

## Apply for Two Stars

Did your facility complete all requirements for One Star? Yes \_\_\_\_\_ (Continue) No \_\_\_\_\_  
 (All requirements for one star must be complete to continue)

Interdisciplinary Team has been developed? Yes \_\_\_\_\_ (be sure to fill out team list) No \_\_\_\_\_

Interdisciplinary teams are required for this award. Teams are necessary to make the cultural change for improving services, developing policies and action plans. It is recommended that team members represent the wide variety of disciplines found in a hospital setting and have a minimum of one physician champion and one quality improvement person. Team will be responsible for reviewing assessment, collecting and reviewing data and creating action plans.

### Team Members:

This is a Quality Assurance project and should be overseen by an administrative team member from Quality Improvement (QI) and include a minimum of one physician champion.

#### QI Team member:

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Email Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Team Lead

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Email Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Physician Champion

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Email Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

List all team members. If additional space is necessary please list additional team members on a separate piece of paper.

Name	Job Title	Contact	Helped complete application? Y/N

**Guidance:** This is the planning phase. It will be time that the assessment is evaluated and road blocks identified. Policies will be reviewed and drafted, curriculum will be identified or written, and prenatal/postpartum education plan will be developed.

## Ten Steps to Successful Breastfeeding (Ten Steps)

### STEP 1 Have a written breastfeeding policy that is routinely communicated to all health care staff.

Policy must be attached to application. The Facility has a written breastfeeding policy? \_\_\_ Yes

Is policy approved and implemented? \_\_\_ Yes \_\_\_ No

Please review the following task list. Add Team member names, check progress and add any comments needed.

Policy Team Members	Tasks	Start Date	Reviewed/ Identified	Need Update	Comments	Date to Complete
	Review policies against UNICEF Ten Steps. Policies and/or related policies:					
	Infant feeding		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Labor and delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Rooming-in		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Prenatal and postpartum education		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Post partum follow-up		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Policies that may interrupt feeding: Clinical Protocols					
	Hyperglycemia		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Bilirubinemia		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Circumcision		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Other-					
	Policy address' the following:					
	International Code of Breastmilk Substitutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Identifies person responsible for implementing policy		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Policy readily available for reference from staff		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

New employees will be oriented to policy within 6 months of hire	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of policy is displayed in all areas that serve mothers (can be ten steps poster)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Policy Guidance:** The health facility’s written breastfeeding or infant feeding policy must address all Ten Steps. In order for a hospital to earn the highest honor and get designated as a nationally recognized Baby-Friendly Hospital the policy must include the protection of breastfeeding through adhering to the International Code of Marketing of Breastmilk Substitutes (the Code) as indicated in Step Six. The policy should include guidance for how each of the Ten Steps and other components should be implemented. The policy must be available so that all maternity care staff members can refer to it. Summaries of the policy covering, at minimum, the Ten Steps, are visibly posted in all areas of the health care facility serving pregnant women, mothers, infants, and/or children. These areas include the labor and delivery areas; prenatal care in-patient units and clinic/consultation rooms; post partum wards and clinic/consultation rooms; all infant care areas, including well baby observation areas (if there are any); and any special care baby units. The summaries are displayed and written in the language(s) most commonly understood by mothers and staff. (Provide a copy of the text with application)

**Hint:** Some hospitals make a breastfeeding policy and a breastfeeding protocol with detailed information

**STEP 2 Train all health care staff in skills necessary to implement the policy.**

Staff Education Team	Tasks	Start Date	Reviewed/ Identified	Need Update	Comments	Date to complete
	Review training in accordance with BFH Criteria/Guidelines		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Identify individuals responsible for implementing staff training, assessing, evaluating and updating competency.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Training to incorporate the following:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Total 20 hours 15 hours plus 5 hours of supervised clinical experience.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Identify all training curriculum being used by maternity		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Identify staff to train		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Identify staff training		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

needs		
Identified Curriculum for training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identified acceptable previous training (IBCLC, CLC or other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identified Competency to verify including the following:	Competency Includes	
Counseling feeding decision	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin-to-skin contact immediate postpartum	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assisting and assessing dyad on positioning and attachment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Counseling mothers regarding maintaining exclusive breastfeeding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Infant feeding cues	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assuring patient on rooming –in	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand expression	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formula preparation and feeding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discharge plan		

**Guidance:** All maternity care staff are expected to receive sufficient (20 hours at least five of which are clinically supervised) orientation on the breastfeeding/infant feeding policy. Documentation of training is important and can be saved in designated department. Training must include the skills and knowledge needed to support breastfeeding families and non-breastfeeding families. Training physicians should be at least 3 hours.

Labor and Deliver Team	Task	Start Date	Reviewed/ Identified	Need Update	Comments	Date to Complete
	Review BFH Criteria and Guidelines Step 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Insure skin-to-skin education at prenatal service (tours, admissions, during labor)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Identify training needs for skin-to-skin contact and infant behavior in the first hour		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Review practices that are in place that help or are barriers to mothers being given their babies to hold uninterrupted and continuous skin-to-skin contact immediately after birth		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Review routine practices/procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Identify barriers to baby assessment on mothers bare chest	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify barriers to assess baby Apgar score on mothers chest	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify medical barriers to skin-to-skin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify justifiable reasons for delay in skin-to-skin contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify procedure for baby's first bath	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify any procedures that interfere with babies first feeding and/or limit skin-to-skin contact.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify barriers to placing baby skin-to-skin after c-section	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify length of time mother is separated from infant after normal vaginal birth (if any)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify length of time a mother is separated after a c-section birth (if any)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify barriers that may prevent prompt reunion of mother and baby and skin-to-skin contact after separated for a medical reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Others:		

Prenatal/Postpartum Team	Review	Start Date	Reviewed/Identified	Needs Update	Comment	Date to complete
	Review BFH Criteria/Guidelines Step 3, 5, 6, 7, 8, and 9		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Review Prenatal education curriculum used		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Review and list classes provided to patients in hospital		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Assess staff knowledge (use staff questionnaire)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Assess procedure used to help mothers to breastfeed		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Assess length of time it takes from birth to first lactation assessment and assistance		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Discover type of assistance provided to high risk or special needs patients	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assess time from medically indicated separation to first pumping session for mother.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discover curriculum used for teaching mothers who choose to formula feed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assess procedure used when patient asks for formula	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assess order sets for infant feeding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility have a policy on 24 hour rooming in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assess any barriers to rooming-in and list.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assess feeding procedures including routine supplementation and feeding protocols	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assess how formula supplementation is dispensed and monitored	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assess how pacifiers and other feeding equipment are used and dispensed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discovery Community Resources to improve continuity of care from hospital to home	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Guidance:** This is also the time to explore the reduction of formula giveaways. See International Code of Marketing Breastmilk Substitutes [http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf) If hospital administration is concerned about cost it is best to know how much formula the hospital is actually using. Formula company's estimates will be exaggerated and unreliable. It is best to plan a way to measure actual use. Some hospitals dispense formula in the same manner as they do drugs. This is best practice because it regulates the use of formula. Nurses become accountable for the formula they give out. We have seen many instances where the use of formula is exaggerate due to misuse. If it is not possible to track through medication dispensing system, hospitals can take one month of hand data on formula usage. Hand data collection of formula use can track patient, nurse, amount for one month. Nurses sign out on paper each time they take any inventory. Inventory is monitored daily to insure compliance.

**Use of Formula:** Many hospitals are under the false impression that Baby-Friendly Designation means no formula. This is not true. It means the hospital has committed to stopping the unethically questioned practice of giving away free formula samples to its patients. They have committed to breastfeeding as the standard of care for all infants with only medical exceptions. Therefore, they purchase formula for those exceptions. It is very important for a hospital practicing evidence base care to provide education for all mothers using formula for their infants. A sample curriculum for formula feeding patients will be required for Phase II (two Stars).

**Antenatal Clinic:** If the facility has an affiliated antenatal clinic or in-patient antenatal ward, it is expected to ensure that expectant mothers receive breastfeeding information in anticipatory guidance and in print materials. The antenatal discussion covers the importance of breastfeeding, the importance of immediate and sustained skin-to-skin contact, early initiation of breastfeeding, rooming-in on a 24-hour basis, feeding on cue, on demand or baby-led feeding, frequent feeding to help ensure enough milk, good positioning and attachment, exclusive breastfeeding for the first 6 months, the risks of giving formula or other breast-milk substitutes, and the fact that breastfeeding continues to be important after six months when other foods are given. Discussions and feeding intentions should be documented in prenatal records, which should be available at the time of delivery.

**Facility Contact Information**

The review committee reserves the right to require additional documentation.

Provide a name and contact information of the responsible party.

\_\_\_\_\_ Name

\_\_\_\_\_ Title

\_\_\_\_\_ Phone

\_\_\_\_\_ Email Address

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please email your application to:  
[fbc-hospitalaward@flbreastfeeding.org](mailto:fbc-hospitalaward@flbreastfeeding.org)

*Please allow a couple of weeks to hear back from Florida Breastfeeding Coalition!*