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**FOR MOTHERS WHO ARE CURRENTLY PREGNANT OR BREASTFEEDING**

How many pregnancies have you had?\_\_\_\_Did you have problems conceiving?\_\_\_\_\_

Have you ever miscarried?\_\_\_\_\_

Did you use medications to conceive or sustain the pregnancy?\_\_\_\_\_

Did any pregnancy end in a stillbirth?\_\_\_\_\_

Did you have any pain during your pregnancy?\_\_\_\_\_

How many children do you now have?\_\_\_\_\_

Was the onset of your labor spontaneous?\_\_\_\_\_

Did your labor progress normally?\_\_\_\_\_

Did your contractions stall?\_\_\_\_\_

How did your baby present at delivery (head down, butt down, face up, face down, position of arms and legs)?\_\_\_\_\_

Did you receive antibiotics during pregnancy, labor and delivery or in the post-partum period?  
\_\_\_\_\_

Do you have any sign of a yeast infection? (vaginal discharge, odor, red patches on skin, itchy areas on skin, gas and bloating, foggy thinking, etc.)\_\_\_\_\_

How was your post partum healing experience?\_\_\_\_\_

Did you have any pain during the post-partum period?\_\_\_\_\_

Did you or are you suffering from post-partum depression?\_\_\_\_\_

Did you or are you now suffering from thyroid dysfunction?\_\_\_\_\_

Are you aware of whether you are dealing with inflammatory issues yourself?\_\_\_\_\_

What is your nutrition like?\_\_\_\_\_

Do you have any foods you eliminate due to sensitivity or allergy?\_\_\_\_\_

## BREASTFEEDING CHECKLIST

Do you have a history of breast surgery (reduction or augmentation), breast cancer, poor ductal development, etc? \_\_\_\_\_

How many children have you breastfed? \_\_\_\_\_ Did you breastfeed your most recent child? \_\_\_\_\_

When did your milk come in? \_\_\_\_\_

How is your milk supply? \_\_\_\_\_

How is your milk ejection reflex (let down)? (Don't know if I have one. Is it fast? Do you feel it? Is it painful?) \_\_\_\_\_

Are your nipples painful? (very painful, moderately painful, slightly painful, no pain at all; painful at first latch then gets better, only painful when he's falling asleep, only painful when the milk flow slows down, painful through the entire feed, etc) \_\_\_\_\_

Are they damaged? (cracked, blistered, bleeding, compressed, infected) \_\_\_\_\_

Do your breasts ever feel full? \_\_\_\_\_

Does your baby empty your breasts? \_\_\_\_\_

Do you have plugged ducts (or have you had mastitis)? \_\_\_\_\_

Are you using herbs or medicine (Reglan or Domperidone) to augment your milk production? \_\_\_\_\_

Are you using herbs or medicine to reduce your milk supply? \_\_\_\_\_

Are you applying anything topically to your breasts? \_\_\_\_\_

Are you taking an oral antibiotic or antifungal for a breast infection now? \_\_\_\_\_

Are you pumping at this time? \_\_\_\_\_

How frequently do you pump? \_\_\_\_\_ For how long (1 or 2 breasts at a time?) \_\_\_\_\_

Are you pumping to feed your baby or store milk? \_\_\_\_\_

Are you stressed? \_\_\_\_\_

Are you sleeping? \_\_\_\_\_ How much and how often? \_\_\_\_\_

Are you eating and drinking sufficiently to feed two of you? \_\_\_\_\_

Do you have support at home or are you on your own? \_\_\_\_\_

When do you return to work? \_\_\_\_\_

Are you anticipating ending breastfeeding or adjusting baby's schedule to your own? \_\_\_\_\_

Do you have any other important history of medical conditions (heart, lung, cancer, thyroid, etc) or history of injury, surgery, past chiropractic care: \_\_\_\_\_