

Baby's Name: _____

DOB: _____

Today's Date: _____

Check or fill in the blank each item that applies to you and your infant:

- Long breastfeeding times (How long _____)
- Frequent breaks in feeding
- Falling asleep at the breast
- Unable to latch onto the breast at all
- Unable to latch onto the breast well
- Baby cannot open their mouth widely
- The baby clamps or bites
- Upper lip does not flare out (to make proper passive seal)
- Lips have cobble stone appearance (as they actively seal)
- Excessive gas, burp, wind, hiccups (due to poor seal) – CIRCLE WHICH ONES
- Milk spilling out of the mouth
- Baby choking on the milk
- Baby has difficulty sleeping and wakes frequently to feed
- Failure to gain weight or slow to gain weight

Birth weight _____ Loss from birth weight _____ Current weight _____

- How many wet diapers a day? _____
- How many stools a day? _____
- Color, texture, smell, seeds of the stool? _____
- Any mucous or blood in the stool?

- Clicking noise during feeding
- Unable to stick the tongue out past the gum _____ past the lower lip

- Reduced elevation of the tongue (can the tongue lift up and touch the roof of the mouth)
- Heart shaped tongue when baby lifts tongue or sticks tongue out (elevation & extension)
- Sweeping your finger under the tongue reveals a "speed bump" or obstruction (tie)
- Heredity: history of lip tie or tongue tie
Siblings _____ Parents _____ Grandparents _____
- Breast milk production issues:
 - Oversupply
 - Undersupply

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Breastfeeding Difficulty Intake Form

Breast pain (circle ones that apply) : very high high medium low very low none

On first latch but improves with time consistently through feed

Breast damage (circle any): cracking bleeding yeast or bacterial infection blocked ducts (plugs)

Medication or ointments applied to breasts: _____

Oral antibiotics or antifungals (indicate mom or baby): _____

Supplementation: bottle _____ SNS _____ finger fed _____ other _____

- pumped breast milk (your own): _____ # of oz _____
- formula (type) _____ # of oz _____
- donated breast milk _____ # of oz _____

How many times is the baby at breast and how many times is the baby supplemented as noted above?

Overall latch quality:

- no problems
- Minor issues
- Several problems
- Breast damage
- Supplementing with bottle or baby will not gain weight
- Baby cannot latch at all

Any additional information: _____