly positioned	Mother requires minimal to moderate assistance to position	Mother requires full assistance to position	
Alignment of body and head	Properly aligned at the level of the breast	Mother requires minimal to moderate assistance to align	Mother requires full assistance to align	
Latch	Independently latches to the breast	Requires repeated attempts to latch to the breast	Unable to latch to the breast	
Suck	Rhythmic suck with occasional pauses	Pauses for short periods between sucks; requires stimulation to suck	<ul style="list-style-type: none"> <li>• Uncoordinated suck patten</li> <li>• Long pauses between sucks; requires stimulation to suck</li> <li>• Short sucking bursts with long respiratory pauses or rapid breathing</li> </ul>	
Swallow	Spontaneous and intermittent audible and/or visual swallowing	Infrequent audible and/or visual swallowing	No audible and/or visual swallowing	
Urine output	Voided at least once for each day of life		No void at least once for each day of life	
Stool	At least one meconium, transitional, yellow stool per day	At least one meconium stool in first 24 hours of life	No stool in the first 24 hours of life	
	Date of assessment:	Time of assessment:	Signature	Total





# BREASTFEEDING ASSESSMENT

- Use LATCH Assessment tool to assess breastfeeding session
- Use ABCs Assessment tool to assess breastfeeding session
- Use information on next slide to complete the breastfeeding assessment session
- After viewing video, provide LATCH score in poll and ABCs score in poll
- Compare and contrast LATCH and ABCs



## 11 SIGNS THAT BUB HAS LATCHED AND SUCKING PROPERLY | MUM'S GRAPEVINE (MUMSGRAPEVINE.COM.AU)

### **Mom**

- G1 T1 P0 A0 L1
- Reports strong support system;
- Required little instruction during breastfeeding session
- Reports some confidence with breastfeeding
- Reports incisional pain 3/10
- Reports initial nipple pain with latch 2/10 that relieves less than 30 seconds
- No nipple damage after feeding

### **Baby**

- Healthy 39-week, born via C/S for breech
- 71-hours of age

<b>Day of Life</b>	<b>Wet diapers</b>	<b>Stools</b>
birth	2	3 meconium
1	2	3 meconium
2	4	4 green
3	5	3 green



# ASSESSMENT TOOLS COMPARISON

## LATCH

- Assesses both mom and newborn
- Score 0 to 10
- Short
- Some interaction with mom

## ABCs

- Assesses both mom and newborn
- Contains mom and newborn items separately
- Score 0 to 34
- More comprehensive
- More interaction and conversation with mom



A close-up photograph of several hands of various skin tones raised in a gesture of participation or agreement. The hands are positioned in the foreground, with some overlapping. The background is blurred, showing more people and what appears to be an indoor setting. The text 'DISCUSSION & QUESTIONS' is overlaid in a bold, black, distressed font across the upper portion of the image.

# DISCUSSION & QUESTIONS



# REFERENCES

Hamelin, K., & McLennan, J. (2000). Examination of the use of an in-hospital breastfeeding assessment tool. *Mother Baby Journal*, 5(3), 29-37.

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Kronburg, H. & Vaeth, M. (2019). Validation of the Breastfeeding Score: A Simple Screening Tool to Predict Breastfeeding Duration. *Nutrients*. doi: 10.3390/nu11122852

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