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

The health care facility has a written breastfeeding or infant feeding policy that addresses all Ten Steps to Successful Breastfeeding. The policy includes the protection of breastfeeding through adhering to the International Code of Marketing of Breastmilk Substitutes. The policy prohibits the distribution of gift packs that contain samples, coupons or promotional materials for breast milk substitutes, feeding bottles or nipples. All human milk substitutes and infant feeding supplies are purchased in the same manner as all other health care products, in accordance with fair market pricing. The facility protects 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.

The policy is available so that all staff who care for mothers and infants can refer to it. A summary of the policy is available in the language(s) most commonly understood by mothers, staff, and visitors.

The Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breastmilk Substitutes are written and displayed in the language(s) most commonly understood by mothers, staff, and visitors and are displayed in all areas of the facility that serve pregnant women, mothers, infants, and children, including:
- maternity care center (birthing rooms, triage rooms, consultation rooms, family waiting rooms, all infant areas including special care nursery / NICU)
- pediatric units
- prenatal care clinics / in-patient units
- emergency department, radiology, admitting, nutrition therapy

Step 1.1: Have written breastfeeding/infant feeding policies that promotes breastfeeding as the standard for infant feeding and addresses all Ten Steps to Successful Breastfeeding.

Does the facility have written policies?  
- Yes
- No

Step 1.2: Actively communicate the breastfeeding/infant feeding policies.

Has the facility actively communicated to all staff within 6 months of hire?  
- Yes
- No

Upload written documentation to support each communication method.

Step 1.3: Prominently post the Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breastmilk Substitutes in the language(s) most commonly understood by mothers, staff and visitors?
<table>
<thead>
<tr>
<th>Step 1.4: Make a summary of the breastfeeding/infant feeding policy available for those requesting to read it.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Where are these materials displayed?</strong></td>
</tr>
<tr>
<td>___________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Is a summary available?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| **In what languages is the summary available?** |
|________________________________________|
| ___________________________________________ |

<table>
<thead>
<tr>
<th>Step 1.5: The facility purchases any formula and infant feeding supplies rather than receiving them for free.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does the facility receive free formula or infant feeding supplies, such as bottles and nipples, from human milk substitute manufacturers or their representatives?</strong></td>
</tr>
<tr>
<td>______________________________________________</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Upload a copy of the purchasing agreement for formula and feeding supplies (only required for facilities pursuing Baby-Friendly USA, Inc certification)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Online application</td>
</tr>
</tbody>
</table>
Second Step

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

Training and education assure that all staff have the skills and knowledge needed to provide high-quality breastfeeding care. Maternity care staff 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 6+ months have received 20 hours of training at the hospital (including at least 5 hours of supervised clinical experience) through well-supervised self-study or on-line courses, or in-house trainings that cover all Ten Steps to Successful Breastfeeding and The International Code of Marketing of Breastmilk Substitutes. The training also includes how to support non-breastfeeding mothers and the safe preparation of infant formula and formula feeding guidelines per the WHO and/or CDC.

The health care facility may consider accepting prior breastfeeding education documented by new hires if it meets the outlined criteria and occurred in the last 3 years. The new hire would still be required to participate in the 5 hour clinical experience and complete a competency validation.

Documentation of training indicates that 80% of providers (Physicians, Midwives, Physician Assistants & Advanced Practice Registered Nurses with privileges for labor, delivery, maternity, and newborn care) have >3 hours of breastfeeding management education pertinent to their role. Documentation of training indicates that 80% of non-clinical staff members have received education that is adequate, given their roles, to provide them with the skills and knowledge needed to support breastfeeding families.

Step 2.1 Nurses receive at least 20 hours of training on breastfeeding promotion and support within 6 months of hire.

<table>
<thead>
<tr>
<th>What percentage of maternity care nurses have had at least 20 hours of training, including 5 hours of supervised clinical training, on breastfeeding promotion and support within 6 months of hire?</th>
</tr>
</thead>
<tbody>
<tr>
<td>This percentage is based upon:</td>
</tr>
<tr>
<td>- Employee Personnel Record Review</td>
</tr>
<tr>
<td>- Estimate/Alternative System, please specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the training cover all Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breastmilk Substitutes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
</tbody>
</table>

Describe the areas of training and competencies required.

Upload objectives of training.
Upload agenda for training, if not part of the objective document.

Step 2.2: Providers receive at least 3 hours of breastfeeding management education pertinent to their role.

<table>
<thead>
<tr>
<th>What percentage of providers have received at least 3 hours of breastfeeding management education pertinent to their role?</th>
</tr>
</thead>
</table>

This percentage is based upon:  
☐ Employee Personnel Record Review  
☐ Estimate/Alternative System, please specify:

How is this completed?  
☐ Online module  
☐ CME presentation  
☐ Standardized training  
☐ please specify below:

Please provide details about the training used.

__________________________________________

Step 2.3: Non-clinical staff in maternity care units receive an introduction to breastfeeding promotion and support.

<table>
<thead>
<tr>
<th>What percentage of non-clinical staff (e.g. pharmacists, anesthesiologists, maintenance staff, unit secretary, housekeeping staff, dietary staff) in maternity care units receive an introduction to breastfeeding promotion and support?</th>
</tr>
</thead>
</table>

This percentage of based upon:  
☐ Employee Chart Review  
☐ Estimate/Alternative System, please specify:

Upload evidence of training such as a copy of the curriculum or course outline.
Third Step

Step 3: Inform all pregnant women about the benefits and management of breastfeeding. If the facility has an affiliated prenatal clinic or in-patient prenatal ward, it ensures that at least 80% of expectant mothers receive breastfeeding counseling, either individually or in a group setting. Educational discussions and feeding intentions are documented in prenatal records, which are available at the time of delivery.

Prenatal education begins in the first trimester, if possible, and includes the following topics, at minimum:
- importance of exclusive breastfeeding
- importance of immediate and sustained skin-to-skin contact
- early initiation of breastfeeding
- rooming-in on a 24-hour basis
- non-pharmacological pain relief methods for labor
- feeding on demand or baby-led feeding (cue based feeding)
- frequent feeding to help ensure enough milk
- proper positioning and attachment of infant at the breast
- exclusive breastfeeding for the first 6 months
- importance of continued breastfeeding after 6 months with other foods

If the facility does not have an affiliated prenatal clinic, it fosters educational programs about breastfeeding and refers pregnant women to community-based programs that provide education about breastfeeding, beginning in the first trimester.

All areas of the facility that serve pregnant women are free from magazines, advertising and promotional items or materials that promote artificial breast milk substitutes.

Step 3.1: Have an affiliated clinic?

<table>
<thead>
<tr>
<th>Does your facility provide prenatal care through affiliated clinic(s)?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

What percentage of women attending the affiliated prenatal clinic receive at least the minimum education as described above?

This percentage is based on:
- Chart Review
- Estimate/Alternative System, please describe:

Are prenatal breastfeeding education and feeding intentions documented in the medical record?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
Are pregnant women protected from oral or written promotion of breastmilk substitutes (e.g. marketing, advertising, formula samples) and does policy prohibit group instruction for artificial feeding in the facility?

☐ Yes
☐ No

If yes, upload a copy of the policies that specifically prohibit these forms of advertising and group instruction in artificial feeding.

Step 3.2: The facility provides information and education to pregnant women about the prenatal education topics noted above in Step 3 during facility tours, childbirth classes and/or pre-registration visits.

Does the facility provide information and education to pregnant women about the prenatal education topics during facility tours, childbirth classes, and/or pre-registration visits?

☐ Yes
☐ No

Upload documents or education materials provided.

Step 3.3: The facility informs pregnant women about the benefits of breastfeeding via a variety of means.

Which of the following methods does your facility use to inform pregnant women about the benefits and management of breastfeeding? (check all that apply)

☐ Prenatal Care Intake Form
☐ Breastfeeding Classes
☐ WIC Enrollment
☐ Labor Admission Intake Assessment
☐ Childbirth Education (Breastfeeding Component)
☐ Prenatal Mailing of Educational Materials
☐ specify below:

Upload childbirth education class outline that shows this information.
Fourth Step

**Step 4: Help mothers initiate breastfeeding within one hour of birth.**
At least 80% of infants are placed in skin-to-skin contact with their mothers, regardless of feeding method, immediately following birth for at least one hour or through the first feeding. After cesarean section, infants are placed skin-to-skin as soon as possible after their mother is responsive and alert. In the case of delay, efforts are made to keep infants and mothers in the same room, ideally with the infant skin-to-skin on another family member. Mothers are encouraged to recognize when their babies are ready to breastfeed (cues) and offered help if needed.

Routine newborn procedures (e.g. Apgar scores, assessment) are performed while the baby is skin-to-skin. Procedures that require separation (e.g. infant bathing) are delayed until after the initial period of skin-to-skin and then take place at the mother's bedside. Skin-to-skin contact is encouraged throughout the hospital stay.

**Step 4.1: For vaginal deliveries:** Place infants skin-to-skin with their mothers right after birth.

What percentage of infants are placed skin-to-skin with their mothers right after birth and encouraged to continue this contact, uninterrupted, through the first feeding or for at least one hour (unless there are documented medically justifiably reasons for delayed contact or interruption)?

This percentage is based on:

- [x] Chart Review
- [] Estimate/Alternative System, please describe:

How / where is this information documented in the medical record?

Upload an example of how this information is documented in the medical record.

**Step 4.2: For cesarean deliveries:** Place infants skin-to-skin with their mothers right after birth.

What percentage of infants are placed skin-to-skin with their mothers right after birth (or immediately after mother becomes responsive and alert) and encouraged to continue this contact, uninterrupted, through the first feeding or for at least one hour?

This percentage is based on:

- [x] Chart Review
- [] Estimate/Alternative System, please describe:

How / where is this information documented in the medical record?

Upload an example of how this information is documented in the medical record.
Step 4.3: During the initial, uninterrupted skin-to-skin contact, mothers are helped to recognize the signs that their babies are ready to eat (hunger cues) and offered help, if needed.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the initial, uninterrupted skin-to-skin contact, what percentage of mothers are helped to recognize the signs that their babies are ready to eat (hunger cues) and offered help, if needed?</td>
<td></td>
</tr>
<tr>
<td>This percentage is based on:</td>
<td></td>
</tr>
<tr>
<td>□ Chart Review</td>
<td></td>
</tr>
<tr>
<td>□ Estimate/Alternative System, please describe:</td>
<td></td>
</tr>
<tr>
<td>How / where is this information documented in the medical record?</td>
<td></td>
</tr>
</tbody>
</table>

Upload an example of how this information is documented in the medical record.
Fifth Step

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

Before discharge, breastfeeding mothers receive education on basic breastfeeding skills, including how to determine if an infant is getting enough breast milk, how to manually express breast milk, how to use a breast pump (if appropriate), how to properly handle and store breast milk, and how to maintain lactation if separated or not exclusively breastfeeding.

Maternity care nursing staff should:

Within 6 hours of birth (regardless of delivery method):
- offer at least 80% of mothers assistance with breastfeeding

Before discharge:
- support mothers to identify effective position and latch for breastfeeding
- teach at least 80% of mothers how to hand express their milk, and how to use a pump when appropriate
- teach at least 80% of formula-feeding families how to safely prepare and feed breastmilk substitutes

Mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support at all contact points with the health care facility.

Step 5.1: Offer breastfeeding mothers further assistance with breastfeeding their babies within 6 hours of birth regardless of delivery method.
This includes: importance of exclusive BF, maintaining supply, knowing baby gets enough milk, express/handle/store breastmilk/hand expression, sustaining lactation when separated

What percent of breastfeeding mothers are offered further assistance with breastfeeding their babies within 6 hours of birth regardless of delivery method?

This percentage is based on:
- Chart Review
- Estimate/Alternative System, please describe:

How / where is this information documented in the medical record?

Upload an example of how this information is documented in the medical record.

Step 5.2: Formula-feeding families receive instruction from maternity care staff on the safe preparation of infant formula.

What percentage of formula-feeding families receive instruction from maternity care staff on the safe preparation, handling, storage, and feeding of infant formula?
Step 5.3: Breastfeeding mothers receive education about milk expression and frequency, and are assisted with milk expression.

What percentage of breastfeeding mothers receive education about milk expression and frequency, and are assisted with milk expression.

This percentage is based on:  
☐ Chart Review  
☐ Estimate/Alternative System, please describe:

How / where is this information documented in the medical record? ______________________________

Upload an example of how this information is documented in the medical record.

Step 5.4: Provide additional breastfeeding help for mothers who have never breastfed, who have previously encountered problems with breastfeeding, or who have an infant in special care.

Do mothers who have never breastfed, who have previously encountered problems with breastfeeding, or who have an infant in special care receive additional breastfeeding help from the maternity care staff?

☐ Yes  
☐ No

How / where is this information documented in the medical record? ______________________________

Upload an example of how this information is documented in the medical record.
Sixth Step

Step 6: Give newborns no food or drink other than breast milk, unless medically indicated. The expected breastfeeding method, from birth until discharge, is exclusive breastfeeding, unless there are documented medical reasons.

Mothers who decide not to breastfeed or request that their breastfeeding baby is given a breast milk substitute are educated about the possible consequences to their infant's health and/or breastfeeding success. If a mother still requests a breast milk substitute, her request is honored and the process of informed decision making is documented in the medical record.

The facility tracks exclusive breast milk feeding rates based on the definition in Joint Commission Perinatal Care Core Measures Set #PC-05

Before discharge, breastfeeding mothers receive education on basic breastfeeding skills, including how to determine if an infant is getting enough breast milk, how to manually express breast milk, how to use a breast pump (if appropriate), how to properly handle and store breast milk, and how to maintain lactation if separated or not exclusively breastfeeding.

Maternity care nursing staff should:
- offer at least 80% of mothers assistance with breastfeeding within 6 hours of birth (regardless of delivery method)
- support mothers to identify effective position and latch for breastfeeding
- teach at least 80% of mothers how to hand express their milk, and how to use a pump when appropriate
- teach at least 80% of formula-feeding families how to safely prepare and feed breastmilk substitutes

Mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support at all contact points with the health care facility.

Step 6.1: Track exclusive breast milk feeding rates.

In what ways does your facility track exclusive breast milk feeding rates?

Step 6.2: Mothers who decide not to breastfeed receive education and support for alternative feeding options.

What percentage of mothers who have decided to use any breast milk substitutes or who have decided to not feed at the breast receive education and support for alternative feeding options and are helped to decide what is suitable in their situation?

This percentage is based on:

☐ Chart Review
☐ Estimate/Alternative System, please describe:

Upload copy of policy or protocol that is supported by current evidence detailing acceptable medical reasons and written orders used when supplementing.
Seventh Step

Step 7: Practice "rooming-in" - allow mothers and infants to remain together 24 hours a day. Keeping mothers and infants together 24 hours a day is the standard for mother-baby care, regardless of feeding choice. At least 80% of mothers and babies room together at least 23 hours per day or, if not, have medically justifiable reasons for being separated.

Medical and nursing staff perform medical procedures in the mother's room whenever practical. If separation is necessary, the infant is not away from its mother for more than 1 out of 24 hours.

When mothers request to have their infant cared for out of the room, they are educated about the advantages of rooming-in 24 hours a day. If after the education the mother wishes to proceed with the separation, the education provided and reason for separation are documented. In the case of separation, infants are returned to their mothers for feedings at the earliest hunger cues, except in the rare case of clinical contraindication.

Step 7.1: Mothers practice "rooming-in" right after birth.

What percent of mothers and infants remain together (i.e. start rooming-in) right after birth (or if cesarean birth, as soon as mother is able to respond to her newborn), unless separation is medically indicated?

This percentage is based on:  
☐ Chart Review  
☐ Estimate/Alternative System, please describe:  

Upload example of how this is documented, e.g. baby in and out times.

Step 7.2: Healthy mothers and infants remain together ("room-in") at least 23 hours a day.

What percent of healthy mothers and infants remain together ("room-in") at least 23 hours a day, unless separation is medically indicated?

This percentage is based on:  
☐ Chart Review  
☐ Estimate/Alternative System, please describe:  

Upload example of how this is documented, e.g. baby in and out times.
Eighth Step

Step 8: Encourage breastfeeding on demand. All mothers (regardless of feeding choice) are taught to recognize their infant’s early feeding cues, to feed their babies as often and for as long as the babies want to do so, waking them if needed, and to hold their baby close and make eye contact while feeding. Mothers who choose to feed their infants formula are educated on the safe preparation of infant formula (based on WHO and/or CDC) and infant feeding equipment. Maternity care providers teach these topics to at least 80% of mothers.

Step 8.1: Mothers are taught to recognize the cues that indicate their infants are hungry.

What percent of mothers are taught how to recognize the cues that indicate their infants are hungry?

This percentage is based on:

☐ Chart Review
☐ Estimate/Alternative System, please describe:

Step 8.2: Mothers are encouraged to feed their babies as often and for as long as their babies want to do so.

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

This percentage is based on:

☐ Chart Review
☐ Estimate/Alternative System, please describe:

Step 8.3: Mothers choosing to feed their infants formula are educated on the safe preparation of infant formula and infant feeding equipment.

What percent of mothers choosing to feed their infants formula are educated on the safe preparation of infant formula and infant feeding equipment?

This percentage is based on:

☐ Chart Review
☐ Estimate/Alternative System, please describe:
Step 9: Give no pacifiers or artificial nipples to breastfeeding infants. Breastfeeding mothers are educated about how using bottles and pacifiers may interfere with establishing breastfeeding when introduced during a baby’s first month of life. When a mother requests that her breastfeeding infant be given a bottle or pacifier, staff explore the reasons for her request, provide education on the potential consequences, and offer alternate methods for feeding (e.g., spoon or cup) or soothing her baby. If the mother still requests a pacifier or bottle, the education process and informed decision are documented.

Pacifiers are only used in specific situations, including: 1) to provide comfort and decrease pain during procedures (pacifier is discarded after procedure), 2) for infants in special care / NICU who are tube-fed, and 3) for special medical reasons that are clinically appropriate. If medically indicated, fluid supplementation is given using an alternate feeding method (e.g., cup or spoon).

At least 80% of the breastfeeding infants leave the facility without ever using bottle nipples or pacifiers. If they have used a bottle or pacifier, their mothers have given informed consent.

Step 9.1: Pacifiers are discouraged for breastfeeding babies.

What percent of breastfeeding babies are using pacifiers, excluding use for medical reasons as described above?

This percentage is based on:

- [ ] Chart Review
- [ ] Estimate/Alternative System, please describe:

Are breastfeeding mothers informed by the maternity care staff about the risks associated with the use of pacifiers?

- [ ] Yes
- [x] No

How is this education documented in the medical record? Please explain.

Step 9.2: Discourage the use of bottles topped with artificial nipples for breastfeeding babies.

What percent of breastfeeding babies are using bottles topped with artificial nipples?

This percentage is based on:

- [ ] Chart Review
- [ ] Estimate/Alternative System, please describe:

Are breastfeeding mothers informed about the risks associated with feeding newborns from bottles?

- [ ] Yes
- [ ] No
How is this education documented in the medical record? Please explain.

Step 9.3: Encourage the use of alternate feeding methods (e.g. spoon or cup) rather than a bottle.

When healthy, full-term breastfed babies are supplemented (with infant formula or expressed breast milk), are mothers encouraged to use an alternate feeding method (e.g. spoon or cup), rather than a bottle?

Please explain.

Upload copies of educational materials.
## Tenth Step

### Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

Prior to discharge, health care staff ensures that the mother and other family members, if available, understand the plan for feeding once at home. At least 80% of mothers are 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. Documentation in the patient's chart supports that this information was given.

Discharge planning and education includes the following:
- Maternity care staff 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 describe an appropriate referral system and adequate timing for the visits.
- Maternity care staff counsel mothers on overcoming barriers in access to care, and help to identify community resources.

In addition, the health care facility fosters the establishment of and/or coordinates with mother support groups and other culturally-relevant community services that provide breastfeeding/infant feeding support to mothers (e.g. La Leche League, WIC program, lactation services, home health follow-up visits).

### Step 10.1: Mothers are encouraged to see skilled breastfeeding support person soon after discharge.

<table>
<thead>
<tr>
<th>Are mothers 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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

### Step 10.2: The facility fosters mother support groups that provide support on feeding their babies.

<table>
<thead>
<tr>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

List the support groups and community services. [*DATA REMOVED*]

### Step 10.3: Mothers are given information on where they can find support if they need help when feeding baby after returning home.

List the support groups and community services.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What percent of mothers are given information on where they can find</td>
<td>[<em>DATA REMOVED</em>]</td>
</tr>
<tr>
<td>support if they need help with feeding baby after returning home?</td>
<td></td>
</tr>
</tbody>
</table>

This percentage is based on:
- [ ] Chart Review
- [x] Estimate/Alternative System, please describe:

Estimate/Alternate System description:

List the existing promotional and/or educational materials that are sent home with maternity patients.

Upload a copy of the materials that are sent home with maternity patients. [document]

Step 10.4: Infant feeding, follow-up visits and community resources provided at discharge are added to the patient medical record.

Where in the patient's medical record is discharge information regarding infant feeding, follow-up visits, and community resources found?