

BREASTFEEDING WOMAN

Assessment Questions

1. How are things going for you at home right now?

Free form answer

2. How is breastfeeding going? What is your goal for breastfeeding?

Free form answer

3. Are you returning to work or school?

4. Do you have medical care and dental care (one answer)?

Medical care

Dental care

Both

Neither

5. Do you have any medical or dental issues?

A. Were there any problems during your pregnancy or birth?

B. Any feelings of sadness or depression?

C. Who diagnosed your condition?

Free form answer

6. Tell me if you consume any of the following (may choose more than one answer):

N/A

Multivitamins

Other supplements

Medication

Herbs

Teas

Non-food items

7. Do you currently use any alcohol, tobacco products or drugs (may choose more than one answer)?

N/A

Alcohol

Chew tobacco/cigars/pipes/cigarettes

Drugs

8. Describe your intake on a typical day (meals/snacks, drinks, eating out, who eats together):

Free form

9. Do you have any additional questions?

Free form

Possible discussion topics:

Breastfeeding concerns/questions
Breastfeeding and return to work or school
My Plate nutrition for breastfeeding
Achieving healthy weight
Smoking (decrease or quit), other substance use
MVI use/folic acid
Iron rich foods
Calcium sources
Pregnancy spacing/plan for birth control
Meal planning/prep/budgeting

Potential referrals:

Health care provider
Quit line/substance abuse treatment
RD
Weight loss clinic
SNAP
Food banks
Dental care
IBCLC and/or BFPC
Diabetes Prevention Program
MCH

Mid-Year Certification Questions: Breastfeeding Women

1. How is breastfeeding going?

Free form answer

2. Have there been any changes in your health, such as a new medical diagnosis or problems?

Free form answer

3. Tell me about your (dietary) intake.

Free form answer

4. What are you doing for physical activity?

Free form answer

5. What questions do you have for me?

Free form answer