



Lactation and Infant Feeding Support

Sara Ann Alanis RN, BS, BSN, IBCLC, RLC, IFS

www.nourishlactationnh.com

Client: Test Parent (Test Baby) (0004)

Oct 07, 2024

Appointment Details

Parent Name Test Parent (Test Baby)	Email sara@nourishlactationnh.com	Phone (646) 653-1642	
Child Name Test Child	Gender he	DOB 8/30/2024	Age 5 weeks
Date 10/06/2024	Appointment Time 1000-1200	Practitioners Present <input checked="" type="checkbox"/> Sara Alanis RN IBCLC IFS	
Insurance Coverage The Lactation Network	Appointment Type <input checked="" type="checkbox"/> office visit <input checked="" type="checkbox"/> weekend	Appointment Number initial	

Situation / Subjective

Chief Complaint
New patient office visit for general breastfeeding support.

Parent Reports
"I just want to check in to make sure everything is going okay. Sometimes he has a hard time latching on the right and I wonder if I have too much milk."

Feeding Goals
"I want to breastfeed for one year, and give bottles of pumped milk once I go back to work."

Lactating Parents Current or Past Diagnoses

Anxiety
lifestyle managed

Lactating Parents Surgical History

Cesarean Section

Family History

Food Allergies
dad peanut allergy

Background / Objective

Other History Notes
mother with resolving carpal tunnel bilaterally

History unassessed

Medications & Herbals, Parent prenatal, probiotic, placenta capsules	Medications, Baby vitamin d drops
--	---

Routine Substances None

Birth Control
planning for mirena iud next week

Dietary Restrictions
gluten free d/t inflammation

Children first baby

Ages

Feeding History

Difficulty Conceiving?
no

Breast Changes During Pregnancy?
yes

Prenatal Concerns
none

Birth Experience

planned cesarian section due to transverse presentation, went well, no concerns or complications

Gestation 39 + 0	Induction? no	Hemorrhage? no	Separation? no	Antibiotics? <input checked="" type="checkbox"/> at delivery <input checked="" type="checkbox"/> parent
----------------------------	-------------------------	--------------------------	--------------------------	---

Onset Of Lactogenesis II
day 3-4

Postpartum Concerns
none

Feeding Following Delivery

baby latched using sandwich hold, painful for the first week, pumping initiated following feedings on dol 2 and baby provided pumped colostrum via syringe prior to breast visits until milk supply came in

Additional Historical Information

mother is a mom/baby rn at delivering hospital

Education Provided: maternal medications and supplements infant medications and supplements
 birth control and lactation impact of delivery experience on lactation and feeding

Baby is Feeding

At Breast

Baby Is Eating

Breastmilk

Baby Breastfeeds, Day every 2-3 hours	Night every 3-4 hours	Duration per side about 15 minutes, most often on one side only	Scheduled? on demand
---	---------------------------------	---	--------------------------------

During Breastfeeding My Baby Is content	After Breastfeeding My Baby Is content, sleepy
---	--

If Supplementing, Volume & How Often?
n/a

When Started?

Why?

OR, Alternative Feedings:
have provided two bottles when mom out of the house, went well

Pumping? yes	Why? milk storage	Pump Type spectra
Flange Size 24	Fit? no	How Often once daily
		For How Long 15 minutes

Volume Pre-Feeding
n/a

Volume Post-Feeding
about 3 ounces

Daily Volume

Bottle System
dr browns narrow with level t nipple

Pacifier Style & Frequency
soothie, infrequent

Shield Used
never

Feeding & Pumping Notes

mother initiated pumping at 3 weeks postpartum.

Education Provided: feeding on demand infant contentment pump scheduling pump flange fitting bottle learning pacifier considerations

Experiencing The Following Concerns

Latch Difficulties
at times to right breast, popping on and off

Breast Preference
baby prefers left breast

Nipple Shape & Color Post Feeding
round, sometimes right nipple is "smooshed"

History of

Remedies
silverettes

Notes

Education Provided: positioning latching infant reflexes breast preference breast care milk supply maintenance typical feeding patterns

Baby Experiencing gas discomfort occasional spit ups

Daily Voids
8+

Daily stools
6+

Stool appearance
yellow loose seedy

Notes

Education Provided: spit up causes and care typical and atypical stool appearance

Social

Sleeping Arrangement **side car**

Longest Stretch
4 hours

Sleep Training
no

Method

Length of Leave
12 weeks

Employment
rn in ob

Safe At Home?
yes

Support
close family and friends

Other Life Concerns
partner has work trip coming up, but mother will be staying to help out

Education Provided: safe sleep typical sleeping patterns

Weight Assessment

Birth Weight
8lbs 10oz

Lowest Weight
8lbs 4oz

Recent Weight
10lbs

When
last week at one month ped visit

Todays Weight Naked
4706 (10lbs 6oz)

Notes

Education Provided: expected growth and development

Weighted Feeding

Pre Weight

4726

Post Weight

4821

Transfer (grams)

95ml

Transfer (ounces)

3oz

Feeding Assessment, Breast

Response To Breast

eager, positioned high, positioning assistance provided

Lip Flange, Top

neutral

Lip Flange, Bottom

out

Audible Swallows, Left

1:1

Audible Swallows, Right

1:1

Noises

occasional seal loss on right

Posture

relaxed on left; shoulder to ear guarding on right

Movement

lingual peristalsis is present during feeding on both breasts; some jaw compression and lip use present on right

Fed On

both

Time

10 minutes on left, 5 minutes on right

Session Quality

standard, fed from both breasts for assessment

Feeding Notes

baby fed utilizing boppy pillow with mother seated on sofa. chin tucked with initial latch d/t positioning. baby repositioned and reflexive latching technique reviewed. latch to left breast is easily attained, of good depth, and comfortable for mother. latch to right breast is impacted by limitation in neck mobility, resulting in repeated latching attempts. trial of modified football hold to accomodate mobility limitation allows for easier latch on and lessened compensation.

Physical Assessment

Upper Labial Frenulum no signs of restriction present

Left Buccal non-concerning

Right Buccal non-concerning

Palate broad

Lingual Frenulum no signs of restriction present

Lingual Appearance round

Lingual Movement complete lateralization
 elevation to mid mouth+ extension past lips
 strong cupping complete peristalsis

Oral Tone jaw tension

Suck strong rhythmic

Other

left sided jaw tension

Body Structure & Mobility

mild c curvature towards left; unable to maintain head turn past midline towards left; guarding with right head tip

Breast Assessment

Breasts full

Nipples Before everted

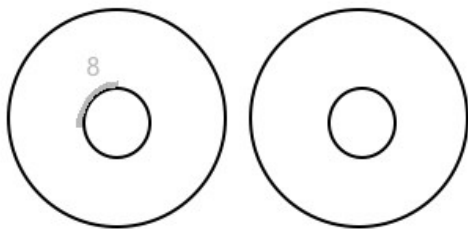
After unchanged beveled vasospasm right left

Pain

1/10 on right, "i mean its not comfortable but it doesn't hurt"

Breast Notes

- - crack (1)
- - blister (2)
- - laceration (3)
- - maceration (4)
- - scab (5)
- - bleb (6)
- - irritation (7)
- - bruise (8)
- - clog (9)
- - mastitis (10)



Impression

Breastfeeding is generally going well. Infant is gaining as desired and milk supply is abundant. Difficulty with latch to right breast is related to infant body tension. Discussed importance of body work.

Recommendation / Plan of Care

Continue to breastfeed on demand. You are doing a wonderful job reading test baby's cues and following his needs!

Continue to work on positioning and latching as reviewed today. Continue to utilize the modified football hold for the right breast until test baby's neck mobility increases and a comfortable latch can be obtained in other positions. If the latch hurts, try unlatching and latching again.

To help test baby with more comfortable neck mobility I would suggest meeting with a skilled infant chiropractor. At home you can work on rhythmic movement and cognizant positioning as demonstrated and discussed today. A listing of my favorite body workers is attached below. To help test baby with the left jaw tension (that is related to the neck tension) please complete the following exercises three to four times per day: TMJ to chin massage, lateralization, phasic bite. Here is a video demonstration of each exercise: links here. I expect that the difficulty with latching on the right breast and the discomfort will quickly resolve with this care. In the meantime continue to utilize the silverettes, and please let me know if the latching concerns or discomfort worsen.

Continue to pump once per day following the first morning feeding as you have been. Also consider initiating bottle learning in preparation for your return to work. Attached below is a guide that contains information about different ways to do this; and here is a video about baby led bottle feeding: video link here. We will fit your for flanges at your follow up visit next week.

Education Provided Verbal
 Demonstration Written
 Electronic

Attachments Bodyworker Listing
 Return To Work / Pumping & Bottles Guide

Suggested Referrals Chiropractor

Follow Up Plan
scheduled, and as above

Next Appointment
10/14/2024

- Adjunct Care Providers.pdf (65.5 KB)
- Planning for a Return to Work.pdf (98.9 KB)

e-signature Oct 07, 2024

Sara Alanis, RN IBCLC IFS

Sara Ann Alanis RN IBCLC IFS

Signed by Sara Alanis on Oct 07, 2024 at 06:33 PM from IP 73.119.157.***