



Lactation Plan

Date: _____
 Parent: _____
 Baby: _____
 Baby's Weight: _____
 Feeding Concern(s): _____



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My goals for feeding my baby
and protecting my milk supply:

My goals for feeding my baby
and protecting my milk supply:

Staff Name: _____

Staff Name: _____

YOU GOT THIS.
AND WE'RE HERE Phone #: _____
WHEN YOU DON'T.

YOU GOT THIS.
AND WE'RE HERE Phone #: _____
WHEN YOU DON'T.

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