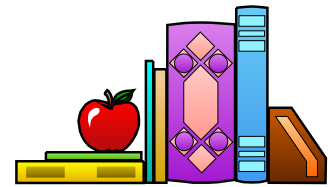


Dear Breastfeeding Mom,

If you check ANY of these boxes please give this form to your baby's doctor or nurse practitioner when he/she sees your baby.



- I have had some kind of breast surgery
- I have received radiation or chemotherapy in the past
- I smoke
- I take thyroid medication
- My breasts are engorged (painfully firm or hard)
- My breasts are painful
- I have nipples that are sore, bleeding, cracked or have blisters
- My baby nurses FEWER than 8 times in 24 hours
- My baby nurses MORE than 12 times in 24 hours
- My baby nurses more than 30 - 40 minutes for all feedings
- My baby falls asleep within the first few minutes of putting him to the breast
- My baby seems fussy all day long
- My baby uses a pacifier more than an hour or two
- I am using a nipple shield to nurse my baby
- I am using a breast pump
- I am supplementing my baby with formula
- My baby is more than 4 days of age and is still having black stools
- My baby is having fewer than 3 stools a day (to count, a stool must be at least a tablespoon in size)
- My baby has fewer than 6 wet diapers (or less than 4 wet disposable diapers) a day
- I have received Depo Provera or have started on oral contraceptives
- Overall, I don't feel that breastfeeding is going very well