

Lactation History

Today's Date _____ Why are you here? _____

Maternal History

How is your overall health _____ Back to work
when _____

Ever had a serious illness anytime in your life? _____ Any skin conditions _____

Depression _____ Meds _____ Herbals _____ Birth control _____

Smoker in home _____ Fluids per day _____ Dairy intake _____

Ages of other children in the home _____ Breastfed before _____

Family allergies _____ Thyroid tested/why _____ Breast surgery/trauma _____

Infertility/miscarriages _____ Drugs used _____ PCOS _____

Breast changes/size/color _____ Yeast infections/kind & when _____

Parenting/BF books/classes _____ How long are you planning to breastfeed? _____

Delivery

Delivery date _____ Length of labor _____ Induction Y/N C-section Y/N

Vag Y/N Forceps/Vag Y/N Medications in labor _____ Epidural Y/N

Episiotomy Y/N Complications Y/N _____ Happy with birth _____

Infant History/Hospital

Current age _____ Most frequent weight _____ Birth weight _____ D/C weight _____

Apgars _____ Time of first feed/quality _____

Hypoglycemia Y/N Formula/bottles/pacifiers given in hospital Y/N Why? _____

Describe feeds in hospital _____ Jaundice Y/N Treatment? _____

Other problems? _____ Engorgement Y/N Sore nipples Y/N

Pumping/why _____ Kind of pump _____

Number feeds/24 hours _____ Length _____ Breasts 1 2 Who ends feed _____

Void/24 h _____ Stools 24/h _____ Color _____ Amt of stool _____

Fussy periods _____ Spitting/vomiting _____ Blood in stools _____

Pacifier Y/N Supplements Y/N Kind _____ Amt /24 _____ Given how _____