

INFANT FEEDING PLAN

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

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

If I am unable to answer questions about how to feed my baby, please talk to my birthing partner _____ or my doctor, _____ who both support my decision to breastfeed.

CHECK ALL THAT APPLY:

- EXCLUSIVE BREASTFEEDING**
My goal is to exclusively breastfeed my baby. Please do not give my baby any formula before speaking to me or my birthing partner. I need all of my baby's suckling to be at my breast to build a good milk supply.
- NO BOTTLES OR PACIFIERS**
Please do not give my baby artificial nipples including pacifiers or any bottles with formula, water, or glucose water. If there is a medical reason for this, I would first like to speak with a lactation consultant or pediatrician about trying different feeding methods with expressed milk.
- SKIN-TO-SKIN**
Place my baby on my chest, skin-to-skin for at least one hour after my baby is born. If possible, please do routine newborn check-ups with my baby on my chest, skin-to-skin. Throughout our stay, I want to be able to hold my baby skin-to-skin as much as possible. Blankets may be placed over us, but not between us.
- FEED ON CUE**
Please help me begin breastfeeding when my baby seems ready (for example rooting, licking lips, and so forth). 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.
- ROUTINE EXAMS**
Please give my baby check-ups in my presence and do not take him/her away from me unless he/she requires medical treatment that cannot be done in my room.
- EMERGENCY CESAREAN**
I want to hold my baby skin-to-skin as soon as possible after a cesarean section. If I am unable, please allow my partner to hold my baby skin-to-skin.
- ROOMING-IN**
I would like to keep my baby in my room with me 24 hours a day. That way I will learn my baby's feeding cues and have the most skin-to-skin time. If we're not in the same room, please bring my baby to me at the earliest hunger cues, such as sucking on hands, making sucking noises, rapid eye movement, or rooting.
- BREASTFEEDING ASSISTANCE**
Please teach me how to know the correct baby positioning and a good latch. Please teach me how to recognize my baby's early hunger cues, how to hand express milk, and how to tell if my baby is breastfeeding well.
- BREAST PUMPS**
If I'm unable to breastfeed or I'm separated from my baby, I want to use a breast pump within 6 hours of delivery. If I need a pump longer than my hospital stay or if there is not a double electric breast pump available, please help me get a pump through my health plan.
- DISCHARGE BAGS**
Please do not give me a free gift bag containing formula or show me any promotional or marketing materials concerning formula.
- BREASTFEEDING SUPPORT AFTER MY BABY IS BORN**
I would like to receive contact information for breastfeeding support in case I need help with breastfeeding after we are at home.

INFANT FEEDING PLAN

An Infant Feeding Plan is a plan of action that expresses your desired hospital experience and infant feeding goals to your family and your health-care providers. Check any options that you want or that you would like to ask hospital staff about.

The plan can be completed with family and shared with:

- Your doctor
- Your baby's doctor
- The hospital staff

The most important place to take your Infant Feeding Plan is to the hospital so don't forget to pack it in your hospital bag. Ask hospital staff to attach this plan to your chart. The plan will help refresh your health-care provider's memory when you're in labor. Remind staff at shift changes that your Infant Feeding Plan is attached to your chart. It will bring new members of your medical team – such as an on-call health-care provider and your labor and delivery nurses – up to speed about your preferences.

