



Government of the Republic of Trinidad and Tobago

Ministry of Health

NATIONAL BREASTFEEDING FORM A
Criteria adapted from the National Breastfeeding Policy

FORM A: ANTENATAL EDUCATION (To be completed during the Antenatal period)

NAME: _____	AGE: _____	D.O.B: _____ (dd/mm/yy)
NATIONALITY: _____	COUNTY: _____	PARITY: _____
HEALTH FACILITY: _____	CLINIC NO: _____	HOSPITAL NO: _____

INFANT'S NAME: _____	AGE: _____	D.O.B: _____ (dd/mm/yy)
NATIONALITY: _____	COUNTY: _____	
HEALTH FACILITY: _____	CLINIC NO: _____	

FORM A: ANTENATAL EDUCATION

	Client (and relatives) were educated on the following:	YES	NO
1.	Benefits of breastfeeding to mother and baby		
2.	Importance of immediate and uninterrupted 'skin-to-skin' contact after delivery and the initiation of breastfeeding in the first hour after delivery		
3.	Good positioning and latching to initiate and maintain breastfeeding		
4.	Signs that the baby is consuming adequate breast-milk		
5.	How to express breast-milk (including storage and use)		
6.	Medical indications for supplementation (No fluid/food other than breast-milk)		
7.	Practice of 'rooming-in' during hospitalization		
8.	Recognizing baby's feeding cues		
9.	Risks of not breastfeeding and risks of using bottles, teats and pacifiers		
10.	Ongoing support for mothers		

Name in BLOCK Letters

Signature

Date (dd/mm/yy)

Designation