

# Congratulations on the Birth of your New Baby!

## !! Remember !!

Breastfeeding is best for your baby.

Healthy newborns do not need water, sugar water, or artificial baby milk (formula).

They only need mother's first milk, colostrum.

If you have any questions ask the hospital nurse or lactation consultant. You may also call your WIC Breastfeeding Peer Counselor at **(989)743-2428**.

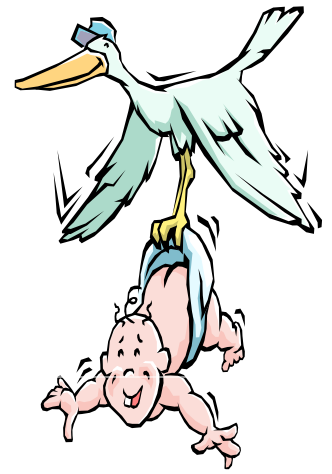
If you choose not to breastfeed, remember, WIC is a **Supplemental** Food Program. It does not provide all of your baby's formula. You need to plan on purchasing additional formula each month to meet your baby's needs. You will be given an Add Baby appointment within 10 days of your phone call to us. When you are discharged from the hospital, you are responsible for purchasing formula until your baby's **first** WIC appointment.

<b>Mother/ Infant Food Packages: monthly (until infant 6 months of age)</b>		
<p><b>Full-time Breastfeeding</b></p> <p>4 &amp; 1/4 gal. milk            32 oz. yogurt            3 lbs. cheese            3 cans juice            36 oz. cereal            2 dozen eggs            2 jars peanut butter OR equivalent can or dry beans            \$11 fresh fruits &amp; veges            1 lb. whole grain item            6 cans tuna fish or salmon</p> <p>♥Infant receives Mother's milk♥            supplement Mother's milk♥</p>	<p><b>Part-Time Breastfeeding</b></p> <p>4 &amp; 1/2 gal. milk            32 oz. yogurt            1 lb. cheese            3 cans juice            36 oz. cereal            1 dozen eggs            2 jars peanut butter OR equivalent beans            \$11 fresh fruits &amp; veges            1 lb. whole grain item</p> <p>♦Infant receives formula to supplement Mother's milk♥            *see note at bottom of form</p>	<p><b>Non-Breastfeeding</b></p> <p>3 gal. milk            32 oz. yogurt            1 lb. cheese            2 cans juice            36 oz. cereal            1 dozen eggs            1 jar peanut butter OR equivalent beans            \$11 fresh fruits &amp; veges</p> <p>♦Infant receives~9 cans formula♦            *see note at bottom of form</p>
<b>Mother/ Infant Food Packages: monthly (infant 6-12 months of age)</b>		
<p><b>Full-time Breastfeeding</b></p> <p>4 &amp; 1/4 gal. milk            3 lbs. cheese            32 oz. yogurt            3 cans juice            36 oz. cereal            2 dozen eggs            2 jars peanut butter OR equivalent can or dry beans            \$11 fresh fruits &amp; veges            1 lb. whole grain item            6 cans tuna fish or salmon</p> <p>♥Infant receives Mother's milk♥            &amp;: **64-4 oz. jars fruit/veges            31-2.5 oz jars meat            24 oz. infant cereal</p>	<p><b>Part-Time Breastfeeding</b></p> <p>4 &amp; 1/2 gal. milk            1 lb. cheese            32 oz. yogurt            3 cans juice            36 oz. cereal            1 dozen eggs            2 jars peanut butter OR equivalent beans            \$11 fresh fruits &amp; veges            1 lb. whole grain item</p> <p>♦Infant receives formula to supplement Mother's milk♥            &amp;: **32-4 oz. jars fruit/veges            24 oz. infant cereal</p>	<p><b>Non-Breastfeeding</b></p> <p>Mother no longer eligible for WIC foods</p> <p>♦Infant receives~ 7 cans formula♦            *see note at bottom of form</p> <p>&amp;: **32-4 oz. jars fruit/veges            24 oz. infant cereal</p>

\*Number of cans depends on type of formula issued, as can size varies. Each infant will receive the same total amount of formula. You will need to purchase extra each month to meet baby's nutritional needs. The cost to your family will depend on how much **your** baby eats and the type of formula he or she needs.

\*\* Infants 9 months of age are eligible to receive a cash value benefit for fresh produce in exchange for half the jars of infant fruits/vegetables. Ask WIC staff for details.

Shiawassee County Health Department  
WIC Program  
( Women, Infants, & Children)



Instructions for “Add Baby” Appointment

***\*TAKE THIS FORM TO THE HOSPITAL\****

1. Take this paper to the hospital with you and ask the nurse or doctor to complete.
2. **You** will need to fill out the attached health histories.
3. Call the WIC office for an “Add Baby” appointment. **(989)743-2383 or 1-800-859-4229.**
4. Bring the following to your appointment.



**Your baby**



**Verification of birth** (example: crib card, birth certificate or this form).



**Medicaid Card (If you have one).**



**Proof of household income.** (last 30 days of check stubs for EVERYONE in the house)



**Completed health history forms (attached) and this form (must be signed).**



**Pictured I.D. with current address.**

Plan on 1 hour for this appointment.

**BABY**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male  Female

Birth Length \_\_\_\_\_ Inches

Birth Weight \_\_\_\_\_ LBS. \_\_\_\_\_ OZ.

Head Circumference \_\_\_\_\_ Inches

\_\_\_\_\_  
**Signature of Nurse or Physician**

**MOTHER**

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Height \_\_\_\_\_ Inches

Postpartum Weight \_\_\_\_\_

Postpartum Hgb/Date \_\_\_\_\_/\_\_\_\_\_

Duration of Pregnancy \_\_\_\_\_ Weeks

\_\_\_\_\_  
**Date**