

Breastfeeding Support Check-up Request

Date: _____

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to request a breastfeeding support check-up for myself and my baby, [Baby's Name], who was born on [Baby's Birth Date].

As a new mother, I would like to ensure that I am providing the best breastfeeding experience for my child. I am seeking guidance on various aspects of breastfeeding, including latch, milk supply, and feeding schedules.

Please let me know your available times for a check-up. I appreciate your support and expertise during this important time.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Email]

[Your Phone Number]