Ebb & Flow Lactation

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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): easy (describe): _____

THIS PREGNANCY

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

Bed Rest: No (start week: _44_ until week_1_) 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: _1_ 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_ minutes after birth easy Sides: one

1st 24 hours frequency: every_0_ hours 2nd 24 hours frequency: every_0_ hours 3rd 24 hours frequency: every_5_ hours

☐ Circumcision (Day _1_) Pacifier: no (when began: day_1_) 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: easy Who ends: mother Avg length: 0 min

Nipple pain: none Which nipple(s): left 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 oz/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: 0 months) Pump Type: rental (brand: Hygeia)

POST-DISCHARGE BREASTFEEDING EXPERIENCE:

Vaginal bleeding now: other Color: dark red

WHERE BABY SLEEPS: other What baby sleeps in: our bed

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: 0 ☐ months ☐ years ☐ until baby weans self Returning to work (outside home): No (At 0 ☐ weeks ☐ months)