

# Lactation Risk Assessment Tool

Parents with any of the following risk factors during the perinatal period intending to chest/breastfeed are recommended for referral (preferably during pregnancy for previous lactation failure or medical conditions). One or more risk factor indicates a need for an urgent referral.

## Parent Risks

- Milk Supply Concerns
- Nipple/breast pain lasting more than 24h, nipple tissue damage
- Burning, itching, or aching in breast
- Plugging, mastitis, thrush
- Previous breast surgery or infection
- Thyroid conditions
- Auto-immune disorders (e.g. Hashimoto's)
- Infertility or irregular menses prior to pregnancy
- Diabetes or insulin resistance (including GDM)
- Polycystic Ovarian Syndrome (PCOS)
- Caesarean delivery
- Multiples
- Induced labor or labor complications
- Long or difficult labor
- SSRIs in 3rd trimester
- Corticosteroid or B6 during pregnancy
- Postpartum complications (e.g. blood loss, infection)
- Anemia
- HTN
- Bariatric surgery or obesity
- Anemia or low iron
- Poor nutrition status
- Smoker or family Hx alcoholism
- Chronic breast engorgement or inflammation
- Significant spacing between breasts, bulbous areola, significant asymmetry
- Hx of DV or abuse
- Rigid feeding schedule

## Name

First Name      Last Name

## DOB

Month    Day    Year

## Phone Number

Area Code                      Phone Number

## Infant Risks

- Premature or late preterm birth
- NICU admission
- Cardiac or respiratory conditions
- Milk leaking during feeds
- Squeaking or clicking during feeds
- Hyper/hypotonia
- Frequent unlatching, difficulty maintaining attachment
- Torticollis or head turning preference, shoulder asymmetry
- Cephalohematoma, caput, or significant cranial molding
- Excessive sleepiness
- Slow or marginal weight gain
- Supplement needed to maintain weight gain
- Jaundice lasting longer than 7 d
- SGA/LGA
- Suspected "tongue tie" or "lip tie"
- Retrognathia
- Colic
- Reflex, particularly if <7d or > 4mon
- Fewer than 8 feeds per day or feeds <10 or >40 min
- Fewer than 3 stools per day (any age)

**Save a copy of this form and email**

**[Megan@bloom-lactation.com](mailto:Megan@bloom-lactation.com) to submit referral.**