

Breastfeeding Pledge

I PLEDGE TO GIVE MY BABY THE VERY BEST ... BREASTMILK

I promise that I will inform the hospital staff upon labor that I plan to breastfeed.



I promise at anytime and anywhere, I will give my baby breast milk.



I plan to breastfeed for _____ weeks _____ months _____ years.



I promise to be patient with myself and to have confidence that I can succeed.



I promise that I will contact my counselor for help if I have any questions or concerns.



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Breast is BEST

HERE'S 10 REASONS WHY

- Provides perfect nutrition for baby
- Breast milk is free
- Provides first immunization
- Helps make baby smarter
- Helps mothers lose weight
- Is easily digested
- Reduces mothers risk of breast and ovarian cancer
- Promotes bonding with baby
- Protects baby from some germs and illness
- Especially good for tiny and premature babies



Print Your Name : _____ Today's Date: _____

Your Signature: _____ CDPH Site: _____

Address: _____ CDPH Phone: _____

Phone: _____ Breastfeeding Support Staff Name/Title: _____

Date of Delivery or DOB: _____