



Minnesota Breastfeeding Coalition

COVID-19: My Story Collection Tool

How has the COVID-19 pandemic changed your life? Has it affected your pregnancy, birth, or breastfeeding experience? Has the COVID-19 pandemic affected the way you provide lactation education or services? Is it affecting the families in your community?

Minnesota Breastfeeding Coalition is collecting your stories related to breastfeeding/chestfeeding. We ask you, as breastfeeding/chestfeeding families, as lactation professionals or advocates, or as health care providers to share what is happening with individuals or communities. Please remember to speak from your experience or share another's experience with permission.

We are collecting these stories so we may be able to:

1. Understand as a state coalition new trends in behavior or learning that can affect how we offer our continuing education or capacity building support.
2. Identify specific communities that need different or additional support to not lose ground on breastfeeding/chestfeeding rates.
3. Share trends and information with state and national agencies that provide funding, information, continuing education, or other resources related to infant feeding.
4. Identify specific stories that we (MBC and the person sharing) can further develop into case studies that may highlight significant practices or responses related to the COVID-19 pandemic.

We will share stories anonymously to ensure privacy, but we may reach out to you for more information or if we see the story as a potential case study. We will NOT share any stories with the media without express consent by all involved.

When you have completed the form on the next page, please save this document and attach it to an email to mnbreastfeedingcoalition@gmail.com.

Thank you for your time and reflection!



My Story

1. My role in this story:

- Breastfeeding/Chestfeeding Parent or Family Member
- Health Care Provider or Allied Health Worker
- Lactation Professional
- Lactation Advocate
- Peer Support Provider
- Public Health Professional
- Maternity Center Staff
- Other

Please provide details about your role as appropriate:

2. My story:

3. My information:

First Name

Last Name

City

State

Zip Code

Email

Phone Number

- | | | |
|--|-----|----|
| Please share my name (first name, last initial): | YES | NO |
| Please share my story with state or national partners: | YES | NO |
| I am open to being contacted about this story: | YES | NO |