MOTHER'S NAME_____ **INFANT'S NAME**_____

CONCERNS/REASON FOR VISIT

☐ Sore nipples	☐ Latch-on difficulties	☐ Scheduling
☐ Sleepy baby	☐ Baby always seems hungry	☐ Biting
☐ Low weight gain	☐ Refusal to feed	☐ Maintaining milk supply
☐ Cracked / bleeding nipples	☐ Breast pain	☐ Starting solids
☐ Baby crying excessively	☐ Colic / Gassy	☐ Weaning
☐ Low milk supply	☐ Engorgement	☐ Green Stools
☐ Painful feedings/Inhibiting flow	☐ Preference for one breast	☐ Returning to work
☐ Feeling not enough milk	☐ Excessive spitting up	☐ Refusing bottle
☐ Thrush	☐ Vomiting	

IN YOUR OWN WORDS DESCRIBE WHAT FEEDING PROBLEMS CONCERN YOU:

_____

_____

When did you first realize that you were having breastfeeding difficulties? _____

How many months do you wish to breastfeed your baby? _____

Is this your first baby - Y N Age/s of other children _____

Did you breastfeed your other children? _____ **How long**? _____

How was your baby born? vaginal C-Section if so planned or emergency

Did you have any problems with pregnancy_____

Did you have any problems with birth: excessive bleeding - hemorrhage - PIH **other**_____

Did the baby have any of the following after birth? breathing difficulties - high hematocrit –low blood sugar - meconium aspiration - jaundice - highest bili level_____ other _____

Was your baby full term? Y If not, how early? _____

Does your baby have any known health problems? _____

Is the baby currently on any medications? _____

Are you currently on any medications? _____

D**o you presently have or have you ever had any of the following?** anemia - diabetes allergy/asthma - diarrhea (chronic) - high blood pressure - thyroid disorders - miscarriages - cancer - infertility depression - sexual abuse - eating disorder - yeast infections - polycystic ovarian syndrome – other_____

Have you had any breast surgery? biopsy - lumps - implants - breast reduction surgery – other_____

Breast changes since birth? Hard /engorged heavy warm leaking no change

When did your milk come in? _____

How many times in the past 24 hours have you breastfed your baby? None - less than 6 times - 6 to 8 times - 8-10 times - more than 12 times

What is the longest time your baby has gone between feedings? Day_____ Night_____

Has your baby been supplemented with any of the following? NONE - water - sugar water – Pumped breast milk - formula- what brand_____

If so, how was the baby supplemented? Feeding tube - Syringe at breast - Finger feeding - Cup feeding – Haberman – SNS Bottle - What brand_____

How often in past 24 hours? _____ **How much per feeding?** _____

Have you used any of these breastfeeding supplies? Nipple shields Haberman Supplemental system (SNS)

Have you pumped? Y If so how much have you pumped at a time? _____**oz**

Type of Pump Used? Rental/ Hospital grade Purchased /if so is it New - Used Brand _____

How long does baby nurse at breast? _____ One breast or both breasts?

Who decides when the feeding is over? Mother or Baby

Have you needed to use a pacifier? Y N - how often in last 24 hours _____

Is the baby content or sleeping between feedings? never occasionally often

In the past 24 hours, how many? WET DIAPERS_____ **STOOLS**_____

Were the stools bigger than a tablespoon? yes n**o**

What Color were the stools? Black - Green - Brown - Yellow **(additional comments can be added on back)**

COMMENTS: _____