



## Lactation Education Form

If you are not a certified lactation professional, this form must be completed for your postpartum doula certification. Send your completed form to your mentor through our online management system.

**Your Name:** \_\_\_\_\_

**Select one:**

- I attended a breastfeeding class taught by an IBCLC  
Date attended: \_\_\_\_\_ Name of the class, instructor, and contact info \_\_\_\_\_,
- I watched the *Breast is Best* DVD (available on the BirthWorks online store).

**1. Were you surprised by anything in class or in the DVD?**

---

---

---

**2. Name ten things you learned that you didn't know before. (use additional sheet)**

---

---

**3. How can you use this information as a postpartum doula?** \_\_\_\_\_

---

---

---

**4. Would you recommend this resource to new parents? Why or Why not?** \_\_\_\_\_

---