



Guideline on the Observation of a Breastfeed & Use of the Breastfeeding Observation Assessment Tool (BOAT) Resource

Is this document a:

Policy Procedure Protocol Guideline

HSE National Public Health Service
Community Operations: Primary Care

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PART A: Outline of PPPG Steps

Title of PPPG: Guideline on the Observation of a Breastfeed & use of the Breastfeeding Observation Assessment Tool (BOAT) Resource

Inclusivity: The HSE acknowledges that not all people who choose to breast or chest feed their babies identify as women or mothers. The HSE supports all parents who are breast/chest feeding; whilst acknowledging this, for the purposes of this guideline the terms breastfeeding and mother will be used throughout.

A1.0 Consent requirements

A1.1 Consent is required for the observation of a breastfeed and assessment to take place. The RPHN/RM should clearly explain to the mother what is entailed and seek verbal consent from the mother each time the assessment is to take place.

A1.2 Consent is recorded on the BOAT resource, the resource is in the national child health record.

A1.3 Refer to HSE National Consent Policy 2022 if the mother is less than 16 years of age.

A1.4 Refusal of consent; in such cases it is important that the RPHN/RM discusses this with the woman in order to understand the rationale and motivation behind her decision to refuse. The RPHN/RM accurately documents in the child health record the discussion with the mother, including the procedure that has been offered, the evidence base, benefits and risks, the mother's decision to decline and the fact that the implications of this decision have been fully outlined.

A2.0 Documentation and the management of the BOAT resource

A2.1 All recording should be:

- Legible
- Written in black ink
- Signed with the RPHN/RM name printed clearly alongside the signature and NMBI number when fully completed.
- Dated and the time written in the 24-hour clock
- Documented as soon as possible after providing the nursing/midwifery care
- HSE approved abbreviations only (HSE 2011, NMBI 2015b)

2.2. A2.2 Each page of the BOAT resource where mother's information is documented should have a service user identification label. In the absence of such labels, the mother's name, unique identifier (if applicable) and date of birth should be written on each page of the record (HSE 2011).

A2.3 The national child health record contains a separate tab for assessments (orange tab) – the BOAT resource(s) should be filed in this tab. Additional copies of the BOAT resource in colour are available to order on www.healthpromotion.ie

A2.4 Where a breastfeeding challenge is identified during the assessment, the RPHN/RM identifies a plan of care to ensure care is directed to address the problem/area of concern. Interventions should be documented in the care plan and escalation of care should occur as appropriate. A care plan must be commenced in consultation with the mother. A number of maternal standardised care plans are available at <https://www.hse.ie/nhcp>. It is important to note that all care plans should be individualised to the mother as recommended by NMBI (2015b). The care plans are password protected. The password is available from your DPHN. A reassessment date should be documented on the care plan. If there has been a significant change in the individual's needs/condition an evaluation of the care plan is necessary prior to the reassessment date. Evaluation should include follow up actions/interventions from the care plan. The RPHN/RM must date, time and sign each evaluation. Evaluation/progress sheets must be updated contemporaneously and must provide evidence that the care plan is being implemented. The final evaluation will involve the RPHN/RM using clinical judgement to decide whether the goal/s has been achieved and closing off the care plan when the goals are achieved.

A3.0 Infection Prevention and Control

A3.1 RPHNs/RMs must follow current National and Local Guidelines regarding infection prevention and control including hand-washing and/or use of alcohol hand gel, personal protective equipment (PPE), before and after contact with the mother and her infant. Latest guidance available at www.hpsc.ie.

A4.0 Information Sharing

A4.1 The RPHN/RM will discuss the mother's breastfeeding goals and any concerns she may have. The RPHN/RM will discuss the following topics from the *Breastfeeding–A Good Start in Life* and *My Child 0-2 years* HSE publications with the mother, including

- Recognition of and response to the infant's early feeding cues
- Signs the infant is getting plenty of breastmilk
- The importance of exclusive breastfeeding
- The skill of hand expression
- Care of nipples and breast.

A5.0 Observation and Assessment using the Breastfeeding Observation Assessment Tool (BOAT) Resource

A5.1 The RPHN/RM must **only** use the **colour** version of the BOAT resource.

A5.2 The RPHN/RM should observe and assess the infant breastfeeding at the primary visit.

A5.3 The RPHN/RM may use this resource at subsequent visits (in person, phone or video call) with adjustments made for wet and dirty nappies and infant’s weight.

A5.4 BOAT Page 1 (See Appendix V for the BOAT resource)

A5.4.1 The RPHN/RM completes mother and baby details on page one of the BOAT resource. The RPHN/RM signs and dates the BOAT resource when it is fully completed.

A5.4.2 The RPHN/RM should observe mother and infant breastfeeding and review positioning and attachment to the breast. Offer advice if required to ensure correct positioning and attachment. Further information is in the page 14 of *Breastfeeding – A good Start in Life* publication or <https://www2.hse.ie/wellbeing/babies-and-children/breastfeeding/a-good-start/positioning-and-attachment/>

A5.4.3 The breastfeed observation/assessment is carried out by the RPHN/RM asking or observing all the points/questions in the white column **What to observe/ask about** on page 2 (Figure 1). The findings are ticked in the white column **Assessment/reassessment** adjacent to either the green (see section A5.5) or amber column (see section A5.6).

What to Observe / Ask About	Green Column - Answer Indicating Effective Breastfeeding	Assessment	Re-assessment	Amber Column - Answer Suggestive of a Breastfeeding Challenge	Assessment	Re-assessment
Mother's name: DOB:	Mother looks healthy.			Mother looks ill or unwell.		
Baby's name: DOB:	Mother is relaxed and comfortable.			Mother looks tense or uncomfortable.		
	There is good eye contact between mother and baby.			There is no eye contact between mother and baby.		
Baby's wet nappies	Refer to wet nappies section page 1.			Refer to wet nappies section page 1.		
Appearance and frequency of baby's stools	Refer to dirty nappies section page 1.			Refer to dirty nappies section page 1.		
Baby's colour, alertness and tone	Baby may have evidence of normal physiological jaundice; Baby is alert; Baby has good tone.			Baby's jaundice is worsening or not improving; Baby is lethargic; not waking to feed; Baby has poor tone.		
Weight of baby (following initial post birth loss)	Baby's weight loss is <10% of birth weight. (To record % weight loss see percentage weight loss calculation section page 1). It is expected that babies will regain their birth weight by day 14.			Baby's weight loss is >10% of birth weight. (To record % weight loss see percentage weight loss calculation section page 1). Birth weight is not regained by day 14.		
Number of breastfeeds in the last 24 hours	Baby breastfeeds on demand, or is fed responsively according			Baby had fewer than 8 breastfeeds in the last 24 hour period.		

Figure 1

A5.5 Page 2 Green Column – Answer Indicating Effective Breastfeeding

A5.5.1 If all the boxes are ticked in the **Green column - Answer Indicating Effective Breastfeeding**, this informs the RPHN / RM that breastfeeding is effective.

A5.5.2 The RPHN/RM should then refer to the **Green Box - Effective Breastfeeding** (page 1) (Figure 2).



Figure 2

A5.5.3 The RPHN/RM continues to support the breastfeeding mother and her infant and should encourage the mother to attend the local breastfeeding support group. Details are available on <https://www2.hse.ie/services/breastfeeding-support-search/>.

A5.5.4 The RPHN/RM should advise the mother to contact the PHN service if they have any questions and should provide PHN contact details.

A5.6. Page 2 Amber Column – Answer Suggestive of Breastfeeding Challenge

A5.6.1 If any of the boxes are ticked in the **Amber Column - Answer Suggestive of a Breastfeeding Challenge**, this suggests the presence of a breastfeeding problem / challenge.

A5.6.2 The RPHN/RM should refer to **Amber box – Suggestive of a Breastfeeding Challenge** (Page 1) for the care plan pathway (Figure 3)

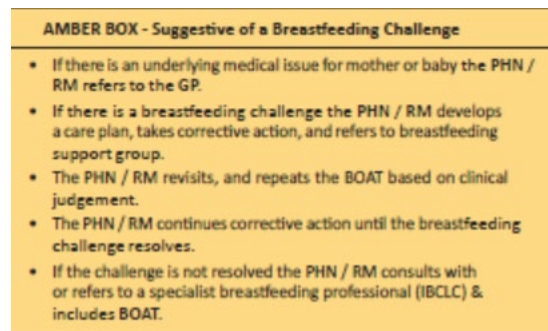


Figure 3

A5.6.2.1 If there is an underlying medical issue for the mother or infant the RPHN / RM should refer to the GP

A5.6.2.2 If there is a breastfeeding challenge the RPHN/RM must develop a care plan (Blank care plans are in the national child health record & standardised care plans for some breastfeeding challenges available on www.hse.ie/nhcp). The RPHN/RM should take corrective actions and also refer the mother and her infant to a breastfeeding support group.

A5.6.2.3 The RPHN/RM reviews the care plan with the mother (phone, video, in person) within the agreed timescale and repeats the breastfeeding assessment using the BOAT. The RPHN/ RM should continue corrective action until the breastfeeding challenge is resolved.

A5.7 If the breastfeeding challenge is not resolved within the target timeframe, the RPHN/RM consults with, or refers onwards, to a PHN IBCLC or CNM 11/CMM 11 Infant feeding/lactation health care professional where available and includes a copy of the completed BOAT resource with the referral.

Until there is a CNM 11/CMM 11 infant feeding/lactation post holder in every DPHN area, the RPHN should consult with a colleague in line with local practices. The colleague may / may not be in a dedicated infant feeding/lactation role within the CHO, or the local maternity hospital.

A 5.8 Sample breastfeeding referral form contained in Appendix VI.

PART B: PPPG Development Cycle

B1.0 INITIATION

B1.1 Purpose

The purpose of this guideline is to provide guidance for Registered Public Health Nurses (RPHNs) and Registered Midwives (RMs) on the observation and assessment of a breastfeed using the BOAT resource at the primary and subsequent postnatal visits (Appendix VI). This guideline also supports provision of appropriate support for breastfeeding mothers.

B1.2 Scope

B1.2.1 Target users of this guideline are the RPHNs and RMs providing postnatal care to mothers following discharge from maternity services.

B1.2.2 The population to whom it applies is all mothers and their infants discharged from maternity services.

B1.3 Objective(s)

The objectives of the guideline are:

B1.3.1 To ensure a standardised approach by RPHNs/RMs in observing and assessing a breastfeed at primary or subsequent visits.

B1.3.2 To assist the RPHN and RM in identifying if breastfeeding is effective or if a breastfeeding problem / challenge present

B1.3.3 To guide the management of the mother and her infant when breastfeeding is effective.

B1.3.4 To guide management of the mother and her infant if a breastfeeding problem or challenge is identified

B1.3.5 To ensure that evidenced based infant feeding information and clinical support will be provided to mothers and infants by RPHNs and RMs working within the Primary Care Setting

B1.4 Outcome(s)

The outcomes / consequences of the guideline include:

B1.4.1 Early identification and management of breastfeeding problems resulting in better breastfeeding outcomes.

B1.4.2 Supports the practice of the RPHN and RM in the observation, assessment and management of the breastfeeding mother and her infant.

B1.4.3 To provide standardised process in the observation and assessment of a breastfeed.

B1.4.4 To support a standardised referral procedure when a breastfeeding challenge is identified

B1.5 PPPG Review Group

See Appendix II for Membership of the PPPG Review Group.

See Appendix III for PPPG Conflict of Interest Declaration Form.

B1.6 PPPG Governance Group

See Appendix IV for Membership of the Approval Governance Group.

B1.7 Supporting Evidence

B1.7.1 Relevant legislation /PPPGs.

Breastfeeding is incorporated into many current policy documents in Ireland.

- HSE/RCPSI Model of Care for the Management of Overweight and Obesity (2021)
- First 5 Strategy & Implementation plan, 2019-2021, (DOH, 2018)
- The Sláintecare Report & Implementation plan of the Oireachtas Committee on the Future of Healthcare (2017)

- Healthy Ireland - a Framework for Improved Health and Wellbeing 2013-2025 (DoH,2013)
- Creating a Better Future Together - National Maternity Strategy 2016-2026 (DoH, 2016)
- HSE Breastfeeding Action Plan 2016-2022 (HSE, 2016)
- National Standards for Safer Better Maternity Services (HIQA, 2016)
- National Infant Feeding policy for Maternity and Neonatal Services (HSE, 2019)
- Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Nursing and Midwifery Board of Ireland (NMBI, 2015).
<https://www.nmbi.ie/nmbi/media/NMBI/Publications/Scope-of-Nursing-Midwifery-Practice-Framework.pdf?ext=.pdf>
- Dept of Health (2018) Supporting a Culture of Safety, Quality and Kindness: A Code of Conduct for Health and Social Service Providers
<https://www.hse.ie/eng/staff/resources/hr-circulars/dept-of-health-a-code-of-conduct-for-health-and-social-service-providers.pdf>
- The International Code of Marketing of Breastmilk Substitutes and its subsequent relevant WHA resolutions.
<https://apps.who.int/iris/bitstream/handle/10665/254911/WHO-NMH-NHD-17.1-eng.pdf>
- Model of Care for the Management of Overweight and Obesity (HSE 2020)
<https://www.hse.ie/eng/about/who/cspd/ncps/obesity/model-of-care/obesity-model-of-care.pdf>
- Breastfeeding Policy for Staff Working in the Public Health Service, (HSE 2021)
- National Healthy Childhood Programme Child Health Assessment Manual for Registered Public health Nurses (2021)

B1.7.2 The following are the PPPGs that are related to this guideline

- National Infant Feeding Policy for Primary Care Teams and Community Healthcare Settings(HSE, 2018)
- HSE Policy on the Marketing of Breast Milk Substitutes for the Public Health Services (HSE, 2021) <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/child-health-and-wellbeing/breastfeeding-healthy-childhood-programme/policies-and-guidelines-breastfeeding/policy-breastmilk-substitutes-marketing.pdf>

B1.8 Glossary of Terms

Breastfeeding self-efficacy: includes a woman's confidence in her ability to perform specific tasks and behaviours related to successful breastfeeding. These expectancies may develop through women's personal experiences with breastfeeding, vicarious experiences with breastfeeding, verbal persuasion from influential others, and visceral cues of vulnerability such as pain, anxiety or fatigue (Dennis & Faux, 1999, p.406).

Consent: is the giving of permission or agreement for an intervention, receipt or use of a service or participation in research following a process of communication in which the service user has received sufficient information to enable him / her to understand the nature, potential risks and benefits of the proposed intervention or service (HSE, 2013, p.13).

Competency: is the ability of the nurse / midwife to practice safely and effectively, fulfilling their professional responsibility within their scope of practice (Nursing and Midwifery Board of Ireland) (NMBI, 2014, p.2).

Exclusive breastfeeding: is when an infant receives only breast milk (at the breast, own mother's expressed milk or donor human milk) and no other food or fluids except medicines (HSE, 2015, p.5).

IBCLC: An International Board Certified Lactation Consultant (IBCLC) is a health care professional with specialist knowledge and clinical expertise in breastfeeding and human lactation. IBCLCs are certified by the International Board of Lactation Consultant Examiners (IBCLEs) www.iblce.org

The International Code of Marketing of Breast-milk Substitutes and relevant subsequent World Health Assembly resolutions: The Code aims to contribute "to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution (WHO, 2017, p2.) <http://apps.who.int/iris/bitstream/10665/254911/1/WHO-NMH-NHD-17.1-eng.pdf?ua=1>

Abbreviations

ADOM/N	Assistant Director of Midwifery and/or Nursing
ADPHN	Assistant Director of Public Health Nursing
CHO	Community Healthcare Organisation
CNM	Clinical Nurse Manager
CMM	Clinical Midwife Manager
DOM/N	Director Of Midwifery and/or Nursing
DPHN	Director of Public Health Nursing
GP	General Practitioner
HSE	Health Service Executive
HEI	Higher Education Institution

LHO	Local Health Office
MN-CMS	Maternal and New-born Clinical Management System
NHCP	National Healthy Childhood Programme
NMBI	Nursing and Midwifery Board of Ireland
PPPGs	Policies, Procedures, Protocols and Guidelines
RCN	Registered Children’s Nurse
RGN	Registered General Nurse
RM	Registered Midwife.
RPHN	Registered Public Health Nurse
SECM	Self Employed Community Midwife

B2.0 REVIEW OF PPPG

B2.1 List the questions (clinical/non-clinical)

This is a review of the current national guideline. Review and development of this national guideline will provide a standardised procedure to the use of the BOAT resource by community services.

What is the evidence-based guidance on the use of the BOAT resource that should be included in this guideline?

B.2.2 Describe the literature search strategy

A review of the relevant literature was undertaken for the period 2012 to date. Based on the key questions defined, a literature search strategy was developed. The main databases used were Cinahl (Cumulative Index to Nursing and Allied Health), Cochrane Library, Pubmed, Medline and Sage Databases. The search also included library searches of hard copy journals, books and online relevant government reports. In addition a search of relevant websites and other assessment tools was undertaken. Key words used were breastfeeding, nursing, lactation, breastmilk feeding, assessment, breastfeeding support, Public Health Nurse (RPHN), midwife, postpartum and post natal.

B.2.3 Describe the method of appraising evidence

National and International evidence on the use of breastfeeding assessment observation tools were considered as well as the evidence in relation to breastfeeding support in the post natal period. When appraising all the research evidence the following areas were considered:

Are the results valid?

What are the results?

Are the results applicable/ generalizable to the population of the PPPG?

B.2.4 Describe the process the PPPG Review Group used to formulate recommendations.

From the evidence, the PPPG development group drafted guidance in relation to the use of the BOAT in community services. This guidance was presented to the PPPG development group collectively for discussion. From the evidence statements and the experience of PPPG development members, recommendations were then drafted. The evidence presented answers to the clinical questions posed and provided the best available evidence-based information to guide RPHNs/RMs in their practice. Once the draft guideline received majority approval from the review group it was sent for consultation with stakeholders. The feedback was reviewed by the PPPG review group. The final draft was submitted for approval to National Community Operations.

B2.5 Provide a summary of the evidence from the literature

The following is a summary of the supporting evidence on the effectiveness of breastfeeding assessment tools from the literature for this PPPG.

Breastfeeding is incorporated into many current policy documents in Ireland. The vision of the Department of Health (DoH) 'Healthy Ireland – a Framework for Improved Health and Wellbeing 2013-2025' (DoH, 2013) is 'a healthy Ireland where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility'. This document highlights the importance of addressing risk factors and promoting protective factors at every stage of life including the period from the pre-natal stage through childhood, to support health and wellbeing (DoH, 2013). The obesity strategy 'A Healthy Weight for Ireland – Obesity Policy and Action Plan 2016-2025' (DoH, 2016) supports breastfeeding having a significant protective factor against obesity in children. The strategy 'Creating a Better Future Together – National Maternity Strategy 2016-2026' (DoH, 2016) following public consultation identified areas of concern in breastfeeding. These concerns included 'lack of breastfeeding support in the hospital, community and the home setting'.

The vision of the HSE Breastfeeding Action Plan 2016-2022 (HSE, 2016) is to achieve 'A society where breastfeeding is the norm for individuals, families and communities in Ireland resulting in improved child and maternal health

outcomes and where all women receive the support that they need, to enable them to breastfeed for longer'. The overarching aim of the Breastfeeding Action Plan 2016 – 2022 is to increase breastfeeding initiation and duration rates, by supporting and enabling more mothers to breastfeed. One of the actions in the Action Plan 2016 – 2022 (HSE, 2016, p. 10) is to 'develop a model for breastfeeding support in Community Health Organisations' (CHOs).

A 'Review and Evaluation of Breastfeeding in Ireland – A 5 year Strategic Action Plan 2005-2010' (Mc Avoy *et al*, 2014, p.10) identified as determinants of breastfeeding in Ireland 'cultural, social and economic circumstances of the mother as well as aspects of maternal age, education and self-efficacy'. This review (Mc Avoy, 2014, p.184) included among other factors 'poor latch, nipple pain, perceived insufficient milk supply and fatigue' as 'barriers to continued breastfeeding'. Among the common reasons for mothers not continuing to breastfeed according to Rollins *et al*, (2016) are advice and practices that undermine the mother's confidence and self-efficacy, poor positioning and attachment of infant to the breast and inadequate support especially in the early weeks.

A recent umbrella review investigating interventions that promote increased breastfeeding rates conducted by the Health Research Board (Sutton *et al*, 2016) concluded that there is substantial and consistent evidence that education, counselling and support are required during the antenatal period through to the extended postnatal period. This support is more effective if provided 'face- to-face and on an ongoing and scheduled basis' (Sutton *et al*, 2016, p. 58). A Cochrane review (McFadden *et al*, 2017) of support for breastfeeding mothers with healthy term babies highlighted support when offered to women increases the duration and exclusivity of breastfeeding.

According to this review (McFadden *et al*, 2017) this support is effective if offered by trained personnel, professional or lay, during the antenatal and postnatal period, and works best if it involves scheduled visits and is structured to meet the needs of the population.

The Academy of Breastfeeding Medicine (ABM) recommend infants are seen by a health care professional 'soon after hospital discharge to ensure infant health and optimal breastfeeding' and mothers when experiencing breastfeeding challenges seek help from a lactation specialist while in the maternity hospital or after discharge (Rosen-Carole, Hartman and the ABM, 2015, p.454). Strategies should be developed according to Wagner *et al* (2013), to reduce breastfeeding concerns in the early post-partum period.

The Public Health Nurse (RPHN) is educated to ‘plan, implement and evaluate appropriate maternal and child health care interventions on the basis of research, evidence and evaluation’ (Nursing and Midwifery Board of Ireland, 2015, p. 9). The strategy ‘Creating a Better Future Together – National Maternity Strategy 2016-2026’ (DoH, 2016) refers to women who receive their care in Midwifery Led Units, the Domino or Early Transfer Home Services. It states these women ‘receive post-natal care for the first few days at home’ and ‘this care is provided as an outreach service by hospital midwives’ (DoH, 2016, p. 16). ‘However in the main, post-natal care is provided by RPHNs who visit mother and infant at home soon after discharge from hospital’ (DoH, 2016, p. 16). Post-natal care may also be provided by registered midwives (RMs) employed within the Local Health Organisations (LHOs).

An assessment of the mother and infant’s breastfeeding progress must be undertaken at the first postnatal and subsequent visits by the RPHN / RM and an individualised plan of care developed as necessary (HSE, 2015). ‘The RPHN will ensure the mother knows how to check her infant is effectively feeding, how to correctly position and attach her infant at the breast, and how to maintain an adequate milk supply’ (HSE, 2015, p.8). The support of the RPHN is positively associated with breastfeeding duration in Ireland due to the frequency of ‘direct/indirect contact with mothers during the postnatal period’ (Tarrant *et al*, 2011, p.10).

A review of the evidence identified a number of breastfeeding assessment tools for hospital or community use by midwives or health visitors. The United Nations International Children’s Emergency Fund /United Kingdom (UNICEF/UK) and Infant Friendly Initiative (BFI) produced a number of breastfeeding assessment tools for use by parents, midwives and health visitors. These tools were to be completed on day five and 14 respectively. The tools were identified as suitable for observing and assessing a breastfeed by the RPHN / RM during the primary or first visit. <https://www.unicef.org.uk/infantfriendly/infant-friendly-resources/guidance-for-health-professionals/tools-and-forms-for-health-professionals/breastfeeding-assessment-tools/>

A modified version of the UNICEF/UK Breastfeeding Assessment tool was produced by an Irish Local Health Organisation (LHO) (Dublin North) in Community Health Organisation Nine (CHO 9). The Primary Care Breastfeeding PPPG Development Group modified aspects of this tool / resource particularly in relation to the infant’s wet and dirty nappies section (Mohrbacher and Kendall – Tackett, 2010, Wambach and Riordan, 2016). Further modifications to

the tool included the information regarding the acceptable weight loss of the infant in the early days of life (NICE, 2017).

Brugaletta, C et al. (2020) in their systematic review of 29 breastfeeding assessment tools and 45 validation studies, established that the most comprehensive tools were the WHO/UNICEF B-R-E-A-S-T-Feed Observation Form. Despite many possible tools, there is currently no one gold standard. The authors concluded the importance of further research and rigorous testing against breastfeeding outcomes using breastfeeding assessment tools.

The MAMI project (2010) attempted to grade the breastfeeding assessment tools based on the quality and level of evidence underlying their development and validation. Among the 15 identified breastfeeding assessment tools, the project stated that there is no tool that is sufficiently sensitive for community use or specific for use in inpatient settings. It is likely that different tools will be needed for each setting, and possibly a third that is a balance of both for use in primary healthcare services. In the interim, UNICEF (2006) breastfeeding observation aid and the aids described were identified as most useful to assess breastfeeding in programmes, for managing infants <6m. The project recommended that there is a need for simple, accurate and valid assessment tools that are predictive of breastfeeding and infant nutritional outcomes. Such tools could also have wider application for children up to two years. The project also recommended that new tools should be developed, possibly based on existing tools, to meet the needs of malnourished infants <6m, suitable for use in case finding in the community, inpatient settings and outpatient primary healthcare programmes.

B 2.6 Detail resources necessary to implement the PPPG recommendations

B2.6.1 The colour version of the BOAT resource will require inclusion in the child health record in 2022

B2.6.2 Additional copies of the BOAT resource in colour will be made available to order on www.healthpromotion.ie

B2.6.3 RPHNs/RMs will require training in the use of the BOAT resource. This is available through the National Infant Feeding Education Programme, including eLearning and skills based education workshops. This is supported by the National Healthy Childhood Programme.

B2.6.4 Consultation with the HEI's will be necessary to ensure appropriate

education of students who will work within community services when they graduate i.e. student PHNs.

B2.7 Outline of PPPG Steps/Recommendations

Refer to Part A.

B 3.0 GOVERNANCE AND APPROVAL

B 3.1 Outline Formal Governance Arrangements

This review of a national guideline was commissioned by the National Breastfeeding Coordinator. Final approval of the guideline was issued from National Community Operations. Follow up reviews will be initiated by the National Breastfeeding Coordinator. This national document will be submitted to the National Central Repository Office for referencing.

Refer to Appendix IV for Membership of the Approval Governance Group.

B3.2 List method for assessing the PPPG in meeting the Standards outlined in the HSE National Framework for developing PPPGs.

The PPPG Checklist (Section 3.4) was reviewed in conjunction with the final revised guideline to ensure compliance with the standards as outlined in the HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (2016). This completed checklist and the final draft of the guideline was submitted to the National Community Operations for approval. The guideline was approved for national implementation. A signed and dated master copy will be retained within the Office of the National Healthy Childhood Programme.

B3.3 Attach any copyright/permission sought.

Copyright was sought and received from the Director of Public Health Nursing Dublin North LHO and UNICEF/UK to adapt the content of their respective tools by the Primary Care Breastfeeding PPPG Development Group as part of the development of the initial guideline.

B3.4 Insert approved PPPG checklist

The PPPG Checklist for developing Clinical PPPGs is given below.

Standards for developing Clinical PPPG	Checklist
Stage 1 Initiation	
The decision making approach relating to the type of PPPG guidance required (policy, procedure, protocol, guideline), coverage of the PPPG (national, regional, local) and applicable settings are described.	✓

Synergies/co-operations are maximised across departments/organisations (Hospitals/Hospital Groups/Community Healthcare Organisations (CHO)/National Ambulance Service (NAS)), to avoid duplication and to optimise value for money and use of staff time and expertise.	✓
The scope of the PPPG is clearly described, specifying what is included and what lies outside the scope of the PPPG.	✓
The target users and the population/patient group to whom the PPPG is meant to apply are specifically described.	✓
The views and preferences of the target population have been sought and taken into consideration (as required).	Not required
The overall objective(s) of the PPPGs are specifically described.	✓
The potential for improved health is described (e.g. clinical effectiveness, patient safety, quality improvement, health outcomes, quality of life, quality of care).	✓
Stakeholder identification and involvement: The PPPG Development Group includes individuals from all relevant stakeholders, staff and professional groups.	✓
Conflict of interest statements from all members of the PPPG Development Group are documented, with a description of mitigating actions if relevant.	✓
The PPPG is informed by the identified needs and priorities of service users and stakeholders.	✓
There is service user/lay representation on PPPG Development Group (as required).	Not required
Information and support is available for staff on the development of evidence-based clinical practice guidance.	Not required
Stage 2 Development	Checklist
The clinical question(s) covered by the PPPG are specifically described.	✓
Systematic methods used to search for evidence are documented (for PPPGs which are adapted/adopted from international guidance, their methodology is appraised and documented).	✓
Critical appraisal/analysis of evidence using validated tools is documented (the strengths, limitations and methodological quality of the body of evidence are clearly described).	✓
The health benefits, side effects and risks have been considered and documented in formulating the PPPG.	✓
There is an explicit link between the PPPG and the supporting evidence.	✓
PPPG guidance/recommendations are specific and unambiguous.	✓


The potential resource implications of reviewing and implementing the PPPG are identified e.g. equipment, education/training, staff time and research.	✓
There is collaboration across all stakeholders in the planning and implementation phases to optimise patient flow and integrated care.	✓
Budget impact is documented (resources required).	✓
Education and training is provided for staff on the development and implementation of evidence-based clinical practice guidance (as appropriate).	✓
Three additional standards are applicable for a small number of more complex PPPGs: Cost effectiveness analysis is documented. A systematic literature review has been undertaken. Health Technology Assessment (HTA) has been undertaken.	Not required × × ×
Stage 3 Governance and Approval	Checklist
Formal governance arrangements for PPPGs at local, regional and national level are established and documented.	✓
The PPPG has been reviewed by independent experts prior to publication (as required).	✓
Copyright and permissions are sought and documented.	✓

Stage 4 Communication and Dissemination	Checklist
A communication plan is developed to ensure effective communication and collaboration with all stakeholders throughout all stages.	✓
Plan and procedure for dissemination of the PPPG is described.	✓
The PPPG is easily accessible by all users e.g. PPPG repository and via online eLearning programme on HSE Land	✓
Stage 5 Implementation	Checklist
Written implementation plan is provided with timelines, identification of responsible persons/units and integration into service planning process.	✓ As part of national rollout

Barriers and facilitators for implementation are identified, and aligned with implementation levers.	✓
Education and training is provided for staff on the review and implementation of evidence-based PPPG (as required).	✓
There is collaboration across all stakeholders in the planning and implementation phases to optimise patient flow and integrated care. Note: This will occur during implementation.	✓
Stage 6 Monitoring, Audit, Evaluation	Checklist
Process for monitoring and continuous improvement is documented.	✓
Audit criteria and audit process/plan are specified.	✓
Process for evaluation of implementation and (clinical) effectiveness is specified.	✓
Stage 7 Revision/Update	Checklist
Documented process for revisions/updating and review, including timeframe is provided.	✓
Documented process for version control is provided.	✓

I confirm that the above Standards have been met in reviewing the following:

Title of Guideline: Guideline on the Observation of a Breastfeed and Use of the BOAT Resource

<p>Name: Meena Purushothaman</p> <p>Chairperson of review group</p>	<p>Signature: </p> <p>Date: _____</p>
---	--

B 4.0 COMMUNICATION AND DISSEMINATION

B.4.1 Describe Communication and Dissemination plan

The approved document will be circulated to all DPHNs nationally for dissemination to their respective nursing departments and to other key stakeholders. A copy of the guideline is available on the HSE website to download at: www.hse.ie/nhcp The guideline will also be recommended for inclusion on the MAPS policy portal where in use. Communication in

relation to this guideline will clearly identify that it supersedes all previous guidelines in relation to the use of the BOAT resource.

This guideline will be referenced in the national breastfeeding education programme.

B5.0 IMPLEMENTATION

B5.1 Describe implementation plan listing actions, barriers and facilitators and timelines

B5.1.1 The guideline will be disseminated by the HSE National Breastfeeding Implementation Group. The DPHN will ensure the guideline distribution and implementation among all ADPHNs, RPHNs and RMs.

B5.1.2 The DPHN will ensure the BOAT resource is ordered and adequate copies are available for use in the Primary Care setting. The DPHN will ensure RPHNs/RMs receive education relevant to the implementation of this guideline.

B5.1.3 ELearning breastfeeding education modules are in place on HSE Land since 2018. Revised National Infant Feeding Education Programme will begin rollout in Q 3 2022.

B 5.2 Describe education/training plans required to implement the PPPG

B5.2.1 Training on the use of the BOAT is included in the National Infant Feeding Education Programme and is included in the breastfeeding eLearning units on HSE Land.

B5.2.2 The National Breastfeeding Implementation group will engage with HEI's to educate student supporting breastfeeding mothers and babies.

B5.3 Identify lead person(s) responsible for the implementation of the PPPG.

National breastfeeding coordinator will lead on the implementation of this guideline.

B5.4 Outline specific roles and responsibilities.

National Breastfeeding Coordinator

- Communication to private midwives and SECMs supporting Home birth.
- Ensure Breastfeeding policies are on the national policy portal and the National Healthy childhood Programme website.
- Initiate the review as scheduled

National Breastfeeding Implementation Group

- Initiate the review as scheduled
- Manage the update of the BOAT guideline and resource in the new child health record.
- Support communication of the update on the BOAT to CHO's and Hospital groups.

The Directors of Public Health Nursing

- Cascade this guideline to all managers within the PHN Service.
- Assign the responsibility of coordinating implementation, training and audit to an appropriate staff member.
- Ensure all nurses/midwives under her/his remit are aware of, have read and have signed the verification document (Appendix I) or accessed it through the MAPS portal.
- Audit of the use of the guideline will be carried out as outlined in Section 6.1.2 of this guideline.
- Ensure all ADPHNs, RPHNs and RMs in the PHN service complete the education to support the implementation of this guideline. A copy of training records is stored in a designated area in the Primary Care setting.
- Ensure new staff in the RPHN Service (full time, temporary & contract staff) are informed of their responsibility in the implementation of the guideline and sign the Signature Sheet/MAPS portal.
- Support the facilitation of education to support the implementation of this guideline.

The CNM 11/CMM 11 Infant feeding/lactation and/or RPHN IBCLC dedicated post holder

- Facilitate education and, if necessary, skills development to support the implementation of this guideline.
- Ensure all RPHNs and RMs in the PHN Service are supported to complete this mandatory education and if necessary skills development to support the implementation of this guideline and complete a record of this training.
- Ensure new staff are supported to complete this mandatory education and if necessary skills development to support the implementation of this guideline and complete a record of this training.
- Ensure breastfeeding education and skills development is available for existing and new staff to obtain the skills necessary to implement this guideline.

The RPHN/ RM

- Each nurse/midwife is responsible for adhering to this guideline and to use it to guide their practice in the delivery of the service they provide. Each nurse/midwife is responsible for ensuring that they read and understand the document and sign the attached signature sheet or have confirmed this through the MAPS policy portal where it is in use. When areas of concern are identified, where legislation is known to have changed or where a health and safety risk is identified, it is the responsibility of each nurse/midwife to ensure that their line manager is informed in order to ensure appropriate review and amendments are made to the guideline.
- Complete the mandatory education and if necessary skills development to support the implementation of this guideline.
- Account for his/her practice including identifying any learning and education needs to his/her line manager in relation to this guideline.
- Determine his/her scope of practice, making a clinical judgement as to whether he/she is competent to carry out a particular role or function. It is the responsibility of the RPHN / RM to take measures to ensure he / she has the necessary competencies for integration of this guideline into his / her work practice.

B6.0 MONITORING, AUDIT AND EVALUATION

B6.1 Describe the plan and identify lead person(s) responsible for the following processes:

B6.1.1 The DPHN has responsibility to implement and monitor effectiveness of the guideline

B6.1.2 Audit of the operation of this guideline will be the responsibility of each DPHN in consultation with the local audit lead at CHO or new regional integrated care area (ICA) once developed. Good governance arrangements and an identified lead person are required to ensure systematic monitoring (HIQA 2012). Audit of this guideline will take place retrospectively by the designated person appointed by the DPHN. This designated person may be the area RPHN, a nursing peer, an ADPHN, Practice Development Co-ordinator or other. This guideline will be the standard for audit using the attached audit tool (Appendix VII).

B6.1.3 Evaluation will be initiated by the National Breastfeeding Coordinator.

B 7.0 REVISION/UPDATE

B7.1 Describe procedure for the update of the PPPG (including date for revision).

This guideline will be revised every three years on the date specified on the front page of the document. This review will be triggered by the National Breastfeeding Coordinator.

B 7.2 Identify method for amending PPPG if new evidence emerges.

New evidence may emerge by audit evaluation, serious incident, organisational structural change, scope of practice change, advances in technology or significant changes in international evidence or legislation. The National Breastfeeding Coordinator will initiate a review in the event of new evidence.

B 7.3 Complete version control update on PPPG Template cover sheet.

This guideline replaces national PPPG “Guideline on the Observation of a Breastfeed & Use of the Breastfeeding Observation Assessment Tool (BOAT) Resource, 2022)

This is Version 2 of the guideline.

8.0 REFERENCES

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9.0 APPENDICES

Appendix I Signature Sheet

Appendix II Membership of the PPPG Review Group

Appendix III Conflict of Interest Declaration Form

Appendix IV Membership of Approval Governance Group

Appendix V Breastfeeding Observation and Assessment Tool (BOAT)
Resource

Appendix VI Sample Referral Form

Appendix VII Tool of Audit - Breastfeeding Observation and Assessment Tool
(BOAT) Resource

Appendix I:

Signature Sheet

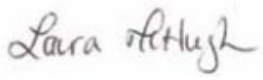

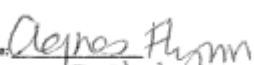
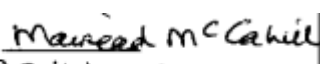

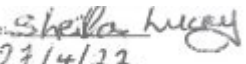
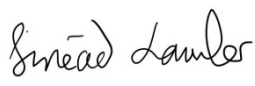

I have read, understand and agree to adhere to this Guideline on the Observation of a Breastfeed & Use of the Breastfeeding Observation Assessment Tool (BOAT) Resource

Print Name	Signature	NMBI Pin Number	Area of Work	Date

Appendix II:

Membership of the PPPG BOAT Review Group

Please list all members of the review group (and title) involved in the review of the document.

<p>Laura Mc Hugh National Breast Feeding Coordinator</p> <p>Eileen Duggan PHN, Carrigart, Co. Donegal</p> <p>Agnes Flynn Manager, Community Healthcare network, Clontarf area, Dublin North City & County</p> <p>Mairead Mc Cahill PHN, Lactation Consultant, Ballyhaise Health Centre, Ballyhaise, Co. Cavan</p> <p>Roisin O Sullivan PHN, Lactation Consultant, Centenary House, York Road, Dun Laoghaire, Co Dublin</p> <p>Sheila Lucey Breastfeeding Coordinator, West Cork Lactation Consultant/PHN, The Quays, Bantry, Co.Cork</p> <p>Sinead Lawlor National Practice Development Co-Ordinator Public Health Nursing Services</p> <p>Chairperson: Meena Purushothaman Assistant National Breast Feeding Coordinator</p>	<p>Signature: </p> <p>Signature:  Date: 9/6/2022</p> <p>Signature:  Date: 25/4/2022</p> <p>Signature:  Date: 25/4/2022.</p> <p>Signature:  Date: _____</p> <p>Signature:  Date: 27/4/22</p> <p>Signature:  Date: _____</p> <p>Signature:  Date: _____</p>
<p>List of members who were involved but are now retired.</p> <p>Una Dee PHN, Ballycummin Ave, Raheen Business Pk., Limerick</p>	
<p>Mary Creedon PHN, Macroom, Co Cork</p>	

Appendix III: Conflict of Interest Declaration Form



CONFLICT OF INTEREST DECLARATION

This must be completed by each member of the PPPG Review Group as applicable

Title of PPPG being considered:

Guideline on the Observation of a Breastfeed & Use of the Breastfeeding Observation Assessment Tool (BOAT) Resource

Please circle the statement that relates to you

1. I declare that I DO NOT have any conflicts of interest.

2. I declare that I DO have a conflict of interest.

Details of conflict (Please refer to specific PPPG)

(Append additional pages to this statement if required)

Signature

Printed name

Registration number (if applicable)

Date

The information provided will be processed in accordance with data protection principles as set out in the Data Protection Act. Data will be processed only to ensure that committee members act in the best interests of the committee. The information provided will not be used for any other purpose.


A person who is covered by this PPPG is required to furnish a statement, in writing, of:

(i) The interests of the person, and

(ii) The interests, of which the person has actual knowledge, of his or her spouse or civil partner or a child of the person or of his or her spouse which could materially influence the person in, or in relation to, the performance of the person's official functions by reason of the fact that such performance could so affect those interests as to confer on, or withhold from, the person, or the spouse or civil partner or child, a substantial benefit.

Appendix IV:

Membership of the Approval Governance Group

<p>T.J. Dunford Assistant National Director, Primary Care Operations</p>	<p> Signature: Date: 21/06/2022</p>
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Appendix V: Breastfeeding Observation and Assessment Tool (BOAT) Resource –Page 1



BREASTFEEDING OBSERVATION ASSESSMENT TOOL (BOAT)

(Please complete at the first visit. This resource may also be used at subsequent visits. Always use a colour version)

Publication date: August 2018

Last updated: May 2022

Version 1.2

Mother's Name:		Baby's Name:		ASSESSMENT PERFORMED BY:		
Address:		Date of Birth:			Assessment	Reassessment
Tel:		Baby's Age:		Name:		
Mother's Date of Birth:		Baby's Birth Weight:		Signature:		
Type of Birth:		Baby's Current Weight:		Public Health Nurse /Registered Midwife (PHN / RM)		
Verbal Consent Given:	Yes	No	% Weight Loss ⁽¹⁾ :	Date:		

How to use the BOAT	GREEN BOX - Effective Breastfeeding	AMBER BOX - Suggestive of a Breastfeeding Challenge
<ul style="list-style-type: none"> An eLearning training programme is available on HSEland at: www.hseland.ie, Module Name: Supporting Early Breastfeeding The Guideline on the Observation of a Breastfeed & Use of the Breastfeeding Observation Assessment Tool (BOAT) Resource is available on the HSE website Observe the baby breastfeeding (following mother's verbal consent) and ensure correct positioning and attachment of baby to the breast. Complete the BOAT resource, at the first visit, by asking or observing all points in the white column on page 2. Mark the findings in the white column at assessment/reassessment (page 2) Effective breastfeeding is indicated if all boxes in the green column on page 2 are ticked. Please then go to Green Box (opposite). If the amber column on page 2 has boxes ticked, it suggests a challenge with breastfeeding. Please then go to Amber Box (opposite). 	<ul style="list-style-type: none"> Continue breastfeeding with PHN / RM support. Encourage attendance at local breastfeeding support groups. Information on local breastfeeding supports, facilitated by the HSE and voluntary breastfeeding groups is available at mychild.ie 	<ul style="list-style-type: none"> If there is an underlying medical issue for mother or baby the PHN / RM refers to the GP. If there is a breastfeeding challenge the PHN / RM develops a care plan, takes corrective action, and refers to breastfeeding support group. The PHN / RM revisits, and repeats the BOAT based on clinical judgement. The PHN / RM continues corrective action until the breastfeeding challenge resolves. If the challenge is not resolved the PHN / RM consults with or refers to a specialist breastfeeding professional (IBCLC) & includes BOAT.

Day	Wet Nappies	Dirty Nappies (Mohrbacher and Kendall Tackett, 2010, p.92)
1	1 wet nappy + (over 24 hours)	1 stool (black)+
2	2 wet nappies +	2 stools (black)+
3	3 wet nappies +	3 stools (black or greenish)+
4	4 wet nappies +	3 - 4 stools (greenish or yellowish)+
5	5 wet nappies +	Stools should turn yellow
6 days - 6 weeks	6 wet nappies + (pale, yellow or clear urine)	3 - 8 stools + (yellow, seedy, runny to loose) daily
6 weeks - 6 months		3 - 5 stools + (daily but may skip days). (Yellow, soft may thicken over time because of milk compositional changes) <small>(Wambach and Riordan, 2016, p.295)</small>

(1) Percentage Weight Loss Calculation: $\text{Weight Loss} \div \text{Birth Weight} \times 100 = \% \text{ Weight Loss}$ • **Example:** $\text{Weight Loss} = 226\text{g}$. $\text{Birth Weight} = 3500\text{g}$. $226 \div 3500 \times 100 = 6.45\% \text{ Weight Loss}$

Appendix V: Breastfeeding Observation and Assessment Tool (BOAT) Resource –Page 2

What to Observe / Ask About	Green Column - Answer Indicating Effective Breastfeeding	Assessment	Re-assessment	Amber Column - Answer Suggestive of a Breastfeeding Challenge	Assessment	Re-assessment
Mother's name:	Mother looks healthy.			Mother looks ill or unwell.		
DOB:	Mother is relaxed and comfortable.			Mother looks tense or uncomfortable.		
Baby's name:	There is good eye contact between mother and baby.			There is no eye contact between mother and baby.		
DOB:						
Baby's wet nappies	Refer to wet nappies section page 1.			Refer to wet nappies section page 1.		
Appearance and frequency of baby's stools	Refer to dirty nappies section page 1.			Refer to dirty nappies section page 1.		
Baby's colour, alertness and tone	Baby may have evidence of normal physiological jaundice; Baby is alert; Baby has good tone.			Baby's jaundice is worsening or not improving; Baby is lethargic; not waking to feed; Baby has poor tone.		
Weight of baby (following initial post birth loss)	Baby's weight loss is <10% of birth weight. (To record % weight loss see percentage weight loss calculation section page 1). It is expected that babies will regain their birth weight by day 14.			Baby's weight loss is >10% of birth weight. (To record % weight loss see percentage weight loss calculation section page 1). Birth weight is not regained by day 14.		
Number of breastfeeds in the last 24 hours	Baby breastfeeds on demand, or is fed responsively according to early feeding cues, with at least 8-12 feeds in a 24 hour period.			Baby had fewer than 8 breastfeeds in the last 24 hour period.		
Baby's behaviour during the breastfeed	Baby is generally relaxed and calm.			The baby is unsettled during the breastfeed, or refuses to breastfeed.		
Sucking pattern during the breastfeed	Initial rapid sucks changing to slower sucks with pauses and audible regular soft swallowing (may be less audible until milk comes in).			No change in sucking pattern, presence of noisy feeding (e.g. clicking).		
Type of breastfeed	Baby feeds actively from first breast until satisfied.			Baby is unsatisfied despite regular breastfeeds.		
Offer of second breast	Second breast offered as recommended when establishing milk supply. Baby feeds from second breast or not, according to appetite.			Mother restricts the baby to one breast per feed.		
End of the breastfeed	Baby lets go spontaneously, or does so when breast is gently lifted.			Baby does not release the breast spontaneously, Mother removes the baby.		
Baby's behaviour after a breastfeed	Baby is content after most feeds.			Baby is unsettled after breastfeeding.		
Shape of nipples at the end of the breastfeed	The nipples are rounded similar to when the breastfeed began or the nipples may be slightly elongated.			Nipples are misshapen or pinched at the end of the breastfeed.		
Mother's report on her nipples and breasts	Nipples and breasts are comfortable.			Nipples are sore or damaged, breasts are uncomfortable.		
Observation of the mother's nipples and breasts	Nipples are intact. Breasts are comfortable with no redness, lumps or areas of tenderness.			Nipples may be infected, have symptoms of thrush or vasospasm. Mother's breasts may be engorged or have signs of mastitis. Yes (state which).		
Use of dummy, nipple shields / formula?	None used.			Yes (state which) ask why:		

(Content adapted by the HSE Breastfeeding Implementation Group, from the Unicef UK Baby Friendly Initiative's Breastfeeding Assessment Tool and Dublin North Local Health Organisation's BOAT)



Appendix VI: Referral Form for Registered Public Health Nurses to Infant Feeding/Lactation Specialist

Infant/Feeding Lactation Specialist Location:

Section A Affix addressograph, otherwise complete following details:

IHI:

Mother Surname:

Mother Forename:

DOB:

Address:

Eircode:

Mothers Phone number(s):

GP Details:

Translator Required Yes No

Infant's Name:

Infant's DOB: (dd/mm/yyyy)

Infant's Birth Weight:

Infant's most recent weight and date recorded:

Maternal feeding goals:

Copy of BOAT resource(s) attached Yes No *If yes, continue to Section B*

Section B: Reason for referral

Mother	Tick Below <input type="checkbox"/>	Infant	Tick Below <input type="checkbox"/>
Nipple/Breast Pain		Ineffective suck	
Mastitis (>1 episode)		Weight loss over 10%	
Engorgement or blocked ducts		Latch difficulties	
Cracked/Bleeding/Blistered/Misshapen/Nipples after a feed		Jaundice	
Blocked Milk Duct (>1 episode)		Low birth weight <2.500kg	
Low milk supply		Prematurity ___ weeks	
Milk over supply		Supplementation	
Expressing/storing		Possible Tongue Tie	
Mother returning to work		Use of lactation Aids	
Breast surgery – augmentation / reduction		Other:	

Notes and Relevant History:

Mother gave verbal consent to referral Yes No

Is the mother currently involved with the Maternity Service Lactation Consultant Yes No

If yes, continue with Maternity Services LC until discharged from that service

Referred by: PHN Name:

Signature:

Health/Primary Care Centre:

Email address:

Phone number:

Date of referral:

Appendix VII: Audit Tool to review use of Breastfeeding Observation and Assessment Tool(BOAT) Resource

An Audit should be carried out within 6 months of implementation of this procedure using this audit tool. Frequency of audit, sampling processes and timescales for completions will be determined at local level following the first initial audit. A small number of charts to be randomly chosen from each network (10 charts or as appropriate)

Audit tool to review use of Breastfeeding Observation and Assessment Tool

Audit Criteria:

1. Only charts of mothers who are breastfeeding (either exclusively or non-exclusively) to be audited
2. Answers to question 1 should be either Yes or No
3. Answers to question 2 should be Yes, No or N/A if no BOAT was found
4. Answers to question 3 should be Yes, No or N/A if no BOAT was found or if there were no breastfeeding issues identified.

Question no		Yes	No	N/A
1.	Is there a completed BOAT in the National Child Health Record			
2.	Is there a care plan completed where issues were identified and ticked on the amber column of the BOAT?			
3.	Was there a referral to Infant feeding specialist where unresolved breastfeeding problems identified?			
	Totals:			

NMBI Documentation audit

4.	All recording follows NMBI documentation guidance:	Yes	No
	a. Legible		
	b. Written in black ink		
	c. Signed with the RPHN/RM name printed clearly		
	d. NMBI number		
	e. Dated		
	f. Time written in the 24-hour clock		
	Totals:		

Areas for improvement identified Areas identified from the above questions 1 to 4

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Quality Improvement Actions:

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Audit completed by: _____ Title: _____ Date and time: _____

Re-audit due date: _____

Primary Care/Health Centre: _____ CHO: _____