

My Breastfeeding Plan

My name is _____ and my goal is to exclusively breastfeed my baby.

Breastfeeding is very important to me and my baby. I request that these strategies to help me successfully breastfeed be supported as long as it is medically safe for my baby.



MY BREASTFEEDING PLAN (check all that apply)

Exclusive Breastfeeding

My goal is to exclusively breastfeed my baby. Please do not give my baby any supplements (formula, water, glucose water, etc.) before speaking to me or my partner/support person. I need all of my baby's suckling to be at my breast in order for me to establish a good milk supply.

No bottles or pacifiers

Please do not give my baby bottles or artificial nipples, including pacifiers. If I need to soothe my baby I prefer to try to do so at the breast or through skin-to-skin cuddling. If there is a medical reason for supplementation I would like to try alternate feeding methods with expressed colostrum/milk.

Skin-to-skin

When my baby is born, I would like to have him/ her placed on my chest immediately after birth, skin-to-skin for the first hour or until after the first feeding or for as long as I wish. A warm blanket may be placed over us for warmth, but not between us. If possible, please perform routine newborn evaluations with my baby on my chest.

First Hour

I would like to initiate breastfeeding within 1 hour following birth, when my baby shows he/she is ready to feed. This means placing my baby skin-to-skin immediately after birth and offering help, if needed, to begin breastfeeding when he/she seems ready (i.e. rooting, licking his lips, etc.). Please do not force my baby to take the breast if he/she is not showing signs of readiness. Instead, keep my baby skin-to-skin with me until he/she is ready to try to latch.

Breastfeeding Assistance

Please teach me how to identify a good latch and how to correct my baby's positioning and latch if improvement is needed. And explain to me how to recognize my baby's early hunger cues and how to tell if my baby is breastfeeding well.

Routine Exams

Please examine my baby in my presence and do not take him/her away from me unless he/she requires medical treatment that cannot be done in the room.

If heel pricks or otherwise potentially uncomfortable procedures are done, please inform me so I can breastfeed immediately before, during or after to comfort my baby.

Rooming In

I would like to have my baby room-in 24 hours a day to give him/her plenty of skin-to-skin time; and so we can learn his/her feeding cues and feed him/her at the first sign of hunger.

If for some reason my baby is not in my room, please bring him/her to me at the earliest hunger cues, such as sucking on hands, making sucking noise, rapid eye movement, or rooting.

Caesarean Section (C-section)

If I have a C-section, I would like to hold my baby skin-to-skin as soon as possible after the operation. If I am unable to for some time after the birth, then please allow my partner/support person to hold my baby skin-to-skin.

Hand Expression

Please assist me to hand express my milk/colostrum. If my baby and I are separated due to medical reasons, help me to hand express as soon as possible or within 6 hours after birth to establish and maintain my milk supply and get the milk to my baby.

Special Care Nursery (SCN)

If my baby needs to go to the Special Care Nursery, please ensure I can go to feed him/her and provide skin-to-skin. If alternative feeding methods of expressed milk are needed, I would like our baby to be fed using a cup or spoon.

Breastfeeding Support After Discharge

I would like information regarding community breastfeeding clinics and Baby Weigh-Ins where I will receive further support.



For more information, call the Chatham-Kent Public Health Unit at 519.352.7270, ext. 2903.

www.ckpublichealth.com