Nature to Nurture

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
Pre-eclampsia
Anemia
Premature labor
Other_____

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

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

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

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

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

Low blood glucose
Surgery
Meconium aspiration
Admission to NICU
Excessive weight loss
Jaundice (highest bilirubin level _____)
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
(**If yes, brand and style**)_____
Nipple shield

Breast shell
SNS feeder
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? _____