



GUIDED INFANT FEEDING TECHNIQUES

Date: _____

**The Gift HOSPITAL APPLICATION
LOUISIANA BREASTFEEDING PROMOTION**

Please print clearly or type

Name of Hospital: _____

Street Address: _____

City: _____

Zip Code: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

**Annual Breastfeeding Rate
at Hospital Discharge:** _____

**Number of Babies Delivered
Per Year:** _____

**In order to be Gift certified, please submit
the following:**

1. A copy of your written breastfeeding policies which reflect The GIFT Ten Steps to a Healthy Breastfed Baby.
2. A copy of your breastfeeding training protocols and/or competencies.
3. Other documents that clarify current practice in your hospital such as:
 - a) discharge teaching checklist or handouts
 - b) physician orders
 - c) nurses' charting forms
 - d) patient teaching handouts
 - e) list of community resources for nurses and/or parents

Complete the left section of this page, attach your breastfeeding policies, training protocols, additional information, and submit to:

Louisiana Maternal & Child Health Coalition

Bon Carre' Business Center

7173-A Florida Blvd.

Baton Rouge. LA 70806

If you have any questions or need additional information, contact the Coalition at 225.925.7239 or 225.925.1771(fax).