

Breastfeeding: Planning Ahead



St. Croix County Help/Assistance Resources

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|--------------------------------|----------------|
| St. Croix County Public Health | (715) 246-8263 |
| Baldwin Area Medical Center | (715) 684-3311 |
| Hudson Hospital | (715) 531-6000 |
| Westfields Hospital | (715) 243-2600 |
| River Falls Area Hospital | (715) 307-6000 |

Here are some recommendations to consider as you prepare for breastfeeding. You are encouraged to talk to your health care provider about your choices. Give this completed plan to the nursing staff when you go to the hospital.

***skin-to-skin:** baby is naked on mother's naked chest for a minimum of 15 minutes during the first two hours of life.

After Birth...

- I would like my baby to be placed **skin-to skin*** with me immediately after birth.
- If I have a c-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 **within** the first hour. I would like the baby to have an opportunity to self attach, not forced into the first feeding.
- I would like all **newborn procedures delayed** until after the first feeding, done with the baby laying on me or held by me.
- I want my baby to stay in my room with me. I want to hold my baby **skin-to-skin** as much as possible during our stay.
- I would like help from the hospital staff to **manage my visitors** so I have private time to breastfeed my baby.

Help/Assistance...

- I would like help in establishing a **comfortable and effective latch** while learning different positions for nursing. 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 challenges, I would like help from an International Board Certified Lactation Consultant OR other staff trained to assist breastfeeding mothers.
- 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.

Do Not Want...

- 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 infant's medical provider and lactation support staff.
- I **do not want** to be given or shown any promotional material on formula, through diaper bags, crib cards, or the formula itself.



Breastfeeding Goals

I plan to breastfeed my baby for _____ months, _____ year(s).

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

I plan to:

My Questions

