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TODAY'S DATE _____

MOTHER'S NAME _____ DOB _____ INFANT'S NAME _____ DOB _____

IN YOUR OWN WORDS DESCRIBE ANY FEEDING PROBLEMS THAT CONCERN YOU AND WHEN THEY BEGAN:

FAMILY HISTORY

DOES ANYONE ON EITHER SIDE OF THE BABY'S FAMILY HAVE ANY OF THE FOLLOWING? (CIRCLE) allergies to foods environmental allergies
 asthma eczema hay fever breast cancer diabetes genetic disease thyroid disease other _____

WHAT AGE WERE YOU WHEN YOU HAD YOUR FIRST MENSTRUAL PERIOD? _____ REGULAR OR IRREGULAR

HOW MANY PREGNANCIES? ____ how many children? ____ did you breastfeed your other children? _____

WILL YOU BE RETURNING TO WORK? (CIRCLE) yes no WHEN? _____ FULL TIME PART TIME ____

PREGNANCY AND BIRTH HISTORY

DOES YOUR BABY HAVE ANY KNOWN HEALTH PROBLEMS? _____

IS THE BABY CURRENTLY ON ANY MEDICATIONS? _____

ARE YOU TAKING ANY OF THE FOLLOWING? (CIRCLE) prenatal vitamin-mineral iron antihistamines cold remedies antibiotics
 aspirin laxatives diuretics/water pills antacids birth control pills pain pills diet pills herbs other _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING PROCEDURES RELATED TO YOUR BREAST? (CIRCLE) biopsy lumps implants breast
 reduction surgery nipple problems other _____

DO YOU PRESENTLY HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING? (CIRCLE) anemia allergy/asthma diarrhea (chronic)
 heart disease diabetes hepatitis venereal disease high blood pressure liver disease thyroid disorders miscarriages abortions
 hemorrhoids cancer infertility depression sexual abuse abnormal pap smear constipation eating disorder yeast infections
 kidney/bladder disease or infection tuberculosis polycystic ovarian syndrome other _____

DID YOU HAVE ANY OF THE FOLLOWING DURING THIS PREGNANCY? (CIRCLE) premature labor gestational diabetes high blood pressure
 nausea/vomiting-severe anemia fever urinary tract infection medications other _____

DID YOU HAVE ANY OF THE FOLLOWING DURING THIS LABOR AND DELIVERY? (CIRCLE) premature rupture of membranes
 drugs to control pain drugs to control high blood pressure epidural fever antibiotics
 drugs to induce or speed labor-if so how long during labor was this drug administered? _____ hours
 hemorrhage-if so how much blood was lost _____ pints other _____

WHAT TYPE OF DELIVERY DID YOU HAVE WITH THIS BIRTH? (CIRCLE) vaginal emergency c-section planned c-section
 GESTATIONAL AGE OF BABY AT BIRTH? _____ WEEKS

DID YOU HAVE ANY OF THE FOLLOWING WITH THIS BIRTH? (CIRCLE) total labor longer than 30 hours pushing stage longer than 2 hours
 episiotomy or tear breech presentation tear that involved the rectum (3rd or 4th degree laceration) forceps delivery vacuum extraction

DID YOU EXPERIENCE ANY POSTPARTUM COMPLICATIONS? (CIRCLE) urinary/other infections low blood pressure high blood pressure
 excessive bleeding or hemorrhaging other _____

DID THE BABY HAVE ANY OF THE FOLLOWING AFTER BIRTH? (CIRCLE) breathing difficulties high hematocrit low blood sugar
 meconium aspiration jaundice (highest bili level _____) other _____

WHAT WAS YOUR BRA SIZE: before pregnancy _____ now _____ Changes since birth? hard/engorged heavy warm leaking no changes

BREASTFEEDING HISTORY

HAVE YOU USED ANY BREASTFEEDING SUPPLIES OR PUMPS? _____ Type of PUMP _____

HAS YOUR BABY BEEN SUPPLEMENTED? NONE water expressed breastmilk formula, type _____
 IF SO, HOW WAS THE BABY SUPPLEMENTED? feeding tube finger feeding cup feeding bottle, type _____
 IF SUPPLEMENTS HAVE BEEN USED, HOW OFTEN IN PAST 24 HOURS? _____ HOW MUCH PER FEEDING? _____

HOW MANY TIMES IN THE PAST 24 HOURS HAVE YOU BREASTFED YOUR BABY? (CIRCLE) less than 6 times 6-8 times 8-10 times more than 12 times

ARE YOU EXPERIENCING ANY OF THE FOLLOWING? (CIRCLE) latch-on difficulties engorgement sore nipples preference for one breast
 cracked/bleeding nipples breast pain feeling there is not enough milk baby not interested sleepy baby baby crying excessively baby always seems hungry
 other _____

IS THE BABY CONTENT OR SLEEPING BETWEEN FEEDINGS? (CIRCLE) never occasionally often

WHAT IS THE LONGEST TIME YOUR BABY HAS GONE BETWEEN FEEDINGS? DAY: _____ NIGHT: _____

WHO DECIDES WHEN THE FEEDING IS OVER? (CIRCLE) Mother or Baby How long does baby nurse at breast? ____ ONE BREAST OR BOTH

HOW MANY MONTHS DO YOU WISH TO BREASTFEED YOUR BABY? 1 month 2-3 months 3-6 months 6-9 months 12 months LONGER

ARE YOU PRESENTLY USING A PACIFIER? yes or no if yes, HOW OFTEN? _____

IN THE PAST 24 HOURS, HOW MANY? WET DIAPERS _____ STOOLS _____ WERE THE STOOLS BIGGER THAN A TABLESPOON? yes no