FORMULA DOCUMENTATION FORM

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If formula is to be given to infant, please initial next to the appropriate indication and complete date/time section.

PARENTAL CHOICE:

__/__/__ Mother/Family choosing to exclusively formula feed infant

__/__/__ Mother/Family request formula bottle for breastfed baby

Reason given in patient/family’s words:

________________________________________

Mother/Family educated about impact of formula supplements and bottles on Breastfeeding when not medically indicated including (low milk supply, engorgement, nipple/flow confusion, latch problems and gut exposure/sensitization to foreign protein in cow’s milk formula). Mother/family informed about best practice recommendation not to use formula bottle for breastfed baby

MATERNAL INDICATIONS:

__/__/__ Maternal Medical Condition (circle one): HIV positive mother, active untreated TB, Active untreated varicella, Active Herpes Simplex breast lesions, severe illness

, Other: ___________

__/__/__ Maternal Medications contraindicated for breastfeeding:

List medication: _______________

Hale Reference - Medications and Mother’s Milk - Lactation Category: ___________

__/__/__ Maternal Substance Abuse/Alcohol Abuse

__/__/__ Maternal Radiologic/medical procedure contraindicated in breastfeeding

__/__/__ Prior breast surgery/pathology resulting in poor milk production
INFANT INDICATIONS:

_____/_____ Infant Metabolic disorder (ie: galactosemia)

_____/_____ Hypoglycemia – (see order set) – and infant unable to latch/breastfeed and/or mother unable to express adequate amount of colostrum (5-10 ml)

_____/_____ Late preterm infant and excessive (5-10 %) weight loss and mother unable to express adequate amount EBM for age (follow order set)

___________ Manual expression initiated

___________ Pumping initiated

_____/_____ Term infant > 10% weight loss and delayed lactogenesis II ("milk coming in")

___________ Manual expression initiated

___________ Pumping initiated

_____/_____ Hyperbilirubinemia and Phototherapy (if low maternal milk supply, poor milk transfer, dehydration)

___________ Manual expression initiated

___________ Pumping initiated

_____/_____ Clinical evidence of dehydration (high sodium, urate crystals >72 hrs of age, output < BF log)

___________ Manual expression initiated

___________ Pumping initiated

_____/_____ Infant unable to feed at the breast (not latching after 24 hrs of age, congenital malformation, severe illness)

___________ Manual expression initiated

___________ Pumping initiated

Mother/Family verbalizes understanding and would like to supplement with formula bottle

Date/Time: ____________ Signature/Initials: __________________________________________