

Infant Lip & Tongue Tie Assessment

Patient Name: _____

1. Has the baby experienced any of the following?
 - a. ___ Poor or shallow latch
 - b. ___ Blister-like lesion on upper or lower lip
 - c. ___ Excessive gas (colic symptoms)
 - d. ___ Regurgitation (reflux symptoms)
 - e. ___ Poor weight gain [weight at discharge: _____ current weight: _____]
 - f. ___ Gumming/chewing nipple when nursing
 - g. ___ Milk coming out nose or side of mouth when nursing
 - h. ___ Upper lip curled inward
 - i. ___ Short sleep cycles
 - j. ___ Feeding more frequently than every 2 hours
 - k. ___ Popping/clicking sound when nursing
2. Does the mother have any of the following symptoms?
 - a. ___ Creased, flattened or blanched nipples after nursing
 - b. ___ Cracked, bruised, blistered nipples
 - c. ___ Bleeding nipples
 - d. ___ Severe pain when infant attempts to latch
 - e. ___ Poor or incomplete milk drainage from breasts
 - f. ___ Infected nipples or breast (mastitis)
 - g. ___ Clogged ducts
3. Has the mother consulted a lactation consultant? If yes, please list hospital that baby was delivered: _____