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Loving Lactation, LLC

Mother's Name

Baby's Name

Consultation Date

LACTATION INTAKE HISTORY

Problem: ☐ nipple pain ☐ latch ☐ breast refusal ☐ undersupply ☐ oversupply ☐ slow weight gain ☐ multiples ☐ other_____

Others consulted about this breastfeeding issue: ☐ LC ☐ doctor ☐ nurse ☐ LLL ☐ friend ☐ family ☐ doula ☐ other _____

Ultimate breastfeeding goal: ☐ breastfeed exclusively ☐ pump exclusively ☐ bf and pump ☐ bf and supplement ☐ unsure ☐ whatever happens

YOUR HEALTH HISTORY

Any history of: ☐ thyroid ☐ ovarian cyst ☐ Polycystic Ovarian Syndrome (PCOS) ☐ diabetes (Type I ▾) ☐ other: _____

Medications currently taking (including herbs and vitamins): _____

Breast or chest surgery or injury: ☐ none ☐ reduction ☐ mastopexy ☐ augmentation ☐ biopsy ☐ injury ☐ other **Date:**_____

Conceive easily: Yes ▾ (how long: _____) ☐ IVF ☐ IUI (donated: ☐ sperm ☐ egg ☐ neither)

Abortion(s): No ▾ (# 0 ▾ year(s) _____) **Miscarriage(s)**: ☐ no ☐ yes (# 0 ▾ year(s) _____)

Miscarriage(s) reason(s): ☐ unknown ☐ _____

Number of other pregnancies: 0 ▾ **Number of other children living:** 10 ▾

BREASTFEEDING HISTORY

Number of other children breastfed: 0 ▾ **How long other child(ren) breastfed: #1:** 0 ▾ ☐ wks ☐ mos ☐ yrs

#2: 0 ▾ ☐ wks ☐ mos ☐ yrs | **#3:** 0 ▾ ☐ wks ☐ mos ☐ yrs | **#4:** 0 ▾ ☐ wks ☐ mos ☐ yrs | **#5:** 0 ▾ ☐ wks ☐ mos ☐ yrs

How did breastfeeding go with the older child(ren): difficult ▾ (describe): _____

THIS PREGNANCY

Breast changes: ☐ enlargement ☐ tenderness in first trimester ☐ leaking ☐ areola darkening **Any complications:** no ▾ _____

Bed Rest: No ▾ (start week: 0 ▾ until week 44 ▾) **Reason:** _____ **Pregnancy length:** 0 ▾ wks 0 ▾ day(s)

LABOR

How labor began: induced ▾ (how: ☐ pitocin ☐ cervical gel ☐ membrane ruptured ☐ other:_____)

Where: home ▾ **Labor:** 1 ▾ hrs **Pushing:** 24 ▾ min **Delivery:** Vaginal ▾

Medications during labor: ☐ pitocin ☐ epidural (#cm when started: 0 ▾) ☐ narcotic (demerol, nubain) ☐ other _____

Antibiotics: no ▾ (reason: ☐ strep B ☐ fever ☐ C-sect ☐ other _____) **Hemorrhage:** No ▾ (med to stop: _____)

LABOR EXPERIENCE:

HOSPITAL / POSTPARTUM

1st nursing: 1 ▾ minu ▾ after birth easy ▾ **Sides:** one ▾

1st 24 hours frequency: every 0 ▾ hours **2nd 24 hours frequency:** every 0 ▾ hours **3rd 24 hours frequency:** every 0 ▾ hours

☐ **Circumcision** (Day 1 ▾) **Pacifier:** no ▾ (when began: day 2 ▾) **Separation:** none ▾

Milk came in: day 1 ▾ ☐ not noticed ☐ slight ☐ mod ☐ heavy **Baby complications:** ☐ jaundice ☐ hypoglycemia ☐ other _____

How treated: _____

INPATIENT BREASTFEEDING EXPERIENCE:

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LACTATION INTAKE HISTORY (PAGE TWO)

AT HOME

FEEDINGS: **How often**: 0 days **LATCHING**: impossible **Who ends:** mother **Avg length:** 0 min

Nipple pain: severe **Which nipple(s)**: both **When began**: 0 days

SUPPLEMENTING: no **When began**: 0 days **How:** ☐ tube ☐ bottle ☐ cup ☐ syringe ☐ dropper ☐ spoon ☐ finger-feeder

When: before nursing **How often:** ☐ every feed ☐ 0 x/day **How much:** 0 z/cc feeding **What:** ☐ pumped milk ☐ formula

HAND EXPRESSING: No **When began**: 0 day(s) **How often:** 0 times per day **Avg amt:** 0

PUMPING: No **When began**: 0 days **How often:** 0 times per day **Avg amt:** 0 **Flange size** (imprinted on side): S

Pump condition: new (how long: mon) **Pump Type**: rental (brand: Hygeia)

POST-DISCHARGE BREASTFEEDING EXPERIENCE:

Vaginal bleeding now: other **Color:** brown

WHERE BABY SLEEPS: other **What baby sleeps in**: crib/bassinet

NUMBERS

BABY'S WEIGHT HISTORY

DATE	WHERE WEIGHED	WEIGHT
BIRTH		

DIAPER OUTPUT HISTORY

	Last 24 Hours	Last 25-48 Hours	Last 49-72 Hours	Last 73-96 Hours	Last 97-120 Hours
Stool Quantity	0	0	0	0	0
Stool Amount	☐ More than a spoonful	☐ More than a spoonful	☐ More than a spoonful	☐ More than a spoonful	☐ More than a spoonful
Stool Color	brown	brown	brown	brown	brown

Attend breastfeeding group: No (Where:)

Ideally, want to breastfeed: ☐ months ☐ years ☐ until baby weans self **Returning to work (outside home):** No (At ☐ weeks ☐ months)