

My plan to feed my baby

My name is _____ and I am planning to feed my baby with formula. If I am unable to answer questions concerning my choice to feed my baby bottled formula, please address yourself to my partner _____.

💧 My choices at birth

Immediately after the birth of my baby...

- I wish to have my baby close to me, skin-to-skin, for at least an hour
- I want to be able to detect my baby's readiness to feed
- I want to give my baby colostrum during a few days after birth, to protect their gastro-intestinal tract and promote it's immune system
- If it's impossible for me to have my baby close to me, skin-to-skin, for medical reasons, I wish for my baby to be placed skin-to-skin with : _____
- If my baby requires special needs after birth, I wish to be able to hold them in my arms, skin-to-skin, as soon as their medical condition permits it

During my stay at the hospital or birthing center...

- I want to room in with my baby 24/7
- I want to be able to observe my baby's hunger cues and feed them as soon as they seem ready
- I want to be offered some help with bottle feeding in the first 6 hours after birth and if I ask afterwards
- I would like my support person _____, to be welcomed to stay with me day and night, as I wish
- I would like to be thought how to hand express my colostrum (first milk)
- If my baby is sound asleep, I will respect it's sleeping and wait for them to show signs of hunger
- If, for a medical reason, my baby can't be fed by bottle, I want to express my colostrum and give it to my baby every hour to provide oral immune therapy for my baby

Once at home...

- I will give iron fortified infant formula by bottle, 6 to 8 times a day
- I will observe my baby's hunger cues and will feed them as soon as they are ready
- I will check my baby's diaper and make sure they pee enough and have bowel movements

 **Support**

- *If I have questions or concerns with the bottle feeding, I will communicate with:*

The CLSC

Name _____ tel. : _____

My friend:

Name _____ tel. : _____

Other :

Name _____ tel. : _____

- *If I need to take a break, I have two options :*

1. _____

2. _____

- *If I am tired and need help from family or friends, I can call :*

Name _____ tel. : _____

Name _____ tel. : _____

- *If I feel I would benefit from a parent / caregiver support group, I can go to these places :*
