

MOTHER/BABY POST-BIRTH BREASTFEEDING PLAN

My name is _____.

My goal is to breastfeed my baby exclusively. The benefits of breastfeeding are very important to me and my baby. Therefore, I request that the guidelines below be supported as long as it is medically safe for us.

If I am unable to answer questions about my chosen infant feeding practices, kindly speak with my birthing partner _____ or my doctor _____ who are both supportive of my decision to breastfeed.

(Check all that apply)

SKIN TO SKIN

- When my baby is born I would like to have him/her placed on my chest, skin-to-skin with me for at least 30 minutes or until the first breastfeed is accomplished.
- Please perform the routine newborn evaluations with my baby on my chest, if possible.
- I want to continue holding my baby skin-to-skin as much as possible throughout our stay. A blanket may be placed over us, but not between us, if extra warmth is necessary.

FIRST HOUR

- Please help me initiate breastfeeding within 30 to 60 minutes of birth.
- Place my baby skin-to-skin as soon as possible after birth, offering help to begin breastfeeding when my baby seems ready (as signalled by his/her rooting, licking lips, etc.).

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- 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 or she is ready to latch.

EXCLUSIVE BREASTFEEDING

- Please do not give my baby any supplements before speaking to me or my partner. I want all of my baby's suckling to be at my breast so as to establish a good milk supply.

EQUIPMENT AND SUPPLEMENTATION

- Please do not offer my baby artificial nipples including pacifiers or bottles with formula, water or glucose water.
- If there is a medical reason for supplementation, I would first like to speak with a lactation consultant or paediatrician about trying alternative feeding methods with my own expressed milk.

ROUTINE EXAMINATIONS

- Please examine my baby, change his/her diapers, etc. in my presence. Do not take him/her away from me unless he/she requires medical treatment that cannot be done in my room.

CAESAREAN SECTION

- If I have a Caesarean, I would like to hold my baby cheek-to-cheek while suturing and skin-to-skin as soon as possible after the operation. If I am unable to do so for some time after the birth, please let my partner hold my baby skin-to-skin.

ROOMING IN

- I would like to room-in with my baby at all times of the day and night, to give my baby plenty of skin-to-skin time, learn my baby's feeding cues, and feed him/her at the first sign of hunger.

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- If, for some reason, my baby and I are not in the same room, please bring him/her to me at the earliest hunger cues such as sucking on hands, making sucking noises, rapid eye movement or rooting.
 - If that is not possible (i.e. my baby is in NICU, phototherapy, etc.) I would like to visit my baby, practice Kangaroo care, breastfeed or feed my expressed milk, as deemed medically fit or possible.

BREASTFEEDING HELP

- Please teach me how to identify a good latch and how to improve attachment and positioning if needed.
- Please teach me how to recognise my baby's early hunger cues and whether my baby is breastfeeding well.

EXPRESSING BREASTMILK

- If my baby is unable to breastfeed or is separated from me due to medical reasons, I would like to start hand expression/pumping within six hours of birth. Please guide me about the techniques to do so.

DISCHARGE

- Please do not show or give me promotional or marketing material or gifts distributed by formula manufacturers.

LACTATION SUPPORT AFTER DISCHARGE

- I would like to receive contact information for reliable breastfeeding support, in case I need any help with breastfeeding after going home.

[Signature]

[Date]

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