



## Lactation Consultation Registration

Mother's Name		Date of Birth	
Infant's Name		Date of Birth	
Father's Name		Date of Birth	
Address			
Email Address			
OBGYN's Name		Pediatrician's Name	
In your own words, please describe any feeding problems that concern you:			

### Maternal History

Allergies to Medications or Foods			
Health Problems (circle all that apply)	anemia    infertility    hyperthyroidism    high blood pressure    breast reduction smoker    eczema    hypothyroidism    anxiety/depression    breast augmentation diabetes    tongue-tie    yeast infection    breast abnormalities    breast surgery PCOS    flat/inverted nipples    other: _____		
Menstrual Cycle	Age when started?		Circle One: Regular or Irregular
How Many Pregnancies		How many Children?	
Did you Breastfeed your other children?		If not, what caused you not to?	
If yes, how long did you nurse each of your children?			
List all Medications you took during your pregnancy and now (include OTC & herbs)			
Will you be returning to work?		If so, when? Full-time or Part-time?	

## Pregnancy and Birth History

Did you have any of the following during THIS labor and delivery? (circle all that apply)	fever twins swelling antibiotics epidural	meconium infection hemorrhage blood transfusion epidural 10+hrs	forceps delivery vacuum extraction emergency c-section spinal headache drugs to control pain	labor 30+hrs push 2+hrs retained placenta separated from infant at birth VBAC
Please explain any circled items				

## Infant's Medical History

Does your baby have any of the following? (circle all that apply)	Jaundice Low blood sugar Diaper rash	tongue-tie recessed chin respiratory distress	NICU admission candidiasis/thrush other:
Please explain any circled items			
Baby's Highest Bilirubin level (Jaundice)		Age at last Bili check?	
Medications Baby is taking			
Gestational Age of Baby at birth	_____ Weeks		
Birth Weight		Date	
Discharge Weight		Age & Date	
Current Weight		Age & Date	

## Breastfeeding History

Are you experiencing any of the following? (circle all that apply)	breast pain engorgement sleepy baby sore nipples cracked/bleeding nipples	low milk supply pump dependent excessive crying mastitis	over supply of milk milk never "came in" preference for one breast blocked milk duct cracked/bleeding nipples	latch-on difficulties baby refuses to nurse baby seems hungry
Did you receive Lactation Consultation in hospital?	Yes If yes, what did the Lactation Specialist do or tell you? No			
How old was your baby when you first realized that you were having breastfeeding difficulties?				
Have you used any breastfeeding supplies or pumps?	Yes If yes, what type of pump/other supplies? When did you start using them? or No			
Has your baby been supplemented with any of the following? (circle all that apply)	NONE	water	expressed breastmilk	formula <i>type of formula:</i>
If supplemented, how was it given to baby? (circle all that apply)	Feeding tube	finger feeding	cup feeding	bottle <i>type of bottle:</i>
How long do you wish to breastfeed your baby?	1 month Longer than 1 year	2-3 months	3-6 months	6-12 months

**For this section, think back to the previous 24 hours**

How many times have you given a supplement?	
How much per feeding?	
How many times did you pump?	
If you combined all the milk you pumped in the last 24 hours, how much milk did you obtain in total?	
How many times have you breastfed?	
Is the baby content between feedings?	
What is the longest time your baby has gone between feedings?	Day: _____ Night: _____
Who decides when the feeding is over?	Circle one:    Mother    Baby
How long does baby nurse at breast?	
How many wet diapers?	
How many stools?	
How many spit ups?	

**Nipple/Breast Pain – *only complete if you are having pain***

When did you start having nipple pain?	Left    Right    Both (circle one)
When does the nipple pain occur? (circle all that apply)	As baby latches on during the entire feed Starts ok, then hurts more hurts on and off Hurts after the feed hurts all the time Hurt at times unrelated to feeding Other: _____
Describe the pain (circle all that apply)	tugging    rubbing    throbbing    sharp    shooting tingling    scraping    itching    biting    burning irritating    aching    pinching    stinging    other:
Describe nipple shape when baby comes off the breast (circle any that apply)	normal    ridged    smashed    flattened    other: elongated    pinched    pointed    stepped on creased    peaked    squished    lipstick tube
Does your nipple turn white at the end of the feeding?	Yes    No    (circle one)
Does your nipple turn white at any other time?	Yes    No    (circle one)
Is your nipple a different color from usual? (circle one)	no change    pink    deep pink    blanched white lighter    red    purple    white striped
Is there any nipple damage? (circle any that apply)	abrasion    blister    bleeding    other: crack    scab    piece missing
Does your nipple hurt when you use a pump?	Yes    No    (circle one)
Are you experiencing breast pain?	Yes    No    (circle one)
Describe your breast pain (circle all that apply)	all the time    shooting    aching all over after feedings    burning    radiates down arm during feedings    tingling    radiates to back at times not related to feedings    other:
What are you doing to deal with the pain?	

