DEPARTMENT OF HEALTH

## My breastfeeding goal in the hospital

## 4/2024



My goal is to breastfeed/chestfeed successfully. Feel free to gently encourage me to continue to breastfeed or chestfeed, even though it might be difficult at first. Remind me that my baby and I are learning and feeding my baby will get easier the longer I do it. Believe in me as a strong, competent person whose body was made to feed my baby. Affirm my attempts to meet my goal.

I would like the baby to be placed skin to skin with me immediately after the birth.

If I have a cesarean section, I would like to hold my 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/chestfeeding within the first hour. I would like to give the baby time 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 with my baby lying on me or 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 to find a comfortable and effective latch and learn different positions for nursing my baby. I would also like to learn how to hand express my milk, how to recognize my baby is swallowing, and what to expect in the days following discharge from the hospital.

If I encounter any breastfeeding/chestfeeding problems, I would like help from an International Board Certified Lactation Consultant or other trained staff.

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, including the option for donated human milk.

If I am separated from my baby for any reason and unable to establish breast or chestfeeding, I would like to learn how to use a breast pump to establish my milk supply.

I do not want to be given or shown any promotional materials on formula, including diaper bags, crib cards, or the formula itself.

I would like to receive information on lactation support resources in my community.

I would like help from the hospital staff to manage my visitors so I have private time to feed my baby.

Created by Hennepin County WIC. Adapted with permission from Student Health Services, University of South Carolina's "Breastfeeding Worksheets."

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