Inclusive Feeding & Lactation Services Consent Form

Sq'éwqel (Seabird Island) Maternal & Child Health

Supporting you with care and respect.

2895 Chowat Rd., Agassiz BC, V0M 1A2

604-997-4084 (text/call) · dianaphan@seabirdisland.ca

CONSENT FORM

About This Service

Lactation services provide professional, clinical support to help parents successfully navigate chest/breastfeeding, milk expression, and infant feeding challenges. Participation in our lactation services is voluntary. You may discontinue at any time, and this will not affect any other services you are eligible to receive.

A consultation may include:

- A collaborative review of your health history, concerns, and goals,
- A physical assessment of you and your baby, always guided by your comfort.

Resolving feeding challenges takes time. Your care plan will adapt to you and your baby. Expect compassionate support and clear communication throughout.

Shared Responsibility

To support safe and effective care, we encourage you to:

- Share any concerns or changes to your health.
- Share any differences in recommendations between your consultant and primary care provider.
- Ask questions at any time. Open communication helps ensure your care aligns with your needs and values.

While lactation consultants offer vital support, feeding outcomes may rely on variables they cannot control.

Your Privacy & Information

Your personal information is collected and protected under British Columbia's Personal Information Protection Act (PIPA) and the federal Personal Information Protection and Electronic Documents Act (PIPEDA). Information is strictly used for your care.

Seabird MCH services are delivered using a circle-of-care approach. With your consent, the lactation consultant may collaborate with and share relevant information with:

- The Sq'éwqel (Seabird Island) Maternal & Child Health team.
- Your referring physician, health insurer, and regional health services, as appropriate.

You have the right to withdraw consent at any time by submitting your request in writing to: privacy@seabirdisland.ca

Equipment

Infant feeding supplies, including breast pumps, may be recommended to support your care. In some situations:

- Equipment may be available through the program at no direct cost, depending on availability.
- Some items may be covered fully or partially by your insurer or the Non-Insured Health Benefits (NIHB) program.
- You are encouraged to contact your insurer ahead of time to understand your coverage options.

Electronic Communications

If you communicate with the lactation consultant by email, text, or virtual platform, please be aware that these methods may carry some privacy risk. Messages may be stored on servers outside of Canada or accessed by unintended recipients. Electronic communication is not appropriate for urgent or emergency situations. **For emergencies, please call 911 or go to your nearest emergency department.**

Educational Use of Information

De-identified clinical information from lactation visits may be used to educate health care providers and parents about lactation support. No identifying information is used or shared in any way.

Consent Declarations

I consent to the collection and sharing of my information to support my participation in the MCH Lactation Service as described above. **Yes / No** **Initials:** _____

I consent to electronic communications (email, text, virtual platforms) for non-urgent care. I understand these may carry privacy risks and will not be used for emergencies. **Yes / No** **Initials:** _____

I consent to the use of de-identified clinical information for the education of health care providers and parents. **Yes / No** **Initials:** _____

Client Name (Print): _____ Date: _____

Signature: _____

Lactation Intake & Consent Form

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INTAKE FORM

Client / Parent Information

1. Client's Name

3. Which band are you registered to? (if applicable)

2. Self-Identification (check any that apply)

☐ Registered/Status Indian ☐ Non-Status Indian ☐ Band / First Nation Member ☐ Métis ☐ Inuit ☐ Non-Indigenous

4. Do you live on-reserve or off-reserve?

☐ On-Reserve ☐ Off-Reserve

5. Which area do you reside?

☐ Chilliwack, Agassiz, or Hope ☐ Other

6. Preferred contact method (phone, text, Facebook, WhatsApp…)

7. Contact info for that option (number, email, or username)

Child Information

8. Child's Name

9. Gestational Age / Week at Birth

10. Weight at Birth (grams)

12. Age Today (days/weeks/months)

13. Most Recent Weight (grams)

11. Feeding Plan at Birth

☐ Directly breastfed ☐ Bottle-fed breastmilk ☐ Bottle-fed formula ☐ Breastfed + breastmilk ☐ Breastfed + breastmilk/formula ☐ Other

14. Feeding Plan Today

☐ Directly breastfeeding ☐ Bottle-feeding breastmilk ☐ Bottle-feeding formula ☐ Breastfeeding + breastmilk ☐ Breastfeeding + breastmilk/formula ☐ Other

Additional Questions

15. What infant feeding concern(s) do you have?

16. What are your current infant feeding / lactation goal(s)?

17. Do you require any infant feeding supplies? List any.

18. Family / partner support?

☐ Strong ☐ Moderate ☐ Minimal ☐ None

19. How are you feeling today? (e.g., exhausted, optimistic, overwhelmed, motivated, mixed…)

Client Name (Print): _____ Signature: _____ Date: _____