

Mother / Infant Follow up Assessment

Patient's Name _____ Birth date _____ Today's Date _____

Date of Procedure _____ Tongue _____ Upper Lip _____ Cheek _____ Lower lip _____

Birth Weight _____ Weight at initial visit _____ Current weight _____

IBCLC _____ CST/OT/Chiro _____ Pediatrician _____

Have you noticed improvement in the following:

Infant Symptoms:

- ☐ Falls asleep less while attempting to nurse
 - ☐ Less sliding/popping off the breast when feeding
 - ☐ Deeper latch at breast or bottle
 - ☐ Less of the upper lip curling under when nursing or taking bottle
 - ☐ Pacifier stays in easier
 - ☐ Less Snoring/ noisy breathing/ mouth breathing
 - ☐ Less mouth is open at rest
 - ☐ Milk leaks out of mouth while feeding less
 - ☐ Less fussy
 - ☐ Spitting up: more or less often, amount/frequency: _____
 - ☐ Less gagging/choking/coughing when eating
 - ☐ Fewer hiccups
 - ☐ Less frustrated at the breast or bottle
 - ☐ Less reflux symptoms
 - ☐ Less gassy
 - ☐ Improved weight gain
 - ☐ Less gumming or chewing on nipple while nursing
 - ☐ Less frequent clicking or smacking noises while nursing
- How long does it take baby to eat? _____
- How often is baby eating? _____

Mother Symptoms:

Level of discomfort when first latching (1-10): _____

Level of discomfort during nursing (1-10): _____

- ☐ Less creased, flattened or blanched nipples
- ☐ Less lipstick shaped nipples
- ☐ Fewer blisters or cuts on nipples
- ☐ Less bleeding nipples
- ☐ Improved breast drainage
- ☐ Less infected nipples or breasts
- ☐ Less plugged ducts/ engorgement/ mastitis
- ☐ Less using a nipple shield

Were you able to complete the stretches 4-5 times per day? Did you feel well prepared to perform the stretches?

Do you feel like your breastfeeding concerns have been addressed?

Do you feel like you have met, or are well on your way to meeting your breastfeeding goals?

How was your experience overall (with me, lactation, craniosacral therapy, etc)?

Is there anything I could have done differently to make your experience better or easier?

How would you like me to follow up with you moving forward?

What are your plans to follow up with lactation, craniosacral therapy, chiropractor, etc?
