

# *My wish to breastfeed*

My name is \_\_\_\_\_ and I'm planning to exclusively breastfeed my baby. If I am unable to answer questions concerning my plans to feed my newborn baby, please address your questions to my partner: \_\_\_\_\_

## *◆ My choices at birth*

### *Immediately after I deliver my baby...*

- I wish to have my baby placed skin-to-skin with me for at least an hour.
- I want to be able to detect my baby's readiness to feed.
- I wish to respect my baby's rhythm and let them root and crawl to the breast.
- I want to breastfeed my baby in the hour after birth.
- If I can't have my baby close to me for a medical reason, I wish my baby to be placed skin-to-skin with: \_\_\_\_\_.
- If my baby has special needs, 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 be able to breastfeed my baby exclusively .
- I want to room in with my baby 24/7.
- I want to be able to observe my baby's feeding cues and breastfeed them at the first signs of hunger.
- I wish to get all the help I need in the first 6 hours after birth and whenever I need 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 express my colostrum (first milk).
- If my baby does not suckle at the breast enough, I will be expressing drops of colostrum and giving it to my baby every hour, if necessary.
- If my baby is sound asleep, I will respect their sleeping and provide them colostrum by spoon regularly.
- I do not want my baby to be given any kind of artificial teat or soother/pacifier, until breastfeeding is well established.
- If, for a medical reason, it's necessary to give my baby a supplement, I want to be able to express my milk and give it to my baby.
- If, for a medical reason, my baby can't feed by himself on the breast, I want to express my colostrum and give it to my baby every hour to provide oral immune therapy.
- If a supplement is necessary, I want to be able to take an informed decision regarding the supplement. I want to be informed of the benefits, the risks, the alternatives and the implication of the supplement and what will it result in if I choose to refuse the supplement. I want my choice to be respected.
- Before uncomfortable or painful interventions (blood test, exams, etc.), I want to give colostrum or the breast to my baby to calm and comfort my baby.

*Once at home...*

- I will continue to feed my baby to the breast exclusively.
- I will observe my baby's hunger cues and nurse them as soon as they are ready to feed.
- I will nurse my baby at least 8 times a day.
- I will check my baby's diapers to make sure they pee enough and have bowel movements.
- I will give my baby a vitamin D supplement everyday.

**Support**

*If I have questions or concerns regarding breastfeeding, I will communicate with :*

- A specialized breastfeeding professional (IBCLC) :

Name \_\_\_\_\_ tel. : \_\_\_\_\_

- My friend who breastfed their baby :

Name \_\_\_\_\_ tel. : \_\_\_\_\_

- Naissance-Renaissance Outaouais ([www.nroutaouais.ca](http://www.nroutaouais.ca)) :

Name \_\_\_\_\_ tel. : (819) 561-4499



- Other (Breastfeeding godmother):

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. : \_\_\_\_\_

