



## Breastfeeding Intake

### What is a Doula?

#### Mother's Information:

Last Name:

First Name:

Middle Initial:

Birth date:

Address:

Phone (home):

Cell phone:

e-mail address:

#### Baby's Information:

Last Name:

First Name:

Middle Initial:

Birth date:

Sex: M F

### General Information:

What is your main breastfeeding concern?

What would you like to accomplish from this referral?

How did you hear about this clinic?

Family Doctor/Pediatrician:

Have you seen anyone else about your breastfeeding issues? If so, who?

What have you tried so far?

How long do you hope to breastfeed?

What is your goal (circle all applicable)?

Sole breastfeeding    Breast + expressed milk    Breast +formula    Sole formula

What kind of delivery did you have (circle all applicable)?

Vaginal                      Vacuum                      Forceps                      C-section

**Mother's Medical History:**

*Please indicate Yes or No, and elaborate if Yes.*

Do you have any medical conditions?

Did you have significant blood loss after delivery?

Have you ever had thyroid problems?

Have you ever had diabetes?

Have you ever had polycystic ovary syndrome?

Have you ever had infertility?

Have you ever had anemia?

Have you ever had a history of depression?

Do you feel your mood is low at the moment?

Have you had any breast surgery?

Are you on any prescription medications?

Do you take any herbal medications?

Do you have any allergies?

Do you smoke?

Do you drink alcohol?

Do you use any street drugs?

Do you have any other children?

If so, did you breastfeed them? How long?

### Baby's Medical History:

*Please indicate Yes or No, and elaborate if Yes.*

Was the baby born prematurely?

Does the baby have any medical concerns?

Has the baby had any jaundice?

Is the baby on any medication?

Does the baby have any allergies?

What was baby's birth weight?

When was the baby last weighed?

Weight at that time:

### Baby's Feeding History:

How many times in a 24 hour period does the baby feed at the breast?

Do you schedule feeds or feed "on demand"?

What cues does the baby exhibit when hungry?

Does the baby feed on both breasts with every feed (y/n)?

How many minutes per breast does the baby feed?

How many bottles of pumped breast milk does your baby get in a 24 hour period?

How much pumped breast milk is in each bottle?

How many bottles of formula does your baby get in a 24 hour period?

How much formula is in each bottle?

If your baby gets formula or pumped milk, is this (circle all that apply):

after breastfeeding

in place of a breastfeeding

before breastfeeding

### Baby's Output:

How many wet diapers does the baby have in a 24 hour period?

How many stools does the baby have in a 24 hour period?

Are the stools soft (y/n)?

### Pumping:

Do you have or rent a breast pump (y/n)?

If so, what kind?

How many times per day do you pump?

Do you pump one breast or both each time?

How many minutes per breast do you pump?

How much milk do you produce when pumping?

### Common Concerns:

*Check those that apply*

#### **Latch:**

Do you have inverted or flat nipples?

Do you have nipple pain?

Do your nipples hurt more at the **beginning** of feeds?

Are your nipples cracked or damaged?

Do you find it awkward to position your baby for breastfeeding?

#### **Yeast:**

Has the baby had any diaper rash?

Has the baby had any thrush (yeast in the mouth)?

Have you or baby been on antibiotics recently?

Do your nipples hurt more at the **end** or **after** feeds?

Do you have shooting pains in the breast after feeds?

Do you have any vaginal itching or unusual discharge?

#### **Low Supply:**

Is the baby gaining weight well?

Does the baby feed vigorously?

Can you hear the baby swallow?

Does your baby seem satisfied after feeding at the breast?

Do you feel that your breasts are fuller before feeds?

Do you feel that your breasts are softer after feeds?

#### **Overactive Milk Ejection Reflex:**

Is your baby fussy and/or gassy?

Does your baby choke or sputter at the breast?

Does your baby pull off & on the breast?  
Does your baby have green stools?  
Does your milk spray out or leak often?  
Do your breasts often feel engorged?

**Miscellaneous:**

Does your baby refuse the breast?  
Do you have any white spots in or on the nipple?  
Do your nipples turn white after feeds?  
Do you have any painful lumps in the breast?