LACTATION ASSESSMENT FORM

Date:	
Lactation Consultant Name:	
LC Phone Number:	
LC Email:	

Lactating Parent's Name:	Phone:
Baby's Name:	Baby's Birth Date:
Parent's Doctor:	Phone:
Baby's Doctor:	Phone:

Health History ~ Lactating Parent

Have you breastfed any children previously? Did you meet your goals?

List any medical conditions or problems that you have experienced / been diagnosed with:

Do you have any history of chest or breast injury or surgery? **Y N** Please explain:

Do you smoke or vape? **Y N**	# per day:	Any cigarette smoke exposure? **Y N**
Are you using marijuana? **Y N**	In what form?	

List any medications that you currently take (include OTC, prescribed, birth control, herbal supplements, lactation cookies or tinctures):

Drug Name	Dosage	Frequency Taken

Pregnancy / Birth Information

# of Pregnancies?	# of Births?	Fertility Treatments? **Y N**

How was your menstrual cycle before this birth?

Has your cycle returned? **Y N**

Breast/chest changes during *this* pregnancy? **Y N** ☐Tenderness ☐Fullness ☐Size ☐Other

Was labor induced? **Y N**	# Weeks Gest:	Length of Labor:	Pushing:
Pain Relief During Labor: ☐ Epidural ☐ IV Drugs: ☐ Local ☐ Other:			
Delivery: ☐ Vaginal ☐ C-Section	Interventions:		
How soon after delivery did baby go to breast?			
How did the first feeding go?			
Birth Weight:	Discharge Weight:	Current Weight:	

First Week Postpartum

Did the *baby* experience any of the following in the hospital?
☐ Supplements ☐ Separation from Mom ☐ Pacifier ☐ Jaundice ☐ NICU ☐ Procedures:
Did *parent* experience any of the following in the hospital or first few days after delivery?
☐ Hand Expression ☐ Pumping ☐ Nipple Pain ☐ Nipple Damage ☐ Procedures:

☐ Engorgement Day:	Is this on-going? **Y N**

Current Feeding Routine

Feeding Methods (Check all that apply):
☐ At Breast ☐ Bottle ☐Syringe ☐ Cup ☐ Spoon ☐ SNS ☐ Other:

At breast	# / 24 hours:	Length of time:	Who ends feed?
Supplement name(s):		# / 24 hours:	Ounces / 24 hours:
Is baby waking to feed? **Y N**			
How do you know when your baby is ready to eat?			
Is baby eating any other food? **Y N**			
Is baby taking any medications? **Y N**			
Does baby use a pacifier? **Y N**	How often / when?		
Output: # BM diapers / 24 hrs.:	Color:	Size:	
# Wet diapers / 24 hrs.:	Color:		
Where does baby sleep?			

Baby Assessment

Does the baby appear hydrated?
Infant muscle tone: ☐tense ☐ floppy ☐ normal ☐ other
Infant demeanor: ☐ calm ☐ irritable ☐ lethargic ☐ agitated ☐ other
Head and body symmetry:

Pumping			
Are you using a breast pump? **Y N**	What brand /model?		☐ NEW ☐ USED
What size flanges are you using?	Is pumping comfortable? **Y N**	If no, explain:	
How many times in 24 hrs. do you pump?		How many times overnight?	
How much milk are you collecting each time?		Total oz in 24 hrs.?	
What are you doing with your milk? ☐ Feed Immediately ☐ Store ☐ Discard			Why?
Do you have concerns about pumping or milk storage? **Y N**			
Are you using any other products such as breast shields or supplemental nursing systems? **Y N**			
Are you returning to work / school? **Y N**	Start Date:	Will you pump while away? **Y N**	

Concerns & Goals
What are your short and long-term breastfeeding/chestfeeding goals?
What concerns do you have today?

Do you have help and support? **Y N**	Who?

Feeding Observation & Breast Exam			
Breast: ☐Left ☐Right		Breast: ☐Left ☐Right	
Position Used:		Position Used:	
Time on breast:		Time on breast:	
Audible Swallows? **Y N**	Pain? **Y N**	Audible Swallows? **Y N**	Pain? **Y N**
Adjustments Made:		Adjustments Made:	
Resolved **Y N**		Resolved **Y N**	
Breast form, color, and shape:		Breast form, color, and shape:	
Notes:		Notes:	

Oral Exam
Tongue Placement (during suck) ☐ Over gums ☐ Over lip ☐ Other:
Tongue Position (during suck) ☐ Cupped ☐ Humped ☐ Other:
Resistance under tongue? **Y N**
Notes:

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1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

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