Breastfeeding, *the Baby Friendly Way*

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.

If I am unable to answer questions about the chosen infant feeding practices, please speak with my birthing partner _____ *or my doctor,* _____ *who are both supportive of my decision to breastfeed.*

CHECK ALL THAT APPLY:

❑ EXCLUSIVE BREASTFEEDING

My goal is to exclusively breastfeed my baby. Please do not give my baby any supplements before speaking to me or my birthing partner. I need all of my baby's suckling to be at my breast in order for me to establish a good milk supply.

❑ NO BOTTLES OR PACIFIERS

Please do not give my baby artificial nipples including pacifiers or any types of bottles with formula, water, or glucose water. If there is a medical reason for supplementation, I would first like to speak with a lactation consultant or pediatrician about trying alternate feeding methods with expressed milk.

❑ SKIN-TO-SKIN

When my baby is born, I would like to have him/her placed on my chest, skin-to-skin with me for at least thirty minutes. If possible, please perform routine newborn evaluations with my baby on my chest. Throughout our stay, I want to be able to hold my baby skin-to-skin as much as possible. A blanket may be placed over us, but not between us, if extra warmth is necessary.

❑ FIRST HOUR

Please help me initiate breastfeeding within 30 minutes to 1 hour of delivery. This means placing my baby skin-to-skin as soon as possible after birth offering help to begin breastfeeding when my baby seems ready (e.g. rooting, licking lips, etc.) Please do not force my baby to take the breast if he/she is not showing signs of readiness. Instead, keep my baby skin-to-skin with me until he/she is ready to try to latch.

❑ ROUTINE EXAMS

Please examine my baby 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

If I have a cesarean, I would like to hold my baby skin-to-skin as soon as possible after the operation. If I am unable to for some time after the delivery, then please allow my partner to hold my baby skin-to-skin.

❑ ROOMING IN

I would like to room in with my baby 24 hours a day to give my baby plenty of skin-to-skin time and so I can learn my baby's feeding cues and feed him at his first sign of hunger. If for some reason my baby and I are not in the same room, please bring him/her to me at the earliest hunger cues, such as sucking on hands, making sucking noises, rapid eye movement, or rooting.

❑ BREASTFEEDING ASSISTANCE

Please teach me how to identify a good latch and how to correct my baby's positioning and latch if improvement is needed. Please teach me how to recognize my baby's early hunger cues and how to tell if my baby is breastfeeding well.

❑ BREAST PUMPS

If my baby is unable to breastfeed or is separated from me due to medical reasons, I want to be able to use a breast pump within 6 hours of delivery. If you think I am going to need a pump longer than my hospital stay or if there is not a double electric breast pump available, please remind me to call my WIC office.

❑ DISCHARGE BAGS

Please do not give me a discharge bag containing formula or show me any promotional or marketing materials concerning artificial baby milk.

❑ BREASTFEEDING SUPPORT AFTER DISCHARGE

I would like to receive contact information for breastfeeding support in case I need help with breastfeeding after my baby and I are at home.

Missouri Department of Health and Senior Services
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