

**How do you know if an outpatient lactation consultation would benefit you? ©  
One risk factor does not automatically make for a problem, but must heighten awareness;  
multiple risk factors necessitate outpatient consultation.**

Infant Risk Concerns	Maternal Risk Concerns	Maternal Risk Concerns
<ul style="list-style-type: none"> <li><input type="checkbox"/> Late Preterm (35 – 36.6 weeks)</li> <li><input type="checkbox"/> Early Term (37.1 – 38.6 weeks)</li> <li><input type="checkbox"/> Small for Gestational Age</li> <li><input type="checkbox"/> Large for Gestational age</li> <li><input type="checkbox"/> Intrauterine growth restriction</li> <li><input type="checkbox"/> Greater than 10% weight loss</li> <li><input type="checkbox"/> Twins/Triplets</li> <li><input type="checkbox"/> Jaundice</li> <li><input type="checkbox"/> Coombs +</li> <li><input type="checkbox"/> Instrument assisted delivery: forceps or vacuum.</li> <li><input type="checkbox"/> Cleft lip or palate</li> <li><input type="checkbox"/> Receding chin</li> <li><input type="checkbox"/> Restricted frenulum/ankyloglossia/ tongue tie with trained assessment</li> <li><input type="checkbox"/> Head Asymmetry</li> <li><input type="checkbox"/> Infant being supplemented</li> <li><input type="checkbox"/> Mother and baby separation for any reason</li> <li><input type="checkbox"/> Difficulty latching to one or both breasts</li> <li><input type="checkbox"/> Ineffective or unsustained suckling which is often seen as falling asleep at the breast</li> <li><input type="checkbox"/> Diagnosed neurologic problems</li> <li><input type="checkbox"/> Very weak or very strong baby</li> <li><input type="checkbox"/> Persistently sleepy infant</li> <li><input type="checkbox"/> Formula or donor milk supplementation</li> <li><input type="checkbox"/> Early pacifier use</li> <li><input type="checkbox"/> Discharged before 48 hours</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> “I don’t think I have enough milk”</li> <li><input type="checkbox"/> “I don’t think my baby is getting enough milk”</li> <li><input type="checkbox"/> “I think my baby is hungry”</li> <li><input type="checkbox"/> “I am just not sure”</li> <li><input type="checkbox"/> “I have questions about breastfeeding”</li> <li><input type="checkbox"/> “My baby is at the breast for an hour at a time”</li> <li><input type="checkbox"/> “My baby sleeps all of the time”</li> <li><input type="checkbox"/> Anatomic breast variations (asymmetry)</li> <li><input type="checkbox"/> Sore nipples</li> <li><input type="checkbox"/> Cracked or bleeding nipples</li> <li><input type="checkbox"/> Flat/inverted nipples</li> <li><input type="checkbox"/> Long or large nipples</li> <li><input type="checkbox"/> Lack of noticeable breast enlargement during puberty or pregnancy</li> <li><input type="checkbox"/> Milk is NOT “in” by 72 hours of birth</li> <li><input type="checkbox"/> Using a nipple shield</li> <li><input type="checkbox"/> Pumping in the hospital</li> <li><input type="checkbox"/> Pumping at discharge</li> <li><input type="checkbox"/> Supplementing in the hospital</li> <li><input type="checkbox"/> Effective hand expression not producing any colostrum</li> <li><input type="checkbox"/> Medical Illness (high blood pressure, anemia, blood loss, infection)</li> <li><input type="checkbox"/> Latch difficulties, attempts only</li> <li><input type="checkbox"/> Lack of social support</li> <li><input type="checkbox"/> Postpartum hemorrhage especially if given blood replacement</li> <li><input type="checkbox"/> Cesarean Section</li> <li><input type="checkbox"/> Long labor</li> <li><input type="checkbox"/> First baby</li> <li><input type="checkbox"/> Using hand expression for your supply</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Returning to work or school 6 weeks or earlier postpartum</li> <li><input type="checkbox"/> Maternal age &lt;18</li> <li><input type="checkbox"/> Maternal age &gt; 35</li> <li><input type="checkbox"/> History of previous breastfeeding difficulties</li> <li><input type="checkbox"/> History of not enough milk with any other baby</li> <li><input type="checkbox"/> History or weaning earlier than desired</li> <li><input type="checkbox"/> Medical History of: <ul style="list-style-type: none"> <li>✓ Polycystic Ovarian Syndrome (PCOS)</li> <li>✓ Insulin resistance</li> <li>✓ Thyroid disease or other endocrine problems</li> <li>✓ Maternal obesity</li> <li>✓ Maternal diabetes including Gestational Diabetes</li> <li>✓ Autoimmune Disease: ie: Crohns, RA, MS</li> <li>✓ Any breast surgery</li> <li>✓ Infertility</li> <li>✓ Depression or anxiety</li> </ul> </li> </ul> <p style="text-align: center;"><i>Breastfeeding Medicine Commonsense Lactation</i></p> <hr/> <p align="center"><b>If any concerns, Please get <i>help</i> as soon as possible.</b></p> <p align="center"><b>Your first days home are critical in establishing breastfeeding.</b></p> <p align="center"><b>Call 982-6365 or go to <a href="http://Renown.org/lactation">Renown.org/lactation</a> for an appointment</b></p>

