PLEASE READ
How to Prepare for Your Lactation Appointment

Appointment Date:_____ Arrival Time:_____

BEFORE YOUR LACTATION APPOINTMENT

- A 60-minute lactation appointment is not like any other healthcare provider visit because there are 2 patients: mother and baby. A lactation appointment is designed for addressing the challenges for mom, baby, or both. This "natural process" is not always easy. Managing improvement often takes time, and a care plan that addresses mother *and* baby. We are here to walk through the process with you! Many details of the breastfeeding relationship are explored during a visit to determine how challenges affect both people in this feeding relationship.
- Lactation appointments fill consistently. Our scheduler will offer you the first available appointment at the closest location, whenever possible.

PLEASE NOTE: Arrival more than 15 minutes late will require rescheduling to the next available day, time slot, location or IBCLC.

- Once your appointment is scheduled, we encourage you to keep it. Due to the length of the visits, there are fewer time slots to go around; and, cancellations can take a bit of time to reschedule.
- You can maximize your time with the LC by doing the following:
  1. Review this page. Complete the forms that have been emailed or given to you. Bring a hard copy to your LC appointment if at all possible. If necessary, email the forms back to: Lactation@agavepediatrics.com
  2. **The completed forms needed BEFORE your initial appointment can begin are:**
     - Mom's Registration Packet
     - Mom's Medical History
     - IF baby is NOT an Agave Pediatrics patient: Baby's Registration Packet & Medical History
     - The Lactation History Form (Found at the end of this document)
  3. If completing paperwork before your appointment is not possible, please arrive at least 20 minutes prior to your appointment time to complete the necessary forms. In our experience, this approach is often stressful when babies are fussy, hungry, want to be held, etc. We encourage you to avoid this scenario by filling out the forms at home.
  4. The LC will review all of the above paperwork and will ask questions about mother's health and infant feeding. She will observe a feeding, collect data from a weighted feed when appropriate, assess the mother's breast tissue, and when appropriate, perform an infant oral exam. She will develop a detailed care plan with you: one that suits your circumstances and helps you meet your breastfeeding goals. Follow-up appointments can be scheduled as necessary.

WHAT TO BRING

- Baby who is a little hungry but not ravenous
- Mother with breasts not emptied 1 hour prior to the appointment
- All breastfeeding supplies you are using: nipple shield, breast pump, Haakaa, SNS, etc.
- Bottles from home, expressed breast milk, and/or formula if being used
- Your questions and a willingness to learn new information and skills

A LACTATION CONSULTATION IS NOT:

- A wellness check-up or exam. No vaccines will be given. Parental questions related to illness (or not related to breastfeeding) should be handled with the appropriate provider at a separate office visit.
- A tongue-tie consultation.

FINANCIAL DISCLOSURES

- Please bring all insurance cards for mother's AND baby's plans if you are on different plans, AND mother's driver's license.
- A separate co-pay for mother and baby may be required. Frequently, we will collect one and bill for the other according to your insurance plan.
- You will need to the meet your insurance deductible according to the details of your particular insurance plan.
- Lactation appointments may be covered by your insurance. We recommend calling your insurance company BEFORE your appointment. The following codes should be given to the insurance representative to check yours and baby's coverage: 99203; 99204; 99214; 99404; S9443; 99354; 96156. These codes will be used in combination with each other and may be billed under both mom and baby.
- You may choose to opt-out of using your insurance and become "self-pay" for these appointments. If you choose to opt-out, it is your responsibility to notify the Agave office staff BEFORE each appointment and sign a waiver prior to being seen. The self-pay rate for LC visits is $150 for Initial Evaluation and $100 for a Follow-Up Visit.

THANK YOU!

We look forward to working with you to help you meet your breastfeeding goals!

The Agave Pediatrics IBCLCs

LACTATION HISTORY FORM **Date**_____

GENERAL INFORMATION

Mother's Name _____ DOB _____

Baby's Name _____ □ M □ F DOB _____

Primary Pediatrician_____ Fax _____

OB/GYN or Midwife _____ Fax _____

PRIMARY COMPLAINT

What is the breastfeeding issue you are seeking help with today?

_____

_____

Have you met with a lactation consultant with this baby? If yes, who? _____

Has baby had any bodywork? _____ Provider seen _____

CURRENT MATERNAL ISSUES

Nipple Condition

□ Pain
□ Cracking/Bleeding
□ Pinching/Flattening
□ Using nipple shield
□ Loss of nipple tissue
□ Gumming/Chomping

Breast Condition

□ Mastitis
□ Thrush
□ Clogged ducts
□ Oversupply
□ Poor milk supply
□ Pumping frequently

BABY'S CONDITION

□ Poor latch
□ Difficulty with gaining weight
□ Can't open mouth wide enough
Breast preference □ Right □ Left
□ Frustrated on the breast
□ Sleepy at the breast
□ Dysfunctional extraction of milk
□ Extended breastfeeding
□ Can't flange upper lip
□ Clicking on the breast
Excessive: □Fussiness □Gas □Spitting up
□ Gagging/choking
□ Suck blisters on the lips

□ Introduction of the bottle?
When _____
□ Leaks milk from side of mouth: □ Breast □ Bottle
□ Difficulty bottle feeding
□ Depression or sense of failure
□ Untimely weaning
□ Unable to hold pacifier
□ Family history of tongue tie
□ Solid food feeding
□ Post-procedure pain/fussiness
If yes, how long? _____
□ Spitting up
□Comfort nurses

BIRTH HISTORY

Pregnancy problems _____

Breast changes during pregnancy (describe)_____

Location of birth _____ Baby's gestational age at birth _____

□ Doula □ Midwife □ Epidural □ Vaginal birth □ C-section

If c-section, reason_____

Delivery problems _____

□ Retained placenta □ Hemorrhage/above normal blood loss Quantity of blood loss, if known _____

□ Breastfed in delivery room □ Exclusive breastfeeding in hospital □2nd newborn screen performed

If formula was used in hospital, explain: _____

Baby's birth weight _____ Baby's discharge weight _____

Baby medical problems _____

Day milk came in _____ Jaundice levels if measured _____

FAMILY HISTORY

Any known Allergies? Mom: _____ Describe reaction: _____

Baby's allergies: _____ Describe reaction: _____

Any illness that runs in the family _____

Mother's side: any breast cancer, uterine cancer, ovarian cancer? _____

Mother's side: any breast problems or nipple problems? _____

Did your mother breastfeed you as a child? _____

SOCIAL HISTORY

People living in the home _____

Baby's siblings and ages _____

Married, single, partner, separated, divorced _____

Smokers _____ Recreational drugs/users _____

Mother's occupation:_____ Mother's employer: _____

Partner's occupation: _____ Partner's employer: _____

Will you be working (or in school) outside the home? # of hours/week _____

How long is your maternity leave _____ Able to pump at work/school, how often?_____

What type of daycare will you be using?_____

Does your partner support breastfeeding? _____

Does your mother and or mother-in-law support breastfeeding? _____

How much time do you spend outside per day? _____ Wear sunscreen on your arms and face □Yes □No

Exercise plans _____

What are your plans for contraception? _____ Age started birth control _____

Do you have a pump? _____ List brand and age of pump _____

MOTHER'S MEDICATIONS/SUPPLEMENTS

All current prescriptions, vitamins, over the counter medicines, including birth control

_____

All current lactation supplements & galactagogues, any noticeable effects

_____

MOTHER'S MEDICAL HISTORY

Please check all that apply, and explain any detail, treatment, year:

Polycystic ovarian syndrome	□ **Y** □**N**	
Thyroid problems	□ Y □N	
Breast surgery	□ Y □N	
Breast biopsy	□ Y □N	
Breast reduction	□ Y □N	
Breast augmentation	□ Y □N	
Nipple piercings	□ Y □N	
Pituitary problems	□ Y □N	
Chest surgery	□ Y □N	
Fertility problems	□ Y □N	
Difficulty breastfeeding siblings	□ Y □N	
Insulin resistance	□ Y □N	
Diabetes	□ Y □N	
Have your periods returned? If so, date	□ Y □N	
Irregular periods	□ Y □N	
Ovarian cysts	□ Y □N	
Anemia	□ Y □N	
Insomnia	□ Y □N	
Autoimmune disorder	□ Y □N	
Depression	□ Y □N	
Anxiety	□ Y □N	
Postpartum depression	□ Y □N	
Eating disorder	□ Y □N	
Dietary restrictions/eliminations	□ Y □N	
Inverted nipples	□ Y □N	
Flat nipples	□ Y □N	

FEEDING & DIAPER RECORD FOR THE LAST 24 HOURS

Total # feedings in last 24 hours _____

feedings at the breast _____ # feedings by bottle or finger/syringe _____

times pumped _____ # ounces per session: Right _____ Left _____

Total # ounces per day_____

wet diapers _____ # dirty diapers _____

of ounces collected by which milk collection container (Haakaa, Milk Saver, breast shields)_____

CONSENT FOR LACTATION CARE

I understand that:

A lactation consultation with an Agave Pediatrics IBCLC may include a visual and manual assessment of my breasts and of my infants' mouth and suck, observation of a feeding session, demonstration of techniques for improving breastfeeding, offering information related to my breastfeeding situation, use of breastfeeding equipment, and recommendations on a care plan to resolve breastfeeding issues. Improvement in lactation concerns often requires time. Therefore, when numerous related issues are present, I understand that a follow-up appointment may be recommended.

All medical care is to be provided by my/our own physicians and any change from their recommendations should be discussed with them. The examination of my breasts is for skin issues and milk production only; this is not a screening for cancer or non-lactation related conditions, which should be directed to a qualified health professional. Any questions about baby's non-feeding related issues or vaccines will be scheduled to be addressed at a regular office visit.

My care plan may be re-evaluated and adjusted during the period of lactation support. I am responsible for contacting the IBCLC to report any relevant information or changes including progress, questions, or concerns that affect my breastfeeding situation until the issues are resolved. I will schedule follow-up appointments as necessary to continue the course of care.

I grant consent for:

A lactation consultation with an Agave Pediatrics IBCLC as described above, including holding my baby, observing and touching my breasts and/or nipples for physical assessment.

Information from this and possible subsequent consultations to be shared with my child's pediatrician, my own health care providers, the referring person (if health professional), my insurance company, and with other breastfeeding specialists as needed to further the understanding of breastfeeding.

_____

Signature Date