

Did your facility complete all requirements for Three Stars? Yes _____ (Continue) No _____
(All requirements for three stars must be complete to continue)

Guidance: At this time in the quality improvement process it is important to verify that all the changes have remained in place. This phase will require the team to verify with patients that the policy and actions in place are working. Many hospitals will monitor progress quarterly or semi-annually by patient query. This is done by conducting a patient survey. Using a patient survey will help to insure accurate data entry as well.

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

The health facility has a written breastfeeding or infant feeding policy that addresses all Ten Steps, including the protection of breastfeeding through adhering to the International Code of Marketing of Breastmilk Substitutes (the Code) as indicated in Step Six.

1. Approved policy is including in this application ___Yes ___No (this is a requirement for three star awards) explain: _____

The policy should include guidance for how each of the Ten Steps and other components should be implemented. If your hospital does not allow guidance in the policy include a protocol.

2. Protocol is including in this application ___Yes ___No

The policy is 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 which serve 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.

3. Policy summary is including with this application ___Yes ___No
(a copy of the text is acceptable)

Guidance: The summaries are displayed and written in the language(s) most commonly understood by mothers and staff.

Where is it posted?

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

All maternity care staff are expected to receive sufficient orientation on the breastfeeding/infant feeding policy. Documentation of training indicates that 80% or more of the maternity care nurses who have been on the staff six months or more have received 20 hours of training at the hospital, prior to arrival, or through well-supervised self study or on-line courses that cover all Ten Steps and the Code. (Training on how to provide support for non-breastfeeding mothers is also provided to the staff.) At least 5 hours of supervised clinical experience are expected. Documentation of training indicates that 80% of non-clinical staff members have received sensitization that is adequate, given their roles, to provide them with the skills and knowledge needed to support breastfeeding families. Documentation of training indicates that 80% of physicians providing care to mothers and infants have received a minimum of 3 hours of breastfeeding-specific training.

Training: What percent of maternity care staff members have had training on breastfeeding promotion and support within six months of commencing work? _____%

Examples: CME / CEU / CERP Credit Documentation, Training Roster, Certificates of Completion, etc.
If you offer standardized training, provide agenda and training objectives.

5. Was this percentage based on?

- an estimate
- employee chart review
- an alternative system: _____

6. How is this training completed?

- On-line module
- CME Presentation
- Standardized Training
- Other: _____

7. What percent of non-clinical staff in maternity care units receive an introduction to breastfeeding promotion and support as part of standard hospital orientation/ tour? _____%

Was this percentage based on?

- an estimate
- employee chart review
- an alternative system: _____

8. List any barriers and solutions achieved after implementation:

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

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.

1. How does your facility inform pregnant women about the benefits and management of breastfeeding?
Examples: Prenatal Care Intake Form, Prenatal Care Anticipatory Guidance, WIC Enrollment, Breastfeeding
Classes, Childbirth Education with Breastfeeding Component, Labor Admission Intake Assessment, etc.

2. Are pregnant women protected from oral or written promotion of and group instruction for artificial feeding in the facility?

No Yes – Include a copy of the policy that specifically prohibits these forms of advertising with the application.

3. What percent of mothers' prenatal records are available at the time of delivery? _____ %
What is this percentage based on?

an estimate

patient chart review

alternative data collection mechanism: _____

4. Explain how prenatal records are shared between departments.

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

This Step is best interpreted as: Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed (cues) and offer help if needed.

As part of standard practice, infants are expected to be placed in skin-to-skin contact with their mothers immediately after birth. This contact should remain uninterrupted and supported for a minimum of one hour, unless there are medically justifiable reasons to separate the dyad. Nurses can support first feedings by encouraging mothers to look for early infant feeding cues displayed during this first period of contact and offer help, if needed. *(Note: The baby should not be forced to breastfeed but, rather, supported to do so when ready. If desired, the staff can assist the mother with placing her baby so he or she can move to her breast and latch when ready.)* After cesarean section, mother-baby dyads should have skin-to-skin contact as soon as possible after the mother is responsive and alert, with the same procedures followed as for vaginal births. In the case of delay, efforts should be made to keep infants and mothers in the same room, ideally with the infant skin-to-skin on another family member.

1. What percent of mother-baby dyads are skin-to-skin immediately after birth (vaginal) and encouraged to continue this contact for an hour or more? _____ %
2. What percentage of mother-baby dyads are skin-to-skin immediately after mother becomes responsive and alert (c-section)? _____ % If there is a standard method for documenting this practice, include a copy with the application.
3. What percent of mothers are helped, in the first two hours of life, to recognize the signs (cues) that their babies are ready to eat and offered help, if needed? _____ %
If there is a standard method for documenting this practice, include a copy with the application.
4. Attach any learning materials developed for teaching and encouraging mothers to practice skin-to-skin.

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

Maternity care nurses are expected to offer all mother-baby dyads assistance with breastfeeding within six hours of birth. Maternity care nursing staffs are expected to support mothers to identify effective position and latch for breastfeeding. Mothers who have never breastfed or who have previously encountered problems with breastfeeding should receive special attention and support at all contact points with the healthcare facility. Maternity care nursing staffs are expected to teach formula-feeding families how to safely prepare and feed breast milk substitutes privately. Maternity care staffs are expected to teach all mothers how to hand express their milk, and how to use a pump when appropriate.

1. What percent of breastfeeding mothers are offered further assistance with breastfeeding their babies within six hours of delivery by a clinician who has completed at least 20 hours of breastfeeding training? _____ %
What is this percentage based on?
 an estimate
 patient chart review
 alternative data collection mechanism: _____
If there is a standard method for documenting this practice, include a copy.
2. What percent of breastfeeding mothers receive instruction from maternity care staff on how to hand express their milk or given information on expression and advised of where they can get help, should they need it? _____ %
3. What is this percentage based on?
 an estimate
 patient chart review

___ alternative data collection mechanism:

If there is a standard method for documenting this practice, include a copy.

4. Does your facility ensure that mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support from the maternity care staff?

___ No ___ Yes

- a. How are mothers needing extra support identified?

- b. What is the system for ensuring that mothers receive special attention and support if needed?

- c. Is the identification system documented in some way? ___ No ___ Yes-If yes, how?

5. What percent of mothers are actively engaged in a discussion of their infant feeding plans with a maternity care staff member as they near facility discharge? _____ %

What is this percentage based on?

___ an estimate

___ patient chart review

___ alternative data collection mechanism: _____

If there is a standard method for documenting this practice, include a copy. Example: copy of the discharge teaching checklist

STEP 6 Give newborns no food or drink other than breast milk, unless medically indicated.

When providing optimal infant feeding support, a healthcare facility can expect that at least 75% of healthy, full-term infants born will be exclusively breastfed or exclusively fed expressed breast milk from birth to discharge or, if not, that there are documented medical reasons. All human milk substitutes and infant feeding supplies must be purchased in the same manner as all other healthcare products, in accordance with fair market pricing. The healthcare facility is expected to protect breastfeeding by prohibiting materials that recommend,

endorse or imply endorsement of feeding breast milk substitutes, scheduled feeds or other inappropriate practices from being distributed to mothers. Hospitals should market health, and nothing else. Mothers who decide not to breastfeed should partner with maternity care staff to learn about the various feeding options and decide which is suitable in their situations.

1. Does your facility prohibit the distribution of gift packs with commercial samples and supplies or promotional materials for these products to pregnant women and others, as well as free gifts for the staff and facility (from industry)? No Yes - Provide a copy of your policy that specifically prohibits these forms of advertising.

2. What percent of mothers who have decided not to breastfeed receive information and support for alternative feeding options, and are helped to decide what was suitable in their situations _____%

What is this percentage based on?

an estimate

patient chart review

alternative data collection mechanism: _____

If there is a standard method for documenting this practice, include a copy.

3. Does the facility receive free formula or infant feeding supplies from human milk substitute manufacturers or their representatives? No Yes

If the facility purchases its formula and infant feeding supplies, how was a fair market price determined?

Community Cost Assessment

Formulary Pricing

Internal Cost Analysis

Quote from Company Representative

Cooperative Agreement

Other (please specify)

Provide a copy of the purchasing agreement for formula and feeding supplies.

Guidance: The purchase of formula is not required for the fourth star; however, it is necessary to remove free gifts. It is required for hospitals to figure fair market price and determine how much they would spend should formula be purchased. In order for the hospital to get designated as a Baby-Friendly Hospital Facility this will be necessary.

4. How does the hospital monitor formula inventory? _____

Guidance: Monitoring inventory is important for many reasons. The hospital should not rely on formula manufacturers inventory because it may be over exaggerated and inaccurate. Monitoring its use also helps to identify over usage and times when this occurs most, leaving opportunities for education and improvement. Key data points for monitoring formula include: Date, Patient, Nurse, Item and Reason. Using a medication dispensing system is best practice

5. What percentage of patients receives formula to be used with healthy newborn? _____%

What is this percentage based on?

an estimate

patient chart review

alternative data collection mechanism: _____

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

Healthcare facilities with optimal infant feeding and care practices should expect at least 80% of the mothers and babies to room together at least 22 hours per day or, if not, have justifiable reasons for being separated. In the case of separation, infants are expected to be returned to their mothers for feedings at the earliest hunger cues, except in the rare case of clinical contraindication.

1. What percent of mothers and babies remain together (i.e. start rooming-in) immediately after birth, unless separation is medically indicated? _____ %

What is this percentage based on?

an estimate

patient chart review

alternative data collection mechanism: _____

2. How are separations documented in charts?

3. Do healthy mothers and infants remain together ("rooming-in") at least 23 hours a day, unless separation is medically indicated? No Yes

STEP 8 Encourage breastfeeding on demand.

Maternity care providers are expected to teach mothers to recognize their infants' early feeding cues (hunger and satiety). They are expected to advise mothers to feed their babies as often and for as long as the babies want to do so, waking them if needed.

1. What percent of breastfeeding mothers are taught how to recognize the cues that indicate when their babies are hungry? _____ %

What is this percentage based on?

an estimate

patient chart review

alternative data collection mechanism: _____

Provide copies of any educational materials used with this application.

2. What percent of breastfeeding mothers are encouraged to feed their babies as often and for as long as the babies want to do so? _____ %

What is this percentage based on?

an estimate

patient chart review

alternative data collection mechanism: _____

Provide copies of any educational materials used with this application.

3. What percent of breastfeeding mothers are advised that if their babies sleep too long they should wake their babies for feedings and/or place baby skin-to-skin to encourage feeding? _____ %

What is this percentage based on?

an estimate

patient chart review

alternative data collection mechanism: _____

Provide copies of any educational materials used with this application.

STEP 9 Give no artificial teats or pacifiers (also called bottle nipples or soothers) to breastfeeding infants.

Healthcare facilities practicing optimal infant feeding and care should expect that at least 80% of the breastfeeding infants leave the facility without ever using bottle nipples or pacifiers or, if they have, their

mothers have been informed of the risks. Infants in special care and infants enduring brief painful procedures may be offered pacifiers as clinically appropriate.

1. What percent of mothers are given information by the staff about the risks associated with the following?
 - a. providing newborns pacifiers and other suckling dummies: _____ %
 - b. feeding newborns from bottles topped with artificial nipples: _____ %

What is this percentage based on?

- an estimate
- patient chart review
- alternative data collection mechanism: _____

Provide copies of any educational materials used.

2. If healthy, full-term breastfed babies are supplemented, what percent occurs by:

- Spoon _____ %
- Cup _____ %
- Syringe _____ %
- Finger _____ %
- Supplemental Nursing System _____ %
- Bottle with nipple _____ %
- Other: (specify) _____

What are these percentages based on?

- an estimate
- patient chart review
- alternative data collection mechanism: _____

STEP 10 Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Step Ten prescribes that mothers be given information on where they can get support if they need help with feeding their babies after returning home, both in verbal discussions and in written materials. In addition, healthcare facilities need to foster the establishment of and/or coordinate with mother support groups and other community services that provide breastfeeding/infant feeding support to mothers.

Discharge planning should include the following:

- Maternity care staff should encourage mothers to bring their infants to be seen after discharge (preferably 2-4 days after birth and again the second week) at the facility or in the community by a skilled breastfeeding support person who can assess feeding and give any support needed.
- Maternity care staff can describe an appropriate referral system and adequate timing for the visits.
- Maternity care staff should counsel mothers on overcoming barriers in access to care, and help to identify community resources.

1. What percent of mothers are encouraged to see a health care worker or other skilled breastfeeding support person in the community soon after discharge (preferably 2-4 days after birth and again the second week) that can assess how they are doing in feeding their babies and give any support needed? _____ %

What is this percentage based on?

- an estimate
- patient chart review
- alternative data collection mechanism: _____

2. 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? No Yes

If yes, list the groups. Provide a copy of a referral sheet given to mothers.

3. 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, home visits, or telephone calls? No Yes
List the existing promotional and/or educational materials that are sent home with maternity patients, or provide a copy.

Thank you for completing this application.

Please refer to the application instructions page for submission guidance

I have reviewed the completed Florida Quest For Quality Maternity Center Breastfeeding-Friendly Recognition Application for _____
Print Name of Facility

and/or My designee (_____) has reviewed the completed
Print Name of Designee

Florida Quest For Quality Maternity Center Breastfeeding-Friendly Recognition Application

Name of Facility

I hereby consent to the submission of the attached for consideration by the Florida Quest For Quality appointed review team.

I agree to have the designation decision listed on the Florida Breastfeeding Coalition website.

Print Name of CEO or COO

Signature Date

Optional

Information collected on this page will in no way influence the determination of the facility's Maternity Center Breastfeeding-Friendly Designation. Information provided will be used for future public health program planning and is confidential.

Has your facility implemented the *Joint Commission on Accreditation of Healthcare Organizations (JCAHO)* Perinatal Core Measure Set? No Yes

Does your facility intend on submitting an application to Baby-Friendly USA? No Yes
If yes, indicate anticipated time frame (mm/yy) _____

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