

UCSD Lactation Program: Student: _____ Facility / LC ____ / _____

LACTATION CONSULT: INPATIENT- INITIAL **DEMOGRAPHICS** (Fill in what you can and leave rest blank)

Marital Status:

Married Partner
 Single Other _____

Racial background: _____ Speaks English: Yes _____
Primary Language: _____ No _____

Reason for Consult **Maternal**

None
 Maternal request
 Primagravida needing assistance
 Multipara needing assistance
 Assess and evaluate lactation
 Lactation education
 Teen Mom
 Mother-Infant separation
 Pumping
 Pump information rental
 History of breastfeeding problems
 History of breast surgery
 Sore nipples
 Flat nipples
 Inverted nipples
 Engorgement
 Breast pain
 Multiple infants
 Maternal illness
 Maternal medications
 Insufficient milk supply
 Induced lactation
 Re-lactation
 Other

Reason for Consult **Infant**

None
 Assess and evaluate feeding
 Feeding problems
 Latch difficulties
 Nipple preference/confusion
 Rule out suck problems
 Fussy baby
 Sleepy baby
 NICU infant
 Breast refusal
 Flow Preference
Premature <28 wks 28-37 wks
 Multiples
 Jaundice
 Hypoglycemia
 Infant of diabetic mother
 Excessive weight loss
 Slow weight gain
 Small baby (<# 6 lbs)
 Small for gestational age (SGA)
 Large for gestational age (LGA)
 Re-admit

MATERNAL HISTORY (Fill in what you can and leave rest blank)

Age: _____ Gravida: _____ Para: _____ Term: _____ Preterm: _____ TAB: _____ SAB: _____ SB: _____ LC: _____
Final EDC: _____ Allergies: _____ Domestic Violence: _____ GBS: _____

Substance/Habits:

None identified Denied Alcohol
 Tobacco
 Tobacco-current <1 PPD >1 PPD
 Exposure to second-hand smoke

Any Street drugs-history,
 Street drugs-current _____
Explain _____

Delivery Date _____ Episiotomy: YES NO
Delivery time _____ Laceration YES NO
Delivery method _____ Meconium _____

Length of ROM _____

LABOR FLUID LOAD _____

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Anesthesia _____ APGARS: _____ / _____

Risk factors: Prenatal – Intrapartum – Postpartum Mom – Postpartum Infant

Prenatal

- Breast surgery-Augmentation
- Breast surgery-Reduction
- Depression-history or current
- History of hormone related infertility
- History of previous breastfeeding problems/failure
- Other (biopsy /lumpectomy /piercing /etc)
- Psychiatric history-Other
- Report of no breast changes during pregnancy
- Significant medical history
- Significant social history
- Teen Mom

Intrapartum:

- Difficult Delivery
- Emergency/ unplanned C/S
- Epidural anesthesia
- Fetal distress in labor
- Labor and Delivery Complications
- Meconium at delivery
- Narcotic IV analgesia
- Pitocin induction or augmentation
- Spinal anesthesia

Postpartum: Mother

- Breast asymmetry
- Engorgement
- Flat nipples
- History of nipple hypersensitivity
- Inverted nipples
- Mom pumping
- Mother-Baby separation
- Multiple birth
- Needing additional assistance
- Psych/Social Issues
- Sore nipples

Postpartum: Infant

- Formula supplementation
- Difficulty latching on
- Disorganized suck
- Sucks tongue
- Pacifier use
- Sleepy baby
- NICU/SNICU
- Jaundice
- <7 lbs at birth
- Oral anatomical problems
- Effective BF not est hospital D/C
- Short Frenulum
- Breast and bottle
- Difficulty maintaining latch
- Tongue thrust
- Clenches jaw
- LATCH score < 7 at 24 hrs
- Fussy baby
- IOU
- <38 weeks gestation
- Excessive inf. weight loss
- Congenital anomalies
- Torticollis

Other Risk Factor Comments: _____

Previous Breastfeeding Experience: ___ Yes ___ No

- Primipara
- Prior formula fed
- Never to breast
- Prior adopted/ foster/ died
- Prior feed EBM

Length previous BF:

- 2 weeks or less
- < 6wk
- 6 wk to 3 mo
- 3 to 6 mo
- 6 mo — 1 yr
- 1-2 years
- > 2 yr
- Currently breastfeeding

Reason for Termination

- Sore nipples
- Returned to work
- Normal weaning
- Never fully established
- Decreased milk supply
- Infant preferred bottle
- Maternal illness
- Maternal medications
- Maternal preference
- Subsequent pregnancy
- Nursing strike
- Infant illness

Diet History: ___ No Problems

- Cultural concerns
- Vegetarian
- Special diet

MATERNAL ASSESSMENT / EXAM: (Fill in what you can and leave rest blank)

Breast Changes during pregnancy: ___ Yes ___ No

Comments : _____

Current Medications:

- ___ Pain medications
- ___ Antibiotics
- ___ Pre-natal vitamins
- ___ Iron
- ___ Stool softener
- ___ Asthma medications
- ___ Antidepressants
- ___ Antihypertensive medications
- ___ Thyroid medications
- ___ Diabetic medications

Breast/Nipple Complaints:

- ___ None
- ___ Slightly tender nipples
- ___ Painful, sore nipples
- ___ Painful nipples with latch only
- ___ Painful nipples entire feeding
- ___ Breast pain with letdown
- ___ Breast pain-constant
- ___ Left ___ Right ___ Bilateral
- ___ Other _____

History Breast Surgeries

- ___ Augmentation (Year: ____)
- ___ Implant
 - ___ Top of Muscle
 - ___ Under Muscle
- ___ Nipple Piercing
- ___ Reduction (Year: ____)
- ___ Biopsy
- ___ Lumpectomy
- ___ Cyst removal ___ Site

Breast Shape:

- ___ Small
- ___ Average
- ___ Large
- ___ Extremely large
- ___ Pendulous
- ___ Accessory breast tissue
- ___ Tubular
- ___ Round
- ___ Asymmetric
- Other: _____

Breast Fullness:

- ___ Soft
- ___ Filling
- ___ Full
- ___ Engorged

Breast Incisions

- ___ Axial
- ___ Infra-mammary
- ___ Periareolar
- ___ Key hole
- ___ Needle biopsy

NIPPLES / AREOLA:

- ___ Accessory nipples Location _____
- ___ Normal, Everted
- ___ Flat
- ___ Inverted
- ___ Everts with stimulation / pump
- ___ Retracts with compression
- ___ Soft, pliable areola
- ___ Firm, non-pliable areola
- ___ Large nipples
- ___ Small nipples
- ___ Fibrous nipples
- ___ Reddened
- ___ Compression stripe
- ___ Bruised
- ___ Abrasions
- ___ Blisters
- ___ Bleeding
- ___ Cracks, fissures
- Other _____

COLOSTRUM:

- ___ None expressible
- ___ Present
- ___ Abundant
- ___ Blood tinged

Milk Stage:

- ___ Colostrum
- ___ Transitional
- ___ Mature Milk

PSYCHOLOGICAL

- ___ Doing well, positive support
- ___ Anxious
- ___ Needing reassurance
- ___ Frustrated
- ___ History of depression
- Verbalizes depression
- ___ See Social Services Note

PAIN COMFORT ASSESSMENT

- ___ Breast pain
- ___ Uterine cramping
- ___ Incisional pain
- ___ Headache
- ___ Other _____
- ___ Nipple pain
- ___ Perineal pain
- ___ Nausea
- ___ Rash
- ___ None _____

INFANT ASSESSMENT: (Fill in what you can and leave rest blank)

<u>Gestation by exam</u>	<u>Age of Baby:</u>	<u>__ NICU _ SNICU _ IOU</u>	<u>DYAD</u>	<u>OP</u>
___ < 25 weeks	___ < 12hrs	___ Isolette	___ Healthy, stable	
___ 26-27 weeks	___ 12-24hrs	___ Open crib	___ Active and alert	
___ 28-29 weeks	___ 25-48hrs	___ Oxygen support	___ Sleepy	
___ 30-31 weeks	___ 49-72 hrs	___ Antibiotic therapy	___ Irritable /fussy	
___ 32-33 weeks	___ 4 days	___ Tachypnea	___ Unstable temp	
___ 34-35 weeks	___ 5 days	___ Phototherapy	___ Hypoglycemia	
___ 36-37 weeks	___ > 5 days	___ Intubated at delivery	___ Mild jaundice- face only	
___ 38-40 weeks	___ # days/months		___ Mod jaundice to chest and abdomen	
___ >40 weeks			___ Severe jaundice to lower extremities	

Birth Weight _____ gms _____ lbs _____ oz **Weight / Loss Gain** _____ gms _____ lbs _____ oz

Current Weigh _____ gms _____ lbs _____ oz **% weight loss from Birth Weight:** _____

<u>Voiding:</u>	___ < 3 per 24hrs	<u>Stools:</u>	___ < 3 per 24 hrs	___ Blood-tinged
	___ > 3 per 24hrs		___ 3 per 24 hrs	___ "Pasty"
	___ Pale yellow urine		___ Meconium	
	___ Dark yellow urine		___ Transitional	
	___ "Brick dust"			

Oral Anatomy

___ Normal tongue, jaw, chin by observation	___ Tonic bite
___ Normal palate by digital exam	___ Tongue Sucking
___ Posterior placed tongue-comes out with suck training	___ Posterior placed tongue-does not come out beyond gum level
___ Micrognathia/ receding chin with latch difficulties	___ Cleft lip
___ Receding chin- asymptomatic	___ Cleft palate
___ Tight frenulum-asymptomatic	___ Cleft of soft palate
___ Tight frenulum- with latch difficulties	

Sucking Assessment and Feeding Assessment:

Suck Evaluation:

___ Coordinated /rhythmic at breast	___ Disorganized
___ Coordinated /rhythmic with digital exam	___ Weak suck
___ Tongue thrusting	___ Keeps tongue posterior
___ Tongue sucking	___ Sucks with tongue on roof of mouth
___ Slip off: 1-3 sucking burst at a time	___ 10 - 20 sucking burst
___ Discordinate suck pattern	___ 1:1, 2:1, 3:1, 4:1
___ Becomes organized with suck training	___ No improvement with nipple shield
___ Becomes organized with nipple shield	___ Other _____

FEEDING HISTORY NICU ___ SNICU ___ IOU

- | | |
|--|---|
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Medical indication for supplementation |
| <input type="checkbox"/> Bottle feeding | <input type="checkbox"/> Parent choice for supplementation |
| <input type="checkbox"/> Indwelling Feeding Tube | <input type="checkbox"/> Feeding to or > than 8 / 24 hours" |
| <input type="checkbox"/> Nipple Shield | <input type="checkbox"/> Feeding < 8 / 24 hours" |
| <input type="checkbox"/> Dry Breastfeeding | <input type="checkbox"/> Most latch scores to or > 7" |
| | <input type="checkbox"/> Most latch scores < 7" |

SUPPLEMENT TYPE

- | | |
|--|--|
| <input type="checkbox"/> Expressed Breast Milk | <input type="checkbox"/> Sleepy at feedings" |
| <input type="checkbox"/> Donor Milk | <input type="checkbox"/> Frantic at breast" |
| <input type="checkbox"/> Formula | <input type="checkbox"/> Cluster feedings" |
| | <input type="checkbox"/> Excessively long feedings >30 min / side" |
| | <input type="checkbox"/> Short feedings < 5 min per side" |
| | <input type="checkbox"/> Rare swallows" |

FEEDING HISTORY: Rooming-In Dyad

- Exclusive breastfeeding / no supplements or complements
- Supplementing with formula (extra feeds)
- Complementing with formula (topping off)
- Choosing to breast and bottle feed
- Feeding every 1-2 hours
- Feeding every 2-3 hours
- Feeding every 3-4 hours
- Feeding 8-12 times in 24 hours
- Breastfeeding well (LATCH: ≥ 7)
- Breastfeeding poorly (LATCH: ≤6)
- "Shuts down" during feedings
- Fussy at feedings
- Fussy after feedings
- Has never really fed at breast

SIGNS OF MILK TRANSFER

- Bursts of sucking**
- >10 or __ 1:1 sustained pattern
 - Pause and Self Start 3-5 seconds
 - Audible Swallowing
 - Number of Voids ___ Number Stools
 - Weight Gain ___ Loss _____

OBSERVATION OF FEEDING :

Fill in what you can and leave rest blank

Not observed ___ Observed _____

Comments: _____

Rooting reflex:

- Spontaneously opens mouth wide
- Opens mouth with stimulation
- Difficult to elicit
- No response
- Feeding in progress

Positioning:

- Cradle
- Cross cradle
- Football
- Side- lying
- Other

Suck / swallow ratio:

- No sucks
- A few with stimulation
- Intermittent
- 1 swallow per 3-4 sucks
- 1 swallow per 2-3 sucks
- 1 swallow per each suck
- Sustained sucking pattern

LATCH SCORE: INFANT BEHAVIOR

- | | | |
|---|---|--|
| <input type="checkbox"/> Sleepy, unable to wake to feed | <input type="checkbox"/> Sleepy, awakens with stimulation | <input type="checkbox"/> Alert feeds eagerly |
| <input type="checkbox"/> Difficult to calm | <input type="checkbox"/> Calms easily | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Difficult to elicit rooting | <input type="checkbox"/> Opens mouth with Stimulation | <input type="checkbox"/> Active rooting/open mouth |

LATCH: Latch On

- Too sleepy/reluctant-no latch (0)
- Repeated attempts (1)
- Holds nipple in mouth (1)
- Needs stimulation to suck (1)
- Latches on to nipple only (1)
- Lower lip curled inward (1)
- Unable to maintain latch(1)
- Sucking on tongue (1)
- Grasps breast, tongue down, lips flanged, rhythmic sucking (2)

LATCH: Audible swallowing

- None (0)
- A few with stimulation (1)
- Intermittent @ >24 hours (1)
- Spontaneous @ <24 hrs (2)
- Intermittent @ <24 hrs (2)
- Spontaneous @ >24 hrs (2)
- Frequent @ >24 hrs (2)

LATCH: Type Nipple

- Inverted (0)
- Fibrous areola/non pliable areola (0)
- Flat /non pliable areola (0)
- Flat /pliable areola (1)
- Everted/retracts with compression (1)
- Everts with pumping (1)
- Normal / everted (2)
- Everted with stimulation (2)
- Pliable areola, easily ridged (2)

LATCH: Comfort

- Severe discomfort (0)
- Severe bruising (0)
- Bleeding nipples (0)
- Excoriation (0)
- Crack / fissures (0)
- Acute engorgement (0)
- Moderate discomfort (1)
- Minor bruising (1)
- Reddened nipples (1)
- Small blisters (1)
- Filling with discomfort (1)
- Mild discomfort (2)
- Tender with initial latch (2)
- No discomfort (2)
- Filling with no discomfort (2)

LATCH: HELP / HOLD

- Full assist Staff holds infant to breast (0)
- Staff teaches one side/mother takes over (1)
- No assist from staff. Mom able position/latch infant (2)
- Staff holds and positions infant/facilitates latch (0)
- Minimal assist - Teach/mother takes over (1)

CIRCLE OR HIGHLIGHT WHAT YOU PICK

	0	1	2	SCORE
L LATCH	Too sleepy Too reluctant No latch	Repeated attempts Holds nipple in mouth. Needs stimulation to suck Latches to nipple only Lower lip curled inward Unable to maintain latch Sucking on tongue	Grasps breast Tongue down Lips flanged Rhythmic suck	
A AUDIBLE Swallowing	None	A few with stimulation Intermittent @ > 24 hrs	Spontaneous @ <24 hrs Intermittent @ < 24 hrs Spontaneous @ > 24 hrs Frequent @ > 24_hrs	
T TYPE OF NIPPLE	Inverted Fibrous nipple/non pliable areola Fibrous areola Flat nipple/non pliable areola	Flat nipple/pliable/soft areola Everted / retracts with compression Everts with pumping	Normal, everted Everted with stimulation Soft pliable areola Easily ridged	
C COMFORT	Severe discomfort Bleeding nipples Severe bruising Cracks/Fissures Excoriation Acute Engorgement	Moderate discomfort Reddened nipples Minor bruising Small blisters Filling, with discomfort	Mild discomfort Tender with initial latch No discomfort Filling, no discomfort	
H HELP / HOLD	Full assist, Staff holds infant to breast Staff holds & positions infant Staff facilitates latch	Minimal assist Staff teaches one side Mother takes over	No assist Mom positions infant Mom latches infant	

TOTAL LATCH SCORE (Infant at breast with no interventions) _____ **TOTAL** with interventions _____

EVALUATION / IMPRESSION BABY ON BREAST:

- | | |
|--|--|
| <input type="checkbox"/> Less than 24 hours of age | <input type="checkbox"/> No sucks / No swallows Unable to assess at the breast |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Nipple well shaped post feed |
| <input type="checkbox"/> Sustained suckling pattern | <input type="checkbox"/> Nipple wedged post feed |
| <input type="checkbox"/> Coordinated / rhythmic at breast | <input type="checkbox"/> Tongue thrusting / sucking |
| <input type="checkbox"/> Difficulty starting, then does well | <input type="checkbox"/> Nipple compressed with white stripe post feeding |
| <input type="checkbox"/> Needs some stimulation | <input type="checkbox"/> Biting |
| <input type="checkbox"/> Falls asleep after a few sucks | <input type="checkbox"/> Tonic Bite |
| <input type="checkbox"/> Falls asleep after a few minutes of nursing | <input type="checkbox"/> Uncoordinated at breast |
| <input type="checkbox"/> Repeatedly pulls away | <input type="checkbox"/> Infant "shuts down" at breast |

"Teaching" PLAN (Fill in what you can and leave rest blank ... Fill in what was done)

- | | |
|--|--|
| <input type="checkbox"/> Breast and Nipple Care | <input type="checkbox"/> Nutrition, diet, fluids |
| <input type="checkbox"/> Burping Techniques | <input type="checkbox"/> Pacifier use |
| <input type="checkbox"/> Common Feeding patterns | <input type="checkbox"/> Position for alignment of mother-infant- breast |
| <input type="checkbox"/> Educate regarding maternal comfort measures | <input type="checkbox"/> Pumping Frequency: _____ |
| <input type="checkbox"/> Establish effective milk transfer | <input type="checkbox"/> Pumping Routine _____ |
| <input type="checkbox"/> Establish maternal comfort with breastfeeding process | <input type="checkbox"/> Returning to work issues |
| <input type="checkbox"/> Establish proper latch | <input type="checkbox"/> Review pumping log |
| <input type="checkbox"/> Feed 8-12 times in 24 hours | <input type="checkbox"/> Rousing stimulation techniques |
| <input type="checkbox"/> Feed every 2-3 hrs daytime & least once at night | <input type="checkbox"/> Self care measures engorgement |
| <input type="checkbox"/> Feeding Cues | <input type="checkbox"/> Self care measures flat nipples |
| <input type="checkbox"/> Infant adaptation | <input type="checkbox"/> Self care measures sore nipples |
| <input type="checkbox"/> Infant growth spurts | <input type="checkbox"/> Signs of milk transfer |
| <input type="checkbox"/> Information on medication use | <input type="checkbox"/> Skin to skin |
| <input type="checkbox"/> Intake and Output | <input type="checkbox"/> Suckling patterns |
| <input type="checkbox"/> Manual/Hand Breast Milk Expression | <input type="checkbox"/> Signs of adequate of infant intake and output |
| <input type="checkbox"/> Medical indications for supplementation | |
| <input type="checkbox"/> Milk Collection and storage | <input type="checkbox"/> Provide breastfeeding education |
| <input type="checkbox"/> Milk Supply initiation and maintenance | |

POC: Interventions **Rationale:** **Timeline:**

- Additional staff assistance at next feeding

- Avoid bottles/nipples

- Breast Massage, stroking, or combing

- Breast shells

- Breastfeeding log

- Breast Massage, stroking

- Cabbage Leaves

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POC: Interventions

Rationale:

Timeline:

- Cup feeding
- Dropper or syringe into infant mouth to stimulate suck / swallow
- Fenugreek
- Finger feed any necessary supplement
- Hydrogel dressings
- Ice Packs
- Increase time skin-to-skin with infant
- Initiate suck training (intervention)
- Lanolin
- Latch Techniques (Describe)
- Manual Expression
- Milk on nipples
- Nipple shield: Use, Precautions, and Weaning from shield
- Notify Obstetrician/ Notify Pediatrician
- Nursing Pads
- Nutrition, diet, fluid recommendations
- One breast per feeding Switch nursing
- Positioning Techniques (describe)
- Proper use of bottle
- Proper use of eyedropper/TB syringe
- Pump in place of feedings
- Pump 8-12 times in 24 hours
- Pump every 4-5 hours during the night
- Pump Single Double

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___ Pump after feedings

POC: Interventions

Rationale:

Timeline:

___ Pump Rental

___ Pump rental Rx / Face Sheet

___ Reglan per MD order

___ Roll infant lip outward

___ Rousing/stimulating techniques (Describe)

___ Self care measures for prevention and treatment of engorgement

___ Self care measures for prevention and treatment of sore nipples

___ Self care measures for treatment of flat/inverted nipples

___ Set up and use of electric breast pump

___ Set up and use of manual breast pump

___ Set up and use of SNS

___ Skin to skin (Describe)

___ Suck training

___ Supplementation POC

___ Supplement with formula

___ Supplement with expressed breast milk

___ Supplement via finger feeding

___ Supplement via bottle

___ Supplement amount: _____

___ Supplement at breast as SNS

___ Use of 5 French feeding tube and 10-20 cc syringe

___ Warm compresses

___ WIC Pump loaner

UCSD Lactation Program: Student: _____ Facility / LC ____ / _____

OTHERS PLANS: _____

Current Status

1. ___ Infant successful at breast
2. ___ Breastfeeding becoming established
3. ___ Problems continuing
4. ___ Infant on EBM by other means
5. ___ Supplements needed
6. ___ Baby staying in Hospital
7. ___ Pumping
8. ___ Switched to bottle and formula
9. ___ Donor milk being used
10. ___ SNS at breast ___ times in 24 hours

Follow UP:

1. ___ F/U PRN
2. ___ Home Health
3. ___ Lactation Clinic
4. ___ Phone follow-up
5. ___ See Next day
6. ___ To OB
7. ___ To Ped
8. ___ F/u next feeding
9. ___ Support Group
10. ___ Phone/Hotline Support

Equipment

- | | |
|--|---|
| 1. ___ Electric pump — hospital grade | 8. ___ Breast shells |
| 2. ___ Electric pump — manual cycling | 9. ___ Nipple shield |
| 3. ___ Electric pump — battery cycling | 10. ___ Cup |
| 4. ___ Manual pump | 11. ___ Eyedropper |
| 5. ___ Pump kit — single | 12. ___ TB syringe |
| 6. ___ Pump kit — double | 13. ___ #5 feeding tube and 10-20cc syringe |
| 7. ___ Nursing pads | 14. ___ Commercial SNS |
| | 15. ___ Pump rental prescription |

Handouts:

- | | |
|--|---|
| 1. ___ Breastfeeding Log ___ English ___ Spanish | 10. ___ Nipple Shield Use |
| 2. ___ Breastfeeding Your Baby booklet | 11. ___ Nutrition and Breastfeeding |
| 3. ___ Breastfeeding Your Premature Baby (Ross) | 12. ___ Pumping for Your Hospitalized Baby |
| 4. ___ Engorgement | 13. ___ Pumping Logs |
| 5. ___ General Breastfeeding Instructions | 14. ___ Pumping, Storing. Transporting Breastmilk |
| 6. ___ Increasing Milk Supplies | 15. ___ Sleepy Baby |
| 7. ___ Latch-On Difficulties | 16. ___ Slow Weight Gain |
| 8. ___ Milk Collection & Storage | 17. ___ Sore Nipples |
| 9. ___ New Beginnings Book ___ English ___ Spanish | 18. ___ Other: |

INFANT DIAGNOSIS / IMPRESSION

Abnormal Development	783.4	Abnormal Reflex	796.1
Apnea	770.8	Cerebral Depression. NBN	779.2
Cerebral Irritability, NBN	779.2	Cerebral Palsy, Infantile, Unspecified	343.9
Cleft Palate	749.00	Cleft Lip	749.10
Cleft lip and palate	749.20	Colic	789.0
Congenital anomalies	759.9?	Dehydration, NBN	775.5
Dehydration, Infant	276,5	Dermatitis from Food Allergy	693.1
Disorganized suck		Down Syndrome	758.0
Drug withdrawal, NBN	779.5	Facial paralysis	7 67-5
Feeding problems, NBN	779.3	Fdng Prob-Nipple preference	779.3
Fdng Prob-Tongue thrust	779.3	Fdng Prob-Latch-on difficulty	779.3
Fdng Prob-Weak suck	779.3	Fdng Prob-Refusal to suck	779.3
Feeding problems, INFANT	783.3	Fx of Clavicle, Birtb	767.2
Heart Murmur	785.2	Hypertonicity	779.8
Hypotonicity	779.38	Infant of Diabetic Mother	775.0
Irritable baby		IUGR	764.9
Jaundice preterm	774.2.	Jaundice breastmilk	774.39
Jaundice -Physiologic /breastfeeding	774.6	Jaundice/hemolysis/hematoma	774.1
Jaundice RH Isoimmune	773.0	Jaundice ABO isoimmune	773.1
Jaundice – other	766.1	LGA	766.1
Micrognatia receding chin- asymptomatic		Micrognatia/receding chin – with latch difficulties	
Multiples	V61.5.		

Postmaturity	766.2	Prematurity (<28wks, Wt Unspecified)	765.00
Prematurity (<28Swks, Wt < 500gm)	765.01	Prematurity (<28wks, Wt 500-749gm)	765. 02
Prematurity (<28wks, Wt 750-999gm)	76S03	Prematurity (<28wks, Wt 1000-1249gm)	765.04
Prematurity (<28wks, Wt 1250-1499gm)	76505	Prematurity (<28wks, Wt 1500-1749gm)	765.06
Prematurity (<28wks, l,7rt 1750-1999gm)	765.07	Prematurity (28-37wks, Wt Unspecified)	765.10
Prematurity (28-37wks, Wt K 500gm)	765.11	Prematurity (28-37wks, Wt 500-749gm)	765.12
Prematurity (28-37wks, Wt 750-999gm)	765.13	Prematurity (28-37wks, Wt 1000- 1249gm)	765.14
Prematurity (28-37wks, Wt 1250-1499gm)	765.15	Prematurity (28-37wks, Wt 1500-1749gm)	765.16
Prematurity (28-37wks, Wt 1750-1999gm)	765.17	Prematurity (28-37wks, Wt 2000-2499gm)	765.18
Prematurity (28-37wks, Wt> 2500gm)	765.19	Risk factors for lactation failure-infant	
Seizures, NBN	779.0	Seizures. Infant	780.3
Sepsis-R/O	771.8	Sleepy baby	
Thrush	771.7	Tight frenulum-asymptomatic	
Tight frenulum- with latch difficulties		Tongue-Tie/Ankyloglossia	750.0
Tongue anomaly, unspecified	750.10	Tongue, Microglossia	750.16
Tongue, Macroglossia	750.15	Torticollis, Congenital	754A
Torticollis, Birth Injury	767.1	Weight Abnormal Loss	783.2
Weight, Slow Gain / FTT	783.4	Well Baby Check	V20.2

Maternal DIAGNOSIS / IMPRESSION

Abscess of breast assoc w/Lactation	675.10	Age-Teen Mom	659.64
Age> 35 (Primagravida)	307.1	Age> 35 (not Gravida 1)	659.64
Anorexia Nervosa	611.71	Breast mass	611.72
Breast pain	678.30	Breast augmentation/reduction	V50.1
Breast surgery-other	669.90	Complications of Pregnancy	648.9
Complications of L & D		Complications of Postpartum period	674.9
Diabetes-gestational	V65.3	Diabetes-other	648.00
Dietary Counseling	305.90	Drug Dependence	304.90
Drug abuse-Non-dependent	676.24	Elderly primagravida	659.54
Engorgement, Breast, Postpartum		Establish milk supply	6796.94
Galactorrhheal Hypergalactia, postpartum	251 .2	Galactocele	676.84
676.64	242.9	Hypertension-unspecified	642.9
Hypoglycemia	656.50	Hypothyroidism	244.9
Hyperthyroidism	676.44	Induced lactation-re-lactation	676.54
Induced lactation -adoptive nursing	676.94	Lactation Failure-Hypogalactia	676.54
Lactation Failure-Agalactia		Lactation failure-Other/NOS	676.94
Lactation failure-Letdown inhibition	676.94	Letdown, inhibited	676.94
Letdown, hyperactive	675.20	Mastitis. Purulent	675.10
Lactation Dysfunction, Unspecified	651.9	Mother-baby separation	676.94
Mastitis, Nonpurulent	676.00	Need for Pumping	676.94
Multiple gestation-unspecified	676.14	Nipple-blister	
Nipple-Inverted/Retracted	676.34	Nipple-pain with latch	
Nipple-Cracks/Fissures	112.89	Nipple-Trauma / Ulcer	676.34
Nipple-Atraumatic Pain	278.00	Normal Lactation Supervision	V24.1
Nipple-Candida	611.8	Pituitary Abnormality	253.9
Obesity		Risk factors for lactation failure-past hx	676.94
Plugged Duct		Routine Postpartum Follow-Up	V24.2
Risk factors for lactation failure-current maternal		Unspecified disorder of lactation	676.9
Smoker			