

Prenatal Evaluation and Referral for Lactation (PEARL)

Refer to an IBCLC lactation consultant or breastfeeding medicine provider if responses are in the **Risk Factor** column.

Refer for usual care and education for factors in the **Breastfeeding Education** column.

Breastfeeding Education

Risk Factor for Referral

Maternal Health History

Note: Maternal age (>35) and health history can influence lactation success. Additional factors to screen and refer for are below.

Is there a history of breast cancer?	No		Yes
Is there a history of diabetes? (Type I Type II)	No		Yes
Was the pre-pregnancy BMI >30?	No		Yes
Were there documented hormonal disorders before pregnancy? (PCOS, infertility, menstrual disorders)	No		Yes
Is there a history of thyroid disorder?	No		Yes
Is there a history of hormonal medication use? (testosterone, progesterone, estrogen)	No		Yes
Is the preferred family planning method type:	Non-hormonal	Hormonal	
Has patient screened positive for depression, trauma or abuse?	No		Yes
Document any additional screening tools used if any: EPDS, PHQ-9, ACEs, other:			

Pregnancy Health History

Note: Some conditions detected during pregnancy may influence lactation success. Referral during pregnancy can establish anticipatory guidance from an IBCLC lactation consultant or breastfeeding medicine provider.

Is the gestational weight gain for BMI:	Low or normal		Excessive
Is there a current diagnosis of gestational diabetes?	No		Yes
Is there a current diagnosis of hypertension or preeclampsia?	No		Yes
Are there known preterm birth risk factors? (high stress, multiples, birth defects, placenta complications, planned cesarean birth, other)	No		Yes
Is there current or potential use of medications contraindicated for lactation or milk production?	No		Unsure/Yes

Breastfeeding History

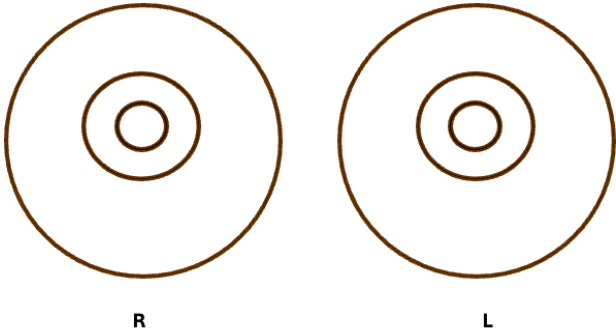
Note: Breastfeeding education is recommended starting in pregnancy and a referral to an IBCLC lactation consultant or breastfeeding medicine provider is recommended for previous or anticipated lactation complications.

Is this the first pregnancy?	No	Yes	
Has breastfeeding knowledge or goals been discussed?	Yes	No	
Have other lactation screening tools been used? (Breastfeeding Competency Scale (BCS), other)			
Is there previous breastfeeding experience?	Yes	No	
Is there a history of breastfeeding difficulties?	No		Yes
If yes, what was the issue and how was it resolved?			

Breast and Nipple Questions

Note: A care plan should be in place prior to birth if there are any breast/chest or nipple complications or concerns.

Have there been noticeable breast changes during this pregnancy?	Yes		No
Is there diagnosed breast hypoplasia? Left Right Both	No		Yes
Is there any documented trauma, burns, or radiation to breasts?	No		Yes
Is there a history of breast or chest surgery?	No		Yes
If yes, date and type: (mastectomy, breast augmentation, breast reduction with or without nipple removal, other)			
If yes, place of incision(s) (axillary, subareolar, inframammary, other):			
Is there normal nipple sensation/reaction since surgery?	Yes		No
Inverted nipples that do not evert with compression or have graspability?	No		Yes



- ☐ Refer for Lactation Consultant Care
- ☐ Refer for Breastfeeding Education