

Discharge Summary: Lactation & Newborn Care

Date: [Date of Discharge]

Patient Information

Mother's Name: [Mother's Full Name]

Infant's Name: [Infant's Full Name]

Date of Birth: [Infant's DOB]

Discharge Weight: [Weight]

Lactation Assessment & Plan

Breastfeeding Status: [Exclusive / Supplementing / Pumping]

Latch Quality: [Description of latch and comfort]

Feeding Frequency: [e.g., Every 2-3 hours, 8-12 times per day]

Feeding Duration: [e.g., 15-20 minutes per side]

Special Instructions: [e.g., Use of nipple shield, SNS, or specific positions]

Newborn Care & Monitoring

Hydration Indicators: [Expected number of wet/dirty diapers per 24 hours]

Umbilical Cord Care: [Instructions]

Jaundice Monitoring: [Instructions]

Medications & Supplements

Mother: [List medications or vitamins]

Infant: [e.g., Vitamin D drops]

Warning Signs (Seek Medical Attention If:)

- Infant: Fever, lethargy, poor feeding, or yellowing of skin/eyes.
- Mother: Fever, localized breast pain/redness, or excessive bleeding.

Follow-Up Schedule

Pediatrician Appointment: [Date/Time]

Postpartum OB/GYN Appointment: [Date/Time]

Lactation Follow-Up: [Date/Time]

Provider Signature: _____

Provider Name: [Consultant Name/Title]

Contact Phone: [Phone Number]