

Mother's Name _____

Birth Date _____

Today's Date _____



BREASTFEEDING PLAN

- I would like the baby to be placed skin-to-skin with me immediately after birth. Skin-to-skin means the baby is naked on the mother's naked chest. No bedding or clothing is between them for a minimum of 15-minutes during the first two hours of life.
- If I have a C-section, I would like to hold the baby skin-to-skin as soon as possible. If I am unable to hold my baby for some time, I would like my partner to hold my baby skin to skin.
- I want to initiate breastfeeding within the first hour. I would like to give the baby an opportunity to self-attach and don't want the baby forced into the first feeding.
- I would like all newborn procedures delayed until after the first feeding and done with the baby lying on me or being held by me.
- I want my baby to stay in my room with me and I want to hold my baby skin-to-skin as much as possible during our stay.
- I would like help in establishing a comfortable and effective latch and learn different positions for nursing my baby. I would also like to learn hand expression, how to recognize swallowing, and what to expect in the days after leaving the hospital.
- If I encounter any breastfeeding problems, I would like help from a Certified Lactation Consultant or other staff trained to assist breastfeeding mothers.
- I do not want any water, glucose water, formula, bottles, or pacifiers given to my baby. If there is a medical need for supplements, I would like the opportunity to discuss it with my provider and lactation consultant first.
- If I am separated from my baby for any reason and am unable to establish breastfeeding, I would like assistance using a breast pump to establish my milk supply.
- I do not want to be given or shown any promotional material on formula, including diaper bags, crib cards, or the formula itself.
- I would like to receive information on sources of breastfeeding support in my community.
- I would like help from the hospital staff to manage my visitors so I have private time to breastfeed my baby.

MY BREASTFEEDING GOALS

- I plan to breastfeed my baby for _____ months
- I plan to go back to work or school in _____ weeks while continuing to breastfeed my baby.
- I plan to breastfeed my baby for _____ years
- I plan to _____

- I plan to _____

MY BREASTFEEDING QUESTIONS:
