

We're Prepared!

Learn best practices. Decide what you want. Tell your care team your wishes.
Being prepared helps you and your new baby have a great hospital stay.

My Name _____ Signature _____

I grant permission to the hospital staff to alert my care providers (marked below) when I leave the hospital.

Build My Team

Discuss this sheet with each person and mark the checkbox

My Champion(s):	_____	DISCUSSED <input type="checkbox"/>	POSTPARTUM APPOINTMENTS
My Hospital:	Woman's Hospital	<input type="checkbox"/>	DATE _____
My Doctor/Midwife:	_____	<input type="checkbox"/>	DATE _____
My Baby's Doctor:	_____	<input type="checkbox"/>	DATE _____
My WIC:	<input type="checkbox"/> N/A	<input type="checkbox"/>	DATE _____
My Home Visitor:	<input type="checkbox"/> N/A	<input type="checkbox"/>	DATE _____
Other:	_____	<input type="checkbox"/>	DATE _____

REFERENCE	PRACTICES	MY HOSPITAL OFFERS	I'M PREPARED & WANT	I RECEIVED
	Let Labor Begin On Its Own	✓	<input type="checkbox"/>	<input type="checkbox"/>
	Comfort During Labor	✓	<input type="checkbox"/>	<input type="checkbox"/>
	Skin To Skin Right After Birth	✓	<input type="checkbox"/>	<input type="checkbox"/>
	Magical First Hour Without Interruptions	✓	<input type="checkbox"/>	<input type="checkbox"/>
	Help With Baby's First Feed	✓	<input type="checkbox"/>	<input type="checkbox"/>
	Delayed Routine Procedures	✓	<input type="checkbox"/>	<input type="checkbox"/>
	Keep My Baby In The Room With Me	✓	<input type="checkbox"/>	<input type="checkbox"/>
	Continued Skin to Skin	✓	<input type="checkbox"/>	<input type="checkbox"/>
	My Quiet Hours: FROM _____:_____ ^{AM} / _{PM} TO _____:_____ ^{AM} / _{PM}	By Request	<input type="checkbox"/>	<input type="checkbox"/>
	Feed My Baby on Cue	✓	<input type="checkbox"/>	<input type="checkbox"/>
	Comforting My Baby	✓	<input type="checkbox"/>	<input type="checkbox"/>
	Help Learning How to Breastfeed	✓	<input type="checkbox"/>	<input type="checkbox"/>
	Help Learning How to Hand Express Milk	✓	<input type="checkbox"/>	<input type="checkbox"/>
	No Pacifiers or Bottles	✓	<input type="checkbox"/>	<input type="checkbox"/>
	No Formula (Unless Medically Necessary)	✓	<input type="checkbox"/>	<input type="checkbox"/>

HOSPITAL STAFF: Please fill in form and fax to approved community agency, like WIC.

FAXED

Baby's Name: _____ At Discharge Baby Has Been: Breastfed Formula Fed Combination

Birthdate: ____ / ____ / ____ Gestational Age: _____ Notes: _____

Birth Weight: _____ Length: _____ Head Circ.: _____ Mom's Post-Partum HCT/HG: _____ Weight: _____

Discharge Date: ____ / ____ / ____ Weight: _____ Staff Name/Title: _____

Stay Connected with Local Resources

Louisiana WIC

WIC provides nutritional services, breastfeeding support and supplemental food for pregnant women, new mothers, infants and children. WIC will schedule a clinic visit as soon as possible after delivery to breastfeeding moms and their infants to provide timely breastfeeding support. Contact your local agency at:

Capital City Family Health Center: (225) 650-2093

Capital City Family Health Center WIC Clinic @ MLK: (225) 388-5861

East Baton Rouge Parish WIC Clinic: (225) 925-3606

Livingston Parish Health Unit: (225) 686-7017 or (225) 686-9363

To locate a WIC clinic near you, please call:
1-800-251-BABY(2229)

Hospital Resources

Breastfeeding Consultations: (225) 924-8239

Outpatient consults with a physician's order.

Breastfeeding Support Group: (225) 231-5475

See www.womans.org for dates and times.

Breastfeeding "Warmline": (225) 924-8239

Please leave a message to speak with the lactation department.

Community Education: (225) 231-5475 or www.womans.org/classes

Join us for childbirth, parenting and breastfeeding classes.

Mom & Baby Boutique: (225) 231-5578

Breastfeeding accessories and pump rentals.

Louisiana Resources

Partners for Healthy Babies: 1-800-251-BABY(2229) PartnersforHealthyBabies.org
Connects moms to pregnancy resources, services and information.

Aliados Para Bebés Sanos: 1-800-251-BABY(2229) AliadosParaBebesSanos.org
Conecta a mamás embarazadas con recursos, servicios e información.

Nurse Family Partnership: 1-800-251-BABY(2229)

Provides home visiting services from a nurse to support first-time moms throughout pregnancy and until baby's 2nd birthday.

Louisiana Breastfeeding Coalition: Louisianabreastfeeding.org

Provides breastfeeding information and resources for mothers, families and communities.

Community Resources

Text4baby.org: FREE texts on prenatal care, baby health, parenting and more.

LABreastfeedingSupport.org: Zip code search of breastfeeding resources and more.

La Leche League International: 1-800-LALECHE (525-3243)

Mother-to-mother breastfeeding support, encouragement, and information.

Track Baby's Feedings & Diapers

Breastfeedings: At Least 8-12 Times Every 24hrs

(check the box and note the time)

DAY 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAY 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAY 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAY 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Holding baby skin to skin and feeding on cue may result in more than 8-12 feedings in 24 hours. This is normal and can help you make plenty of milk. If baby does not nurse at least 8-12 times every 24 hours or you are concerned about how baby is nursing, please check with your nurse or doctor.

Wet Diaper: 3-6 Every 24hrs by Day 3

Bowel Movements: 3-4 Every 24hrs by Day 3

DAY 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wet Diapers
DAY 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wet Diapers
DAY 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wet Diapers
DAY 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wet Diapers

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Black or Brown Bowel Movements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brown or Green Bowel Movements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Green or Yellow Bowel Movements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose Yellow Bowel Movements

NOTE: The first two days baby might not have many dirty diapers. This is normal. At first, baby's stools will be black and tarry, then they'll turn brown, then green, and then yellow and loose. If baby has fewer than 3-4 bowel movements by day 3, or if the stools are not changing colors, please check with your nurse or doctor.

Search "Cofective" in your app store to learn more about these best practices and to get a start!



CO