

MOTHER / INFANT FOLLOW-UP ASSESSMENT



Infant's Name _____

Birth date _____

Today's Date _____

Have you noticed any changes since the procedure for your baby? Please check if improved:

- Deeper latch at breast or bottle
- Less falling asleep while eating
- Slides or pops on and off the nipple less
- Less colic symptoms/crying
- Less reflux
- Less clicking or smacking noises
- Less spit up / More spit up
- Less gagging, choking, coughing when eating
- Less gassy / Less fussy
- Less constipation / regular stools now
- Better weight gain
- Happier baby than before
- Less hiccups
- Lips flip out better / not curling under as much
- Less gumming or chewing the nipple
- Pacifier stays in better
- Milk dribbles/leaks out of mouth less
- Sleeping longer
- Less snoring or mouth breathing
- Less moving around in sleep
- Nose congested less often
- Baby babbles more or makes new sounds
- Baby is less frustrated at the breast or bottle
- Eats solid foods better (if applicable)

How long does baby take to eat? _____

How often does baby eat? _____

Has anything worsened? If so, explain:

Have you noticed any changes in your symptoms since the procedure? If bottle-feeding:

- N/A
- Less creased, flattened or blanched nipples
- Less lipstick shaped nipples
- Less blistered or cut nipples
- Less bleeding nipples
- Somewhat less pain Significantly less pain

Pain before procedure (scale of 1-10) _____

Pain now (scale of 1-10) _____

- Better emotional state / more confident
- Improved breast drainage (baby gets more)
- Less infected nipples or breasts
- Less plugged ducts / engorgement / mastitis
- Less nipple thrush

- Less using a nipple shield
- Baby doesn't prefer one side over other
- Better milk supply

How are you doing mentally/emotionally?

Were you able to stretch the sites 3x a day? _____ Any issues?

How was your experience at our office?

Any other comments?

To be filled out by dental team:

Date of Procedure _____ Tongue _____ Lip _____

Buccal Cheek Ties _____

Birth Weight _____ Weight at initial visit _____

Weight today _____ Change _____