



<b>Mother's Name:</b>	<b>Baby's Name:</b>
DOB:	DOB:
Age:	GA @ birth
Preferred method of contact: Home Cell Email	Birth Weight
Email	Age today:
Pediatrician	Birth Location:
Last visit: wt:	Next visit:

**In your own words, describe the reason for your visit today. Include if you have tried anything, or seen anyone else.**

---



---



---



---



---



---



---

### Your Health History

Circle anything that applies (current/past): Thyroid PCOS Diabetes Eczema Hay Fever Pituitary problem  
 Depression/Anxiety Eating Disorder Sexual Abuse

Have you ever had chest/breast surgery or trauma? N Y \_\_\_\_\_

Please list any medication, herbs, supplements you are currently taking:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any problems w/ getting pregnant? N Y \_\_\_\_\_

Age 1<sup>st</sup> period: \_\_\_\_\_ Regular Irregular # Pregnancies \_\_\_\_\_ # Children \_\_\_\_\_

Have you breastfed other children? Y N How Long & any problems?  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you currently on leave? N Y Will you be returning? No Not sure Yes, full time Yes, part-time

When? \_\_\_\_\_ Profession: \_\_\_\_\_

### Pregnancy and Birth History

Did you take any medications in pregnancy that you are not currently taking? \_\_\_\_\_

During pregnancy, did you experience: enlargement / tenderness / leaking / darkening areola

During pregnancy, did you have: preterm labor / gestational diabetes / high blood pressure / anemia severe  
nausea/vomiting / other: \_\_\_\_\_

In Labor: Premature rupture of membranes / Medication to control pain / epidural / medication to control BP/

Antibiotic / meds to speed labor / hemorrhage requiring transfusion / other: \_\_\_\_\_

Delivery: Vaginal / Forceps / Vacuum C-section: planned / unplanned (Reason: \_\_\_\_\_)

Induction reason: \_\_\_\_\_

Total labor > 30 hours  Pushing >2 hours  Episiotomy/ tear  3<sup>rd</sup>/4<sup>th</sup> degree tear  Breech  other

Any PP complications:  Infection  low BP  Excessive blood loss  high BP  retained placenta  other

Any problems for baby after birth:  breathing difficulty  low blood sugar  jaundice  meconium aspiration  
 other

### Breastfeeding History

1<sup>st</sup> Feeding : \_\_\_\_\_ min/ hours after birth;  attempt  successful;  easy  difficult

Frequency: 1<sup>st</sup> 24 hr: every \_\_\_\_\_ hr; 2<sup>nd</sup> 24 hr: every \_\_\_\_\_ hr; 3<sup>rd</sup> 24hr: every \_\_\_\_\_ hr

Circumcison? N Y – at \_\_\_\_\_ hr of age Pacifier? N Y - started when: \_\_\_\_\_

Separation:  none  some  night  mostly in nursery  NICU

Breast changes since delivery:  None  Heavy  Warm  Leaking  hard/ engorged

Milk “came in” day \_\_\_\_\_ PP

How do you feel your inpatient breastfeeding experience was overall? \_\_\_\_\_

Did anyone assess your feedings before discharge? N Y Who? \_\_\_\_\_

What was their assessment? \_\_\_\_\_

If you are having any pain, cracks, bleeding, etc; Please describe: \_\_\_\_\_

### Feedings

How Often: Day \_\_\_\_\_ min/hr Night \_\_\_\_\_ min/hr Latch: easy difficult impossible

Who ends feeding: Me Baby Average length: \_\_\_\_\_ min One Side or Two sides

Pumping? Kind of pump: \_\_\_\_\_ New or previously used ( \_\_\_\_\_ mo/yr)

How often are you pumping? \_\_\_\_\_ Average amount: \_\_\_\_\_

Supplement? Formula / Expressed Milk If yes, when did you start? Method: Bottle / cup / syringe / finger / SNS

Where does baby sleep? \_\_\_\_\_

Does baby wake to nurse? Yes / No, I wake baby / No, I let baby sleep

Diapers: Wet - # \_\_\_\_\_ / day wet or soaked Stool- # \_\_\_\_\_ / day Black / Brown / Green / Yellow

**Breastfeeding Goals**

---

---

Please use space below for anything else you would like or think I should know.