

BREASTFEEDING CARE PLAN

Mother's Name: _____ Date of Visit _____ yyyy/mm/dd

Baby's Name: _____ Baby's DOB: _____ yyyy/mm/dd

Today's Weight: _____ Birth Weight: _____

Baby is breastfeeding well. **Breastfeeding Matters received.**

Breastfeed your baby often – most babies breastfeed at least 8 times in 24 hours.

Give only breastmilk until 6 months old, then begin introducing solids – continue to breastfeed for up to 2 years and beyond. On cue

Before feeding

Skin-to-skin contact Watch for feeding cues
 Latch tummy to mommy, face to breast, nose to nipple Hand express a small amount of milk

During feeding

Feed on one breast, then offer second breast Use breast compressions
 Check latch/suck for wide open mouth; slow, strong regular suck; swallowing heard/seen Feed frequently on both breasts to increase milk production

After feeding

Watch for satisfaction cues Hand express / pump to provide breastmilk if mother and baby apart
 Rub expressed breastmilk on nipples

Express breastmilk See *Breastfeeding Matters*

Notes

Resources and Supports

Child Health CARELine 613-966-5500 ext. 223 Telehealth Ontario (24 hrs) 1-800-797-0000
 Toll-free 1-800-267-2803 ext. 223 Health Unit Website www.yourhealthunit.ca
 TTY 613-966-3036 → Networks - BFI
 Monday to Friday from 8:30 am to 4:30 pm Eat Right Ontario 1-877-510-510-2
 La Leche League Canada www.lllc.ca Peer Support Group (Friends/Peer Support): _____

Next appointment date: _____ / _____ / _____ Time: _____
yyyy mm dd

Primary health care provider for follow-up care: _____

Parent Signature: _____ Signature & designation: _____