

Maternity Care Schedule

Date: [Date]

To: [Mother's Name]

Address: [Mother's Address]

Breastfeeding Consultation Schedule

Dear [Mother's Name],

We are pleased to provide you with your maternity care schedule for breastfeeding consultations. Please see the details below:

- **Consultation 1:** [Date & Time] - Location: [Location]
- **Consultation 2:** [Date & Time] - Location: [Location]
- **Consultation 3:** [Date & Time] - Location: [Location]

These consultations aim to support you in your breastfeeding journey and address any questions or concerns you may have.

Please feel free to reach out if you need to reschedule or require further assistance.

Sincerely,

[Care Provider's Name]

[Care Provider's Contact Information]