

My Breastfeeding Checklist



I _____, have chosen to exclusively breastfeed my baby. I thank you for respecting my decision and supporting my breastfeeding experience. Please help my baby and me with the following, so that breastfeeding will be successful for us.

For My Hospital Stay:

- Please help me make sure my baby only receives my milk. I want my baby to *feed only on breast milk*.
- Please help me place my baby skin-to-skin on my chest, shortly after birth. If I give birth by cesarean section, please place my baby skin to skin as soon as possible.
- Please help me to initiate breastfeeding within the first 30 to 60 minutes after my baby's birth.
- Please assist me with breastfeeding, so that I learn correct techniques. Please help me identify that my baby is breastfeeding well.
- Please allow my baby to room-in with me. I want to hear the baby so that I can respond to his/her needs.
- Please examine my baby in my presence, and do not take him/her away from me unless medical treatment is required that cannot be done in my room.
- If my baby is unable to nurse at my breast or is separated from me due to medical reasons, please bring me a hospital-grade electric breast pump as soon as possible. It is best that I begin pumping milk for my baby within 4 hours of delivery.

For Discharge:

- Please do not give me infant formula samples or promotional material, whether for the hospital stay or to take home. These will not help me succeed with my breastfeeding goal.
- Please help me to get a hospital-grade electric pump if I need a breast pump after I leave the hospital.
- Please give me contact information for breastfeeding support in case I need help after my baby and I are at home.