

## INFANT FEEDING SUMMARY:

Choose one to reflect infant feeding during entire hospital stay. Complete this section as baby is being discharged.

- Exclusive breastfeeding/ breastmilk feeding
- Partial breastfeeding: (any combination of formula AND breastfeeding / BF attempt/ breastmilk )
- Exclusive formula feeding

Date/Time: \_\_\_\_\_

Signature : \_\_\_\_\_