
BREASTFEEDING ACTION PLAN

My Breastfeeding Goals!

Use this guide to create a [SMART Breastfeeding Goal!](#)

Your goal should clearly state what is to be achieved, by whom, where and when it is to be achieved. Sometimes it may even state why that goal is important!

SMART Goal Worksheet:

Today's date: _____ Target date: _____

Start date: _____ Date achieved: _____

Before you get started:

Some questions to consider:

I want to feed my baby:

- ☐ Breast milk only
- ☐ Breast milk and formula

I want to breastfeed until the baby is _____ months or years old.

On a scale of 1 to 5:

How important is it for you to breastfeed? _____

How confident are you that you will be able to meet your breastfeeding goals? _____

Specific: What exactly will you accomplish?

Measurable: How will you know when you have reached this goal?

Attainable: Is achieving this goal possible with effort and commitment?

Realistic: Do you have the resources to achieve this goal? If not, how will you get them?

Timely: When will this goal be achieved?

Now incorporate all the parts and create a final goal!

FINAL GOAL: Verify that your goal is SMART (Specific, Measurable, Attainable, Realistic, & Timely)

This document has been prepared with funds provided by the Government of Ontario and the support of the Best Start Resource Centre at Health Nexus.

The information herein reflects the views of the authors and is not officially endorsed by the Government of Ontario or the Best Start Resource Centre.

MY BREASTFEEDING PLAN—PARTICIPANT RESOURCE

My name is _____ and I plan to *(how do you plan to feed your baby)* _____ my baby.

If I am unable to answer questions about my choices, please speak with my partner _____ or my care provider _____.

Place a check mark beside all the points that apply to you!

IMMEDIATELY AFTER MY BABY IS BORN...

- ☐ I want my baby placed skin-to-skin with me for at least 1 hour.
- ☐ I want to watch my baby for signs that my baby is ready to feed.
- ☐ I want my baby to breastfeed and be left skin-to-skin with me until the completion of the first feeding.
- ☐ If I am unavailable or not able to be skin-to-skin with my baby for a medical reason, I wish my baby to be placed skin-to-skin with _____.
- ☐ If my baby requires special care, I wish to hold my baby skin-to-skin as soon as my baby is well enough.

DURING MY STAY AT THE HOSPITAL/BIRTHING CENTRE...

- ☐ I want to exclusively breastfeed my baby.
- ☐ I want to room-in with my baby 24 hours per day.
- ☐ I want to watch my baby for feeding cues and feed my baby at the first signs of hunger.
- ☐ I want to be offered assistance with breastfeeding within 6 hours of delivery and as needed.
- ☐ I want my support person, _____, to be welcome to stay with me as I wish, day and night.
- ☐ If my baby needs to be separated from me, I wish to be shown how to express or pump my breastmilk.
- ☐ If there is a medical reason for supplementing my baby, I want to speak to someone about expressing or pumping my milk and feeding my milk to my baby.
- ☐ If my baby needs to be supplemented, I wish to make an informed decision about how to supplement.

WHEN I GET HOME...

- ☐ I will continue to exclusively breastfeed my baby.
- ☐ I will watch my baby for feeding cues and feed my baby in response to these cues.
- ☐ I will be sure that my new baby feeds at least 8 times in 24 hours.
- ☐ I will watch that my baby is passing urine and stool often enough.
- ☐ I will have my baby checked by a health care provider within the first week.
- ☐ I will have my baby weighed on a baby scale within the first week.
- ☐ I will ask my health care provider to use the growth charts provided by the WHO.
- ☐ I will give my baby a vitamin D supplement every day.

IF I HAVE ANY QUESTIONS OR CONCERNS ABOUT BREASTFEEDING, I WILL CALL:

Breastfeeding QSFHT Clinic:

My friend who successfully breastfed:

Local health unit:

WEBSITES I CAN ACCESS FOR MORE INFORMATION INCLUDE:

- www.publichealth.gc.ca/breastfeeding/tips-cons-eng.php
- www.bestchance.gov.bc.ca/you-and-your-baby-0-6/caring-for-your-baby/breastfeeding-yourbaby/getting-started.html
- La Leche League Canada: www.LLCC.ca

AS MY BABY GROWS...

- ☐ There will be times when my baby wants to feed more often and longer.
- ☐ I will breastfeed my baby in response to my baby's hunger cues.
- ☐ I will drink when I feel thirsty, eat healthy meals and snacks when I feel hungry, and rest when I feel tired.

WHEN I NEED A BREAK FOR AWHILE, 2 THINGS THAT I CAN DO ARE:

WHEN I AM TIRED AND NEED HELP FROM FAMILY OR FRIENDS, I WILL CALL:

WHEN I FEEL LIKE I WANT TO SPEND TIME WITH OTHER MOTHERS, I WILL GO TO:

(mother support group such as La Leche League)

(breastfeeding clinic)

I KNOW...

- ☐ That I am making enough milk for my baby, even though I can't see how much my baby is getting.
- ☐ That it is normal to sometimes feel like I've just fed my baby and my baby wants to feed again.
- ☐ That my baby is changing all the time and is unlikely to follow an eating or sleeping schedule—that will come later.
- ☐ That breastfeeding is more than food and it is okay to comfort my baby by breastfeeding.
- ☐ That if people say things to me that are discouraging, I will trust in my body and my baby and that I am doing the right thing.

AT AROUND 6 MONTHS...

- ☐ My baby needs only my breastmilk for the first 6 months.
- ☐ In addition to breastfeeding, I can start offering solid foods once my baby is ready.
- ☐ I can check out these websites to learn more about giving my baby solid foods:
 - www.bestchance.gov.bc.ca/you-and-your-toddler-0-36/caring-for-your-toddler/healthy-eating/introducing-solid-foods.html
 - www.beststart.org/resources/nutrition/index.html

I can also call my family health or breastfeeding clinic at:

Signs of readiness include:

- Better head control.
- Ability to sit up and lean forward.
- Ability to let the caregiver know when they are full (i.e. turns head away).
- Ability to pick up food and try to put it in their mouth.

AT AROUND 12 MONTHS...

- ☐ I can continue to breastfeed my baby for two years or longer and wean when either of us is ready.
- ☐ I can continue to breastfeed if I return to work or school.
- ☐ I know that there will be a time of transition for me and my baby.

TO HELP WITH THE ADJUSTMENT OF GOING BACK TO WORK OR SCHOOL, I CAN TRY THE FOLLOWING TIPS:

- ☐ Adjust the times that my baby breastfeeds to before and after I attend work/school.
- ☐ Express and store breastmilk for the times that I am away.
- ☐ Talk to my boss/school about my return and ways to support breastfeeding.
- ☐ Make arrangements so that I can breastfeed or express/pump my milk while at work/school.
- ☐ I can also call the breastfeeding specialist in my area for help and advice:

DECIDING TO WEAN...

- ☐ My child will begin to wean from breastfeeding when he/she is ready. My body will reduce the amount of milk it produces gradually. Weaning will happen naturally.
- ☐ If I need or want to stop breastfeeding before my child is ready, I will:
 - ☐ Plan ahead, choosing a non-stressful time.
 - ☐ Decrease breastfeeding gradually so my breasts do not become sore.
 - ☐ Be ready to give my child more comfort and cuddles.

SOURCE: My Breastfeeding Plan is adapted from: *Protecting, Promoting And Supporting Breastfeeding A Practical Workbook For Community-Based Programs 2nd Edition*. http://publications.gc.ca/collections/collection_2014/aspc-phac/HP15-18-2014-eng.pdf

This document has been prepared with funds provided by the Government of Ontario and the support of the Best Start Resource Centre at Health Nexus.

The information herein reflects the views of the authors and is not officially endorsed by the Government of Ontario or the Best Start Resource Centre.