



Australian
Breastfeeding
Association

My Breastfeeding Plan

Having a breastfeeding plan can help you not only to work out what your preferences about feeding your baby are but also identify the people who will support your wishes.

ABOUT US

My name is:

My partner's name is:

Our baby is due on:

BEFORE THE BIRTH

- I will talk to my partner about how important breastfeeding is to me and our baby and how their support is vital to establishing and maintaining breastfeeding.

A vital source of breastfeeding support is your partner. Responsive partner behaviours have been shown to improve breastfeeding outcomes.¹

- My partner and I will attend an [Australian Breastfeeding Association \(ABA\) Breastfeeding Education Class](#).

Although natural, breastfeeding is a learned skill. Attending a [breastfeeding education class](#) before your baby is born helps prepare you with useful information and boosts your confidence.

- I will [join](#) the ABA, as my subscription includes a copy of the Association's book called *Breastfeeding ... naturally*, a quarterly magazine called *Essence*, premium access to the [mum2mum app](#) and access to local get-togethers with other parents run by trained breastfeeding counsellors and community educators. Many mothers find the most valuable part of being an ABA member is the mother-to-mother support they receive which assists them along their breastfeeding journey.

While your newborn baby has the in-built skills needed to breastfeed, many new mothers find they gain skills by watching other mums breastfeed.

- I will speak to my employer about a return to work policy that supports breastfeeding employees. [This site](#) has lots of helpful information.

Many women want or need to return to work after they have had a baby. With the right planning, information and support, combining breastfeeding with work is achievable. The Breastfeeding-Friendly Workplace Accreditation program is an initiative of the ABA. Accreditation is given to workplaces that meet set criteria in relation to providing breastfeeding or expressing facilities, support for breastfeeding mothers and flexible work options. If your workplace is not already accredited, why not provide them with a BFWA information pack today!

IMMEDIATELY AFTER BIRTH (vaginal or caesarean)

The following preferences are possible if both you and your baby are well, whether you have a vaginal or caesarean birth.

- Please place our baby on my chest immediately after birth, with a warm blanket covering their body for warmth. Many hospitals now allow this in delivery room before the procedure is complete, if you have a [caesarean birth](#).

Skin-to-skin contact with you straight after birth helps your baby to stabilise their temperature, breathing, heart rate and blood sugar levels. Early skin-to-skin contact encourages successful breastfeeding, and your baby's hand and mouth contact with your tummy and your breasts stimulates maternal oxytocin to enhance uterine contractions, milk let-down and mother-baby bonding.²

- I would like our baby to remain with me on my chest to encourage them to [self-attach](#) for their first breastfeed (with assistance from me as I feel is appropriate).

Babies are born with instincts to enable them to seek their mother's breasts on their own. This is called 'baby-led attachment'. Allowing your baby to self-attach (with assistance from you as you feel is appropriate) provides your baby with the most natural introduction to breastfeeding and can help to lay down the foundation of breastfeeding. If baby-led attachment does not happen for the first breastfeed, there will be plenty of other chances.

- Please perform all essential post birth observations while our baby is on my chest.

It is possible for most procedures for newborn babies to be carried out with the baby on the mother's chest. Such contact helps to keep your baby warm and calm and provides them with opportunities to breastfeed.

- We would like our baby to be weighed after their first breastfeed, lying on their tummy on a warm cloth.

Weighing a baby placed on their tummy is more likely to keep them calm compared to weighing them placed on their back.³

IF MY BABY OR I REQUIRE SPECIAL CARE AFTER BIRTH

- If I am unable to hold our baby skin-to-skin after birth, I would like my partner to hold our baby.
- I wish my breasts to be treated gently and only touched with my permission.

Learning to search for the breast on their own helps babies learn how to attach well to your breast. Babies who are forced onto the breast may not attach properly and this may damage your nipples.

- If my baby cannot breastfeed within the first hour of birth, please assist me to hand [express](#) my colostrum every 2 to 3 hours, starting from within the first hour after birth (or as close to as possible), to stimulate my milk supply and for feeding to our baby.

Expressing milk gives your body the signal to keep making milk (supply=demand). Research has found that a significantly increased milk production can be achieved by removing milk within the first hour after birth as compared to between hours 1 and 6.⁴ Colostrum is produced in the right amounts to suit a newborn's stomach size and contains important anti-infective factors such as antibodies that help protect your baby from infection.

THE EARLY DAYS

- I will breastfeed my baby according to their needs and will follow my baby's feeding cues in terms of length and frequency of feeds.

Early, frequent breastfeeding is important to help build a good milk supply. Breastfeeding in response to early feeding cues (instead of timed or scheduled feedings or waiting for the baby to become distressed and crying) also helps ensure your baby gets what they need and helps prevent engorgement.

- I will keep my baby skin-to-skin as much as possible for at least the first few weeks after birth.

Skin-to-skin contact is important for stimulating the hormones needed to make milk. It also assists with bonding and it is lovely for both of you to cuddle your baby as much as possible!

- I would like to room-in with my baby at all times so that I can learn our baby's feeding cues.

Mother-baby rooming-in, on a 24-hour basis, enhances opportunities for bonding and mothers to recognise her baby's feeding cues and to respond to them.

- I do not wish to bathe our baby for at least the first 48 hours after birth.

Washing your baby washes off the rich vernix cream your baby is born with. Maintaining the vernix helps your baby's skin to adjust to life outside the womb.

- I do not wish to wash my chest area for 24 hours after the birth.

Your baby's sense of smell is one of the most important elements of initiating breastfeeding. Newborn babies appear to prefer their mother's unwashed breast to her washed breast. The amniotic fluid that your baby transfers to your chest area as they breastfeed leaves a 'scent trail' for future breastfeeds.^{5,6}

- My partner and I will not wear perfume or use strong-smelling items for the first few days after birth.

These products can eliminate or mask natural odour signals that a newborn baby uses to locate the breast.⁶

- We do not want our baby to have artificial nipples (dummies or bottles) at any time. If alternative feeding methods of expressed milk are needed, we would like our baby to be fed using a [cup](#), spoon or syringe.

Bottle-feeding requires very different tongue and jaw movements and has a very different milk flow to that of breastfeeding. When supplemental feedings are medically necessary, cup feeding has been shown to be safe for both term and preterm babies and may help preserve breastfeeding duration for babies requiring multiple supplemental feedings.⁷

- We do not want our baby to receive anything other than breastmilk unless medically necessary. If it is considered necessary, I would like to sign a consent form which indicates I have been given all the information I need to understand why supplementation is medically necessary.

Human milk provides all of the fluid and nutrients necessary for optimal infant growth. Routine supplementation of healthy, term infants with water, glucose water or formula is unnecessary and may interfere with establishing normal breastfeeding and an infant's normal ways to adjust to life outside the womb.⁸ Supplementation can affect your milk supply and alter your baby's gut flora.⁹

- If there are concerns about my [baby's weight](#), I would like to try more frequent feeding and other strategies for addressing this, with supplemental feeds only to be given when medically indicated and after I have signed a consent form which states I have been given all the information about why supplementation is medically indicated. If supplemental feeds are required on a longer term basis, we would like to use a [breastfeeding supplementer](#).

Most mothers can produce enough colostrum and breastmilk for their babies. You have already nurtured your baby in your body for 9 months and your body is designed to continue providing nourishment once your baby is born. If supplementary feeds are medically necessary, breastfeeding supplementers have the advantage of supplying your baby with nutrition while at the same time stimulating the breast to produce more milk and reinforcing the act of breastfeeding for your baby. The supplementer may be filled with your expressed milk, donor milk, or formula.

IF I NEED MORE INFORMATION OR SUPPORT

- I will remind myself that breastfeeding, although natural, is a learned skill.
- If I need information or support regarding breastfeeding, I know I can:

- call the National Breastfeeding Helpline on 1800 686 268 which is available 24 hours a day, 7 days a week staffed by trained ABA counsellors
- download the [mum2mum app](#)
- use the LiveChat service via ABA's website to contact a trained Australian Breastfeeding Association volunteer
- check out the up-to-date information on the [Australian Breastfeeding Association's website](#), on the ABA's [mum2mum app](#) and in the ABA's [booklets](#)
- contact an [International Board Certified Lactation Consultant](#) if I have problems that ABA counsellors are unable to help me with
- contact [my local Australian Breastfeeding Association group](#) for support and friendship from other breastfeeding women and trained ABA volunteers.

Sometimes mums and bubs need a little help to get the hang of breastfeeding and sometimes problems do arise. With the right support at the right time, most breastfeeding problems can be solved. The Australian Breastfeeding Association is recognised internationally for providing mother-to-mother breastfeeding support and accurate and up-to-date breastfeeding information.

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