

I'm a GIRL!



Baby's Name _____

Date of Birth ____/____/____ Time ____:____ ^{AM}
_{PM}

Birth Weight _____ Length _____

Baby's Doctor _____

Mother's Name _____

Mother's Doctor _____



**Breastfeeding —
Simply the Best**

**For more information
on breastfeeding,
call 311.**

STAYING IN

Mother's Room

Nursery

NICU

FEEDING

Breast Milk ONLY

Breast Milk and Formula

Formula Only _____

Type