Induced Lactation and Surrogacy Infant Feeding Plan
(for use when surrogate plans to give milk)

My name is_____and my goal is to induce lactation for my baby who is being born by surrogate to _____ (surrogate name).

The benefits of breastfeeding are very important to me/us and my/our baby. I would like to have our plan supported as long as it is medically safe. I would also like to ensure that my milk supply is well-established, while supporting _____ (surrogate name) in establishing milk production for _____ weeks/months. Because of this, some things in our feeding plan are the same as other peoples, and some are different.

ROUTINE/CHECK ALL THAT APPLY:

☐ **Skin to skin:** please place our baby skin to skin on my chest after delivery. Please do check-ups and procedures on our baby while they are skin to skin, when possible.

☐ **Exclusive Breastfeeding:** our goal is to exclusively breastfeed our baby. Please do not give my baby any formula before speaking to me/us about it.

☐ **No bottles or pacifiers:** please do not give pacifiers or bottles without speaking with me/us first.

Feed on cue: please help me/us to learn the signs that my baby is hungry and feed my baby when they are ready to eat.

Rooming in: please help our baby and I stay in our room together 24 hours per day.

FOR INDUCED LACTATION and SURROGACY/CHECK ALL THAT APPLY:

☐ **At the time of delivery,** I (name)_____ am able to express _____mL per day of milk.

☐ **Initial skin to skin and latch** will be done by _____ .

☐ **If I am not available after birth to do skin to skin and latch**, please allow _____ _____ (name) to do so.

☐ **After the first latch,** we would like _____ (name/status) to primarily feed the baby at the breast.

☐ **After the first latch,** we would like to both feed at the breast. We know that if we do this, whoever is not feeding at the breast will need to hand-express or pump milk,

and this may result in a decreased milk supply. We also understand that if either of us is not making milk, a supplemental nursing system will need to be used. In all cases, baby's weight will need to be closely monitored.

☐ **Please provide** my/our surrogate, _____ (surrogate name) help with initiating milk production with milk expression/pumping, storing milk, and labeling it for my/our baby.

After we go home, we would like to

_____

_____

This plan has been discussed with my provider: _____

My baby's provider/pediatrician will be: _____

☐ Discuss with baby's provider/pediatrician