Dear Health Care Provider:
Some lactation problems do not become evident until after discharge. The hospital lactation consultants have identified the following red-flags for breastfeeding problems in the mother and baby being discharged. They require follow-up to insure that breastfeeding is well-established.

**Maternal Risk Factors Noted:**
- History of previous breast surgery
- Anatomic breast variations (hypoplasia, marked asymmetry)
- Minimal breast changes during pregnancy/hormonal disorders (PCOS, etc.)
- Medical illness (hypertension, anemia, blood loss, infection)
- Flat/inverted nipples, long or large nipples
- Long/difficult
- Latch difficulties
- Young maternal age or history of previous breastfeeding failure
- Maternal obesity, diabetes

**Infant Risk Factors Noted:**
- Prematurity or SGA
- Twins/higher order multiples
- Jaundice
- Instrument assisted delivery
- Oral cleft/receding chin/tongue-tie
- Medical illness/neuromotor/muscle tone problems
- Loss of >7% of birth weight at discharge
- Supplemental feeds owing to hypoglycemia/non-alert state/separation/jaundice

Notes:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Community Resources for Breastfeeding:**

Free phone counseling: La Leche League (accredited volunteers) Hotline #

Income eligible LC services (WIC)

Out-patient LC services at this hospital

Private Practice Lactation Consultants:
High Risk Reporting Form

Revised by B. Wilson-Clay, 2015
May be copied.
Originally published in *Current Issues in Clinical Lactation* 2002, Jones and Bartlett, Boston.