Breastfeeding is Baby’s Best Start
Please take a few minutes and let us know your thoughts on how you plan to feed your baby.

Name: ________________________  Due Date: __________

Address: ________________________  Doctor: __________

______________________________  Telephone: __________

Have you thought about breastfeeding your baby? ________________________________

______________________________________________________________

Do you plan to breastfeed? __________________________________________

______________________________________________________________

Is this your 1st Baby? ____________________________________________
Have you breastfed before? ______________________________________

Thank you,
Kira Palmer, CLC
Breastfeeding Peer Counselor