



## INFORMED CONSENT REGARDING RISKS OF INSUFFICIENT FEEDING

I wish to get assistance from my nurses, doctors and lactation consultants to achieve my feeding goals without risking my child's health. I am aware that the most common reason an exclusively breastfed (EBF) newborn is rehospitalized is due to problems with insufficient feeding. I am aware that [22%](#) or 1 in 5 mothers and up to [44%](#) of first-time mothers, have been found to have delayed onset of copious milk production (lactogenesis II, DLII), which puts her child at 7-fold increased risk of excessive weight loss. I wish to feed my child to optimize my feeding success and minimize the risks of feeding complications.

I understand the risks of exclusive breastfeeding before onset of copious milk production is caused by insufficient breast milk intake due to insufficient breast milk supply and/or insufficient transfer of milk. The complications include increased incidence and severity of the following complications:

- excessive jaundice (yellow skin, hyperbilirubinemia occurs to [10-25%](#) of EBF newborns)
- excessive weight loss (>7% weight loss according to the [AAP 2012 Breastfeeding Guidelines](#))
- dehydration (>7% weight loss occurs to [>50% of EBF newborns](#))
- hypernatremia (high blood sodium >145 mEq/L occurs to [36% of EBF newborns](#))
- low blood sugar (hypoglycemia, glucose < 40 mg/dL occurs to [10% of EBF newborns](#))
  - Note:  $\geq 47$  mg/dL is the only prospectively validated glucose level that has been shown to protect newborns from long-term developmental delay. The Pediatric Endocrine Society recommends maintaining glucose above 50 mg/dL in the first 48 hours and above 60 mg/dL thereafter) initial \_\_\_\_\_

I understand the above-mentioned complications from insufficient feeding can result in the need for hospitalization in order to protect my child's health. initial \_\_\_\_\_

I understand the above-mentioned complications from insufficient feeding can result in brain injury, which can subsequently result in developmental delays, disabilities, lower cognitive development, lower academic achievement, problems with vision, hearing, motor, sensory, language and behavioral development and higher rates of seizure disorder, cerebral palsy and rarely, death. initial \_\_\_\_\_

I understand that **timely and adequate supplementation** with properly handled and/or properly prepared certified banked donor milk and/or formula, depending on my child's unique nutritional requirements, can prevent nearly all the above complications. initial \_\_\_\_\_

I understand the risks of supplementation include insufficient breast milk supply if my child is supplemented *without continuing the frequent breastfeeding* (or self expression or bilateral breast pumping, if indicated) needed to stimulate milk production. initial \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Patient: \_\_\_\_\_  
DOB: \_\_\_\_\_

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**MY CURRENT RISK FACTORS FOR FEEDING COMPLICATIONS, PATHOLOGICAL JAUNDICE AND/OR REHOSPITALIZATION ARE THE FOLLOWING:**

<p><u>Risk Factors for Feeding Complications:</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> First-time mother (44% DLII)</li><li><input type="checkbox"/> Exclusive breastfeeding</li><li><input type="checkbox"/> Cesarean section</li><li><input type="checkbox"/> Complicated/prolonged labor &gt; 12 hrs</li><li><input type="checkbox"/> Prolonged “pushing” stage of labor &gt; 1 hr</li><li><input type="checkbox"/> History of low milk supply, delayed (&gt;72 hours) or failed lactogenesis II</li><li><input type="checkbox"/> Pre-term baby (&lt; 37 weeks gestation)</li><li><input type="checkbox"/> Small-for-Gestational-Age baby/IUGR</li><li><input type="checkbox"/> Large-for-Gestational Age baby</li><li><input type="checkbox"/> Medical complications with baby</li><li><input type="checkbox"/> Diabetes</li><li><input type="checkbox"/> Hypertension</li><li><input type="checkbox"/> Pre-pregnancy BMI &gt; 27</li><li><input type="checkbox"/> Smoking</li><li><input type="checkbox"/> Hypothyroidism</li><li><input type="checkbox"/> Hypopituitarism</li><li><input type="checkbox"/> Advanced Maternal Age (≥ 30 years old)</li><li><input type="checkbox"/> Polycystic ovarian syndrome</li><li><input type="checkbox"/> Prior breast surgery/injury/piercings</li><li><input type="checkbox"/> Minimal growth of breast tissue during pregnancy (breast hypoplasia), tubular or asymmetric breasts, flat/inverted nipples</li><li><input type="checkbox"/> Infertility history</li><li><input type="checkbox"/> Excessive blood loss during delivery (&gt; 500 mL blood, need for transfusion)</li><li><input type="checkbox"/> Sickle cell disease</li><li><input type="checkbox"/> Autoimmune diseases: Multiple sclerosis, Crohn’s, Ulcerative Colitis, Lupus, Rheumatoid Arthritis</li><li><input type="checkbox"/> Psychosocial challenges: Addiction, PTSD, sexual trauma, depression, anxiety</li><li><input type="checkbox"/> Retained placenta</li></ul>	<p><u>Risk Factors for Pathological Jaundice or Hyperbilirubinemia:</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> First-time mother</li><li><input type="checkbox"/> Exclusive breastfeeding</li><li><input type="checkbox"/> History of low milk supply, delayed or failed lactogenesis II</li><li><input type="checkbox"/> Rapid or excessive weight loss &gt; 7%</li><li><input type="checkbox"/> Prior history of jaundiced newborn</li><li><input type="checkbox"/> Male gender</li><li><input type="checkbox"/> Maternal age ≥ 25</li><li><input type="checkbox"/> Asian race</li><li><input type="checkbox"/> Jaundice within the first 24 hours</li><li><input type="checkbox"/> Jaundice before discharge</li><li><input type="checkbox"/> Pre-term baby &lt; 37 weeks</li><li><input type="checkbox"/> Gestation 37-38 weeks</li><li><input type="checkbox"/> Large-for-Gestational Age baby</li><li><input type="checkbox"/> Small-for-Gestational Age baby</li><li><input type="checkbox"/> Blood type incompatibility, G6PD deficiency, other hemolytic disease</li><li><input type="checkbox"/> Cephalohematoma or bruising and swelling on the scalp from birth</li><li><input type="checkbox"/> Vacuum-delivery</li><li><input type="checkbox"/> Discharge at 48 hours or less</li></ul>
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Patient: \_\_\_\_\_  
DOB: \_\_\_\_\_

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