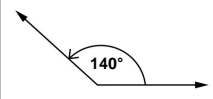


Healthy Children Project, Inc.'s **LAT: Lactation Assessment & Comprehensive Intervention Tool LAT 1**

Pre-feeding		Latching process		Mouth seal		Mother's comfort level					
Skin-to-skin <input type="radio"/> immediately prior to feeding <input type="radio"/> for ____ minutes prior <input type="radio"/> no skin-to-skin prior		Ideal <input checked="" type="checkbox"/> nose opposite nipple to start <input checked="" type="checkbox"/> gape response <input checked="" type="checkbox"/> head tilts back <input checked="" type="checkbox"/> bottom lip and tongue reach breast first	Observed mouth opposite nipple to start <input type="radio"/> gape response <input type="radio"/> no gape response <input type="radio"/> head tilts back <input type="radio"/> no head tilt <input type="radio"/> forehead tilt <input type="radio"/> bottom lip and tongue reach breast first <input type="radio"/> top lip reaches breast first <input type="radio"/> top lip and bottom lip reach together	Ideal <input checked="" type="checkbox"/> top and bottom lip sealed <input checked="" type="checkbox"/> rounded cheek line <input checked="" type="checkbox"/> not dimpled cheek	Observed <input type="radio"/> top and bottom lip sealed <input type="radio"/> top lip turned in <input type="radio"/> bottom lip turned in <input type="radio"/> rounded cheek line <input type="radio"/> not rounded cheek line <input type="radio"/> not dimpled cheek <input type="radio"/> dimpled or indented cheek	Ideal <input checked="" type="checkbox"/> tugging feeling	Observed <input type="radio"/> tugging <input type="radio"/> little discomfort <input type="radio"/> moderate discomfort <input type="radio"/> great discomfort <input type="radio"/> severe discomfort				
State of baby <input type="radio"/> deep sleep <input type="radio"/> light sleep <input type="radio"/> quiet alert <input type="radio"/> active alert <input type="radio"/> crying											
Feeding cues exhibited <input type="radio"/> rooting <input type="radio"/> hand to mouth actions <input type="radio"/> mouthing/suckling motions <input type="radio"/> rapid eye movement (REM) <input type="radio"/> body movements <input type="radio"/> no feeding cues						During Feeding		Rhythm Ideal <input checked="" type="checkbox"/> bursts of 2:1 or 1:1		Post Feeding Ending feeding Ideal <input checked="" type="checkbox"/> baby releases nipple	
During Latching-on						Facial proximity <input checked="" type="checkbox"/> nose and chin close to breast		Observed <input type="radio"/> bursts of 2:1 or 1:1 <input type="radio"/> 4 or more sucks with ? number of swallows <input type="radio"/> no suck <input type="radio"/> suck but no swallow		Observed <input type="radio"/> baby releases <input type="radio"/> mom breaks suction <input type="radio"/> baby unable to sustain feed	
Baby's body position Ideal <input checked="" type="checkbox"/> turned toward mother <input checked="" type="checkbox"/> shoulders and hips aligned <input checked="" type="checkbox"/> arms/hands around breast		<input type="radio"/> nose and chin close to breast <input type="radio"/> nose and/or chin away from breast		Ideal <input checked="" type="checkbox"/> asymmetric		Observed <input type="radio"/> soft body tone <input type="radio"/> relaxed hands <input type="radio"/> awake/seeking behavior					
Observed <input type="radio"/> turned toward mom <input type="radio"/> head only turned toward mom <input type="radio"/> shoulders/hips align <input type="radio"/> shoulders/hips do not align <input type="radio"/> arms/hands around breast <input type="radio"/> arms/hands not around breast		Angle of mouth opening Ideal <input checked="" type="checkbox"/> 140°+ 		Observed <input type="radio"/> asymmetric <input type="radio"/> symmetric		Mother's nipple Ideal <input checked="" type="checkbox"/> similar to pre-feed					
				Jaw motion Ideal <input checked="" type="checkbox"/> rocker		Observed <input type="radio"/> similar to pre-feed <input type="radio"/> shaped by latch <input type="radio"/> discolored <input type="radio"/> inverts after feed <input type="radio"/> _____					
				Observed <input type="radio"/> rocker <input type="radio"/> piston		Notes					

completed by: _____

Sample cannot be used for reproduction of this tool.