# Newborn Feeding Plan

Patient Name: _____

Support Person(s): _____

This document is designed to help you prepare for the postpartum period by focusing on your newborn feeding goals.
Please check the options that align with your current plan:

## Early Feeding Goals

- ☐ Initiate exclusive breastfeeding
- ☐ Plan on exclusive breastfeeding, but am open to using alternative feeding methods if medically necessary
- ☐ Exclusively provide expressed breast milk
- ☐ Utilize a combination of direct feeding, hand expression, and pumping

## First Steps

- ☐ Golden Hour – uninterrupted skin-to-skin contact for at least 1 hour
- ☐ Initiate breastfeeding within the Golden Hour
- ☐ Delay non-urgent routine medical procedures
- ☐ If unable to latch or if separated, begin hand expression

## During Your Stay

- ☐ Practice rooming-in 24/7 and frequent skin-to-skin contact
- ☐ Delay first bath until after the first 24 hours
- ☐ Start responsive feedings, at least 8–12 times per day
- ☐ Practice getting a deep, comfortable latch and using different breastfeeding positions
- ☐ Hand express and offer additional colostrum after feedings
- ☐ Track feedings and diaper output

## Heading Home, Continue:

- ☐ Room sharing
- ☐ Regular skin-to-skin
- ☐ Responsive feedings, at least 8–12 times per day
- ☐ Practicing deep latch and positioning techniques
- ☐ Tracking feedings and diaper output until confident

## My Birth Story (to be filled out after delivery)

- ☐ Induction & pitocin
- ☐ IV fluids
- ☐ Epidural / Opioids
- ☐ Assisted vaginal delivery
- ☐ Cesarean birth
- ☐ Separation due to maternal complications or NICU

## Post Support Checklist

- ☐ **Hands-on Latch Support:** Have a lactation provider or nurse support with latching and positioning techniques during the hospital stay.
- ☐ **Hand Expression:** Learn how to express colostrum by hand before leaving the hospital.
- ☐ **Feeding & Diaper Log:** Feed frequently (8–12 times in 24hrs). Monitor for at least 6 wet and 3 dirty diapers per day once milk is in.
- ☐ **Follow-up Care:** Schedule a lactation visit within 24–48 hours of discharge.
- ☐ **Support System:** Identify a friend or family member to assist with household chores so you can focus on feedings.
- ☐ **Mental Wellness:** Download the Canopie app and explore its resources now, so you have tools and support in place before you need them. Use code: **FEEDPREP**

# Breastfeeding Tracker & Day-by-Day Guide

## What to Expect: First 14 Days

### Days 1-3

Enjoy plenty of time together skin-to-skin. Focus on frequent feedings and colostrum intake. Milk production typically begins increasing substantially by about 72 hours.

### Days 4-7

Breasts often feel firm, warm, or tender for a few days as your supply increases. During feedings you may notice your baby swallowing more, appearing more satisfied afterward, and their stools become soft, seedy, and yellow. Your breasts should feel softer after feedings.

### Days 8-14

Follow your baby's lead as they establish a breastfeeding rhythm. Monitor feeding frequencies, diaper output, and weight gain with your baby's healthcare provider.

## Common Breastfeeding Challenges & Strategies

The first few days involve significant learning for both you and your baby. Below are common challenges and strategies to manage them at home. Please browse our care guides for more detailed information to help you on your journey.

### 1. Difficulty Nursing or Latching

**Challenge:** Difficulty getting baby to latch, stay latched or show interest in nursing.
**Strategy:** Use skin-to-skin contact to encourage feeding cues and try different breastfeeding positions. If difficulties continue, hand express and offer colostrum after feeding attempts. Reach out to a lactation consultant for support.

### 2. Nipple Tenderness or Trauma

**Challenge:** Pain during latching, nipple tenderness, cracks, or bleeding.
**Strategy:** Focus on a deep, comfortable latch and try different positions to reduce pressure on tender areas. Apply expressed breast milk or a breastfeeding-safe nipple balm after feeds. Seek lactation support if pain or damage continues.

### 3. Sleepy Baby / Low Interest

**Challenge:** Baby not waking for feeds, showing few feeding cues, or falling asleep quickly at the breast.
**Strategy:** Limit swaddling and practice "unwrapped" skin-to-skin contact to encourage feeding cues. During feeds, use gentle stimulation and breast compressions to help keep baby alert and actively feeding.

### 4. Cluster Feedings

**Challenge:** Baby cueing to feed very frequently (every 30–60 minutes) for a period of time.
**Strategy:** Cluster feeding is common and helps support milk production. Follow your baby's feeding cues, rest between feeds when possible, and ask your support person to help with meals, hydration, diaper changes, and other non-feeding tasks.

### 5. Breast Engorgement

**Challenge:** Breasts feeling very full, hard, and painful as milk comes in.
**Strategy:** Feed your baby frequently (8–12 times in 24 hours). Continue to take anti-inflammatory medications, as recommended by your healthcare provider. Use cold compresses between feeds to reduce swelling.

### 6. Mom and Baby Separation

**Challenge:** Medical care, procedures, or recovery may temporarily prevent you from being together or feeding directly.
**Strategy:** Begin expressing milk as soon as possible, continue regularly, and ask your healthcare team for help storing and/or delivering milk to your baby. Resume skin-to-skin contact and direct feeding when possible. Plan follow-up lactation care.

## Breastfeeding Red Flags

Seek support from a healthcare professional or lactation consultant if you notice any of the following:

- Baby has fewer wet or dirty diapers than expected for their age
- Baby is not waking for feedings, or staying awake during feedings, at least 8–12 times per day
- Baby is crying frequently or seems unsatisfied after feedings
- Baby has yellowing skin or eyes (jaundice) that seems to be increasing
- Mother has cracked or bleeding nipples, intense pain, or fever
- Engorgement not improving within 24–48 hours. Breasts remain hard, painful, or red after nursing or pumping