My Breastfeeding Plan

CHECK ALL THAT APPLY:

☐ EXCLUSIVE BREASTFEEDING
My goal is to exclusively breastfeed my baby. Please do not give my baby any supplements before speaking to me or my partner, friend or relative. I need all of my baby’s suckling to be at my breast in order for me to establish a good milk supply.

☐ NO BOTTLES OR PACIFIERS
Please do not give my baby artificial nipples including pacifiers or any types of bottles with formula, water, or glucose water. If there is a medical reason for supplementation, I would first like to speak with a lactation consultant or pediatrician about trying alternate feeding methods with expressed milk.

☐ SKIN-TO-SKIN
When my baby is born, I would like to have him/her placed on my chest, skin-to-skin with me for at least sixty minutes. If possible, please perform routine newborn evaluations with my baby on my chest. Throughout our stay, I want to be able to hold my baby skin-to-skin as much as possible. A blanket may be placed over us, but not between us, if extra warmth is necessary.

☐ FIRST HOUR
Please help me initiate breastfeeding “immediately”; no later than 30 minutes to 1 hour after delivery. This means placing my baby skin-to-skin as soon as possible after birth, offering help to begin breastfeeding when my baby seems ready (e.g. rooting, licking lips, etc.) Keep my baby skin-to-skin with me until he/she is ready to latch.

☐ ROUTINE EXAMS
Please examine my baby in my presence and do not take him/her away from me unless he/she requires medical treatment that cannot be done in my room.

☐ CESAREAN DELIVERY (C-SECTION)
If I have a cesarean, I would like to hold my baby skin-to-skin as soon as possible after the operation. If I am unable to for some time after the delivery, then please allow my partner to hold my baby skin-to-skin.

☐ DISCHARGE BAGS
Please do not give me a discharge bag containing formula or show me any promotional or marketing materials concerning artificial baby milk.

☐ ROOMING IN
I would like to room in with my baby 24 hours a day to give my baby plenty of skin-to-skin time and so I can learn my baby’s feeding cues and feed him/her at the first sign of hunger. If for some reason my baby and I are not in the same room, please bring him/her to me at the earliest hunger cues, such as sucking on hands, making sucking noises, rapid eye movement, or rooting.

☐ BREAST PUMPS
If my baby is unable to breastfeed or is separated from me due to medical reasons, I want to be able to use a breast pump within 6 hours of delivery. Please remind me to call my WIC office for a pump if I need to continue pumping at home.

☐ BREASTFEEDING SUPPORT AFTER DISCHARGE
I would like to receive contact information for breastfeeding support in case I need help with breastfeeding after my baby and I are at home.

My name is ______________________
_____________________ and my goal is to exclusively breastfeed my baby.

The benefits of breastfeeding are very important to me and my baby. I request that these guidelines be supported as long as it is medically safe for me and my baby.

If I am unable to answer questions about the chosen infant feeding practices, please speak with my partner, friend or relative, ______________________
or my doctor, ______________________ who are both supportive of my decision to breastfeed.

AR WIC Breastfeeding Helpline – 800-445-6175, Monday-Friday, 8:00 AM to 4:30 PM
or visit www.facebook.com/arwicbreastfeeding