

**IF YOU CAN PLAN
A WEDDING
YOU CAN PLAN
FOR A NATURAL DISASTER**

Breastfeeding

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FEMA





Breastfeeding Birth Plan

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No Disclosures

Setting the stage:



Prepare for breastfeeding before the birth and know your options once your baby arrives.

A breastfeeding plan communicates your wishes and preferences to your partner and your caregivers.

Many parents-to-be write a birth plan before the arrival of their baby. Just as important though, is preparing a plan for breastfeeding!

- It can help you to identify your needs and preferences.
- Understanding how breastfeeding works and what's normal can help you avoid problems.
- It can help you gain the support of your partner, family and caregivers.
- You are more likely to meet your breastfeeding goals.

Objectives:

- **Introduce** concept
- **Discuss** purpose
- **Review** design
- **Practice** development
- **Promote** utilization





“Plan” is not a bad word

WEDDING PLAN
BUSINESS PLAN
STRATEGIC PLAN
LESSON PLAN
FINANCIAL PLAN
ARCHITECTURAL PLAN

Use Whatever Outline Serves Your Patient Best!!

Breastfeeding Birth Plan

Chest feeding Plan

Lactation Plan

Nursing Plan

Infant Feeding Plan

Infant Nutrition Plan

Newborn Feeding Support Plan

Postpartum Vision Board

(Build Your Own) Plan

Before anything else,



preparation



is the key to success.

The Concept



Aren't we all planners?

Types of Planning

Planning is an essential part of every business, whether that is in the form of laying out a strategic framework, or making contingency plans for emergencies. Organizations that are not well-planned may be faced with serious consequences. The four main plans are strategic, tactical, operational, and contingency.

The four main plans of business are strategic, tactical, operational and contingency.

- Strategic planning looks at the long-term issues of the organization, and helps develop a plan for growth or change of business function. Goals developed at the strategic planning-level are often increased by dividing them into tactical and operational levels.
- Operations planning focuses on day-to-day issues, such as staffing levels or inventory quantities. Operational-level planning includes more detailed objectives with concrete deadlines and task assignments.
- Tactical planning is used to reach the goals set out by strategic and operational planning. Tactical planning includes short-term objectives and tasks designed to create specific results within a limited time span. Tactical plans often include operational level plans, and make way for the development of contingency level plans.
- Contingency-level planning includes more detailed action items with specified responses in case of unexpected events or emergencies, such as natural disasters or extreme weather events that disrupt business operations.

All four levels of planning are necessary for a business, or individual business projects to succeed.



How are you going to feed your baby?

THE QUESTION



Prenatal Period (Ideally 28 weeks)

THE TIMING OF THE QUESTION



IF PLAN A
DOESN'T WORK.
THE ALPHABET
HAS 25
MORE LETTERS.

The Purpose



Michigan Breastfeeding Plan: State Plan Example



Breastfeeding is the normative standard for infant feeding and nutrition. The evidence shows that *breastfeeding provides many short and long-term maternal and infant health benefits, as well as economic and community benefits.* Therefore, it is an important public health issue.

The Michigan Breastfeeding Plan (“The Breastfeeding Plan”) is *guided by the vision of removing barriers, advancing equity, and promoting breastfeeding as essential for infant nutrition, social emotional health, and chronic disease prevention* by ensuring all families have the opportunity to breastfeed for as long as they choose.

The Design





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Optimizing Support for Breastfeeding as Part of Obstetric Practice

Committee Opinion  | Number 756 | October 2018

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A Practice Advisory has been issued for this document.

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Number 756 (Replaces Committee Opinion No 658, February 2016. Reaffirmed 2020)

[Committee on Obstetric Practice](#)

ACOG Committee Opinion 756

Prenatal Care

The advice and encouragement of the obstetrician–gynecologist and other obstetric care providers are critical in assisting women to make an informed infant feeding decision and should be free from coercion, pressure, or undue influence **19**. Women and families should receive noncommercial, accurate, and unbiased information so that they can make informed decisions about their health care **20**. Obstetric care providers should be aware that personal experiences with infant feeding may affect their counseling. In addition, pervasive direct-to-consumer marketing of infant formula adversely affects patient and health care provider perception of the risks and benefits of breastfeeding.

Beginning conversations about lactation early in prenatal care by asking the patient and her family, “What have you heard about breastfeeding?” sets the stage for a patient-centered discussion. When taking an obstetric history, obstetrician–gynecologists and other obstetric care providers should specifically ask about any breast surgeries, prior breastfeeding duration, and any previous breastfeeding difficulties. Prior problems leading to earlier-than-desired weaning should be discussed, anticipatory guidance should be provided, and appropriate lactation support resources should be identified. The breast examination can identify surgical scars indicating prior surgery, as well as widely spaced, tubular breasts that may indicate insufficient glandular tissue **6**. A breast assessment and breastfeeding

ACOG Committee Opinion 756

indicate insufficient glandular tissue **6**. A breast assessment and breastfeeding history should be obtained as part of prenatal care, and identified concerns and risk factors for breastfeeding difficulties should be discussed with the woman and communicated to the infant's health care provider, either directly or as part of shared records. A woman with a history of breast surgery usually can successfully breastfeed with the supervision of a health care provider to watch for any milk supply challenges or other anatomic issues related to the procedure. Of particular concern is a history of breast reduction, extensive wide local excision or multiple biopsies because these procedures can affect the ability to produce a full milk supply or permit normal anatomic drainage through the ducts, or both. Obstetrician–gynecologists and other obstetric care providers should engage the patient's partner and other family members in discussions about infant feeding and address any questions and concerns. This patient-centered approach allows the health care provider, the patient, and her family to anticipate challenges, develop strategies to address them, and collaborate to develop a feeding plan that is compatible with the woman's and family's goals. Obstetrician–gynecologists and other obstetric care providers should support each woman's informed decision about whether to initiate or continue breastfeeding, recognizing that she is uniquely qualified to decide whether exclusive breastfeeding, mixed feeding, or formula feeding is optimal for her and her infant.

Goal setting IS THE MOST
IMPORTANT ASPECT OF ALL
IMPROVEMENT AND PERSONAL
DEVELOPMENT PLANS.

IT IS *the key* TO ALL *fulfillment*
and achievement.

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Practice Advisory to Update the Duration of Breastfeeding

Practice Advisory ⓘ | February 2023

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This Practice Advisory was developed by the American College of Obstetricians and Gynecologists in collaboration with Susan Crowe MD, Sharon Mass MD, Alison Stuebe, MD, MSc, Meredith Birsner MD, and Adetola F. Louis-Jacques MD.

This Practice Advisory serves as an update to Committee Opinion No. 756 [Optimizing Support for Breastfeeding as Part of Obstetric Practice](#) (originally published in 2018) ¹, Committee Opinion No. 820 [Breastfeeding Challenges](#) (originally published in 2021) ², and Committee Opinion No. 821 [Barriers to Breastfeeding: Supporting Initiation and Continuation of](#)

A GOAL

without a plan

IS JUST A WISH

Antoine de Saint-Exupery



Breastfeeding Online Resource Kit



Click the link below to access the Online Resource Kit

Breastfeeding | Georgia Chapter American Academy of Pediatrics (gaaap.org)

Georgia Chapter

American Academy of Pediatrics

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Breastfeeding Online Resource Kit

Click on the topics below to access up-to-date websites and articles!

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[AAP Clinical Report: The Breastfeeding-Friendly Pediatric Office Practice](#)

Adding Breastfeeding Support Services to Your Practice

by Susanne Madden ■ Jul 2014

Find out how adding lactation services can benefit your practice financially and clinically.

Q & A with Susanne Madden, chief operating officer of the National Breastfeeding Center



With the implementation of the Affordable Care Act came the mandate to cover breastfeeding support (and equipment) under preventive care services. This means breastfeeding support is now a covered service and there is no cost-sharing by the patient.

*Don't wait until
you're in a
CRISIS
to come up with a
CRISIS PLAN.*



The Development

Setting Your Breastfeeding Goals

Set your short- and long-term goals for breastfeeding before baby arrives.

You may have heard the recommendation—feed your baby only breast milk for the first six months. And continue breastfeeding your baby for at least a year. Breastfeeding is a [great choice](#), but six months or a year may feel like a long time, especially in the early weeks. Instead of focusing on the long-term, set realistic short-term goals.

Smaller steps will help you take breastfeeding day-by-day and make you feel good about the little, yet important, successes. It will help you celebrate the many milestones between your baby's birth and first birthday. As you continue to practice, breastfeeding will get easier.

Short-term goals might include visiting a lactation consultant or WIC breastfeeding expert to help you get a good latch, making it through the first growth spurt, or breastfeeding until the season changes. For ideas, look at our checklist for every stage of your breastfeeding journey. Then print out the customizable [Breastfeeding Goals Worksheet](#) and fill out your personal goals. Once you've reached the first goal, set a new one!



Setting your Breastfeeding Goals

SETTING YOUR BREASTFEEDING GOALS



Setting small goals and taking breastfeeding one day at a time can help make breastfeeding easier. Use this worksheet to jot down your short- and long-term goals for breastfeeding.

My long-term goal is to breastfeed for _____ months and exclusively breastfeed for _____ months.



Write your short-term goals below.

Here are some examples:

- Before my baby arrives, I will take a breastfeeding class.
- In the hospital, I'll practice correct latching with my baby and will work with a breastfeeding expert if I need to.
- When we get home from the hospital, I will ask my partner, mom, or other loved one for help around the house so that I can focus on feeding my baby.

To make this happen I will:



What might get in the way of me reaching my short- and long-term goals?

(This could include going back to work or not having support from friends or family.)

These are my solutions for the challenges above:

Use this checklist to stay on top of your breastfeeding goals.

BEFORE YOUR BABY ARRIVES:

- Take a WIC breastfeeding class.
- Talk to your partner and family about breastfeeding.
- Get any supplies you may need for breastfeeding.
- Figure out who you can call when you face a challenge. A WIC breastfeeding peer counselor, WIC breastfeeding expert, a lactation consultant, or a family member can help.
- Create a birth plan that supports your desire to breastfeed.
- Talk to your employer about your plans to breastfeed and make a plan that will allow you to pump at work.
- Learn how to get a breast pump.
- Learn about hand expressing milk.

AT THE HOSPITAL OR BIRTHING CENTER:

- Breastfeed your baby as soon as possible after delivery.
- Ask the staff for help breastfeeding, if you need it, to get off to a good start.

FIRST DAYS AND WEEKS AT HOME:

- Relax! Find a place where you can breastfeed comfortably.
- Practice different positions for breastfeeding.
- Learn your baby's hunger and fullness cues.
- Reach out for help when you hit a bump in the road, like sore nipples, plugged ducts, milk supply concerns, and more. Your local WIC agency staff can help!
- Talk to a health care provider about when it's okay to offer your baby a pacifier.

1 MONTH TO 6 WEEKS IN:

- Celebrate your achievements! Look at how your baby has grown, thanks to your hard work.
- Start pumping and storing milk. This is good practice for returning to work, too.

GOING BACK TO WORK:

- Continue talking with your employer about your needs and your schedule. You'll want to pump during the times when you would normally feed your baby at home.
- Talk to your child care provider, even if it's a family member, about how to feed your baby so that you can continue meeting your breastfeeding goals.
- Breastfeed your baby before you leave for work or at the child care drop-off location.
- If possible, stop by your baby's child care provider during one of your breaks to breastfeed.
- Make time for a feeding when you pick up your baby at the end of the day. It can be a nice time after being apart.

6 MONTHS AND BEYOND:

- Start introducing solid foods.
- Check in on how you're doing. Are you ready to make new long-term goals?

For more resources visit:
www.WICBreastfeeding.fns.usda.gov



*A goal without an
action plan is
a daydream.*

Nathaniel Drucker

My Breastfeeding Plan



Australian
Breastfeeding
Association

My Breastfeeding Plan

Having a breastfeeding plan can help you not only to work out what your preferences about feeding your baby are but also identify the people who will support your wishes.

ABOUT US

My name is:

My partner's name is:

Our baby is due on:

BEFORE THE BIRTH

- I will talk to my partner about how important breastfeeding is to me and our baby and how their support is vital to establishing and maintaining breastfeeding.
- My partner and I will attend an [Australian Breastfeeding Association \(ABA\) Breastfeeding Education Class](#).
- I will [join](#) the ABA, as my subscription includes a copy of the Association's book called *Breastfeeding ... naturally*, a quarterly magazine called *Essence*, premium access to the [mum2mum app](#) and access to local get-togethers with other parents run by trained breastfeeding counsellors and community educators. Many mothers find the most valuable part of being an ABA member is the mother-to-mother support they receive which assists them along their breastfeeding journey.

I will speak to my employer about a [return to work](#) policy that supports breastfeeding employees. [This site](#) has lots of helpful information.

IMMEDIATELY AFTER BIRTH (vaginal or caesarean)

The following preferences are possible if both you and your baby are well, whether you have a vaginal or caesarean birth.

- Please place our baby on my chest immediately after birth, with a warm blanket covering their body for warmth. Many hospitals now allow this in delivery room before the procedure is complete, if you have a [caesarean birth](#).
- I would like our baby to remain with me on my chest to encourage them to [self-attach](#) for their first breastfeed (with assistance from me as I feel is appropriate).
- Please perform all essential post birth observations while our baby is on my chest.
- We would like our baby to be weighed after their first breastfeed, lying on their tummy on a warm cloth.

IF MY BABY OR I REQUIRE SPECIAL CARE AFTER BIRTH

- If I am unable to hold our baby skin-to-skin after birth, I would like my partner to hold our baby.
- I wish my breasts to be treated gently and only touched with my permission.

- If my baby cannot breastfeed within the first hour of birth, please assist me to hand [express](#) my colostrum every 2 to 3 hours, starting from within the first hour after birth (or as close to as possible), to stimulate my milk supply and for feeding to our baby.

THE EARLY DAYS

- I will breastfeed my baby according to their needs and will follow my baby's feeding cues in terms of length and frequency of feeds.
- I will keep my baby skin-to-skin as much as possible for at least the first few weeks after birth.
- I would [like to room-in with my baby at all times](#) so that I can learn our baby's feeding cues.
- I do not wish to bathe our baby for at least the first 48 hours after birth.
- I do not wish to wash my chest area for 24 hours after the birth.
- My partner and I will not wear perfume or use strong-smelling items for the first few days after birth.
- We do not want our baby to have artificial nipples (dummies or bottles) at any time. If alternative feeding methods of expressed milk are needed, we would like our baby to be fed using a [cup](#), spoon or syringe.
- We do not want our baby to receive anything other than breastmilk unless medically necessary. If it is considered necessary, I would like to sign a consent form which indicates I have been given all the information I need to understand why supplementation is medically necessary.
- If there are concerns about my [baby's weight](#), I would like to try more frequent feeding and other strategies for addressing this, with supplemental feeds only to be given when medically indicated and after I have signed a consent form which states I have been given all the information about why supplementation is medically indicated. If supplemental feeds are required on a longer term basis, we would like to use a [breastfeeding supplementer](#).

IF I NEED MORE INFORMATION OR SUPPORT

- I will remind myself that breastfeeding, although natural, is a learned skill.
- If I need information or support regarding breastfeeding, I know I can:
 - call the National Breastfeeding Helpline on 1800 686 268 which is available 24 hours a day, 7 days a week staffed by trained ABA [counsellors](#)
 - download the [mum2mum app](#)
 - use the LiveChat service via ABA's website to contact a trained Australian Breastfeeding Association [volunteer](#)
 - check out the up-to-date information on the [Australian Breastfeeding Association's website](#), on the ABA's [mum2mum app](#) and in the ABA's [booklets](#)
 - contact an [International Board Certified Lactation Consultant](#) if I have problems that ABA counsellors are unable to help me with
 - contact [my local Australian Breastfeeding Association group](#) for support and friendship from other breastfeeding women and trained ABA volunteers.

Sometimes mums and bubs need a little help to get the hang of breastfeeding and sometimes problems do arise. With the right support at the right time, most breastfeeding problems can be solved. The Australian Breastfeeding Association is recognised internationally for providing mother-to-mother breastfeeding support and accurate and up-to-date breastfeeding information.

IF YOU DON'T KNOW

where you are going,

YOU'LL END UP
SOMEPLACE ELSE.

Yogi Berra

Infant Feeding Plan

INFANT FEEDING PLAN

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 how to feed my baby, please talk to my birthing partner _____ or my doctor, _____ who both support my decision to breastfeed.

CHECK ALL THAT APPLY:

- EXCLUSIVE BREASTFEEDING**
My goal is to exclusively breastfeed my baby. Please do not give my baby any formula before speaking to me or my birthing partner. I need all of my baby's suckling to be at my breast to build a good milk supply.
- NO BOTTLES OR PACIFIERS**
Please do not give my baby artificial nipples including pacifiers or any bottles with formula, water, or glucose water. If there is a medical reason for this, I would first like to speak with a lactation consultant or pediatrician about trying different feeding methods with expressed milk.
- SKIN-TO-SKIN**
Place my baby on my chest, skin-to-skin for at least one hour after my baby is born. If possible, please do routine newborn check-ups with my baby on my chest, skin-to-skin. Throughout our stay, I want to be able to hold my baby skin-to-skin as much as possible. Blankets may be placed over us, but not between us.
- FEED ON CUE**
Please help me begin breastfeeding when my baby seems ready (for example rooting, licking lips, and so forth). Please do not force my baby to take the breast if he/she is not showing signs of readiness. Instead, keep my baby skin-to-skin with me until he/she is ready to try to latch.
- ROUTINE EXAMS**
Please give my baby check-ups 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.
- EMERGENCY CESAREAN**
I want to hold my baby skin-to-skin as soon as possible after a cesarean section. If I am unable, please allow my partner to hold my baby skin-to-skin.
- ROOMING-IN**
I would like to keep my baby in my room with me 24 hours a day. That way I will learn my baby's feeding cues and have the most skin-to-skin time. If we're not in the same room, please bring my baby to me at the earliest hunger cues, such as sucking on hands, making sucking noises, rapid eye movement, or rooting.
- BREASTFEEDING ASSISTANCE**
Please teach me how to know the correct baby positioning and a good latch. Please teach me how to recognize my baby's early hunger cues, how to hand express milk, and how to tell if my baby is breastfeeding well.
- BREAST PUMPS**
If I'm unable to breastfeed or I'm separated from my baby, I want to use a breast pump within 6 hours of delivery. If I need a pump longer than my hospital stay or if there is not a double electric breast pump available, please help me get a pump through my health plan.
- DISCHARGE BAGS**
Please do not give me a free gift bag containing formula or show me any promotional or marketing materials concerning formula.
- BREASTFEEDING SUPPORT AFTER MY BABY IS BORN**
I would like to receive contact information for breastfeeding support in case I need help with breastfeeding after we are at home.

INFANT FEEDING PLAN

An Infant Feeding Plan is a plan of action that expresses your desired hospital experience and infant feeding goals to your family and your health-care providers. Check any options that you want or that you would like to ask hospital staff about.

The plan can be completed with family and shared with:

- Your doctor
- Your baby's doctor
- The hospital staff

The most important place to take your Infant Feeding Plan is to the hospital so don't forget to pack it in your hospital bag. Ask hospital staff to attach this plan to your chart. The plan will help refresh your health-care provider's memory when you're in labor. Remind staff at shift changes that your Infant Feeding Plan is attached to your chart. It will bring new members of your medical team – such as an on-call health-care provider and your labor and delivery nurses – up to speed about your preferences.



Plan your work
and
work your plan

Make a Plan : It's Worth It!

Make a Plan

It's Worth It!

Plan for your breastfeeding success and share your wishes about breastfeeding your baby.
Knowledge + Support + Confidence = Success

Preparing for My Baby's Birth: Getting off to a great start!

- I will talk with my partner, family, friends and healthcare provider about my plan to breastfeed, and for how long.
- I will attend a prenatal breastfeeding class.
- I plan to have my baby skin-to-skin right after birth.
- I plan to feed my baby within the first hour after birth.
- I plan to room-in with my baby in the hospital.
- If my baby is having trouble with feeding in the hospital, I will ask to speak with a nurse or a lactation consultant.
- I will ask about hospital breastfeeding support groups available to me before I leave the hospital.

The First Weeks at Home: Being a new mom isn't always easy. Reach your goals for breastfeeding by having a plan.

- Two people that I can trust and call on for helpful advice or support are: _____
- For my first week at home, these people can help with:
 - Laundry: _____ House cleaning: _____
 - Groceries: _____ Errands: _____
 - Care of older children: _____
 - Meals: _____
- If my baby seems to have difficulty with feeding, latching-on or if my nipples become sore, I will contact: _____
- If I start feeling sad or overwhelmed, I know this is common, I will talk to _____ about ways to feel better.
- I will sleep or rest when my baby sleeps.

Your health care providers and WIC are here to help you every step of the way

My health care provider is: _____
 Phone: _____

My WIC contact is: _____
 Phone: _____

My WIC peer counselor (if available) is: _____
 Phone: _____





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Content courtesy of Vermont Department of Health.

Haga un Plan

It's Worth It!

Haga planes para tener éxito con el amamantamiento y comparta sus deseos acerca de amamantar a su bebé.
Conocimiento + Apoyo + Confianza = Éxito

Preparación para el nacimiento de mi bebé: ¡Para tener un excelente comienzo!

- Hablaré con mi pareja, familia, amigos y mi médico sobre mi plan para la lactancia y su duración.
- Voy a asistir a una clase de lactancia materna.
- Planeo colocar a mi bebé en mi pecho para que haya un toque mutuo de piel (skin to skin) justo después de nacer.
- Planeo amamantar a mi bebé dentro de la primera hora de haber nacido.
- Planeo mantener a mi bebé conmigo en el mismo cuarto en el hospital.
- Si en el hospital, a mi bebé se le hace difícil amamantar, hablaré con una enfermera o una consultadora de la lactancia materna.
- Voy a preguntar por los grupos de apoyo para la lactancia materna que el hospital tiene disponible para mí, antes de ser dada de alta del hospital.

Durante las primeras semanas en casa: No es fácil ser mamá. Sin embargo, si se traza un plan, podrá lograr su meta de amamantar a su bebé.

- Dos personas en las que puedo confiar y a quienes recurrir para recibir consejo o apoyo son: _____
- Durante la primera semana en casa, estas personas pueden ayudarme con:
 - Lavar la ropa: _____ Limpieza de la casa: _____
 - Compra de alimentos: _____ Mandados: _____
 - Cuidado de mis otros niños: _____
 - Preparar las comidas: _____
- Si mi bebé parece tener dificultad con la alimentación, para prenderse al pecho o si tengo heridas en los pezones, me contactaré con: _____
- Si comienzo a sentirme triste o abrumada, aunque sé que puede ocurrir, hablaré con _____ sobre las maneras para sentirme mejor.
- Voy a dormir o a descansar cuando el bebé duerma.

Todo el equipo de atención médica a su cuidado y el personal del programa WIC están aquí para ayudarle paso a paso.

Mi doctor es: _____
 Teléfono: _____

Mi contacto de WIC es: _____
 Teléfono: _____

La madre consejera en WIC es (si es que está establecido): _____
 Teléfono: _____





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El contenido es cortesía del Departamento de Salud de Vermont.

If the plan
doesn't work,

CHANGE THE PLAN,

not the goal.



Nuvance Health



CENTER FOR BREASTFEEDING
203-739-7777

INFANT BREASTFEEDING PLAN

SHARED DECISION-MAKING TOOL – BREASTFEEDING

Do you plan to exclusively breastfeed your baby? _____

Who is your biggest breastfeeding supporter? _____

What barrier stands in your way of meeting your goal? _____

My Personal Breastfeeding Goal:

_____ Exclusive breastmilk

_____ Breastmilk + formula

_____ Formula only

It is my goal to breastfeed for _____ months

WHY ONLY BREASTMILK

- Babies do not need other food or fluids, American Academy of Pediatrics, the World Health Organization and the CDC recommend exclusive breastfeeding for 6 months
- Giving only breastmilk for 6 months maximizes protection against disease and infections
- It makes breastfeeding easier especially when returning to work
- Milk supply is better maintained if only breastmilk is given
- Cost savings of an average of \$125 per month if breastfeeding instead of buying formula
- Medical costs savings of \$4,000 per year on illnesses and sick visits
- Health benefits for mom and baby

D84439 4/19



CENTER FOR BREASTFEEDING
203-739-7777

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. Danbury Hospital practices rooming-in. By keeping my baby in my room I will have more opportunity to learn baby feeding cues, practice breastfeeding, and have the most skin to skin time

_____ ROUTINE EXAMS

Please give my baby check-ups 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.

_____ EMERGENCY CESAREAN BIRTH

I want to hold my baby skin to skin as soon as possible after a cesarean birth. If I am unable, please allow my partner to hold my baby skin to skin.

_____ BREAST PUMPS

If I am unable to breastfeed, or I am separated from my baby, I want to use a breast pump and learn hand expression within 6 hours of delivery.

_____ BREASTFEEDING SUPPORT AFTER MY BABY IS BORN

I would like to receive contact information for breastfeeding support in case I need help with breastfeeding after we are home.

_____ BREASTFEEDING ASSISTANCE

Please teach me the correct positioning and latch. Please teach me how to recognize my baby's feeding cues, how to hand express colostrum, how to build a good milk supply, and how to tell if my baby is breastfeeding well.

_____ VISITORS

Please help me limit my visitors. This will help decrease distractions leaving more time for skin to skin and breastfeeding.

HOSPITAL PLAN - CHECK PREFERENCES THAT APPLY:

_____ EXCLUSIVE BREASTFEEDING

My goal is to exclusively breastfeed my baby. Please do not give my baby any formula before speaking to me or my birthing partner. The nurses will frequently remind me of the importance of exclusively breastfeeding.

_____ THE GOLDEN HOUR

Please help me with skin to skin as soon as possible after birth and to start breastfeeding within the first hour or as soon as possible. If I have a cesarean birth I know the GOLDEN HOUR will occur in the recovery room.

_____ SKIN TO SKIN

Place my baby on my chest, skin to skin for at least one hour after my baby is born. If possible, please do routine newborn check-ups with my baby on my chest, skin to skin. Throughout our stay, I want to be able to hold my baby skin to skin as much as possible. Blankets may be placed over us, but not between us.

_____ NO BOTTLES OR PACIFIERS

Please do not give my baby artificial nipples including pacifiers, or any bottles of formula. If there is a medical reason for this, I would like to speak with a lactation consultant about trying different feeding methods.

_____ FEED ON CUE

Please help me to learn my babies feeding cues (for example rooting, licking lips, hands to mouth).

D84439 4/19

WITHOUT GOALS, AND
plans to reach them,
YOU ARE LIKE A SHIP
THAT HAS SET SAIL
WITH *no destination.*

Fitzhugh Dodson

The Utilization



Prenatal Workshop

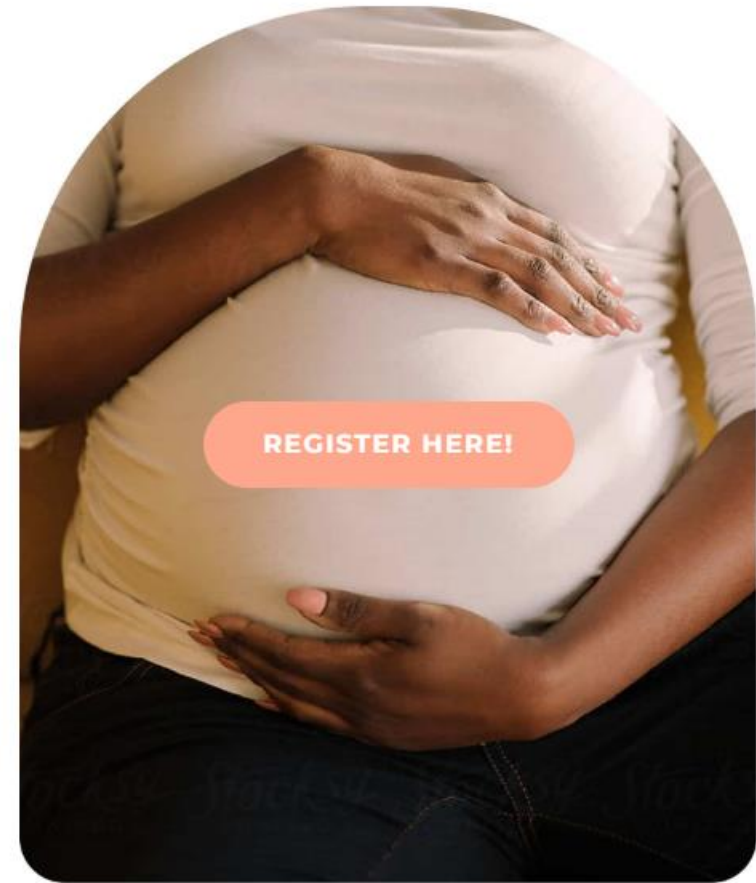
how to feed your newborn

Breastfeed | Bottle Feed | Pump

A really important question that all pregnant families need to consider: **How are you planning to feed your newborn baby?**

This class is a realistic approach to breastfeeding (including pumping & bottle feeding) for expectant parents.

Plan to take this class right as you enter your third trimester – around 28 weeks pregnant. Don't leave it until 32 weeks or later if you can avoid it. You need to know what to do if baby shows up early!



A Strong Foundation

You can also use your postpartum vision board as the foundation that you use to **create your postpartum plan**. As you are thinking about and preparing for each area of your postpartum plan, you can refer back to your vision board to make sure that your plan is in alignment. It will serve as a visual representation and reminder of your dreams and desires so that you can stay intentional and make decisions that fit your family and lifestyle.

FREE DOWNLOAD

Postpartum Vision Board Kit



14 Reflection + Journal Prompts

9 Themed Vision Boards

4 Pages Of Graphics

What stage are you in?

Breastfeeding is a journey. There are ups and downs and feelings of accomplishment and frustration. WIC is there to help every step of the way, no matter what stage of the breastfeeding journey you're in.



Explore the Stages of Breastfeeding

Learn

Thinking about breastfeeding? Learn about the benefits, how to plan for it, and get ready to start.

Start

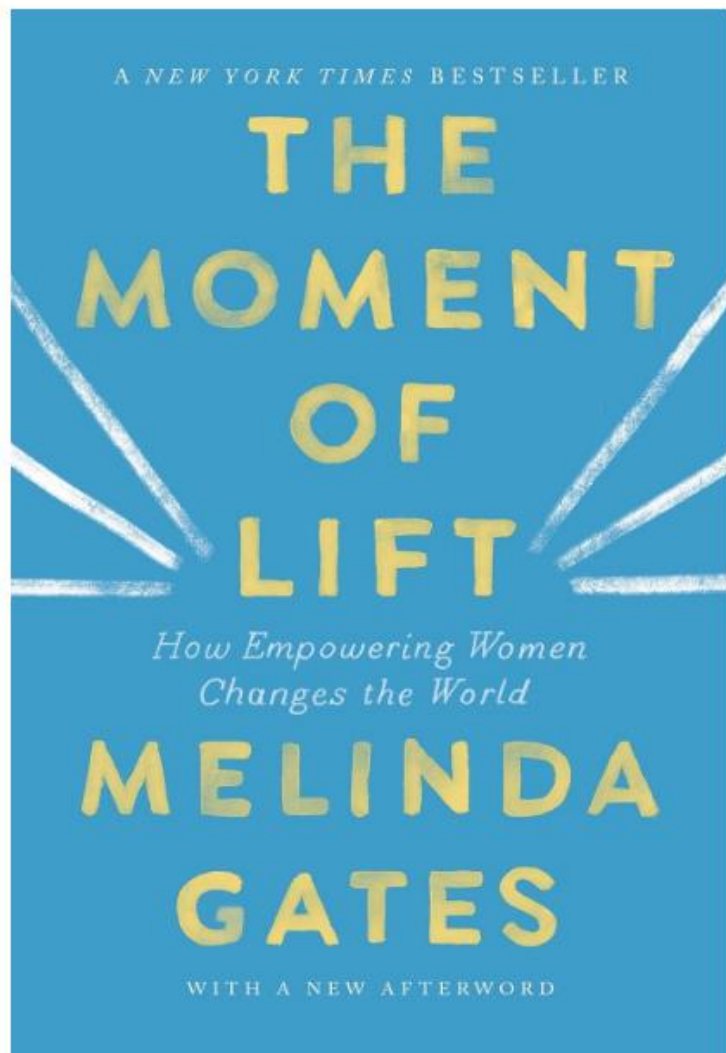
Your baby is here! Read about what to expect in the first few days and find support when you need it to make breastfeeding work.

Overcome

Every mom faces breastfeeding challenges. From low milk supply to growth spurts, we have solutions to help get you through.

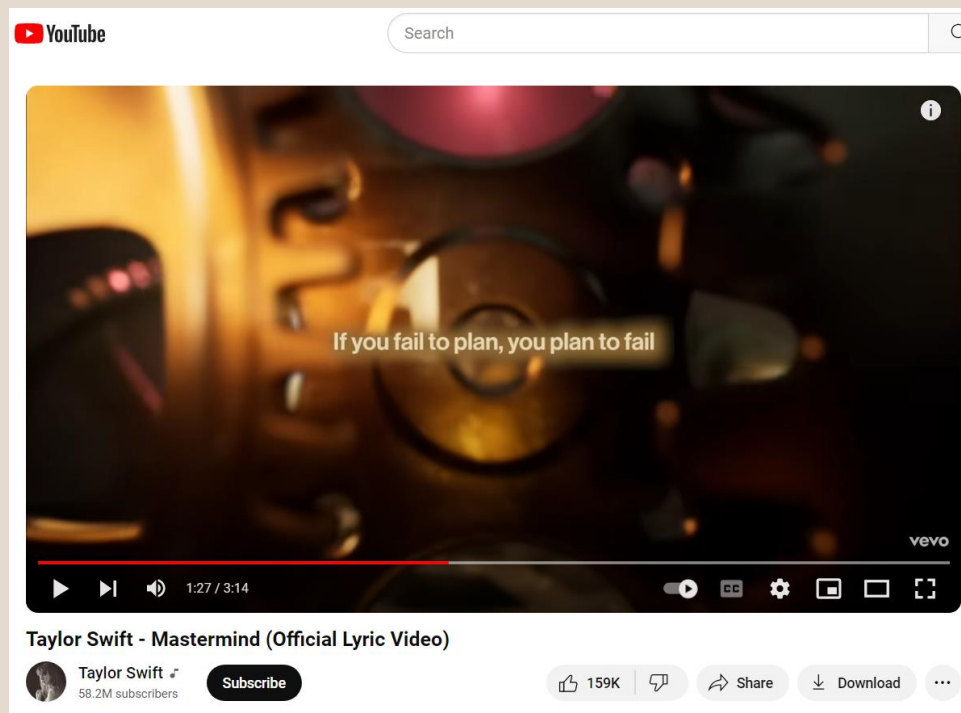
Thrive

You've got breastfeeding down! Learn what's next and how you can help other moms succeed.



“I was able to give her a big hug, and it reminded me how much all of us in this work need one another. We give energy to one another; We lift each other up”

Taylor's Version: Mastermind



YouTube Search

If you fail to plan, you plan to fail

vevo

1:27 / 3:14

Taylor Swift - Mastermind (Official Lyric Video)

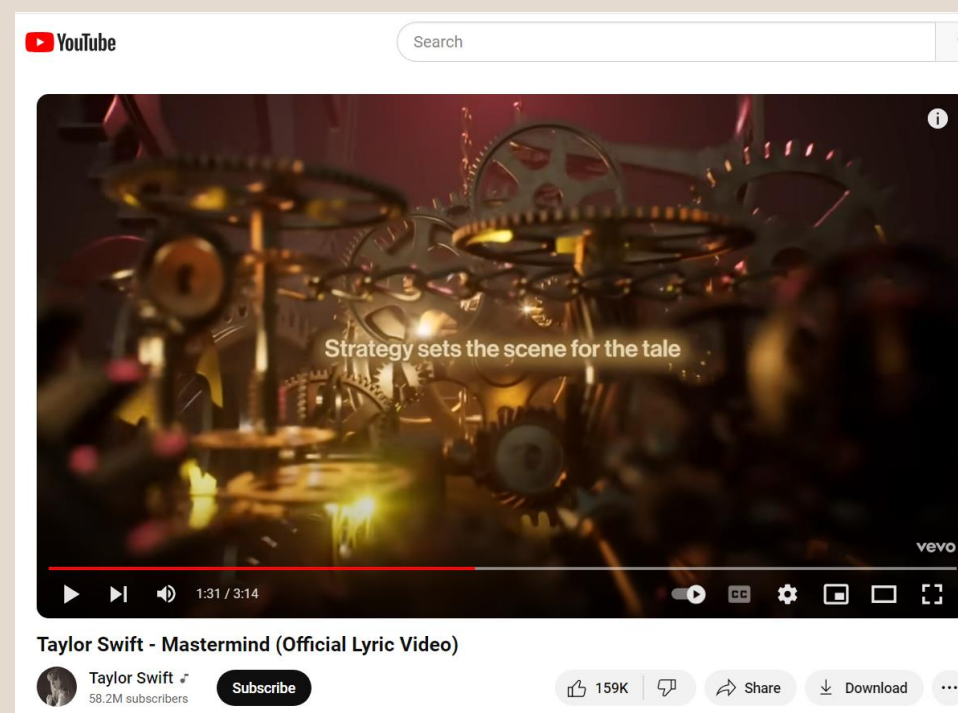
Taylor Swift 58.2M subscribers

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Strategy sets the scene for the tale

vevo

1:31 / 3:14

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Resources



- [HEALTH MOTHERS HEALTHY BABIES](#)
 - [NATIONAL HEALTHY START ASSOCIATION](#)
 - [DPH – BREASTFEEDING](#)
 - [EPIC BREASTFEEDING PROGRAM](#)
- 

Use Whatever Outline Serves Your Patient Best!!

Breastfeeding Birth Plan

Chest feeding Plan

Lactation Plan

Nursing Plan

Infant Feeding Plan

Infant Nutrition Plan

Newborn Feeding Support Plan


Postpartum Vision Board

(Build Your Own) Plan

Important Reminders

*Plan purposefully
Prepare prayerfully
Proceed positively
Pursue persistently*





**Thank You for
EVERYTHING you do
(billable and non-billable)
to help the
women and families in Georgia!!**

DR. KEISHA R. CALLINS

KEISHARCALLINS@GMAIL.COM

A pair of hands is shown holding a small, colorful globe of the Earth. The hands are positioned as if cradling the globe, with fingers gently gripping it. The globe shows continents in various colors (green, yellow, orange) and oceans in blue. The background is a soft, out-of-focus brownish-gold color.

**“You may not be able to change the world,
but you can choose to change the world
of each person with whom you interact”**

**Yours Truly,
Dr. Keisha R. Callins**
