

# My support team

WHAT WILL I NEED HELP WITH?	WHO WILL I ASK?	WHAT DAYS ARE THEY AVAILABLE?	CONTACT INFO (EMAIL/PHONE)
Answers to my questions about breastfeeding	_____ at my WIC Clinic	_____	_____
Premade meals	_____	_____	_____
Nighttime help	_____	_____	_____
Supporting my breastfeeding efforts (Burping, changing diapers, putting my baby to bed after she is fed)	_____	_____	_____
Laundry	_____	_____	_____
Holding the baby	_____	_____	_____
Dishes	_____	_____	_____
Managing visitors	_____	_____	_____

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Babysitting or hosting a playdate for my older children (if needed)			
Taking care of the baby while I shower, take a nap, or go for a walk			
Picking up groceries or supplies			
Someone to listen to me and provide emotional support			
Someone to go to doctor appointments with me			