My Breastfeeding Checklist
Pregnancy through the First Weeks

My breastfeeding goal is to exclusively breastfeed my baby for ______ months.

Breastfeeding Resources

HealthVermont.gov/YouCanDoIt – The WIC Mother Baby Breastfeeding page with resources, video tips and more to help you keep breastfeeding, from the VT Dept. of Health

HealthVermont.gov/WIC/Food-Feeding Breastfeeding – Information about current laws regarding breastfeeding mothers in public and the workplace

BabyGooRoo.com – Breastfeeding and child nutrition for parents and professionals

BreastfeedingPartners.org – Breastfeeding information from New York WIC

CDC.gov/Breastfeeding – Breastfeeding information for parents and professionals

GotMom.org – Breastfeeding information and resources for mothers and families from the American College of Nurse-Midwives

ILCA.org – International Lactation Consultant Association. Find a lactation consultant in your area and get other helpful resources.

KellyMom.com – Breastfeeding information and internet links for mothers

WomensHealth.gov – Breastfeeding questions and answers from the National Women’s Health Information Center, Health and Human Services

WorkAndPump.com – Information about breastfeeding for working moms

YouTube.com/user/cobfcvideos – Three videos about moms, employers and breastfeeding friendly workplaces, developed by the Colorado Breastfeeding Coalition
Plan for your breastfeeding success and communicate your wishes about breastfeeding your baby.
Knowledge + Support + Confidence = Success

1 DURING PREGNANCY
Planning to feed my baby
☐ I will learn about the importance of breastfeeding.
☐ I will discuss breastfeeding with my doctor or other health care providers.
☐ I am preparing for lifestyle changes, like quitting smoking, drinking or using, and will seek support for these changes.
☐ I plan to connect with a peer counselor or mom to mom group before the birth.
☐ I understand that breastfeeding is normal and natural, but my baby and I may need help as we learn how to do it.
☐ I know that WIC can help if there are challenges.
☐ I will call my health insurance provider and learn what benefits I have to support birth and breastfeeding.

2 PREPARING FOR THE BIRTH
Getting off to a great start
☐ I will tell my partner, family, friends and health care provider about my plan to breastfeed, and for how long.
☐ I will become informed about birth options and their potential effect on breastfeeding.
☐ I will attend a prenatal breastfeeding class.
☐ I will bring my completed Infant Feeding Plan (from the back of the Hospital Experience booklet) with me to the hospital.
☐ I plan to have my baby skin-to-skin right after birth.
☐ I plan to feed my baby within the first hour.
☐ I plan to room-in with my baby in the hospital.
☐ I will limit visitors so we can rest and learn how to breastfeed.
☐ If my baby is having trouble latching-on in the hospital, I will ask to see the lactation consultant.

3 THE FIRST WEEKS AT HOME
Breastfeeding isn’t always easy in the beginning. Reach your goal with a little help.
☐ Two people that I can trust and call on for helpful advice are.
   ___________________________ & ___________________________
☐ For my first week at home, these people can help with:
   Laundry: ___________________ House cleaning: ___________________
   Groceries: __________________ Errands: ________________________
   Care of older children: _______________ Pets: ___________________
   Meals: _____________________, ___________________, ______________,
   ___________________.
   Check out MealTrain.com – a free website to organize meal giving and receiving.
☐ If my baby seems to be having difficulty with latching on, or if my nipples become sore, I will contact: _____________________________.
☐ If I start feeling sad, I know this is common, I will talk to __________________________ about ways to help me feel better.
☐ I will sleep 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 peer counselor (if available) is: ____________________________
Phone: __________________

My WIC contact is: __________________________
Phone: __________________