

MY BABY'S FEEDING PLAN

This is an action plan expressing your desired delivery experience and infant feeding goals to your family and health-care providers, in line with the [Baby Friendly Hospital Initiative](#) (BFHI). In Singapore, there are three Baby Friendly hospitals, KK Women's and Children's Hospital (KKH), National University Hospital (NUH) and Singapore General Hospital (SGH). These hospitals aim to promote and support breastfeeding for the well-being of all mothers, their babies and their families, and ensures that best practices are in place to support mothers to breastfeed successfully.

Prepare and give this feeding plan to your healthcare provider if you plan to deliver in a non-Baby Friendly hospital.

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.

TICK ALL THAT APPLY:

EXCLUSIVE BREASTFEEDING

My goal is to exclusively breastfeed my baby if possible. Please consult me or my birthing partner if there is a medical need to give my baby infant formula milk.

SKIN-TO-SKIN CONTACT

Please place my baby on my chest for at least one hour after my baby is born. Throughout our stay, I want to be able to hold my baby skin-to-skin as much as possible

ROOMING IN/FEED ON CUE

I would like to keep my baby in my room with me 24 hours a day to better understand his feeding cues and breastfeed successfully. If not in the same room, please bring my baby to me at the earliest signs of hunger and allow him to regulate his own intake of breast milk.

BREASTFEEDING ASSISTANCE

Please teach me how to position my baby correctly, know what is a good latch, recognise early hunger cues, hand-express breast milk and tell if my baby is breastfeeding well.

NO BOTTLES OR PACIFIERS

Please do not give my baby pacifiers or any bottles with teats to avoid 'nipple confusion'.

DISCHARGE BAGS

Please do not give me any formula-related products in my hospital discharge bags free or show me any promotional or marketing materials concerning formula.

BREASTFEEDING SUPPORT

I would like to receive contact information for breastfeeding support in case I need help with breastfeeding once we are at home.

Name of Mother: _____

Mother's Phone Number: _____

Name of Partner: _____

Partner's Phone Number: _____

Name of Gynaecologist: _____

Gynaecologist's Phone Number: _____

Name of Paediatrician: _____

Paediatrician's Phone Number: _____

Dated: _____

Name of (Intended) Delivery Hospital: _____