Helsedirektoratet
Norwegian Directorate of Health

Breastfeeding status summary form

This form is to be filled out as part of the process for community health services seeking approval as a BFCHS

Please note that all required fields must be completed.

Clear form

Registration of BF status at: _____ community health service

Registration started: _____

Registration ended: _____

Number of 5-month-old children who attended consultation during the period: _____

Number and percentage of 5-month-old children who have:

- been exclusively breastfed: _____ children _____ percent
- been partially breastfed: _____ children _____ percent
- not been breastfed: _____ children _____ percent

Number of 1-year-old children who attended consultation during the period _____

Number and percentage of 1-year-old children who have

- Been partially breastfed: _____ children _____ percent
- Not breastfed in addition to other nutrition? _____ children _____ percent

Date (dd.mm.yy)

_____

Name of the person filling out the form:

_____

Send form