

## MULTI-USER DOUBLE ELECTRIC BREAST PUMP TRACKING LOG

Pump Serial Number \_\_\_\_\_

Location (clinic number or name) \_\_\_\_\_

❖ Contact to be made in the first 24-48 hours of issuance and contacts are to be made every month thereafter.

❖ Date and Initial your notes.

DATE ISSUED	Participant Name, Phone #, and Memb #	Reason Code	Tracking Dates & Notes	Unsuccessful Contact Attempts**	Return Date	Inspected & Cleaned

**REASON CODES:**

- A. Hospitalization for more than 48 hours
- B. Problems with latch and/or milk transfer
- C. Special needs infant
- D. Re-lactation
- E. Full-time Work, School, or other Separation

**◆◆ Use These Questions as a Guide to Assess Pumping use and continued need for the electric pump.**

- ◆ How is pumping going?
- ◆ How does pumping feel?
- ◆ Tell me what a typical day is like, puming & breastfeeding?
- ◆ What are some ways you have found to make pumping easier?
- ◆ What does your baby's caregiver say about how the baby is doing?
- ◆ How is breastfeeding going when you are with your baby?
- ◆ How have you been able to find the time to pump enough?
- ◆ How much are you able to pump per session?
- ◆ How many times a day are you able to pump?

*\*\*Write in Date; along with: VM= Voice Mail message left; BZ= received Busy signal; MI= left Message with Informant; NA= No Answer; WN= Wrong Number; DC=Disconnected*