



# My Breastfeeding Experience

Hospital \_\_\_\_\_

My baby's birth date \_\_\_\_\_

*I am very DISAPPOINTED with my breastfeeding experience at your hospital.*

## Adapted from: "Ten Steps to Successful Breastfeeding":

\_\_\_\_\_ I wanted to remain "skin to skin" with my healthy baby and breastfeed immediately after birth. Mothers of healthy term babies should be allowed to remain skin to skin for the first hour after birth and until the completion of the first feed. Eye ointment, bathing, etc., can be postponed until this has been accomplished.

\_\_\_\_\_ I wanted to room-in with my baby so I could learn how to know when my baby wanted to breastfeed and I could establish a good milk supply. Keeping babies by the bed and fully accessible to the mother helps the mother learn how to read her baby's feeding cues and frequent feeding establishes a good milk supply.

\_\_\_\_\_ I wanted my baby to receive only my milk without any supplemental formula or pacifiers. Breastfed babies do not need formula supplements unless medically indicated, nor do they need pacifiers.

\_\_\_\_\_ I wanted nursing staff to help me learn how to exclusively breastfeed my baby. Hospital staff needs to be educated on how to help mothers learn to breastfeed.

\_\_\_\_\_ The "free" formula bag made me think I couldn't exclusively breastfeed my baby. Confidence in a mother's ability to feed her baby with only her milk needs to be supported, not undermined by free formula and coupons given by the hospital.

OTHER: \_\_\_\_\_

*Please consider revising your policies to be in line with the WHO/UNICEF "Ten Steps to Successful Breastfeeding". Resources are located at: <http://www.unicef.org/newsline/tenstps.htm> and the new Joint Commission Perinatal Measure on exclusive breastfeeding <http://manual.jointcommission.org/releases/TJC2010A/MIF0170.html> The WHO/UNICEF Ten Steps are supported by the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Academy of Family Physicians, and the Academy of Breastfeeding Medicine.*

**THANK YOU FOR YOUR TIME AND ATTENTION TO THIS IMPORTANT MATTER.**

\_\_\_\_\_ Please contact me. Name \_\_\_\_\_

Phone/Email \_\_\_\_\_

\_\_\_\_\_ For informational purposes