**Make a Plan**

**It’s Worth It!**

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

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### 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.

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**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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