

Documentation of information provided to physicians

This form can be used to document that physicians who work at the community child health center are informed about breastfeeding and the Baby-Friendly Community Health Services.

As a physician at the Baby-Friendly Community Health Service, you must document that you have read and are familiar with the following (tick off when completed):

☐ I am familiar with the child health center's infant feeding policy.
☐ I have been informed about the BreastFEEDucation course (completion of the course is not required)
I am informed about the website Breastfeeding and Infant Feeding (BFCHS) from the Norwegian Directorate of Health, especially the pages on medical breast complications during breastfeeding. ☐ Pain in the breast ☐ Breast engorgement, clogged milk ducts, mastitis/breast inflammation, and abscess" ☐ Milk production: increase, decrease, and cessation ☐ Medications and breastfeeding ☐ Tongue ties
☐ I am familiar with the chapter in the Norwegian Gynecological Association's Guide. to obstetrics, section on Breastfeeding/breast milk/mastitis and abscess
☐ I am familiar with www.relis.no and www.legemiddelhandboka.no for the assessment of medication and breastfeeding.

To be filled out

Date: _____

Child health station: _____

Child health center physician: _____

Head of Department's Signature: _____