

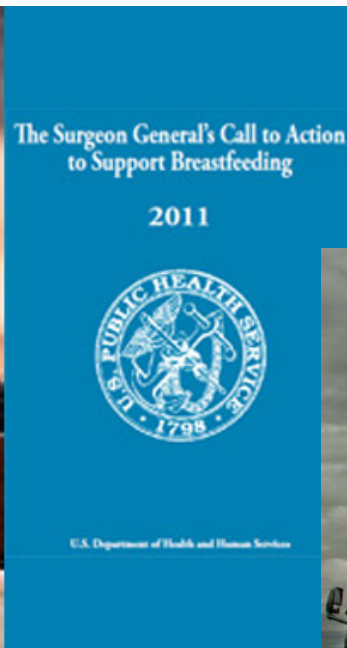


Taking **Continuity of Care**
to the *Next Level*

Overview

- About Coffective
- Michigan Pilots
- Overview of Coffective Tools
- Coffective Tools
- Coffective System
- Next Steps

About Coffective: *How We Began*



About Coffective: *Lessons Learned on the Bus*



About Coffective: *Our Approach*

- ✓ Community based
- ✓ Consistent messaging
- ✓ Increase utilization of existing services



About Coffective: *Our Approach*



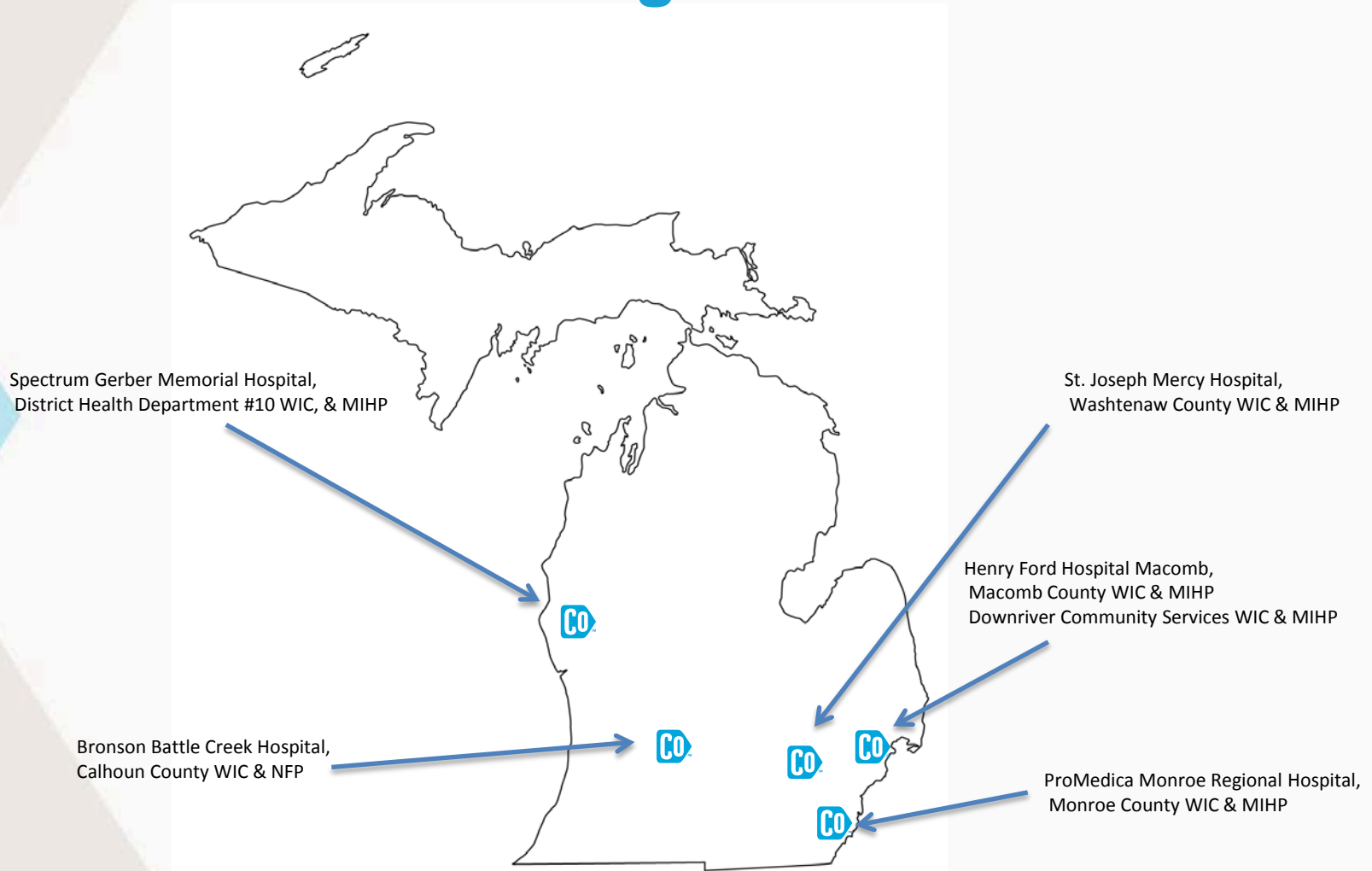
Michigan Pilots

It's a "Win Win"!



Bring **CO** *to Michigan*

Michigan Pilots



Overview of the Coffective System

- **Evidence-Based Content**

Overview of the Coffective System

- **Evidence-Based** Content
- Aligned with the **Baby-Friendly Hospital Initiative®**

Overview of the Coffective System

- **Evidence-Based Content**
- Aligned with the **Baby-Friendly Hospital Initiative®**
- *What, WHAT? What is the “Baby-Friendly Hospital Initiative?”*

Overview of the Coffective System

Baby-Friendly Hospital Initiative®

BABY-FRIENDLY HOSPITAL INITIATIVE

f Recommend

309

Twitter Tweet

9

Email Print

Baby-Friendly usa
The gold standard of care



The Baby-Friendly Hospital Initiative (BFHI) is a global program that was launched by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in 1991 to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. It recognizes and awards birthing facilities who successfully implement the [Ten Steps to Successful Breastfeeding \(i\)](#) and the [International Code of Marketing of Breast-milk Substitutes \(ii\)](#). The BFHI assists hospitals in giving all mothers the information, confidence, and skills necessary to successfully initiate and continue breastfeeding their babies or feeding formula safely, and gives special recognition to hospitals that have done so.

Becoming a Baby-Friendly facility is a comprehensive, detailed and thorough journey toward excellence in providing evidence-based, maternity care with the goal of achieving optimal infant feeding outcomes and mother/baby bonding. It compels facilities to examine, challenge and modify longstanding policies and procedures. It requires training and skill building among all levels of staff. It entails implementing audit processes to assure quality in all aspects of maternity care operations. The journey is exciting, challenging,

among staff, promotes employee pride, enhances patient satisfaction and improves health outcomes.

Overview of the Coffective System *Baby-Friendly Hospital Initiative®*

THE TEN STEPS TO SUCCESSFUL BREASTFEEDING

 Recommend  18  Email  Print

Baby-Friendly USA
The gold standard of care



The *Ten Steps to Successful Breastfeeding* were developed by a team of global experts and consist of evidence-based practices that have been shown to increase breastfeeding initiation and duration. Baby-Friendly hospitals and birthing facilities must adhere to the Ten Steps to receive, and retain, a Baby-Friendly designation.

The *Ten Steps to Successful Breastfeeding* are:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast-milk, unless medically indicated.
7. Practice rooming in - allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

MIHP, this is you!



Overview of the Coffective System

- **Evidence-Based** Content
- Aligned with the **Baby-Friendly Hospital Initiative®**
- **Cohesive** Organization

Overview of the Coffective System

- **Evidence-Based** Content
- Aligned with the **Baby-Friendly Hospital Initiative®**
- **Cohesive** Organization
- **Consistent Messaging**

Overview of the Coffective System

- **Evidence-Based** Content
- Aligned with the **Baby-Friendly Hospital Initiative®**
- **Cohesive** Organization
- **Consistent Messaging**
- Appropriate **Reading Level**

Overview of the Coffective System

- **Evidence-Based** Content
- Aligned with the **Baby-Friendly Hospital Initiative®**
- **Cohesive** Organization
- **Consistent Messaging**
- Appropriate **Reading Level**
- Most tools available in **Spanish**

Overview of the Coffective System

- **Evidence-Based** Content
- Developed by **Experts**
- Aligned with the **Baby-Friendly Hospital Initiative®**
- **Cohesive** Organization
- **Consistent Messaging**
- Appropriate **Reading Level**
- Most tools available in **Spanish**

Overview of the Coffective System

- **Evidence-Based** Content
- Aligned with the **Baby-Friendly Hospital Initiative®**
- **Cohesive** Organization
- **Consistent Messaging**
- Appropriate **Reading Level**
- Most tools available in **Spanish**
- Developed by **Experts**
- **Tested** by Staff at Hospitals, WIC Agencies, Home Visiting Agencies, and Prenatal Medical Clinics

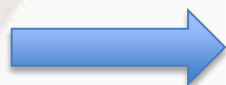
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- Appropriate **Reading Level**
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- **Tested** by Staff at Hospitals, WIC Agencies, Home Visiting Agencies, and Prenatal Medical Clinics
- **Relevant to all families**, regardless of feeding behaviors

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- Appropriate **Reading Level**
- Most tools available in **Spanish**
- Developed by **Experts**
- **Tested** by Staff at Hospitals, WIC Agencies, Home Visiting Agencies, and Prenatal Medical Clinics
- **Relevant to all families**, regardless of feeding behaviors
- Can be implemented by any organization, in **any combination** or alone

Overview of the Coffective System



Build My Team

Discuss this sheet with each person and mark the checkbox

My Champion(s): _____ **DISCUSSED** ☐

My Hospital: _____ ☐

My Doctor/Midwife: _____ ☐

My Baby's Doctor: _____ ☐

My WIC: ☐ N/A ☐

My Home Visitor: ☐ N/A ☐

Other: _____ ☐

POSTPARTUM APPOINTMENTS

DATE _____ ☐

DATE _____ ☐

DATE _____ ☐

DATE _____ ☐

DATE _____ ☐

REFERENCE	PRACTICES	MY HOSPITAL	I'M PREPARED & WANT	I RECEIVED
Get Ready	Let Labor Begin On Its Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comfort During Labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall In Love	Skin To Skin Right After Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Nourish	Help Learning How to Breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Protect Breastfeeding	No Pacifiers or Bottles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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My WIC: ☐ N/A ☐

My Home Visitor: ☐ N/A ☐ Jane Doe, Your County MIHP 555.555.5555 ☐

Other: _____ ☐

**POSTPARTUM
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 DATE _____
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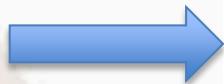
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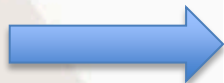
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REFERENCE	PRACTICES	MY HOSPITAL	I'M PREPARED & WANT	I RECEIVED
Get Ready	Let Labor Begin On Its Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comfort During Labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall In Love	Skin To Skin Right After Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Magical First Hour Without Interruptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Help With Baby's First Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Delayed Routine Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep Baby Close	Keep My Baby In The Room With Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Continued Skin to Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	My Quiet Hours: FROM ____:____ AM TO ____:____ AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn My Baby	Feed My Baby on Cue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comforting My Baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nourish	Help Learning How to Breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Help Learning How to Hand Express Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect Breastfeeding	No Pacifiers or Bottles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No Formula (Unless Medically Necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Overview of the Coffective System

Build My Team

Discuss this sheet with each person and mark the checkbox

My Champion(s): _____

My Hospital: _____

My Doctor/Midwife: _____

My Baby's Doctor: _____

My WIC: ☐ N/A

My Home Visitor: ☐ N/A

Other: _____

DISCUSSED ☐

☐

☐

☐

☐

☐

☐

POSTPARTUM APPOINTMENTS

DATE _____

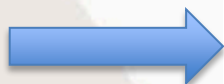
DATE _____

DATE _____

DATE _____

DATE _____

REFERENCE	PRACTICES	MY HOSPITAL	I'M PREPARED & WANT	I RECEIVED
Get Ready	Let Labor Begin On Its Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comfort During Labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall In Love	Skin To Skin Right After Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Magical First Hour Without Interruptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Help With Baby's First Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Delayed Routine Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep Baby Close	Keep My Baby In The Room With Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Continued Skin to Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	My Quiet Hours: FROM ____:____ AM TO ____:____ AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn My Baby	Feed My Baby on Cue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comforting My Baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nourish	Help Learning How to Breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Help Learning How to Hand Express Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect Breastfeeding	No Pacifiers or Bottles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No Formula (Unless Medically Necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Overview of the Coffective System

Build My Team

Discuss this sheet with each person and mark the checkbox

My Champion(s): _____

My Hospital: _____

My Doctor/Midwife: _____

My Baby's Doctor: _____

My WIC: ☐ N/A

My Home Visitor: ☐ N/A

Other: _____

DISCUSSED ☐

POSTPARTUM APPOINTMENTS

DATE _____

DATE _____

DATE _____

DATE _____

DATE _____

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

Overview of the Coffective System

Build My Team

Discuss this sheet with each person and mark the checkbox

My Champion(s): _____ **DISCUSSED** ☐

My Hospital: _____ ☐

My Doctor/Midwife: _____ ☐

My Baby's Doctor: _____ ☐

My WIC: ☐ N/A ☐

My Home Visitor: ☐ N/A ☐

Other: _____ ☐

POSTPARTUM APPOINTMENTS

DATE _____

DATE _____

DATE _____

DATE _____

DATE _____

REFERENCE	PRACTICES	MY HOSPITAL	I'M PREPARED & WANT	I RECEIVED
Get Ready	Let Labor Begin On Its Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comfort During Labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall In Love	Skin To Skin Right After Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Magical First Hour Without Interruptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Help With Baby's First Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Delayed Routine Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep Baby Close	Keep My Baby In The Room With Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Continued Skin to Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	My Quiet Hours: FROM ____:____ AM TO ____:____ AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn My Baby	Feed My Baby on Cue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comforting My Baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nourish	Help Learning How to Breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Help Learning How to Hand Express Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect Breastfeeding	No Pacifiers or Bottles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No Formula (Unless Medically Necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overview of the Coffective System

Build My Team

Discuss this sheet with each person and mark the checkbox

My Champion(s): _____ **DISCUSSED** ☐

My Hospital: _____ ☐

My Doctor/Midwife: _____ ☐

My Baby's Doctor: _____ ☐

My WIC: ☐ N/A ☐

My Home Visitor: ☐ N/A ☐

Other: _____ ☐

POSTPARTUM APPOINTMENTS

DATE _____

DATE _____

DATE _____

DATE _____

DATE _____

REFERENCE	PRACTICES	MY HOSPITAL	I'M PREPARED & WANT	I RECEIVED
Get Ready	Let Labor Begin On Its Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comfort During Labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall In Love	Skin To Skin Right After Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Magical First Hour Without Interruptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Help With Baby's First Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Delayed Routine Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep Baby Close	Keep My Baby In The Room With Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Continued Skin to Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	My Quiet Hours: FROM ____:____ AM TO ____:____ AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn My Baby	Feed My Baby on Cue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comforting My Baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nourish	Help Learning How to Breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Help Learning How to Hand Express Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect Breastfeeding	No Pacifiers or Bottles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No Formula (Unless Medically Necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

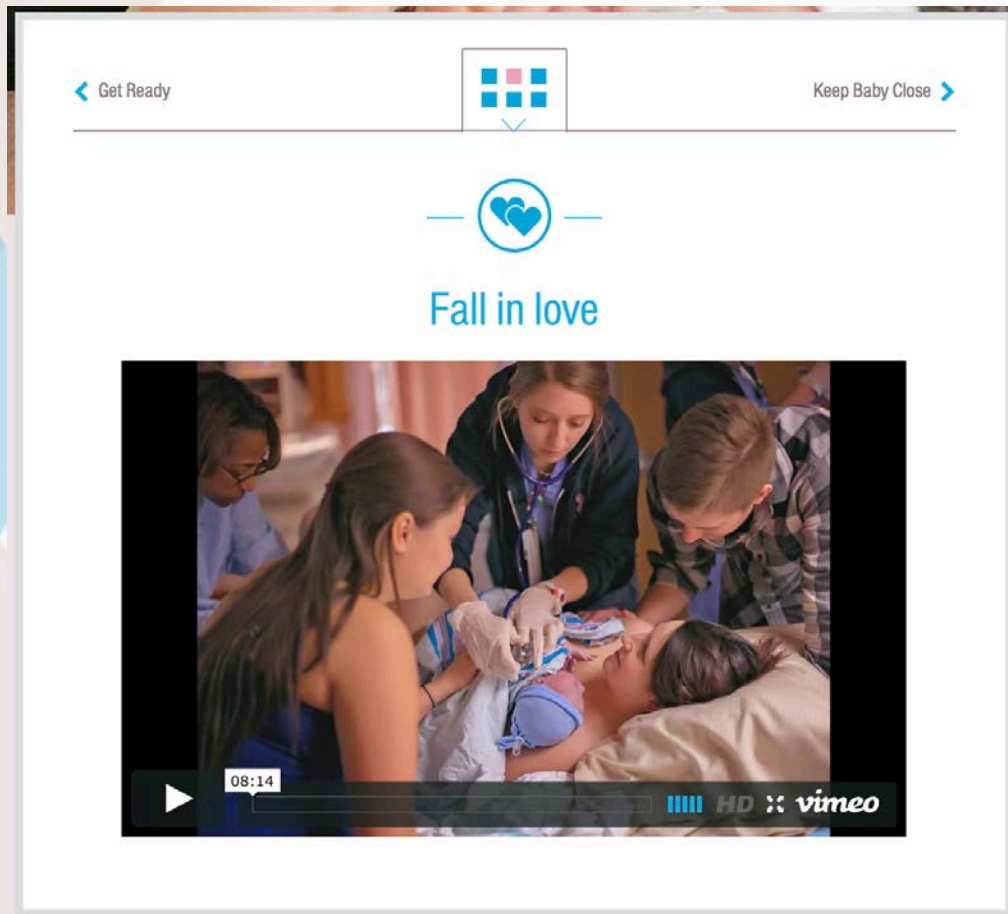
Coffective Tools: *Free*



1-Hour Online Training

- Description: Overview of each of the evidence-based maternity care practices outlined on the Coffective Tools
- Target User: All Staff
- Where to find it: www.coffective.com

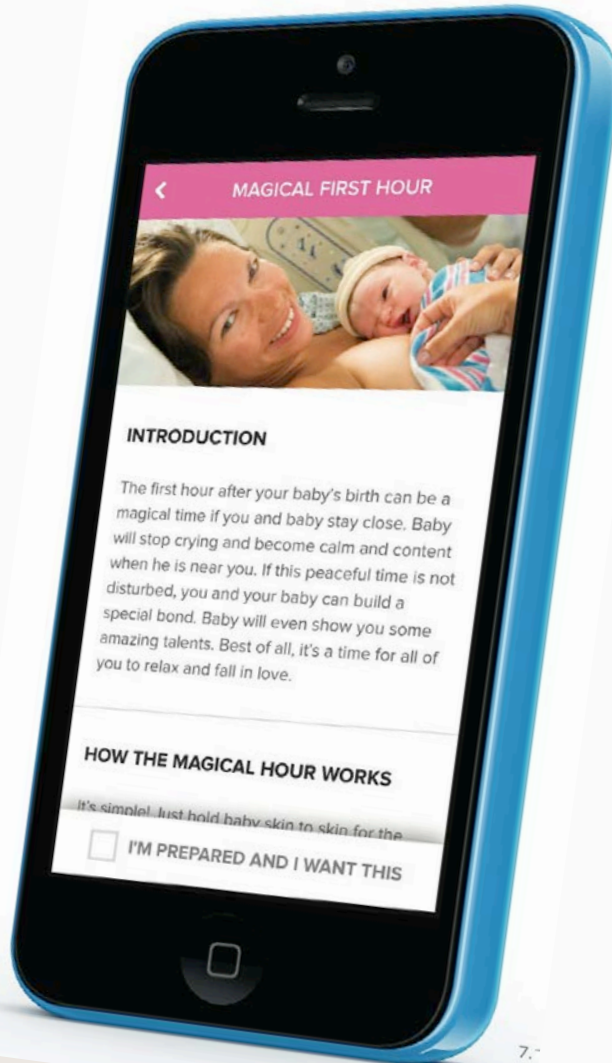
Coffective Tools: *Free*



More about the FREE 1-Hour Training

- Can be viewed in 5-7 minute segments or as full 1-hour training
- Great “first step” implementation

Collective Tools: *Free*



Mobile App

- Description: FREE tool for moms and champions to learn more about the evidence-based maternity care practices and “Build Your Team” of care providers
- Target User: Mothers and their Care Teams
- Where to find it: Available for free on both iPhone and Android devices. Search “Collective” in your app store

Coffective Tools: *Free*

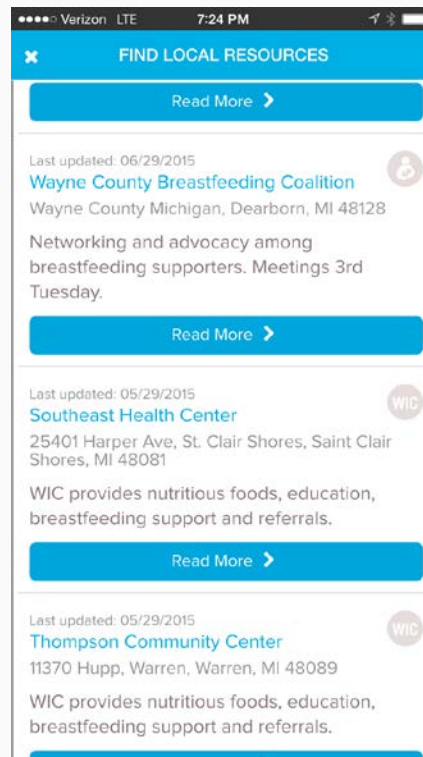
More about the FREE Mobile App

- Prepared Checklist – moms learn the evidence-based maternity care practices, viewing images of real moms
- Build My Team – moms enter their zip code and browse local organizations

(Note: your organization must create a profile on www.coffective.com in order to be linked to the mobile app)



“Prepared Checklist”



“Build My Team”

Coffective Tools: *Free**

**free to Michigan communities through a grant from Kellogg and the MDHHS*



Resource Platform

- Description: links mothers to breastfeeding support services, and breastfeeding stakeholders to one another, via www.coffective.com and the free Mobile App
- Target User: Mothers and breastfeeding stakeholders
- Where to find it: www.coffective.com and Mobile App click “Find Local Resources”

Coffective Tools: *Free**

**free to Michigan communities through a grant from Kellogg and the MDHHS*



Lapeer County Health Department- WIC Program

1800 Imlay City Road
Lapeer, MI 48446

Phone: (810) 667-0448
Fax: (810) 667-0232

Last Updated: 08/04/2015

Visit us at [our website](#)



The Women, Infants and Children program is a nutrition program that helps women who are pregnant, breastfeeding, just had a baby and infants and children up to 5 years old to eat well, be active and stay healthy. WIC provides nutrition education, nutritious foods, breastfeeding support and referrals to health, welfare and social services.

The WIC program can help prepare you for breastfeeding success by:

- Preparing you for the hospital
- Teaching you how to breastfeed and learning about your baby
- Helping you make breastfeeding work in your life
- Answering questions about growth and feeding

There are extra WIC benefits for breastfeeding moms:

- Breastfeeding moms receive food benefits longer than non-breastfeeding moms
- Moms who breastfeed get more food every month than non-breastfeeding moms
- Moms who exclusively breastfeed get the most amount and variety of food

HOURS

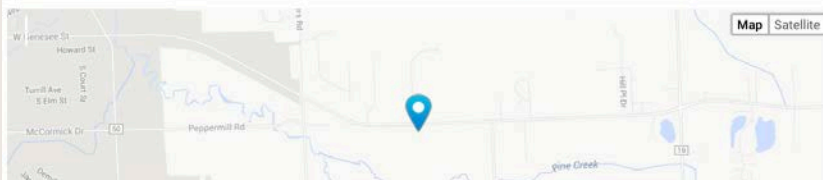
Mon	8:00 AM - 12:00 PM, 1:00 PM - 5:00 PM
Tue	8:00 AM - 12:00 PM, 1:00 PM - 5:00 PM
Wed	8:00 AM - 12:00 PM, 1:00 PM - 5:00 PM
Thu	8:00 AM - 12:00 PM, 1:00 PM - 5:00 PM
Fri	8:00 AM - 12:00 PM, 1:00 PM - 5:00 PM
Sat	Closed
Sun	Closed

LANGUAGES WE SPEAK

English

WE SERVE

Pregnant women
Breastfeeding mothers
Mothers who are not breastfeeding
Children



More about the Resource Platform

- Organizations create profiles on www.coffective.com
- Great tool for local organizations to learn about each other's services and make better referrals

Coffective Tools: *Free*

Don't Worry.
Nature's Got You Covered.

When the magic day comes, Mother Nature will do most of the work for you.

Your miracle is coming.
Get excited (and prepared)!

Build Your Team

- 1 GET SUPPORT**
Engage your partner, mom, or friend to support you.
- 2 CONNECT**
Visit WIC or other prenatal support services.
- 3 LEARN**
Learn what to expect in the early days of being a mom.
- 4 SHARE GOALS**
Talk with your doctor about what you want.

We're Prepared!

Build Your Care Team and Get Prepared for a Great Start

Download a free checklist from Coffective.com/checklist to learn about what to expect, document which best practices your hospital offers, and to communicate your plans with your care team.

- Learn about evidence-based best practices
- Identify which practices your hospital offers
- Mark the practices you're prepared for, and want
- Communicate your wishes with your team
- Take advantage of free resources listed on the back

Visit Coffective.com for more information.

Get Ready

Don't Rush Your Baby

- Let labor begin on its own so baby can develop fully
- Baby's brain grows fast the last 4 weeks
- Baby has fewer health issues
- You're less likely to need a C-section
- Baby will breastfeed easier

In a normal pregnancy, it's safest for mom and baby to let labor happen on its own. Your baby is worth the wait!

Learn More With the App

The Digital Companion

Download a free **MOBILE APP** to learn more about these practices and how to get a great start!

- Set Goals for Best Practices
- Learn What to Expect
- Get Tips for Your Champion
- Learn Easy Ways to Good Start!

Just search "Coffective" in the app store and make sure you tell your champion and care team to get it, too!

Has Risks:

...sick.
...to breastfeed.

...your baby and is all he/...
...continue as long as you...
...longer you breastfeed,

Motivation Document

- Description: FREE tool for moms and champions to learn more about the evidence-based maternity care practices and “Build Your Team” of care providers
- Target User: Mothers
- Where to find it: download for free at www.coffective.com

Coffective Tools: *Free*

Your Steps to Success

BUILD
Surround yourself with support and initiate conversations.

LEARN
Learn what to expect and what you can do at the hospital.

SHARE
Share your preferences with your team and align goals.

SUCCEED
When you go in prepared, you'll be ready to fall in love.

Every Family

We're Prepared!
Ensuring families get off to a great start and leave the hospital with confidence. This tool helps build support, learn what to expect, and communicate wishes.

My Name _____ Due Date _____

REFERENCE	PRACTICES	MY HOSPITAL	I'M PREPARED & WANT	I RECEIVED
Build My Team <small>Discuss this sheet with each person and mark the checkboxes</small>	My Champion(s): _____ My Hospital: _____ My Doctor/Midwife: _____ My Baby's Doctor: _____ My WIC: _____ My Home Visitor: _____ Other: _____	DISCUSSED <input type="checkbox"/>	POSTPARTUM APPOINTMENTS <input type="checkbox"/>	
Get Ready	Let Labor Begin On Its Own Comfort During Labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall In Love	Skin To Skin Right After Birth Magical First Hour Without Interruptions Help With Baby's First Feed Delayed Routine Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep Baby Close	Keep My Baby In The Room With Me Continued Skin to Skin My Quiet Hours: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn My Baby	Feed My Baby on Cue Comforting My Baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nourish	Help Learning How to Breastfeed Help Learning How to Hand Express Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect Breastfeeding	No Pacifiers or Bottles No Formula (Unless Medically Necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care Team: Your Role
Learn more about these evidence-based practices and specific ways you can use free tools to help families prepare and succeed. visit www.coffective.com and download the Coffective app.

Families: Learn More with a Free App!
Digital learning made easy with:
• Specific how-to's
• Information for fathers and other family & friends
• Lots of photos
• Benefits for each practice above

Learn More a Free Mobile App
Information about all of these topics can be free Coffective mobile app. Just search in the app store, and download to get going today. Coffective is a trusted source of evidence-based information because it's...
• by experts,
• science based,
• using with full pictures,
• es all requirements
• Baby-Friendly
• tal initiative, and...
• thers and other
• members know
• important role!

Support
Home Visitor Programs
Many communities have home visiting programs that can help pregnant women and new families.
• Provide support in your home
• Improve health and development
• Some also provide some support for school readiness
• Coordination and referrals for other community resources

Printed _____
www.coffective.com

generic We're Prepared Checklist

- Description: FREE tool for moms and champions to keep track of their education and decisions regarding the evidence-based maternity care practices
- Target User: Mothers and their Care Teams
- Where to find it: download for free at www.coffective.com

Coffective Tools: *Free*

More about the generic We're Prepared Checklist

- Encourages Mothers to find their local home visiting program
- Includes a space for home visitor to write in a phone number

Your Steps to Success

BUILD Surround yourself with support and initiate conversations.

LEARN Learn what to expect and what you can do at the hospital.

SHARE Share your preferences with your team and align goals.

SUCCEED When you go in prepared, you'll be ready to fall in love.

Every Family

We're Prepared!
Ensuring families get off to a great start and leave the hospital with confidence. This tool helps build support, learn what to expect, and communicate wishes.

My Name _____ Due Date _____

Build My Team
Discuss this sheet with each person and mark the checkboxes.

My Champion(s): _____ DISCUSSED ☐ POSTPARTUM APPOINTMENTS

My Hospital: _____ DATE _____

My Doctor/Midwife: _____ DATE _____

My Baby's Doctor: _____ DATE _____

My WIC: _____ DATE _____

My Home Visitor: _____ DATE _____

Other: _____ DATE _____

REFERENCE PRACTICES

	MY HOSPITAL	I'M PREPARED & WANT	MY HOME VISITOR
Get Ready Let Labor Begin On Its Own Comfort During Labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall In Love Skin To Skin Right After Birth Magical First Hour Without Interruptions Help With Baby's First Feed Delayed Routine Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep Baby Close Keep My Baby In The Room With Me Continued Skin to Skin My Quiet Hours: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn My Baby Feed My Baby on Cue Comforting My Baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nourish Help Learning How to Breastfeed Help Learning How to Hand Express Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect Breastfeeding No Pacifiers or Bottles No Formula (Unless Medically Necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Home Visitor Programs
Many communities have home visiting programs that can help pregnant women and new families.

- Provide support in your home
- Improve health and development
- Some also provide some support for school readiness
- Coordination and referrals for other community resources

Phone: _____

Care Team: Your Role
Learn more about these evidence-based practices and specific ways you can use free tools to help families prepare and succeed. Visit www.coffective.com and download the Coffective app.

Families: Learn More with a Free App!
Digital learning made easy with:
• Specific how-to's
• Information for fathers and other family & friends
• Lots of photos
• Benefits for each practice above

Search "Coffective" in the app store.

www.coffective.com

Coffective Tools: *Premium*



Counseling Sheets

- Description: Laminated counseling tool to educate mothers and families about the evidence-based maternity care practices
- Target User: Staff
- Where to find it: Available for purchase on www.coffective.com

Coffective Tools: *Premium*

Stay Connected with Local Resources

Michigan WIC
WIC provides nutritional services, breastfeeding support and supplemental food for pregnant women, new mothers, infants and children. They can provide breastfeeding support much more quickly. Families of four can qualify with income up to \$40k. Contact your local agency at:
Macomb County WIC: (586) 459-5471
Downriver Community Services WIC: (586) 749-5173
ACCESS WIC: (800) 722-6235
Call 1-800-26-BIRTH for other clinics not listed.
Michigan.gov/wic

Michigan MHP
The Maternal Infant Health Program provides in-home visits to all pregnant women and infants on Medicaid. They can receive 9 visits while pregnant and 9 visits once you go home. Visits are given by Registered Nurses and Social Workers to help prepare moms in their own environment.
My Pregnancy Coach: (586) 944-2522
Silver Spoon Home Services: (248) 732-0540
Downriver Community Services: (586) 749-5173 extension 218
Children American Ladies of Charity (CALC): (248) 525-0130
Visit www.michigan.gov/mhp to learn more.

Resources
Kelly Mamas Breastfeeding Support Group: (586) 459-6562
visits of every month – run by peer counselors
My Breastfeeding Coalition: <http://breastfeedingmacomb.weebly.com>
(info for meeting information and other area resources)
My Breastfeeding Association: (800) 313-4141
(peer counselors, advice, peer-to-peer support and groups)
Spice of Macomb County: <http://thefirstyearweebly.com>
(peer breastfeeding support)
Spice of North Macomb: thefirstyear@live.com
(peer breastfeeding support)

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
(Show this sheet with each person and mark the checkboxes)

My Champions:

	DISCUSSED	POSTPARTUM APPOINTMENTS
My Hospital: Henry Ford Macomb 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"/>	DATE _____
My Home Visitor:	<input type="checkbox"/>	DATE _____
Other:	<input type="checkbox"/>	DATE _____

REFERENCE PRACTICES

	MY HOSPITAL OFFERS	I'M PREPARED & WANT	I RECEIVED
Get Ready	Let Labor Begin On Its Own <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comfort During Labor <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel In Love	Skin To Skin Right After Birth <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Magical First Hour Without Interruptions <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Help With Baby's First Feed <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Delayed Routine Procedures <input type="checkbox"/> By Request	<input type="checkbox"/>	<input type="checkbox"/>
Keep Baby Close	Keep My Baby In The Room With Me <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Continued Skin to Skin <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	My Quiet Hours: now _____ to _____ <input type="checkbox"/> By Request	<input type="checkbox"/>	<input type="checkbox"/>
Learn My Baby	Feed My Baby on Cue <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comforting My Baby <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nourish	Help Learning How to Breastfeed <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Help Learning How to Hand Express Milk <input type="checkbox"/> By Request	<input type="checkbox"/>	<input type="checkbox"/>
Protect Breastfeeding	No Pacifiers or Bottles <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No Formula (Unless Medically Necessary) <input checked="" type="checkbox"/>	<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: _____ Weeks _____ Days

Birth Weight: _____ Length: _____ Head Circ: _____ Mom's Post-Partum Weight: _____

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

Diapers & Diapers
(check the box and note the time)

	1	2	3	4	5	6	7	8	9	10	11	12
<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

is normal and can help you make plenty of milk. If baby does not nurse or doctor.

24hrs by Day 3


at Movements ☐

at Movements ☐

at Movements ☐

at 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.

these best practices and to get a start! 

custom We're Prepared Checklist

- Description: tool for moms and champions to keep track of their education and decisions regarding the evidence-based maternity care practices. Includes information about breastfeeding support services near Mother's birthing hospital
- Target User: Mothers and their Care Teams
- Where to find it: contact your local birthing hospital(s)

Collective Tools: *Premium*

Stay Connected

Michigan WIC

WIC provides nutritional services, breastfeeding support and supplemental food program women, new mothers, infants and children. They can provide breastfeeding support much more quickly. Families of four can qualify with income up to \$41,000. Contact your local agency at:

Macomb County WIC: (586) 469-5471

Dewarrior Community Services WIC: (586) 749-5173

ACCESS WIC: (800) 722-4036

Call 1-800-26-BIRTH for other clinics not listed.
Michigan.gov/wic

Michigan MHP

The Maternal Infant Health Program provides in-home visits to all pregnant women and infants on Medicaid. They can receive 3 visits while pregnant and 3 visits once you go home. Visits are given by Registered Nurses and Social Workers to help prepare moms in their own environment.

My Pregnancy Coach: (800) 346-2022

Silver Spoons Home Services: (248) 752-6240

Dewarrior Community Services: (586) 749-5173 extension 218

Challean American Ladies of Charity (CALC): (248) 528-0130

Visit www.michigan.gov/mhp to learn more.

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.

	My Champion(s)	DISCUSSED <input type="checkbox"/>	POSTPARTUM APPOINTMENTS
Build My Team <small>Discuss this sheet with each person and mark the checkbox</small>	My Hospital: Henry Ford Macomb Hospital	<input type="checkbox"/>	<input type="checkbox"/>
	My Doctor/Midwife:	<input type="checkbox"/>	<input type="checkbox"/>
	My Baby's Doctor:	<input type="checkbox"/>	<input type="checkbox"/>
	My WIC:	<input type="checkbox"/>	<input type="checkbox"/>
	My Home Visitor:	<input type="checkbox"/>	<input type="checkbox"/>
	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCE	PRACTICES	MY HOSPITAL OFFERS	I'M PREPARED & WANT	I RECEIVED
Get Ready	Let Labor Begin On Its Own	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comfort During Labor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall In Love	Skin To Skin Right After Birth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Magical First Hour Without Interruptions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Help With Baby's First Feed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Delayed Routine Procedures	<i>By Request</i>	<input type="checkbox"/>	<input type="checkbox"/>
Keep Baby Close	Keep My Baby In The Room With Me	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Continued Skin to Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	My Quiet Hours: <input type="text"/> AM - <input type="text"/> PM	<i>By Request</i>	<input type="checkbox"/>	<input type="checkbox"/>
Learn My Baby	Feed My Baby on Cue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comforting My Baby	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nourish	Help Learning How to Breastfeed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Help Learning How to Hand Express Milk	<i>By Request</i>	<input type="checkbox"/>	<input type="checkbox"/>
Protect Breastfeeding	No Pacifiers or Bottles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No Formulas (Unless Medically Necessary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

☐ FAXED

Baby's Name: _____
Birthdate: ____ / ____ / ____ Gestational Age: _____
Birth Weight: _____ Length: _____ Head Circ.: _____ Mom's Post-Partum HCING: _____ Weight: _____
Discharge Date: ____ / ____ / ____ Weight: _____ Staff Name/Title: _____

Kelly Mamas Breastfeeding Support Group: (586) 469-0562

meeting of every month – run by peer counselors.

myBreastfeedingCoaches: <http://mybreastfeedingcoaches.weebly.com>
site for meeting information and other area resources.

myBreastfeedingAssociation: (800) 313-6141

peer counselors, advice, peer-to-peer support and groups.

ages of Macomb County: <http://www.iamweebly.com>

their breastfeeding support.

ages of North Macomb: rlmccombs@live.com
their breastfeeding support.

Diapers

(check the box and note the time)

<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

is normal and can help you make plenty of milk. If baby does not nurse as often or longer.

24hrs by Day 3

at Movements

at Movements

at Movements

at Movements

at Movements

at 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.

these best practices and to get a start!

More about the custom We're Prepared Checklist

- Includes contact information for local MIHP

Coffective Tools: *Premium*



5-Hour Online Training

- Description: In-depth description of each of the evidence-based maternity care practices outlined on the Coffective Tools
- Target User: Breastfeeding Educators (L-CERP and Nursing CE available)
- Where to find it: Available for purchase on www.coffective.com

Coffective System: Overview



Fall In Love



Coffective System: *Overview*

Fall In Love



Coffective System: Overview



Collective System: Overview



Fall In Love



Coffective System: Overview



Fall In Love



Coffective System: Overview



Fall In Love



Coffective System: Overview

Fall In Love

We're Prepared!
Helping families get off to a great start! Use this tool to build support, learn what to expect, and share your wishes with your care team.

My Name _____ Due Date _____

Build My Team
Discuss this sheet with each person and mark the checkboxes.

My Champion(s): _____ DISCUSSED ☐
My Hospital: _____
My Doctor/Midwife: _____
My Baby's Doctor: _____
My WIC: _____
My Home Visitor: _____
Other: _____

POSTPARTUM APPOINTMENTS

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

Care Team: Your Role
Learn more about these evidence-based practices and specific ways you can use free tools to help families prepare and succeed. visit www.coffective.com and download the Coffective app.

Families: Learn More with a Free App!
Digital learning made easy with:
• Easy how to's
• Info for dads and other family and friends
• Lots of photos
• Benefits for each practice above

Search "Coffective" in the app store.

www.coffective.com

Verizon LTE 7:47 PM

MAGICAL FIRST HOUR

See how it works for the...

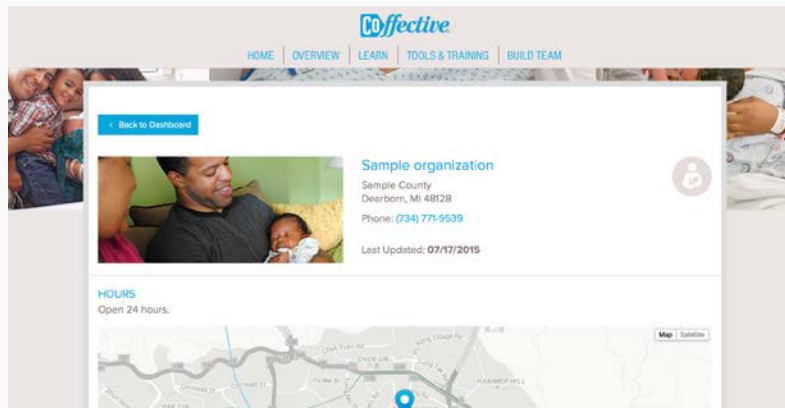
MOM **BABY** **CHAMPION**

Lie back a little and relax while the nurse places your baby on your bare chest.

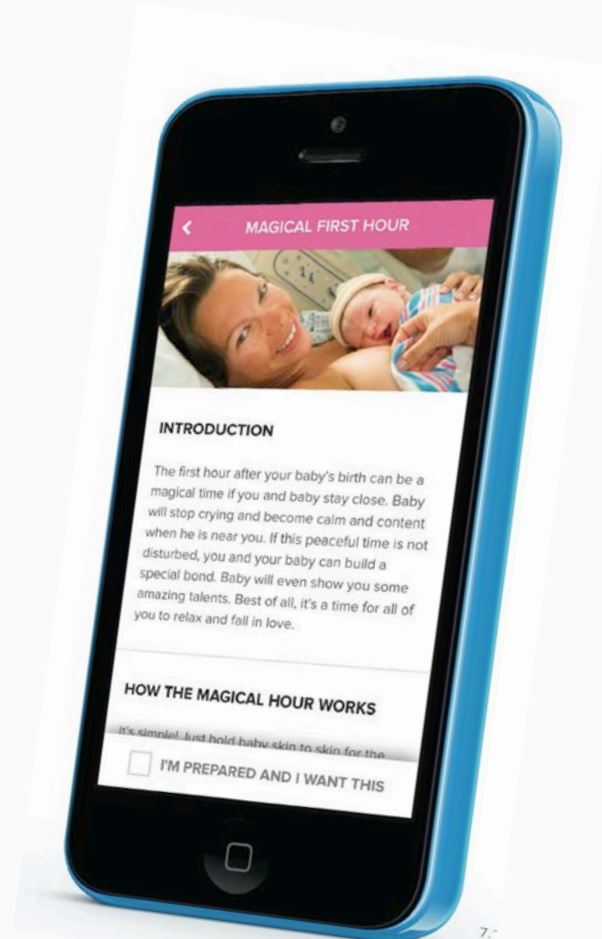
FIND OUT MORE

✓ I'M PREPARED AND I WANT THIS

Collective System: *Next Steps*



1. Create a *Resource Profile* on www.Collective.com



2. Encourage mothers to download the free “Collective” *Mobile App*

www.collective.com

Coffective System: *Next Steps*



3. Watch the free *1-hour Training* on evidence based maternity care practices

Coffective System: *Next Steps*

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.

REFERENCE	PRACTICES	MY HOSPITAL OFFERS	I'M PREPARED & WANT	I RECEIVED
Build My Team <small>Discuss this sheet with each person and mark the checkboxes</small>	My Champion(s): _____			
	My Hospital: <u>Acadia General Hospital</u>			
Get Ready	My Doctor/Midwife: _____			
	My Baby's Doctor: _____			
	My WIC: _____			
	My Home Visitor: _____			
Fall In Love	Other: _____			
	Let Labor Begin On Its Own	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comfort During Labor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep Baby Close	Skin To Skin Right After Birth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Magical First Hour Without Interruptions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Help With Baby's First Feed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn My Baby	Delayed Routine Procedures	<i>Depends On Staff</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Keep My Baby in the Room With Me	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nourish	Continued Skin to Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	My Quiet Hours: now _____ to _____	<i>By Request</i>	<input type="checkbox"/>	<input type="checkbox"/>
Protect Breastfeeding	Feed My Baby on Cue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comforting My Baby	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect Breastfeeding	Help Learning How to Breastfeed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Help Learning How to Hand Express Milk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect Breastfeeding	No Pacifiers or Bottles	<i>By Request</i>	<input type="checkbox"/>	<input type="checkbox"/>
	No Formula (Unless Medically Necessary)	<i>By Request</i>	<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: _____ Weeks: _____

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

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

© 2012 WIC

Don't Worry. Nature's Got You Covered.

When the magic day comes, Mother Nature will do most of the work for you.
Follow these simple tips to help you and your baby get off to a great start!

Fall In Love

Skin To Skin

Place your baby on your chest, skin to skin, after birth to:

- help you bond with baby
- keep baby warm & calm
- help baby learn to breastfeed (thanks to Mother Nature!)

Keep Baby Close

Keep the baby in your room at the hospital to:

- teach baby you're mom
- allow baby to feed when ready, and more often
- help you learn when your baby wants to feed

Learn Your Baby

Feed Baby On Cue

Watch for signs that baby wants to feed to:

- help baby feel settled and content
- make breastfeeding easier
- help your body make breast milk quicker

Nourish

Latch Baby Well

Your nurse will help you find a good latch so:

- you make plenty of milk for baby
- baby gets milk more easily
- breastfeeding is comfortable for you and your baby

Protect Breastfeeding

Born to Breastfeed?

Good for Babies:

- Fewer ear infections
- Less likely to become obese
- Less likely to die from Sudden Infant Death Syndrome (SIDS)

Good for Moms:

- Less likely to get breast cancer
- Less likely to have heart disease

Careful! Giving Formula has Risks:

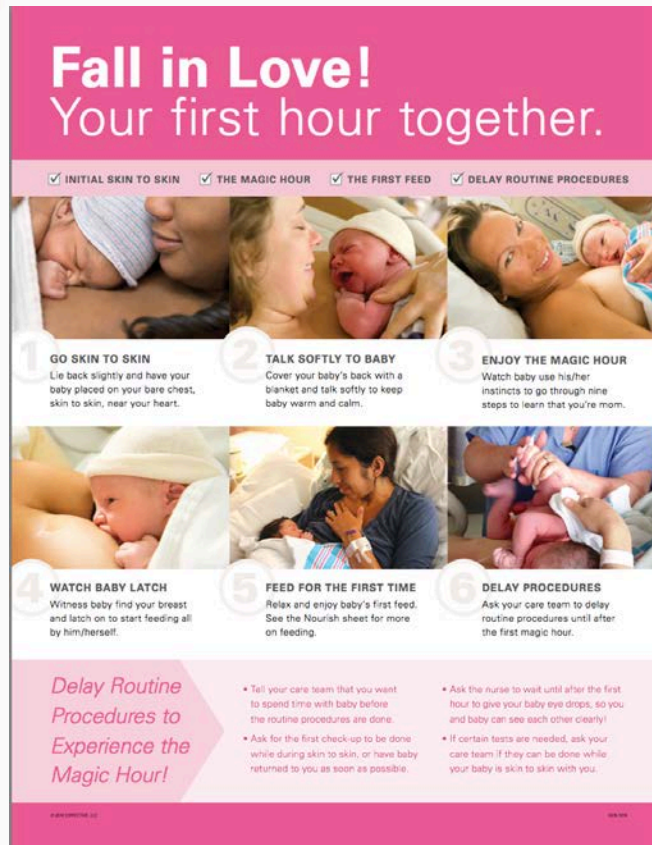
- Your body will make less milk.
- Your baby is more likely to get sick.
- Your baby will not be as happy to breastfeed.

Your milk is the perfect food for your baby and is all he/she needs for 6 months. You can continue as long as you want after 6 months! In fact, the longer you breastfeed, the happier your baby will be.

© 2012 WIC

4. & 5. Download the free *generic We're Prepared Checklist and Motivation Document*, distribute and discuss them with your clients

Coffective System: *Next Steps*



6. Bonus: Purchase a set of *Counseling Sheets* to take with you to home visits



7. Bonus: Purchase the *5-hour Training* on evidence based maternity care practices

Thank you.

Shannon McKenney Shubert, MPH
Project Manager
shannon@coffective.com