INFANT FRENECTOMY CHECKLIST:

CHECK MARK on **LEFT** any symptoms you or baby have in relation to breastfeeding:

0	Long breastfeeding times: how le	ong ?			
0	Frequent feeding: how many times per day ?				
0	Unable to latch to the breast well				
0	Falling asleep at the breast				
0	Baby cannot open wide				
0	The baby clamps or bites: how often?				
0	Upper lip does not flare out (to help proper passive seal)				
0	Lips have callus / blisters / cobble stone appearance (trying to actively seal)				
0	Excessive gas: burp, wind, hiccoughs, reflux; medication:				
0	Milk spilling out of mouth				
0	Baby choking on the milk				
0	Baby has difficulty sleeping and wakes frequently to feed				
0	Failure to gain weight or slow weight gain: baby's weight				
0	Reduced stool and urine output				
0	Clicking/smacking/mouthy noise during feeding: how often?				
0	Reduced elevation of the tongue: elevation quality?				
0	Heart shaped tongue on elevation or extension				
0	Finger sweep under the tongue reveals an obstruction (tie)				
0	Hereditary: sibling or parent with history of otongue tie, olip tie				
0	Breast milk production supply issues: over supply, oreduced supply Breast-nipple pain: overy high, ohigh, omedium, olow, overy low, onone				
0					
	Breast-nipple damage: ocompres				
0	Breastfeed %, pumped b	breast milk %, formul	la %	, donated milk %	
Ot	ther:				
	* *OFFICE USE ONLY*	* *OFFICE USE ONLY*	*	*OFFICE USE ONLY* *	
	Over all latch quality: o 5/5 no problem			Immediate Post. Op.	
	4/5 minor problem			Pain: /5	
	·			•	
	o 3/5 serious problem			Latch: /5	
	o 2/5 breast-nipple damage	e		@home √ list provided O	
	o 1/5 supplementing/bottle	es/weight gain issues		Discharge:	
	○ 0/5 baby cannot latch				
	5 5/5 205/ 501551.055.				
D	Ooctor Notes:				
כח	7 Bahy's Name	Weight: Date:		Visit Stage:	