

Florida Quest for Quality Maternity Center Breastfeeding-Friendly Recognition

Application

The goals of the **Florida Quest for Quality Maternity Care Award** Project are:

- to raise awareness of the need for a hospital-wide commitment to highly reliable, exceptional quality maternity care;
- reward successful efforts to develop and promote a systems-based approach toward improvements in quality of care;
- inspire Maternity hospitals to systematically integrate UNICEF Ten Steps to Successful Breastfeeding and align their quality improvement efforts to reflect evidence-based maternity care as outlined by Centers for Disease Control and Prevention, UNICEF and Baby-Friendly USA.

Florida Quest for Quality requires hospital teams to apply for recognition.

Application team should include several persons from various disciplines. Check those included on your team:

Maternity Center Administrator or Manager

Nurse from Newborn Care

Obstetrical Provider

Night Maternity Nurse

Pediatric Provider

Labor & Deliver Nurse

Family Medicine Provider

Lactation Consultant (IBCLC)

Couplet Care Nurse

Other relevant staff (please specify) _____

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: _____

Identification of Facility Information:

This is a Quality Assurance project and should be overseen by an administrative team member from Quality Improvement (QI).

QI Team member:

Name: _____

Credentials: _____

Email Contact: _____

Phone: _____

Team Lead:

Name: _____

Credentials: _____

Email Contact: _____

Phone: _____

CNO:

Name: _____

Title: _____

Email: _____

Phone: _____

CEO:

Name: _____

Title: _____

Email: _____

Phone: _____

FACILITY DATA:

Number of Births in Most Recent Year of Data:

Year: _____ from: _____ to: _____

Total Number of Births: _____

% Cesarean Delivery: _____

Lactation Consultant Staffing

Number of International Board Certified Lactation Consultants (IBCLC) currently on staff: _____

Number of IBCLC FTE's: _____

Coverage hours of IBCLC's: _____

Breastfeeding Data Collection Method

This project encourages data collection on an on-going basis in order to continue quality improvement.

- On-going basis
- Specific Time Period from _____ to _____ Number of patients: _____

Results

Exclusive Breastfeeding Rate (Birth to Discharge) _____% Number _____ (no food or drink other than breast milk at anytime during hospital stay exclude premature or sick infants)
Number of excluded babies _____

Breastfeeding Rate (Birth to Discharge) _____% Number _____
(any breastfeeding during hospital stay)

Percent of Medicare births: _____% Percent of uninsured births: _____%

Babies skin-to-skin immediately after birth: _____%
Percent of babies remaining skin-to-skin with mother until first feed: _____%

Percent of babies rooming in with mother (24 hours round clock) during hospital stay: _____%

Breastfed infants discharged in the past month who had received at least one formula feeding during their stay for acceptable medical reason _____%

Breastfed infants discharged in the past month who received supplementation for non-medical reasons _____%

Mpinc Score: _____ YEAR: _____

How is breastfeeding data shared with maternity care staff?

- Not Shared
- Shared - Specify below

Apply for One Star

CEO signed letter of support: _____ Yes (attach to application) _____ No

Completed assessment: _____ Yes (attach to application) _____ No

Completed assessment: **Based on UNICEF Ten Steps to Successful Breastfeeding** (using 2012 Self-Appraisal Inventory Tool from Baby-Friendly USA found at <http://www.babyfriendlyusa.org/eng/04.html> as seen below)

Using the Assessment Tool to Review Policies and Practices

The checklist that follows will permit a hospital, birthing center, or other health facility giving maternity care to make a quick initial appraisal or review of its practices in support of breastfeeding. The tool is based on the World Health Organization & United Nations Children’s Fund *Ten Steps to Successful Breastfeeding*.

Facilities are encouraged to bring their key management and clinical staff together to complete the **2012 Self-Appraisal Inventory** and develop a plan of action based on the results of the self-appraisal. Every answer that appears in the shaded right hand “No” column indicates an area for improvement. Data collection is also a powerful tool for change. The final page of this tool includes some of the data that is helpful for analyzing changes.

Name of Facility:

Date:

Name of person supplying this data:

Phone number _____ and e-mail _____ for person supplying data:

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

	YES	NO
1.1 Does the facility have a written breastfeeding/infant feeding policy that establishes breastfeeding as the standard for infant feeding and addresses all <i>Ten Steps to Successful Breastfeeding</i> in maternity services?		
1.2 Does the policy contain specific language to protect breastfeeding by prohibiting all promotion of breast milk substitutes, feeding bottles and nipples?		
1.3 Does the policy contain specific language to breastfeeding by prohibiting group instruction for using breast milk substitutes, feeding bottles and nipples?		
1.4 Does the policy prohibit distribution of gift packs with commercial samples, coupons or promotional materials for breast milk substitutes, feeding bottles and/or nipples to pregnant women and new mothers?		
1.5 Is the breastfeeding/infant feeding policy available so that all staff who take care of mothers and babies can refer to it?		
1.6 Is a summary of the breastfeeding/infant feeding policy, including the Ten Steps To Successful Breastfeeding, the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions posted or displayed in all areas of the health facility that serve mothers, infants, and/or children?		
1.7 Is the summary of the breastfeeding/infant feeding policy posted in languages and written with wording most commonly understood by mothers and staff?		
1.8 Is there a mechanism for evaluating the effectiveness of the policy?		
1.9 Are all policies or protocols related to breastfeeding and infant feeding in line with current evidence-based standards?		
1.10 Do all areas of the facility that interact with childbearing women and children have language in their policies about protecting, promoting and supporting breastfeeding?		

1.11 Are there procedures in place to orient new staff to the breastfeeding/infant feeding policy?		
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STEP 2. Train all health care staff in skills necessary to implement this policy.

	YES	NO
2.1 Are all staff aware of the advantages of breastfeeding and acquainted with the facility's policy and services to protect, promote, and support breastfeeding?		
2.2 Has the facility designated a position to be responsible for assuring that all staff caring for mothers and babies are properly trained in breastfeeding and lactation management and support?		
2.3 Do all staff members caring for pregnant women, mothers and infants receive training on lactation and breastfeeding management and support within six months of hire? <i>If Yes, what percentage of your maternity nursing staff are fully trained?</i> <i>If Yes, what percentage of your maternity MD's/PA's/APRN's/Midwives are fully trained?</i>		
2.4 Does the training cover all of the <i>Ten Steps to Successful Breastfeeding</i> and <i>The International Code of Breastmilk Substitutes</i> ?		
2.5 Does the training cover the proper preparation of infant formula?		
2.6 Is the training on breastfeeding and lactation management at least 20 hours in total, including a minimum of 5 hours of supervised clinical experience?		
2.7 Is the clinical competency in breastfeeding management and support verified for each staff member providing care to mothers and babies?		
2.8 Is the clinical competency in infant formula preparation verified for each staff member providing care to mothers and babies?		
2.9 Do physicians, midwives and advanced practice nurses receive 3 hours of training in lactation and breastfeeding management and support?		
2.10 Is training for non-clinical staff sufficient, given their roles, to provide them with the skills and knowledge to support mothers in successfully breastfeeding their infants?		

STEP 3. Inform all pregnant women about the benefits and management of breastfeeding.

	YES	NO
3.1 Does the facility include a prenatal care clinic or services?		
3.2 Does the facility have a prenatal inpatient unit?		
3.3 Does the facility employ professionals who deliver prenatal care?		
3.4 If yes, are most pregnant women attending these prenatal services informed about the benefits and management of breastfeeding?		
3.5 Do prenatal records indicate whether breastfeeding has been discussed with the pregnant woman?		
3.6 Does prenatal education, cover key topics including the importance of exclusive breastfeeding for the first six months, non pharmacologic pain relief methods for labor, importance of early skin to skin contact, importance of early initiation of breastfeeding, importance of rooming in, importance of early and frequent nursing, and effective positioning and attachment?		
3.7 Are prenatal women protected from oral or written promotion of and group instruction for feeding with breastmilk substitutes?		
3.8 Does the hospital provide information to pregnant women about the importance of exclusive breastfeeding for the first six months, non pharmacologic pain relief methods for labor, importance of early skin to skin contact, importance of early initiation of breastfeeding, importance of rooming in, importance of early and		

frequent nursing, and effective positioning and attachment during pre-registration visits, tours and/or childbirth education classes conducted with pregnant women?		
3.9 Does the hospital provide information to pregnant women about the risks of artificial feeding during pre-registration visits, tours and/or childbirth education classes?		
3.10 Are all areas serving pregnant women free from materials that promote artificial feeding and breastmilk substitutes?		

STEP 4. Help mothers initiate breastfeeding within an hour of birth.

	YES	NO
4.1 Are mothers who have had healthy vaginal deliveries given their babies to hold skin-to-skin (STS) within 5 minutes of delivery, and allowed to remain with them in uninterrupted skin to skin contact until completion of the first feed? <i>If Yes, what percentage of mothers who had normal, vaginal deliveries are given their babies to hold STS within 5 minutes of deliver and remain uninterrupted STS until completion of first breastfeed or for at least 1 hour if not breastfeeding? _____%</i>		
4.2 Are the mothers offered help by a staff member to recognize signs that their baby is ready to feed and provided assistance with initiating breastfeeding during this first hour?		
4.3 Are mothers who have had cesarean deliveries given their babies to hold, with Skin to skin contact, within 5 minutes after they are able to respond to their babies? <i>If Yes, what percentage of mothers who had cesarean deliveries are given their babies to hold STS within 5 minutes after they are able to respond to their babies? _____%</i>		
4.4 Do the babies born by cesarean section stay with their mothers, with uninterrupted skin to skin contact, until completion of the first feed? <i>If Yes, what percentage of babies born by cesarean section stay with their mothers, with uninterrupted STS contact, until completion of first breastfeed or for at least 1 hour if not breastfeeding? _____%</i>		

STEP 5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

	YES	NO
5.1 Does nursing staff offer all mothers further assistance with breastfeeding within three (no later than six) hours of delivery?		
5.2 Are most breastfeeding mothers able to demonstrate how to correctly position and attach their babies without pain for breastfeeding?		
5.3 Are breastfeeding mothers shown how to hand express their milk or given information on hand expression and/or advised of where they can get help should they need it?		
5.4 Can staff members describe the types of information and demonstrate the skills they provide both to mothers who are breastfeeding and those who are not, to assist them with successfully feeding their babies?		
5.5 Does a woman who has never breastfed or who has previously encountered problems with breastfeeding receive special attention and support from the staff of the health care facility?		
5.6 Are breastfeeding mothers educated on basic breastfeeding management and practices prior to being discharged?		
5.7 Are breastfeeding mothers educated on how to maintain lactation in the event that they are separated from their babies?		
5.8 Are mothers who have decided not to breastfeed shown individually how to prepare and feed their babies and asked to prepare feedings themselves, after being shown how?		

5.9 Are mothers who are separated from their babies for medical reasons helped to establish and maintain lactation by frequent expression of milk?		
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STEP 6. Give newborn infants no food or drink other than breast milk, unless medically indicated.

	YES	NO
6.1 Do breastfeeding babies receive no food or drink (other than breast milk) unless medically indicated?		
Breast milk only		
Other food/drink		
6.2 Do staff have a clear understanding of what the few acceptable reasons are for prescribing food or drink other than breast milk for breastfeeding babies?		
6.3 Do staff explore reasons with mothers who have decided not to breastfeed, discuss risks of not breastfeeding, various feeding options and help them decide what is suitable in their situation?		
6.4 Do staff explore reasons and provide education to breastfeeding mothers who request breast milk substitute supplementation on the risks of such supplementation and help them decide what is suitable in their situation?		
6.5 Is the education and informed consent for breast milk substitute supplementation documented in the patient record?		
6.6 Are there written orders for evidence-based medical indications for breast milk substitute supplementation?		
6.7 Does the facility have adequate space away from breastfeeding mothers and the necessary equipment and supplies for teaching mothers who are formula feeding their babies how to properly prepare the formula?		
6.8 Are all clinical protocols related to infant feeding current and evidence-based?		

STEP 7. Practice rooming-in—allow mothers and infants to remain together—24 hours a day.

	YES	NO
7.1 Do mothers and babies stay together and/or start rooming-in immediately after birth? <i>If Yes, what percentage of mothers and babies start rooming-in immediately after birth?</i> _____%		
7.2 Do mothers who have had Caesarean sections and/or other procedures (including those with general anesthesia) stay together with their babies and/or start rooming-in as soon as they are able to respond to their babies' needs? <i>If yes, what percentage of mothers who had caesarean deliveries and/or other procedures stay together with their babies and/or start rooming-in as soon as they are able to respond to their babies's needs?</i> _____%		
7.3 Do mothers and infants remain together (rooming-in) 24 hours a day, except for a period of up to one hour for hospital procedures or if separation is medically indicated? <i>If Yes, what percentage of mothers and infants remain together (rooming-in) 24 hours a day, except for up to one hour per day for hospital procedures or if separation is medically indicated?</i> _____%		
7.4 Do staff explore reasons and provide education to mothers who request their infants be cared for in the nursery?		
7.5 Are routine procedures conducted at the mothers' bedside whenever possible in order to avoid mother/baby separation?		

STEP 8. Encourage breastfeeding on demand.

	YES	NO
8.1 Are all mothers, regardless of feeding choice, taught how to recognize the cues that indicate when their babies are hungry?		
8.2 Are breastfeeding mothers encouraged to feed their babies as often and for as long as they want?		

STEP 9. Give no artificial teats or pacifiers to breastfeeding infants.

	YES	NO
9.1 Are babies who have started to breastfeed cared for without any bottle feedings? <i>If No, what percentage of breastfed babies are supplemented with bottles/artificial nipples? _____%</i>		
9.2 Are babies who have started to breastfeed cared for without using pacifiers, except for short periods of time during painful procedures? (see footnote) <i>If No, what percentage of breastfed babies are given pacifiers (except for short periods of time during painful procedures)? _____%</i>		
9.3 If pacifiers are used during a painful procedure, are they removed from the crib prior to returning to the room?		
9.4 Do breastfeeding mothers learn that they should not give any bottles or pacifiers to their babies for at least one month until after breastfeeding is fully established?		
<p><i>Footnote: For breastfed infants, delay pacifier introduction until 1 month of age to ensure that breastfeeding is firmly established." [Task Force on Sudden Infant Death. (2005). The changing concept of sudden infant death syndrome: diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk." (2005). Pediatrics, 116(5), 1245-1255. doi:10.1542/peds.2005-1499. p. 1252]</i></p>		

STEP 10. Foster the establishment of breastfeeding support and refer mothers to them on discharge from the facility.

	YES	NO
10.1 Do staff discuss plans with mothers who are close to discharge for how they will feed their babies after they return home?		
10.2 Does the facility have a system of follow-up support for mothers after they are discharged, such as early postnatal or lactation clinic check-ups, telephone calls, home visits, etc		
10.3 Does the facility foster the establishment of and/or coordinate with mother support groups and other community services that provide support to mothers on feeding their babies?		
10.4 Are mothers referred for help with feeding to the facility's system of follow-up support and to mother support groups, WIC, peer counselors and other community health services, if these are available?		
10.5 Is printed material made available to mothers before discharge on where to get follow up support?		
10.6 Are mothers encouraged to see a health care worker or skilled breastfeeding support person in the community soon after discharge (preferably 3-5 days after birth) who can assess how they are doing in feeding their babies and giving any needed support? (see footnote)		
10.7 Does the facility coordinate activities with the WIC program or community services that offer peer support and/or counselors?		
<p><i>Footnote: All breastfeeding newborn infants should be seen by a pediatrician or other knowledgeable and experienced health care professional at 3 to 5 days of age as recommended by the AAP. This visit should include . . . observed evaluation of breastfeeding, including position, latch, and milk transfer." [Gartner, L. M., Morton, J., Lawrence, R. A., Naylor, A. J., O'Hare, D., Schanler, R. J., & Eidelman, A. I. (2005). Breastfeeding and the use of human milk. Pediatrics, 115(2), 496-506. doi:10.1542/peds.2004-2491. p. 499]</i></p>		

International Code of Marketing of Breastmilk Substitutes “The Code”

<http://www.who.int/nutrition/publications/infantfeeding/9241541601/en/>

	YES	NO
11.1 Are all breast milk substitutes, including special infant formulas, that are used in the facility purchased in the same way as any other foods or medicines?		
11.2 Do the facility and staff refuse free or low-cost supplies of breast milk substitutes? (see footnote)		
11.3 Are all promotional materials for breast milk substitutes, bottles, and pacifiers absent from the facility with no materials displayed or distributed to pregnant women or mothers?		
11.4 Are employees of manufacturers or distributors of breast milk of substitutes, bottles, and pacifiers prohibited from any contact with pregnant women or mothers?		
11.5 Does the facility refuse free gifts, non-scientific literature, materials or equipment, money or support for in-service education or events from manufacturers or distributors of products within the scope of the Code?		
11.6 Does the facility keep infant formula cans and pre-prepared bottles of formula out of view unless in use?		
11.7 Does the facility refrain from giving pregnant women, mothers and their families any marketing materials, samples or gift packs that include breast milk substitutes, bottles and pacifiers or other equipment or coupons covered by the Code?		
11.8 Do staff members understand why it is important not to give any free samples or promotional materials from manufacturers or distributors of breast milk of substitutes, bottles, and pacifiers?		
<i>Footnote: Low –cost: below the average discount paid by the hospital for commonly items used in the maternity care unit.</i>		

Please email your application to:

fbc-hospitalaward@flbreastfeeding.org

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