

## BREASTFEEDING INTAKE FORM

Today's Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_

Father's Name \_\_\_\_\_ Baby's Name \_\_\_\_\_

OB GYN/CNM \_\_\_\_\_

### Mother

Number of pregnancies \_\_\_\_\_ Number of children \_\_\_\_\_

Allergies to Food or Medication?  Yes  No Please list \_\_\_\_\_

Any Health Problems?  None  High Blood Pressure  PCOS  Eczema  Thyroid Issues  Diabetes  Anemia  Smoker

Anxiety/Depression  Tongue-tie  Breast Abnormalities  Infertility  Breast Reduction/Augmentation  Other Breast Surgery

Current Medications:  Prenatal Vitamins  Colace  Ibuprofen  Acetaminophen  Levothyroxine  Iron  Vitamin D

Antibiotics  Vicodin  Norco  Other \_\_\_\_\_

Returning to Work:  Yes  No If so, when? \_\_\_\_\_

Planning to Pump:  Yes  No

Own Pump?  Yes  No Brand: \_\_\_\_\_

Have you breastfed before?  Yes  No If yes, length of time \_\_\_\_\_

### Hospital Stay

Delivery Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

Where did you deliver?  Evanston  Lutheran General  St. Francis  Other: \_\_\_\_\_

Type of Delivery:  Vaginal  Cesarean ( Scheduled  Emergency)

Was your labor induced?  Yes  No Pain relief during labor?  Yes  No  Epidural  Spinal

Complications with Labor?  Yes  No

Complications Postpartum?  Yes  No

High/Low Blood Pressure  Excessive Bleeding  Fever  Retained Placenta  Antibiotics

Breastfeeding in Hospital?  Yes  No How many hours after delivery?  <1  2  3  4-23  >24

Supplementing in hospital?  Yes  No  Expressed Breast milk  Formula

Pumping in hospital?  Yes  No

### Infant

Weeks gestation \_\_\_\_\_

Birth weight \_\_\_\_\_ Discharge weight \_\_\_\_\_ Exclusively breastfeeding?  Yes  No

Supplementing?  Yes  No  Expressed Breast milk  Formula

Number of feedings in the last 24 hours:  <7  8-10  >12

Number of wet diapers in last 24 hours:  0  1-2  3-5  6+

Number of dirty diapers in last 24 hours:  0  1-2  3-5  6+

Are you experiencing any of the following?

Latch on difficulties  Sore nipples  Cracked/bleeding nipples  Engorgement  Breast pain  Sleepy baby

Excessive crying  Low milk supply  Oversupply  Flat/inverted nipples