### Mother's Medical History

- Mother's family doctor:
- Past medical history:
- Previous operations including breast surgeries:
- Medications including creams, herbs, supplements:
- Allergies?
- Does anyone in the house smoke?
- Drink alcohol?
- Use recreational drugs?

### Pregnancies and Breastfeeding Experiences

<table>
<thead>
<tr>
<th># Pregnancies</th>
<th># Miscarriages</th>
<th># Abortion</th>
<th># Births</th>
<th># Children</th>
</tr>
</thead>
</table>

Have you breastfed previously? How many times and for how long? Describe any difficulties.

### Current Pregnancy and Delivery

- Place of delivery:
- Number of weeks at delivery:
- Baby's Apgars:
- Were you induced?
- Vaginal delivery or Cesarean?
- Forceps/Vacuum?
- Use of epidural:
- Complications during pregnancy or delivery:

### Baby's Information

- Baby's birth weight:
- Baby's discharge weight and date:
- Skin to skin?
- Breastfeeding after birth?
- Jaundice:
- Admission to the NICU:
- Hospital readmission:
- Surgery:
- Other issues:

### Name and Phone Number of Baby's Physician:

### Current Breastfeeding Experience

<table>
<thead>
<tr>
<th># Feeds in 24 hours</th>
<th>Exclusive breastfeeding</th>
<th>Exclusive Breastmilk feeding (breast and pumped milk)</th>
<th>Mixed Feeding:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount supplemented per feed</td>
<td>Amount supplemented in 24 hours</td>
<td>Method of supplementation:</td>
<td></td>
</tr>
</tbody>
</table>

### Breast/Nipple pain

- Pain began when? Is it still present?
- Pain level now (?/10):

### If pumping

- How many time in 24 hours?
- Type of pump?
- Total amount pumped: