

**FEEDING DIARY** (Includes adapted *Preterm Infant Breastfeeding Behaviour Scale - PIBBS*)

Department of Paediatrics, Ward 4

<b>Name:</b>	<b>Reg Number:</b>						
<b>DOB:</b>	<b>Birthweight:</b>	<b>F / M</b>	<b>Gest Age:</b>				

<b>Main Problems:</b>							
	Therapist						
	Date						
	Age in days						
<b>Behaviour</b>	Weight						

<b>Response to somatic-oral stimulation</b>							
Stressed and crying (stop immediately, place in KMC)							
Floppy, minimal movement							
Active movement in limbs and face							
Non-nutritive sucking noticed							
Better nutritive sucking							
<b>Non-nutritive sucking</b> (on mother's clean pinkie)							
Excessive bite							
No sucking noticed							
Some sucking noticed							
Sucking strong & repetitive; rhythmic 6-8 sucks / swallow							
Tongue cupping around finger							

<b>Breastfeeding</b>							
<b>1. Rooting</b>							
No rooting							
Some rooting							
Obvious rooting							
<b>2. How much breast was inside baby's mouth?</b>							
Only touched nipple							
Part of the nipple							
Whole nipple, not areola							
Nipple and some of the areola							
<b>3. Latched on and stayed fixed to the nipple</b>							
Did not latch on at all							
Latched on, stayed fixed for <1 minute							
Duration in minutes of staying fixed to nipple							
<b>4. Suckling</b>							
No suckling or licking							
Licking and tasting, no suckling							
Single suckles or short bursts							
Repeated short suckling bursts							
Repeated long suckling bursts (>10 suckles)							
Longest suckling burst before pausing. Count suckles							

<b>5. Swallowing</b>							
Swallowing not noticed							
Occasional swallowing noticed							
Repeated swallowing noticed							
<b>6. General behaviour</b> (mark all applicable behaviours)							
6.1 Closed eyes, no body movement							
6.2 Drowsy, eyes open but heavy-lidded. Eyelids fluttered, minimal movement							
6.3 Open eyes, dull or glazed look. Seems to look through rather than at something, minimal movement							
6.4 Eyes wide open, looks tense or afraid, minimal movement							
6.5 Eyes wide open, makes eye contact, looks calm, minimal movement							
6.6 Eyes closed, active movement in limbs and body							
6.7 Open eyes, active movement in limbs and body							
6.8 Crying, fussing audibly							
<b>7. Letdown reflex – Yes / No</b>							
<b>8. Time in minutes baby was held</b>							
<b>9. Breast problems</b> (mark all where applicable)							
Breasts engorged							
Nipples flat or inverted							
Nipples fissured or pain							
Uses nipple shield							
Receives galactagogues							
No problems							
<b>10. Influence of the environment</b>							
Activity and presence of others very disturbing							
Activity and presence of others somewhat disturbing							
Activity not disturbing, enough privacy							

<b>Cup feeding</b> (mark all where applicable)							
Baby positioned correctly (Wrapped, cuddled close to body)							
Approximate amount in ml.							
Spillage							
Open mouth posture, poor lipseal							
Delayed swallow							
Laps up milk, swallows, mouth closes appropriately							
<b>Tube feeding</b> (mark all where applicable)							
Baby tube feeding in KMC position							
Approximate amount in ml.							

<b>Treatment plan</b>