

INFANT BREASTFEEDING PLAN

SHARED DECISION-MAKING TOOL – BREASTFEEDING

Do you plan to exclusively breastfeed your baby? _____

Who is your biggest breastfeeding supporter? _____

What barrier stands in your way of meeting your goal? _____

My Personal Breastfeeding Goal:

_____ Exclusive breastmilk

_____ Breastmilk + formula

_____ Formula only

It is my goal to breastfeed for _____ months

WHY ONLY BREASTMILK

- Babies do not need other food or fluids, American Academy of Pediatrics, the World Health Organization and the CDC recommend exclusive breastfeeding for 6 months
- Giving only breastmilk for 6 months maximizes protection against disease and infections
- It makes breastfeeding easier especially when returning to work
- Milk supply is better maintained if only breastmilk is given
- Cost savings of an average of \$125 per month if breastfeeding instead of buying formula
- Medical costs savings of \$4,000 per year on illnesses and sick visits
- Health benefits for mom and baby

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. Danbury Hospital practices rooming-in. By keeping my baby in my room I will have more opportunity to learn baby feeding cues, practice breastfeeding, and have the most skin to skin time

HOSPITAL PLAN - CHECK PREFERENCES 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. The nurses will frequently remind me of the importance of exclusively breastfeeding.

___ **THE GOLDEN HOUR**

Please help me with skin to skin as soon as possible after birth and to start breastfeeding within the first hour or as soon as possible. If I have a cesarean birth I know the GOLDEN HOUR will occur in the recovery room.

___ **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.

___ **NO BOTTLES OR PACIFIERS**

Please do not give my baby artificial nipples including pacifiers, or any bottles of formula. If there is a medical reason for this, I would like to speak with a lactation consultant about trying different feeding methods.

___ **FEED ON CUE**

Please help me to learn my babies feeding cues (for example rooting, licking lips, hands to mouth).

___ **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 BIRTH**

I want to hold my baby skin to skin as soon as possible after a cesarean birth. If I am unable, please allow my partner to hold my baby skin to skin.

___ **BREAST PUMPS**

If I am unable to breastfeed, or I am separated from my baby, I want to use a breast pump and learn hand expression within 6 hours of delivery.

___ **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 home.

___ **BREASTFEEDING ASSISTANCE**

Please teach me the correct positioning and latch. Please teach me how to recognize my baby's feeding cues, how to hand express colostrum, how to build a good milk supply, and how to tell if my baby is breastfeeding well.

___ **VISITORS**

Please help me limit my visitors. This will help decrease distractions leaving more time for skin to skin and breastfeeding.