My Breastfeeding Plan

- ❑ I would like the baby to be placed **skin-to-skin*** with me immediately after the birth.
- ❑ 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 I do not 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 **assistance in learning hand expression,** how to recognize swallowing, and what to expect in the days following discharge.
- ❑ If I encounter any breastfeeding problems, **I would like help** from an International Board 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 pediatrician 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.

** 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.*

My Breastfeeding Goal

- ❑ 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 _____ year(s)
- ❑ I plan to
- ❑ I plan to

My Breastfeeding Questions

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Washington/Ozaukee County Resources
Washington County WIC 262-335-4466
Ozaukee County WIC 262-284-8172

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Adapted from The Motherwear Breastfeeding Blog (May 2008)