

# Breastfeeding Plan for My Baby

My goal is to exclusively breastfeed my baby. If I am unable to answer questions about my feeding plan, please speak with my birthing partner,

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I request these guidelines be supported as long as it is medically safe for me and my baby.

Check all that apply:

- Exclusive Breastfeeding**  
Please do not give my baby any formula, water or glucose water before speaking to me or my partner.
- No Bottles or Pacifiers**  
Please do not give my baby artificial nipples. This includes pacifiers, or any type of bottle.
- Skin to Skin**  
During my stay, I want to hold my baby skin-to-skin as much as possible.
- Rooming In**  
I would like my baby to be with me 24 hours a day to give my baby plenty of skin-to-skin time and so I can learn my baby's feeding cues and feed him at his first signs of hunger.
- Breastfeeding Assistance**  
Please help me initiate breastfeeding within the first hour of my delivery. Make sure my baby's latch and position are good. Remind me of my baby's early hunger cues and how to tell if my baby is breastfeeding well.
- Breast Pumps**  
If my baby is unable to breastfeed or is separated from me due to medical reasons, I want to use a breast pump as soon as possible. If I need to pump longer than my hospital stay, please remind me to call my local WIC office.
- Discharge Bags**  
Please do not give me a discharge bag that has formula or information on formula. Instead, praise me for breastfeeding and giving my baby the best nutrition.

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*When you check into the hospital, be sure to have this card with you, along with other important paperwork and any materials from your Peer Counselor. This card is a guide to help you develop a customized breastfeeding plan for you and your baby. Fill it out prior to your due date. The back of this plan can be used as a crib card. Fold it in half and ask your nurse to fill out your baby's information and tear off these instructions. Place the card in the crib card holder on your baby's crib/bassinnet at the hospital to remind staff your baby is breastfeeding.*

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*See inside of this card for breastfeeding plan.*

# I'm Breastfeeding for the Best Start!

ID# \_\_\_\_\_

*natural*Nutrition

## I'm Breastfeeding for the Best Start!

My Name is \_\_\_\_\_

My Mom's Name \_\_\_\_\_

Room # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Time \_\_\_\_\_

Sex \_\_\_\_\_ Birth Weight \_\_\_\_\_ pounds \_\_\_\_\_ ounces

Length \_\_\_\_\_ Head \_\_\_\_\_ Chest \_\_\_\_\_

My Doctor (Pediatrician)

\_\_\_\_\_

Mom's Doctor (Ob/Gyn)

\_\_\_\_\_

S. C. Department of Health and Environmental Control [www.scdhec.gov](http://www.scdhec.gov) DHEC-1234 (6/2011)

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Please **DON'T** give me  
Bottles • Formula • Water  
Glucose Water • Pacifiers

*When you check into the hospital, be sure to have this card with you, along with other important paperwork and any materials from your Peer Counselor.*

*This is a crib card. Fold it in half and ask your nurse to fill out your baby's information after delivery, and tear off these instructions.*

*Place the card in the crib card holder on your baby's crib/bassinnet at the hospital to remind staff your baby is breastfeeding.*

*The back of this card has a customized breastfeeding plan for you and your baby. Fill it out prior to your due date.*