

Breastfeeding Intake Form

Date _____ **Infant's name** _____
Mom's name _____ **Infant's DOB** _____
Mom's DOB _____ **Infant's birth weight** _____
Gestational age of baby at birth _____ weeks **Infant's lowest weight** _____

Describe your breastfeeding problem or concern:

Pregnancy and Birth History

Did you experience any of the following during pregnancy? (Circle all that apply)

Gestational diabetes	Premature labor
Pre-eclampsia	Other _____
Anemia	

Did you experience any of the following during labor? (Circle all that apply)

Induction	Premature rupture of	Breech position
Planned c-section	membranes	Pushing stage lasting longer
Emergency c-section	Hemorrhage	than 2 hours
Drugs to control pain	Excessive blood loss	Forceps delivery
Epidural	IV fluids	Vacuum extraction
Antibiotics	Labor lasting longer than 24h	Other _____

Did you experience any of the following after delivery? (Circle all that apply)

Retained placenta	Low blood pressure
Infection	High blood pressure
Separation from baby for more than 2 hours	

Did the baby experience any of the following after delivery? (Circle all that apply)

Low blood glucose	Admission to NICU	Jaundice (highest bilirubin level
Surgery	Excessive weight loss	_____)
Meconium aspiration		Other _____

How many months would you like to breastfeed your baby?

1 month 2-3 months 3-6 months 6-9 months 12 months More than 1 year

Breastfeeding History

How soon after delivery was the first feeding? _____

Describe that feeding. _____

When did you start having concerns about breastfeeding? _____

Describe. _____

Are you currently using any of the following? (Circle all that apply)

Breast pump

Breast shell

(If yes, brand and style) _____

SNS feeder

Nipple shield

Pacifier

Have you supplemented with any of the following?

Water

Expressed breastmilk

Formula **If so, what brand?** _____

How much are you currently supplementing with? _____ oz/feed _____ bottles/day

Are you currently pumping? YES _____ times/day _____ oz per pump session

NO

How many times has your baby been breastfed in the last 24 hours?

Less than 8 times

8-12 times

More than 12 times

Is your baby content between feedings? Never Occasionally Most of the time

What is the longest your baby has gone between feedings? _____ hours

Describe a typical feeding: 5-10 minutes

15-25 minutes

>30 minutes

One breast

Both breasts

How many diapers in the last 24 hours? _____ Wet _____ Stools

Are you experiencing any of the following? (Circle all that apply)

Cracked/bleeding nipples

Pain while breastfeeding

Baby refusing breast

Latching difficulties

Sleepy baby

Other _____

Engorgement

Baby always seems hungry

Sore nipple

Low milk supply

Is there anything else you would like to add? _____