

# Breastfeeding Check List

Use this check list to check in with your baby's needs and progress. This is a great check list to bring to doctor's appointments or lactation counselling sessions!

## Baby Birth Information

Name: \_\_\_\_\_

Birth Day: \_\_\_/\_\_\_/\_\_\_

Height: \_\_\_\_\_ inches

Weight: \_\_\_\_\_ lbs.

## Baby's Hunger and Fullness Cues

I know my baby is hungry when...

I know my baby is full when...

My baby is having \_\_\_\_\_ wet diapers and \_\_\_\_\_ poopy diapers per day.

## Breastfeeding Goals

I would like to breastfeed for \_\_\_\_\_ months.

I am breastfeeding my baby because...

## I want to learn more about:

Latching  
Milk supply  
Baby lead weaning  
Mastitis  
Other: \_\_\_\_\_

Tandem breastfeeding  
Using a breast pump  
Preventing engorgement  
Storing breastmilk

## I am struggling with:

Latching  
Milk supply  
Fatigue  
Storing breastmilk  
Mastitis  
Engorgement

Tandem breastfeeding  
Using a breast pump  
Introducing a bottle  
Sore nipples  
Body image  
Other: \_\_\_\_\_

## Plan for returning to work/school:

Where will I breastfeed at work?

How much of a supply do I want to have before returning to work/school?

Who will be in charge of feeding the baby when I am not with baby?