

Values and Preferences

The RNAO expert panel attributed a higher value to a breastfeeding assessment that is comprehensive and recognizes the significance of the breastfeeding dyad, the physiological importance of breastfeeding, and the impact of psychosocial supports, (partners and other family members). Ongoing assessments to six months or longer are seen as a valuable strategy to support exclusive and continued breastfeeding when many persons stop breastfeeding.

Practice Notes

Table 8 lists three examples of validated and reliable assessment tools that include components of the breastfeeding process, including positioning and latch, breast milk supply, and BSE (16, 18, 29).

- The LATCH Breastfeeding Assessment Tool assesses five key components of breastfeeding, including positioning and latch and the level of comfort with latching (30).
- The Hill & Humenick (H & H) Lactation Scale assesses positioning, latch, and milk supply (31).
- The Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF) assesses BSE (29).

Table 8: Examples of Breastfeeding Assessment Tools from the Systematic Review

	LATCH BREASTFEEDING ASSESSMENT TOOL	HILL & HUMENICK (H & H) LACTATION SCALE	BREASTFEEDING SELF-EFFICACY SCALE-SHORT FORM (BSES-SF)
Purpose	<ul style="list-style-type: none"> ■ To standardize (a) a comprehensive and systematic assessment at the point of care and (b) charting or documentation by a nurse or a member of the interprofessional team. ■ The tool supports consistent evaluation measures of an observed breastfeeding session and any teaching provided in response to the total score. 	<ul style="list-style-type: none"> ■ To measure perceived breast milk supply following childbirth and up to eight weeks after delivery 	<ul style="list-style-type: none"> ■ To measure perceived ability to breastfeed and predict breastfeeding intention and duration as a health behaviour prenatally and up to six months postpartum.

	LATCH BREASTFEEDING ASSESSMENT TOOL	HILL & HUMENICK (H & H) LACTATION SCALE	BREASTFEEDING SELF-EFFICACY SCALE-SHORT FORM (BSES-SF)
Components of the tool	<ul style="list-style-type: none"> ■ Five subscales that denote key components of breastfeeding. ■ Uses an acronym (LATCH): <ul style="list-style-type: none"> L = how well the baby latches. A = audible number of swallows. T = type of nipple. C = comfort levels with breastfeeding. H = amount of assistance required when positioning the infant at the breast. 	<ul style="list-style-type: none"> ■ Three subscales: <ol style="list-style-type: none"> 1. Level of commitment to breastfeeding. 2. Satisfaction. 3. Perceived infant satiety post-feed. ■ A 20-item self-reported instrument that uses a 7-point Likert scale where 1 = strongly disagree and 7 = strongly agree 	<ul style="list-style-type: none"> ■ A positively worded 14-item scale completed by selfreporting. ■ Uses a 5-point Likert scale where 1 = not at all confident and 5 = always confident. ■ Scale items include the following: <ul style="list-style-type: none"> <input type="checkbox"/> determining whether the infant is getting enough breast milk, <input type="checkbox"/> coping successfully with breastfeeding, and <input type="checkbox"/> managing to keep up with the infant’s breastfeeding demands.
Scoring	<ul style="list-style-type: none"> ■ Tool assigns a numerical score of 0, 1, or 2 to the five elements of the tool. ■ Total score obtained from the tool is 0–10. Modeled on the Apgar scoring system (Appearance, Pulse, Grimace, Activity, and Respiration), where a higher score indicates improved results. ■ A total score below 10 indicates additional support is recommended. 	<ul style="list-style-type: none"> ■ Higher scores indicate higher levels of commitment, satisfaction, and perceived infant satiety. ■ Total scores range from 20 to 140. 	<ul style="list-style-type: none"> ■ Total score range is 15–70. Higher scores indicate likelihood to succeed in breastfeeding as a result of a higher level of confidence. ■ Higher scores are significantly associated with reduced risk of breastfeeding cessation before six months when measured at 72 hours postpartum (15, 16). ■ Lower scores indicate a need for additional early interventions to enhance BSE.

	LATCH BREASTFEEDING ASSESSMENT TOOL	HILL & HUMENICK (H & H) LACTATION SCALE	BREASTFEEDING SELF-EFFICACY SCALE-SHORT FORM (BSES-SF)
Correlation with breastfeeding outcomes or other assessment tools	<ul style="list-style-type: none"> ■ There is a weak positive correlation between the mean LATCH and BSES-SF scores in the early postpartum (14). ■ There is a significant relationship between time of breastfeeding initiation and mean LATCH scores (14). For example, persons who breastfed within the first 30 minutes following childbirth had higher LATCH scores than those who breastfed within the first one to four hours (14). 	<ul style="list-style-type: none"> ■ High H & H Lactation Scale scores are associated with high BSES-SF scores (14). 	<p>Higher mean BSES-SF scores are:</p> <ul style="list-style-type: none"> ■ Positively associated with higher levels of education and attendance at prenatal breastfeeding classes (14). ■ A significant association was found with parity, as persons who have previously breastfed have higher mean BSES-SF scores (14). ■ Lower BSES-SF scores are associated with the following: <ul style="list-style-type: none"> □ increased use of formula use or a galactagogue (such as domperidone); and □ a lack of support from a nurse or member of the interprofessional team, or from the person's partner, family, or social network (15, 16).

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Reliability and validity	<ul style="list-style-type: none"> High reliability, as it consistently measures LATCH components. 	<ul style="list-style-type: none"> Subscales show moderate to high levels of internal consistency (reliability) and predictive validity. 	<ul style="list-style-type: none"> A scale with high levels of validity and reliability.
Limitations	<ul style="list-style-type: none"> Use of the tool beyond hospital discharge following childbirth has not been studied. The tool is designed to support consistent documentation. To be effective, results must be shared with the breastfeeding person to support their needs. 	<ul style="list-style-type: none"> The tool was not found to differentiate between combination feeding (i.e., breastfeeding and formula feeding) and exclusive breastfeeding, as exclusive and combination feeding scored similarly. Combination feeding methods are associated with decreased exclusive and sustained breastfeeding. 	<ul style="list-style-type: none"> Study participants were homogenous (e.g., married Caucasian Canadians). To increase the use of the scale, it needs to be tested at different time points in the perinatal period on a more diverse sample. Note: Subsequent to the publication of this study, the BSES-SF has been translated into diverse languages and testing of the scale with diverse maternal populations.

Sources: Dennis CL, Faux S. Development and psychometric testing of the breastfeeding self-efficacy scale. Res Nurs Health. 1999 Oct;22(5):399–409; Jensen D, Wallace S, Kelsay P. LATCH: a breastfeeding charting system and documentation tool. J Obstet Gynecol Neonatal Nurs. 1994;23(1):27–32; and Hill PD, Humenick SS. Development of the H & H Lactation Scale. Nurs Res.1996;45(3):136–40.