

My Breastfeeding Plan

Just as important as preparing a birth plan, having a breastfeeding plan can help you to identify your needs and preferences and can be given to your partner and caregivers to help them understand what is important to you and your baby. While your birthing journey is likely to last only a few hours, your breastfeeding relationship can continue for months or years! Here is a basic plan to get you started.

ABOUT US

My name is: _____

My partner's/accompanying person's name is: _____ Not applicable

Baby is due on: ____ / ____ / ____

I want my baby to receive my breast milk⁽¹⁾:

Exclusively for at least: 1 Month 2 Months 3 Months 4 Months 6 Months⁽²⁾

Then continue to at least: 9 Months 12 Months 18 Months 24 Months ⁽²⁾

BEFORE THE BIRTH

Attend a prenatal class ⁽³⁾ at: _____

Talk to my partner / support network about the importance of breastfeeding⁽⁴⁾, our goals around shared feedings and ways to support me to establish and maintain breastfeeding for as long as I choose

Speak to my employer about a return to work policy that supports breastfeeding employees ⁽⁵⁾

Contact info for my nearest breastfeeding clinic: _____

Contact info for a Lactation Consultant in my area: _____

I would like to receive resources to educate myself about my upcoming breastfeeding journey

Apps that can help support me during pregnancy, when baby arrives and on my breastfeeding journey:

MyMedela Babycenter Pregnancy + Myfamily Other: _____

IMMEDIATELY AFTER BIRTH (Vaginal or Caesarean)

Place baby on my chest, skin-to-skin, immediately after birth ⁽⁶⁾

Leave baby on my chest to encourage them to self-attach for their first breastfeed within 1 hour of birth ⁽⁷⁾

Perform all essential pediatric observations while baby is on my chest ⁽⁶⁾

I prefer my baby weighed with myself present after their first breastfeed, lying on his/her tummy on a warm cloth/blanket ⁽⁹⁾

Facilitate rooming-in with baby at all times so that I can learn their feeding cues ⁽¹⁰⁾

I want to follow my baby's cues and breastfeed for as long and frequently as possible ⁽¹¹⁾

I want to keep baby skin-to-skin as much as possible while in hospital ⁽⁶⁻⁸⁾

IF MY BABY OR I REQUIRE SPECIAL CARE AFTER BIRTH

If I am unable to hold my baby skin-to-skin, please have my partner hold the baby skin-to-skin immediately after birth ^(6-8, 12)

If my baby cannot breastfeed within 1 hour of birth, please assist me to express my colostrum immediately and thereafter every 2-3 hours ⁽¹⁴⁾

I would like to be taught how to express my milk using both a breast pump with initiation technology and hand techniques ⁽¹⁵⁾

If in the NICU, I would like to provide, together with my partner, as much of the basic care for my baby as possible ⁽¹⁶⁾

THE EARLY DAYS IN THE HOSPITAL

My baby must be fed my breast milk exclusively ⁽¹³⁾

If it is medically necessary for my baby to be fed anything other than my breast milk, I would like to discuss options with the neonatologist/pediatrician and sign a consent that prioritizes donor milk over formula ⁽¹⁷⁾

If feeding at the breast isn't possible and supplementation is needed, please do-so in a way that is supportive of breastfeeding

THE EARLY DAYS AT HOME

I will remind myself that breastfeeding, although natural, is a learned skill and can pose challenges

I will reach out for help often, and proudly, knowing that I am doing my best for my baby and I

I will use resources available for me for general parenting and breastfeeding support such as:

Mommy Groups Lactation Consultant and / or Breastfeeding Clinic LaLeche League

1. Breast milk is the best food for infants as it provides all the nutrients required for the optimal development of the nursing baby. It reduces the risk for ear infection, gastroenteritis, severe lower respiratory tract infections, asthma (young children), obesity, type 1 and 2 diabetes, childhood leukemia, and sudden infant death syndrome. Health benefits of breastfeeding also extend to the nursing mother, protecting against type 2 diabetes, breast, and ovarian cancer. In addition, exclusive and predominant breastfeeding are associated with delayed return of the menstrual cycle.
2. The WHO, Health Canada, Canadian Pediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada recommend exclusive breastfeeding for the first 6 months of life. At 6 months, solid foods, such as mashed fruits and vegetables, should be introduced to complement breastfeeding for up to two years or more.
3. Although natural, breastfeeding is a learned skill. Educational programs have been shown to be very effective for improving breastfeeding initiation and duration. Women who attend breastfeeding education classes before their baby is born are more likely to continue to breastfeed and have a more realistic and positive view of parenting.
4. A vital source of breastfeeding support is your partner and/or family. Their attitudes have been shown to be an extremely important factor in the initiation and duration of breastfeeding.
5. Many women want or need to return to work after they have had a baby. With the right planning, information, and support, combining breastfeeding with work is achievable. Your right to breastfeed anywhere, anytime is protected by the Canadian Charter of Rights and Freedoms.
6. Skin-to-skin contact with mom straight after birth helps your baby stabilize his/her temperature, breathing, heart rate and blood sugar levels. Early skin-to-skin contact encourages successful breastfeeding, and your baby's hands and mouth contact with your belly and your breasts stimulates maternal oxytocin to enhance uterine contractions, milk let-down and mother-baby bonding.
7. If left undisturbed, a healthy newborn baby will take up to 1-2 hours to orientate toward the breast, attach and start to breastfeed. Allowing your baby to self-attach (with assistance from you as you feel appropriate) ensures that your baby learns to hold his/her tongue and mouth in the correct position to effectively milk your breast.
8. It is possible for most procedures for newborn babies to be carried out with the baby on the mother's chest. Such contact provides your baby with optimal physiologic stability, warmth, and opportunities to breastfeed. Removal of the baby to weigh, measure and so on has been shown to seriously disturb the first breastfeed. There is often no reason for these procedures to be performed immediately after birth.
9. If a baby is taken from his/her mother for weighing and dressing, s/he may not show any interest in feeding and may not know how to suck. Lying on his/her back is very different to being in the fetal position. A baby placed on his/her back is therefore likely to become very frightened, resulting in the release of stress hormones. Baby's temperature is also likely to drop.
10. Mother-baby rooming-in on a 24-hour basis enhances opportunities for bonding and for optimal breastfeeding initiation. Evidence suggests that mothers get the same amount and quality of sleep whether their babies' room-in or are placed in a separate nursery at night.
11. Early, frequent breastfeeding is the single factor that has consistently been shown to underpin a good start to breastfeeding. Breastfeeding in response to early feeding cues (as opposed to timed or scheduled feedings or waiting for the baby to become distressed and crying) helps prevent engorgement, decreases the incidence of sore nipples, helps to ensure milk supply matches baby's appetite, decreases the incidence of jaundice, increases the rate of baby weight gain and increases the duration of breastfeeding.
12. Skin-to-skin is not only beneficial for mom and baby but also for father and baby. Fathers who get skin-to-skin contact with their babies in the first 24 hours after birth report bonding better with their newborns. Newborns that are separated from their mother and are held skin-to-skin by their father, are comforted, stop crying, become calmer, and reach a drowsy state earlier. The father can facilitate the development of the infant's pre-feeding behavior in this important period of the newborn infant's life and should thus be regarded as the primary caregiver for the infant during the separation of mother and baby.
13. Colostrum is the first breast milk produced in the few days after giving birth, before true milk appears. It is produced in low quantities but is rich in immunologic components and developmental factors, indicating its primary functions to be immunologic and trophic rather than nutritional.
14. In general, milk comes in between the 1 and the 3 day after a full-term birth. However, this is dependent upon a series of hormonal changes, in addition to the stimulation of the breasts provided by the suckling infant. The sooner the baby is put to the breast, or the sooner mothers begin pumping (in case of separation), the sooner milk comes in, and better the outcome on the milk supply later on. For this reason, the W.H.O recommends that babies be put to the breast within 30 minutes after birth. If for any reason, this is not possible (for example in case of a premature baby), moms should begin pumping within the same timeframe, and frequently thereafter, not only to provide that stimulation to the breasts, but also to express the precious Colostrum which will then be administered to the baby.
15. Before establishment of lactation, newborns have a different and more irregular sucking pattern than older babies and a pumping pattern that mimics that irregular pattern helps mothers initiate their milk production and reach a similar volume as that of mothers of healthy term breastfeeding babies as of day six. Hand expression is the act of removing milk from the breast by squeezing of the breast tissue. This is one of many different hand techniques that can be used before, during and after each pumping session. Using hand techniques in combination with pumping may help increase milk supply.
16. Many models and programs have been developed to promote family-centered care in North America and around the world in which parents play a larger role in providing direct care for their infants in the Neonatal Intensive Care Unit. Studies and reports have demonstrated that there may be many short and long-term benefits of this practice.
17. All newborn infants should be fed their own mother's milk (via breastfeeding or if not available, expressed milk from the infant's mother). When that is not possible for whatever reason, opting for an alternative feeding source becomes a necessity. The next best option would be the milk of another healthy mom (wet nurse), followed by pasteurized donor milk from a milk bank. Formula should only be given if all the above options are not available.