

My Lactation Plan



Check all that apply

☐ FEEDING HUMAN MILK

I intend to feed my baby human milk. Please do not give my baby any supplementation before receiving consent from me or my partner. In an effort to establish a full milk supply for my baby, I need to *have access to my baby as much as possible to meet my goals*. I plan to feed my baby:

- ☐ EXCLUSIVELY FEEDING DIRECTLY
- ☐ EXCLUSIVELY PUMPING
- ☐ COMBINATION OF THE TWO

☐ FIRST HOUR

After the birth of my baby, regardless of method of delivery, I would like to have skin-to-skin time as much as possible. To nurse/breastfeed/chestfeed/body feed as soon as possible. And any routine exams to be conducted in my presence, unless an emergency.

☐ KEEPING BABY CLOSE

Please be mindful that my baby and I have been inseparable up until birth. I need us to continue being in close proximity to each other to help establish and encourage nursing/breastfeeding/chestfeeding/body feeding. Your support in helping us stay close together will help my lactation journey.

☐ SOOTHING MY BABY

If I am unable to soothe or feed my baby, they can be temporarily pacified by:

- ☐ BOTTLE
- ☐ PACIFIER
- ☐ SKIN-TO-SKIN
- ☐ SUCKING ON A CLEAN FINGER

provided by whomever I designate.

Hi, thank you so much for caring for my baby and me. I appreciate you and the time you invest in us.

My name is _____

my pronouns are _____

and I go by _____

(Examples: mother/mom/mommy, father/dad/daddy, moddy, parent, other.)

I plan to lactate for my baby, please use these terms with me:

- ☐ NURSING
- ☐ BREASTFEEDING
- ☐ CHESTFEEDING
- ☐ BODY FEEDING
- ☐ _____

I'm looking forward to feeding my baby and I appreciate your support in doing so. Thank you for supporting my baby and me in this journey.

☐ BREAST PUMPS

If I am unable to directly feed my baby on demand, I would like to have access to a breast pump to encourage milk supply and to provide breastmilk via bottle.

☐ NO DISCHARGE BAGS

Please don't offer, advise, or recommend any formula products unless requested by me or my partner.

☐ ADDITIONAL SUPPORT

☐ I would like to be visited by the staff lactation support professional before we are discharged.

☐ I would like contact information for local lactation consultants and support groups should I need help with my lactation journey after discharge.