

MOTHER BABY FRIENDLY POST- BIRTH BREASTFEEDING PLAN

BY

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My name is _____

My goal is to exclusively breastfeed my baby.

The benefits of breastfeeding are very important to me and my baby. Hence I request that these guidelines be supported as long as it is medically safe for us.

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

(Please 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, till the first breastfeed is accomplished, for atleast thirty minutes.
- 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 thirty minutes to one hour of birth.
- Place my baby skin to skin as soon as possible after birth, offering help to begin breastfeeding when my baby seems ready (rooting, licking 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 or she is ready to try 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.

NO BOTTLES/PACIFIERS/PRELACTEAL FEEDS

- 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 twenty four hours a day, to give my baby plenty of skin to skin time, so I can learn my baby's feeding cues and feed him/her at the first sign of hunger.
 - 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 (baby in NICU, Phototherapy, etc.) I would like to visit my baby, practice Kangaroo care, breastfeed or feed my expressed milk as is deemed medically fit or possible
- **BREASTFEEDING HELP**
 - Please teach me how to identify a good latch, and how to correct attachment and positioning if improvement is needed.
 - Please teach me how to recognise my baby's early hunger cues, and how to recognise 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 BAGS/GIFTS**
 - Please do not show/give me any promotional or marketing material or gifts distributed by artificial baby milk 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.