Feeding Preferences

For Expectant Parents

Name:

Partners' Name:

Preferred language for supporters to be aware of:

The Infant Feeding Academy

Before Birth:

- [ ] In preparation for the birth, I have hand expressed colostrum from 36 weeks, this has been labelled and stored in the freezer.
- [ ] I do not want any pain relief that interferes with the initiation of breastfeeding, such as Pethidine or Epidural.

Feeding Intention:

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Hospital Birth:

- [ ] For transfer to hospital - frozen syringes of colostrum have been transported in a cool bag, please store in a hospital refrigerator ready to give baby after birth.
- [ ] On arrival at the hospital the colostrum has been given to:

And stored:

- [ ] All relevant medical staff should know the location of the frozen colostrum so it can be given if the baby is struggling to feed independently in the early hours, this will raise blood sugar and hopefully the baby's interest in feeding.

Newborn Nurslings:

- [ ] When the baby is dried, please leave their palms wet, so they can follow the scent of the amniotic fluid
- [ ] *Regardless* of the type of birth, I would like all relevant medical staff to know that as long as it is safe to do so, I would like skin to skin with my baby until after the first feed in an undisturbed and peaceful environment as possible.
- [ ] 'No hatting, no patting, no chatting.' I need to be able to smell my baby's head, not have our golden hour interrupted and not feel that I need to chat unless I want to.
- [ ] I do not want to be offered formula for my baby unless medically indicated and with my explicit explanation and my informed consent
- [ ] I would like the opportunity for the baby to naturally attach using baby breast crawl.
- [ ] Please use colostrum as above if a problem has meant breastfeeding not initially possible.

Emergency or Planned Caesarean Section:

If the birth involves any interventions, I would be glad if the following could be taken into consideration, to allow for optimum conditions to breast feed:

- [ ] I would like to have a front opening gown
- [ ] I would like the ECG monitor placed on my back not front
- [ ] I would like skin-to-skin in theatre

Examinations and weighing the baby:

- [ ] I would like this to take place **after** the first breastfeed
- [ ] I would like my baby to be weighed prone (face down in order not to startle the baby or change its natural hormonal state and therefore, prolong the instinctive feeding reflexes)
- [ ] I would like any necessary checks for myself or the baby to be done with the baby on my chest if it is safe to do so.
- [ ] If stitches are needed, I would like my baby to remain skin-to-skin while they are done

Ward Transfers (if applicable)

- [ ] I would like my baby to remain skin-to-skin when transferred, if safe to do so. Therefore I would like to transfer on a chair or a bed!
- [ ] I wish my baby to stay with me at all times and not be separated unless medically essential to do so and with my informed consent
- [ ] If my baby hasn't fed after 2 hours, I would like support to hand express and I will give my baby my colostrum by syringe or cup.
- [ ] I would like support to feed on demand and be watchful of feeding cues.

My Partner (if applicable):

- [ ] My partner understands the importance of them delaying their first skin-to-skin cuddle until after the 'golden hour' and a successful first feed.
- [ ] My partner understands that their bonding with baby is not related to whether or not they bottle feed them and that there are many other ways of caring for baby.

Vitamin K:

- [ ] My baby will be having Vitamin K
- [ ] My baby will not be having Vitamin K
- [ ] This will be oral
- [ ] This will be by injection

Please Note: This is to be given whilst the baby is in skin-to-skin contact

Additional Notes:

The Fourth Trimester:

- ☐ I would like it to be just myself and my chosen birth supporter for the first ..... days to establish feeding and milk supply.
- ☐ If I have any problems with latch and poor attachment – I would like to be assisted with skilled feeding support.
- ☐ I would like to be made aware of available breastfeeding support after discharge
- ☐ Guests are asked to hold off visiting at this time and if they would like to send a gift, please make it edible!
- ☐ After this first week, we will be open to receiving some guests, but they need not to expect to hold the baby, or to be waited on.
- ☐ In the first 6-8 weeks, I will not be using a dummy or a bottle, as these can interfere with breastfeeding and cause problems.
- ☐ I intend to exclusively feed my baby myself for the first 6 months and then with complementary solid food for as long as we both wish.

Extra Support:

Local feeding support:

My local Private Infant Feeding Coaches or Lactation Consultants (IBCLC) are: