

GO MOM

Baby's Name: _____

Mother's Name: _____

Name of Breast Pump: _____

Double / Single Pump

Plans to breastfeed: Yes / No

(*if no, ask again at 32 weeks CGA)

Ask daily and document:

1. How is your milk supply?
2. How much milk are you getting when you pump (ounces or mLs)?
3. How often are you pumping in a day?
4. (Optional) Would you like any tips or help?

❖ If mother's supply is good or improving, give positive feedback:

- ☐ "Great job! It can be hard work, but (Baby's name) gets stronger with every bottle you make."
- ☐ "Let us know if you notice your supply decrease or have any questions."

❖ If mother's supply down or she has troubles/concerns, offer support:

- ☐ Lactation consult in < 12 hours. "One of our lactation specialists will be getting in touch with you soon."
- ☐ Increase number of pumping sessions in a day (10-12 times/day for 2-5 days). "Are you pumping during the night as well?"
- ☐ Take care of mom: increase water intake, decrease caffeine, get plenty of rest. Warm compresses and gentle massage for blocked ducts. See your doctor if you feel ill or have red/painful breasts.
- ☐ Increase milk stimulus: pump at baby's bedside and increase Kangaroo care time (as clinically able).
- ☐ Encourage mom: "It can be hard work, but hang in there. (Baby's name) gets stronger with every drop of milk you make."