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BREASTFEEDING QUESTIONNAIRE

TODAY'S DATE_____

MOTHER'S NAME_____DOB_____ INFANT'S NAME_____DOB_____

IN YOUR OWN WORDS DESCRIBE ANY FEEDING PROBLEMS THAT CONCERN YOU:

_____

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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

WAS THIS YOUR FIRST PREGNANCY? (CIRCLE) yes no if no, how many pregnancies?_____how many children?_____did you breastfeed your other children?_____

WHICH OF THE FOLLOWING FAMILY PLANNING METHODS ARE YOU USING OR DO YOU PLAN TO USE? (CIRCLE) Norplant birth control shot barriers birth control pills vasectomy natural family planning/rhythm tubes tied none

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 hemorrhoids cancer infertility abortions depression sexual abuse abnormal pap smear constipation eating disorder kidney/bladder disease or infection yeast infections 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 episiotomy or tear pushing stage longer than 2 hours breech presentation tear that involved the rectum (3rd or 4th degree laceration) forceps delivery vacuum extraction other_____

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 THE BIRTH? hard/engorged heavy warm leaking no changes

BREASTFEEDING HISTORY

HOW OLD WAS YOUR BABY WHEN YOU FIRST REALIZED THAT YOU WERE HAVING BREASTFEEDING DIFFICULTIES?_____

HAVE YOU USED ANY BREASTFEEDING SUPPLIES OR PUMPS?_____Type of PUMP_____

HAS YOUR BABY BEEN SUPPLEMENTED WITH ANY OF THE FOLLOWING? NONE water formula expressed breastmilk TYPE OF FORMULA_____

IF SO, HOW WAS THE BABY SUPPLEMENTED? feeding tube finger feeding cup feeding bottle TYPE of BOTTLE_____

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 less than 8 times 8-10 times more than 12 times

ARE YOU EXPERIENCING ANY OF THE FOLLOWING? (CIRCLE) latch-on difficulties engorgement sleepy baby sore nipples preference for one breast baby not interested cracked/bleeding nipples breast pain feeling that there is not enough milk 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 BREAST

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

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

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