Mother's Name

Baby's Name

Consultation Date

Marigold Lactation

LACTATION INTAKE HISTORY (MULTIPLES)

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 _____

YOUR HEALTH HISTORY

Any history of: ❑ thyroid ❑ ovarian cyst ❑ PCOS ❑ diabetes (type ❑ I ❑ II) ❑ other: _____

Medications currently taking (including herbs and vitamins): _____

Breast surgery or injury: ❑ none ❑ reduction ❑ mastopexy ❑ augmentation ❑ biopsy ❑ injury ❑ other **Date:**_____

Conceive easily: ❑yes ❑ no (how long: _____) ❑ IVF ❑ IUI (donated: ❑ sperm ❑ egg ❑ neither)

Miscarriages: ❑ no ❑ yes (#_____) **Reason:** ❑ unknown ❑ _____)

Number of other pregnancies: _____ **Number of other children living:** _____

BREASTFEEDING HISTORY

Number of other children breastfed: _____ **How long other child(ren) breastfed: #1:** ____ ❑ wks ❑ mos ❑ yrs

#2: ____ ❑ wks ❑ mos ❑ yrs | **#3:** ____ ❑ wks ❑ mos ❑ yrs | **#4:** ____ ❑ wks ❑ mos ❑ yrs | **#5:** ____ ❑ wks ❑ mos ❑ yrs

How did breastfeeding go with the older child(ren): ❑ easy ❑ difficult (describe): _____

_____

THIS PREGNANCY

Breast changes: ❑ enlargement ❑ tenderness ❑ leaking ❑ areola darkening **Bed Rest**: ❑ no ❑ yes (start week: _____ until week_____)

Any complications: ❑ no ❑ yes: _____

_____ **Vaginal bleeding now:** ❑ light ❑ mod ❑ heavy ❑ over

LABOR

Pregnancy length: _____ wk _____ day **How labor began:** ❑ spontaneous ❑ induced (how: ❑ pitocin ❑ cervical gel ❑ other:_____)

Where: ❑ home ❑ birth ctr ❑ hospital ❑ other **Labor:** ___ hrs **Pushing:** ____ min **Delivery:** ❑ vag (❑ VBAC) ❑ vacuum ❑ forceps ❑ C-sect

Medications during labor: ❑ pitocin ❑ epidural (#cm when started: _____) ❑ narcotic (demerol, nubain) ❑ other _____

Antibiotics: ❑ no ❑ yes (reason: ❑ strep B ❑ fever ❑ C-sect ❑ other _____) **Hemorrhage:** ❑ no ❑ yes (med to stop: _____)

LABOR EXPERIENCE: _____

_____

HOSPITAL / POSTPARTUM

Baby #1 first nursing: _____ min /hrs after birth ❑ easy ❑ difficult **Sides:** ❑ 1 ❑ 2 ❑ did not occur

Complications: ❑ jaundice ❑ hypoglycemia ❑ other _____ **How treated:** _____

❑ **Circumcision** (Day _____) **Pacifier:** ❑ no ❑ yes (when began: day_____) **Separation:** ❑ none ❑ some ❑ night ❑ mostly nursery ❑ NICU

Baby #2 first nursing: _____ min /hrs after birth ❑ easy ❑ difficult **Sides:** ❑ 1 ❑ 2 ❑ did not occur

Complications: ❑ jaundice ❑ hypoglycemia ❑ other _____ **How treated:** _____

❑ **Circumcision** (Day _____) **Pacifier:** ❑ no ❑ yes (when began: day_____) **Separation:** ❑ none ❑ some ❑ night ❑ mostly nursery ❑ NICU

Baby #3 first nursing: _____ min /hrs after birth ❑ easy ❑ difficult **Sides:** ❑ 1 ❑ 2 ❑ did not occur

Complications: ❑ jaundice ❑ hypoglycemia ❑ other _____ **How treated:** _____

❑ **Circumcision** (Day _____) **Pacifier:** ❑ no ❑ yes (when began: day_____) **Separation:** ❑ none ❑ some ❑ night ❑ mostly nursery ❑ NICU

Baby #4 first nursing: _____ min /hrs after birth ❑ easy ❑ difficult **Sides:** ❑ 1 ❑ 2 ❑ did not occur

Complications: ❑ jaundice ❑ hypoglycemia ❑ other _____ **How treated:** _____

❑ **Circumcision** (Day _____) **Pacifier:** ❑ no ❑ yes (when began: day_____) **Separation:** ❑ none ❑ some ❑ night ❑ mostly nursery ❑ NICU

When milk came in: day _____ ❑ not noticed ❑ slight ❑ mod ❑ heavy **INPATIENT BREASTFEEDING EXPERIENCE:** _____

_____

CONTINUE TO PAGE TWO

LACTATION INTAKE HISTORY (MULTIPLES) — 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:

WHERE BABIES SLEEP: other **What babies sleep in**: our bed

NUMBERS

DIAPER OUTPUT HISTORY – Last 24 hours

	BABY #1	BABY #2	BABY #3	BABY #4
Stool Quantity	0	0	0	0
Stool Amount	☐ More than a spoonful	☐ More than a spoonful	☐ More than a spoonful	☐ More than a spoonful
Stool Color	brown	brown	brown	brown

BABIES' WEIGHT HISTORY

DATE	WHERE WEIGHED	BABY #1	BABY #2	BABY #3	BABY #4
BIRTH					

Attend mothers' group: No (Where:)

Want to breastfeed: 0 ☐ months ☐ years ☐ until babies wean self **Returning to work (outside home):** No (At 0 ☐ weeks ☐ months)