

OUR FEEDING PLAN

A tool to communicate your infant feeding plan with the people involved in your baby's feeding journey.



Before the birth

- We completed Prenatal Education.
- We attended a Breastfeeding class.
- We spoke with our family and friends about how we are going to feed our baby and how they
- can support us.

Other: _____

Our plan

- Our infant feeding goal is: _____
- Our support network that will help us are: _____

- Our support network can help us by: _____

- Other: _____

Immediately after birth

- We would like to do skin-to-skin, immediately after birth and uninterrupted for at least one hour or until first feed is completed.
- We would like all essential mom and newborn care to be completed while baby is skin-to-skin.
- We would like our baby to be weighed and measured once first feed is completed.
- Other: _____

If baby or mother require special care after birth

- If mother is unable to do skin-to-skin, we would like _____ *Name* _____ to do skin-to-skin.
- If mother is separated from the baby, we would like assistance with expressing colostrum/ breastmilk to meet the needs of our baby.
- If something other than breast milk is considered medically necessary, we would like to discuss this with the health care professional(s).
- Other: _____

Postpartum period (first 6 weeks)

- We will feed our baby a minimum of eight times in a 24 hour period and we will follow our baby's cues.
- We will do skin-to-skin as much as possible.
- We will avoid using artificial nipples such as soothers and bottles.
- We will take care of ourselves by: _____

- We will ensure that baby will be seen within one week of life by a health care provider or as needed.
- Other: _____

Night Feeds

- Mother's roles will be: _____

- Partner's roles will be: _____

- Other: _____

If information and/or support is needed

- We will : _____

- Other: _____

For more information or support, visit:
www.renfrewcountybreastfeeds.ca

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