

Well Woman Care

Support Groups

Prenatal Education

Placenta Encapsulation

Lactation & Midwifery Consultation

Hearthstone Midwifery

Rebecca (Plum) Elowen, LM, CPM, IBCLC



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Lactation Consultation Intake

Family & Support Information

Parent/s' Names _____

Baby's Name _____ Date of Baby's Birth _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Birth Parent's Midwife or OB _____ Phone # _____

Baby's Pediatrician _____ Phone # _____

Reason for Visit

Please describe your reason for requesting a breastfeeding consultation: _____

What have you tried thus far, if anything, to resolve the issue(s) of concern? _____

Who else is helping with issue (midwife/doctor/nurse/family member)? _____

Have you met with a Lactation Consultant? If so, what observations did they share and what advice did they give? _____

Who referred you to Hearthstone Midwifery & Lactation Services? _____

Family & Personal History

Other children in household, ages, duration of breastfeeding, challenges with breastfeeding those children: _____

Recent family injuries/illnesses/surgeries or other stressors (i.e. wedding, move, purchasing a house, death in the family, etc.): _____

Were you breastfed? If yes, for how long, and were there any challenges? _____

Birth Parent's Wellness History

Do you have history of:

Thyroid, Pituitary or Hormonal Issues _____ Diabetes _____

Anemia _____ Skin condition _____ Breast Surgeries _____

Eating Disorders or Unhappiness with Pregnancy Weight Gain _____

Depression/Anxiety _____ Other Mental Health Issues _____

Other chronic condition _____

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Birth Parent's Wellness History (cont.)

Are you currently taking any medications/supplements (i.e. Placenta Pills, allergy medication, Advil, etc)?

If so, what? _____

Do you have any particular dietary restrictions? _____

Birth Parent's Birth & Lactation History

Cycles & Pregnancies:

Have you periods always been regular? If not, please explain: _____

Did you have any trouble conceiving and carrying this baby to term? If so, please share what detail you're comfortable with, including if you used any assistance in conceiving, such as IVF, Clomid, etc.:

Did you experience breast changes during your pregnancy? _____

Do you ever get yeast infections? _____ If so, how do you treat them? _____

Most Recent Birth Experience:

How many weeks pregnant were you at the time of birth? _____ How old is your baby now? _____

Was this baby born vaginally or by cesarean? _____

How long was your labor? _____

How long did you push? _____ Did you have significant blood loss after delivery? _____

How long did your placenta take to birth? Was it assisted? _____

Was there an IV given, or any medications (Pitocin, epidural, antibiotics, etc)? _____

How has your recovery progressed, and how do you feel now? _____

Was your experience close to your birth hopes/plan? If not, how was it different? How do you feel about your birth experience? _____

Breastfeeding History:

How soon after birth did baby first latch on, and for how long? _____

How often did you feed your baby at the breast in the first few days after birth? _____

Have you pumped at all? If so, why, when, and what was your experience? _____

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Breastfeeding History (cont.):

How have you fed your baby thus far (breast only, bottle, cup or finger-feeding, SNS, other): _____

Did you feel your milk “come-in”? If so, on what day? _____

Did you become engorged? If so, what helped to relieve this? _____

Do you feel sore or full areas in your breast right now? _____

Do your nipples hurt? If so, do they hurt all the time, before a feeding, during, or after? Are they scabbed, blistered, etc? _____

What nursing positions have you tried, and what has worked well for you? _____

One breast per feeding, or both? _____

Baby's History

Birth

Was your baby born in an unusual position (asynclitic, breech, etc)? _____

Was your birth assisted by forceps, vacuum, manual assistance, or other methods? _____

Were your baby's head or shoulders injured during birth? If yes, please explain: _____

How well did baby transition and breath after birth? Was any suctioning or other interventions performed? _____

Did your baby spend any time in the Newborn Nursery/NICU? If so, why, for how long, what kind of treatment did they receive, and how were they fed? _____

Did your baby use a pacifier at any time after birth? If so, are they still? When? _____

Baby's Feeding Patterns

How is your baby currently being fed? _____

How often do you feed them, and how long does a feeding last? _____

If your baby is receiving supplemental milk, is it pumped breastmilk, donor breastmilk or formula? How much, when and how is it given? _____

Do you feed baby based on hunger cues, or based on a schedule? _____

Does baby wake to eat, or need to be woken/kept awake to feed? _____

