



Breastfeeding Support Resources

IBCLC

Name & Number _____

Website/Email _____

Breastfeeding Support Groups

Name/Date _____

Name/Date _____

Hospital Breastfeeding Clinics

Name/Ph # _____

Name/PH # _____

Online Breastfeeding Resource/Moms Group

Website _____

Breastfeeding Hotline

Hotline # _____

Support Person – Sister, Cousin, Best Friend

Name/ # _____

Name/ # _____

Name/ # _____