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 membranes ☐ Breech position ☐

Planned c-section ☐ 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 ☐
(**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 ☐
Latching difficulties ☐
Engorgement ☐
Sore nipple ☐

Pain while breastfeeding ☐
Sleepy baby ☐
Baby always seems hungry ☐
Low milk supply ☐

Baby refusing breast ☐
Other_____

Is there anything else you would like to add? _____

How did you hear about Bump-to-Baby? _____