

My Action Plan for Breastfeeding



Name: _____

Check the box for each step you are doing now to prepare for breastfeeding. Check the boxes for the steps you plan to take. Write down other ways you plan to prepare for breastfeeding.

Things that I can do to get ready for breastfeeding

<ul style="list-style-type: none"> Learn more about breastfeeding by asking questions, attending classes, and reading. Ask my local WIC agency, medical provider, or clinic staff for more information and help. 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Attend a breastfeeding support group at WIC, a doctor's office or La Leche League to talk to moms who have breastfeeding experience. 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Talk to my family, husband/partner, friends, and my work or school about my plans to breastfeed my baby. 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Fill out a birth plan and give it to my doctor. Ask your case manager for a copy of <i>My Birth Plan</i>. 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Ask that my baby stay in my room after I give birth. 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Start breastfeeding in the first hour after delivery. 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Breastfeed at least 8 times a day. Offer both breasts at each feeding. 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Learn hand expressions so I can see my milk. 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Avoid pacifier use for the first month. 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Complete and save <i>My Breastfeeding Resources</i>. 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If I have trouble breastfeeding, I will ask for help by calling _____ 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Give my baby only breast milk for the first six months and try to breastfeed for at least a whole year. If I need to be away from my baby, I can pump breast milk. 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Make sure I know how to use my pump the right way by calling _____ 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Other ideas to help me breastfeed my baby: _____ 	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Am Doing	Steps I Will Take
<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____

Date: _____