



Expedited Application for Baby-Friendly Facilities Already Designated by Baby-Friendly USA

Maternity Center Information

Name of Facility: _____

Contact Person: _____ Phone: _____

Title: _____ Email Address: _____

Complete Mailing Address (include city and zip code):

- Facility has been designated as Baby-Friendly by Baby-Friendly USA.
(Attach a copy of the designation with this signed application.)
- I hereby consent to submission for consideration by the North Carolina
Division of Public Health appointed review team.
- I agree to have the designation decision listed on the Division of Public Health
– Nutrition Services Branch website.

Print Name of CEO or COO

Signature

Date

Indicate web address (URL) to link to facility from the Division of Public Health –
Nutrition Services Branch website _____

Information for Public Health Program Planning

Number of Births in Most Recent Year of Data:

(Indicate the start date _____ and end date _____ of the data set.)

Total Number of Births: _____

% Cesarean Delivery: _____

Lactation Consultant Staffing

Number of International Board Certified Lactation Consultants (IBCLC) currently
on staff: _____

Number of IBCLC FTE's: _____

Thank you for completing this application.

Please refer to the application instructions page for submission guidance.