

Dear Health Care Provider:

Thank you for being a part of the birth of my new baby. I am enclosing a breastfeeding care plan as an outline of my wishes concerning my baby and myself immediately following birth. I ask that you please review this and help me to optimize the moments following birth to enhance bonding, breastfeeding initiation, and thermo-regulation through skin to skin contact.

I fully understand that in certain circumstances these guidelines may not be followed, but it is my hope that you will support me and assist me in making this the experience and success that I hope for. If you have any questions or suggestions, please let me know.

Sincerely,

I would like my baby to be dried off at birth, then immediately placed skin to skin with me, with a warm blanket over us.

I plan to keep the baby near me and skin to skin following birth and would appreciate if the evaluation of the baby can be done with the baby on my abdomen, with both of us covered by a warm blanket, unless there is an unusual situation.

I would like to hold the baby while I deliver the placenta and any tissue repairs are made.

I would like to delay the eye medication for the baby until at least one hour after birth.

I would like to delay the administration of vitamin K for at least one hour after birth.

I would like staff to be supportive of our first breastfeeding attempt and recognize the importance of this first stage of bonding.

Unless required for health reasons, I do not wish to be separated from my baby for at least one hour.

If the baby must be taken from me to receive medical treatment, my support person or some other person I designate will accompany the baby at all times.

In the event that I can not hold baby after birth do exhaustion, pain medication, etc. I ask that baby is allowed to be held by my support partner, who can hold baby near me or next to me. My support person can work with baby to assist with utilizing baby's senses during that first hour.

I would like to have the baby "room in" and be with me at all times.

If baby is eating frequently and/or fussy please assess our latch, please do not take baby to nursery so I can "get my rest" If I feel that I need to rest I will let my nurse know so she can bring baby to nursery.

Please offer me unconditional support and encouragement with breastfeeding. This will help me to build confidence as well as a milk supply.

___ I do not wish to have any supplemental feedings given to the baby, unless there is a medical indication. I ask that my baby's pediatrician be made aware of the medical condition that warrants supplementation of my baby and is in agreement that supplementation is necessary.

___ If baby needs to be supplemented for a medically indicate reason, I want to be made aware of the situation as soon as possible so that I can give informed and written consent.

___ If medically indicated supplements are deemed necessary, I ask that the baby is not fed with a standard nipple. Finger feeding, cup feeding, or syringe feeding are my preference.

___ I do not want the baby to be given a pacifier.

___ I would like the most current information about breastfeeding provided to me.

___ I would like to meet with a Lactation Consultant.

___ I wish to have follow up phone calls from the Lactation Consultant.
My telephone number is: _____

Breastfeeding care plan
Heather LaRosa RN
Lactation Consultant
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