

Sabay-Sabay, Sumuso sa Nanay - Year 2

May 2, 2007 8:00 a.m. - Registration 10:00 a.m. – Simultaneous Breastfeeding

Number of Participants _____ Number of those who breastfed simultaneously _____
Barangay/Site _____ City/Municipality _____
Province _____ Region _____ **(Staple together all pages of the same site)**

1. Mother's Name _____ (PRINT IN CAPITAL LETTERS)
Mother's Signature _____ Breastfed? ___ Yes ___ No
Child's First Name _____ Birthday Month ___ Day ___ Year _____
2. Mother's Name _____ (PRINT IN CAPITAL LETTERS)
Mother's Signature _____ Breastfed? ___ Yes ___ No
Child's First Name _____ Birthday Month ___ Day ___ Year _____
3. Mother's Name _____ (PRINT IN CAPITAL LETTERS)
Mother's Signature _____ Breastfed? ___ Yes ___ No
Child's First Name _____ Birthday Month ___ Day ___ Year _____
4. Mother's Name _____ (PRINT IN CAPITAL LETTERS)
Mother's Signature _____ Breastfed? ___ Yes ___ No
Child's First Name _____ Birthday Month ___ Day ___ Year _____
5. Mother's Name _____ (PRINT IN CAPITAL LETTERS)
Mother's Signature _____ Breastfed? ___ Yes ___ No
Child's First Name _____ Birthday Month ___ Day ___ Year _____
6. Mother's Name _____ (PRINT IN CAPITAL LETTERS)
Mother's Signature _____ Breastfed? ___ Yes ___ No
Child's First Name _____ Birthday Month ___ Day ___ Year _____
7. Mother's Name _____ (PRINT IN CAPITAL LETTERS)
Mother's Signature _____ Breastfed? ___ Yes ___ No
Child's First Name _____ Birthday Month ___ Day ___ Year _____
8. 1. Mother's Name _____ (PRINT IN CAPITAL LETTERS)
Mother's Signature _____ Breastfed? ___ Yes ___ No
Child's First Name _____ Birthday Month ___ Day ___ Year _____
9. Mother's Name _____ (PRINT IN CAPITAL LETTERS)
Mother's Signature _____ Breastfed? ___ Yes ___ No
Child's First Name _____ Birthday Month ___ Day ___ Year _____
10. Mother's Name _____ (PRINT IN CAPITAL LETTERS)
Mother's Signature _____ Breastfed? ___ Yes ___ No
Child's First Name _____ Birthday Month ___ Day ___ Year _____

We certify that we were present during the entire proceedings, witnessed the attendance, participation and the attempt to breastfeed simultaneously. The total number of those who breastfed is _____.

1. Witness Name and Signature _____ Position _____
Address and Contact Number _____
2. Witness Name and Signature _____ Position _____
Address and Contact Number _____

1. All mothers should print and sign their own name. If the mother cannot write her own name, please ask the witness to write it for her and countersign beside her name.
2. If the mother was able to breastfeed 10:00 to 10:01 a.m., please check Yes, if not, check No.
3. Count the number of those who have breastfed and write it on the space provided.
4. Independent witnesses must not be employees of TESDA or DSWD, PSWD, MSWD or daycare workers. Witnesses should sign on all the pages for each site.

Important: On the day of Simultaneous Breastfeeding, mothers should not be allowed to bring bottles, teats, pacifiers or any milk products inside the site as per Guinness requirements. Please explain to the mothers that these can cause infections, diarrhea, dental problems, serious illnesses, and can contain chemicals that are bad for their children's health.