

Birth Center Information

[center]

Department Address

City

State

MN

ZIP Code

I acknowledge that the facility's CEO/COO or other Senior Administrator is aware of submission of this application to the Minnesota Department of Health (MDH) appointed designated committee.

Yes

I consent to having the designation decision posted on the MDH public website.

Yes

Indicate the web address (URL) to link to the facility:

Information collected below will in no way influence the determination of the facility's designation. This information will be used for public health program planning and is confidential.

Application Team Members

Identification of Application Team Members:

- Birth Center Administrator or Manager
- Obstetrical Provider
- Pediatric Provider
- Family Medicine Provider
- Nurse from Newborn Care
- Night Maternity Nurse
- Labor & Delivery Nurse
- Lactation Consultant (IBCLC)
- please specify

Other Relevant Staff

Lactation Consultant Staff

Number of Lactation Consultants (IBCLCs) currently on staff:

Number of IBCLC Full Time Equivalents:

Coverage Hours of IBCLCs

Coverage Hours of other Lactation Support Providers -
provide information on training _____

Birth and Breastfeeding Data Update statistics yearly when submitting subsequent Star applications.

Births per year are needed to determine sample size
for evaluation. _____

Number of Births in Most Recent Year for Which Data is
Available _____

Start Date and End Date of the the data set _____

Data Collection Method

- Ongoing basis
- Specific time period

Please specify data collection time period _____

Exclusive Breastfeeding Rate (no food or drink other
than human milk) at Discharge. Percentage. _____

Overall Breastfeeding Rate (human milk with formula
complement) at Discharge. Percentage. _____

How are the Breastfeeding Data Shared with Birth
Center Staff? _____

Does your facility have racial/ethnic disparities in
breastfeeding rates? Please reflect on how your
implementation of Breastfeeding Friendly practices can
include strategies to address disparities. _____

If this data is not available at your facility, annual
breastfeeding data by race, ethnicity and selected
cultural identifies can be obtained by filling out a
Data Requests for the Minnesota WIC Program form
online.

Facility Programming

Has your facility implemented the Joint Commission on
Accreditation of Healthcare Organizations (JCAHO)
Perinatal Core Measurement Set?

- Yes
- No
- Not applicable

Does your facility intend on applying for
Baby-Friendly designation through Baby-Friendly USA,
Inc.?

- Yes
- No
- Not applicable

If yes, please indicate anticipated time frame: _____

First Step

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

The health care facility has a written chest/breastfeeding or infant feeding policy that addresses all Ten Steps to Successful Breastfeeding. Breastfeeding is the standard for infant feeding and human milk is the optimum form of newborn and infant nutrition. The policy includes the protection of breastfeeding through adhering to the International Code of Marketing of Breastmilk Substitutes,

https://www.who.int/nutrition/publications/code_english.pdf.

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 chest/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 and families.

The policy is available so that all staff who care for mothers, infants and families can refer to it. A summary of the policy is available in the language(s) most commonly understood by families, 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 families, staff, and visitors and are displayed in all areas of the facility that serve pregnant women, parents, infants, and children, including:

- birth 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 promote breastfeeding as the standard for infant feeding and addresses all Ten Steps to Successful Breastfeeding.

Does the facility have written policies?

- Yes
 No

Upload a copy of all pertinent policies.

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 description of how, when, and to whom policies are communicated.

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 families, staff and visitors.

Where are these materials displayed?

_____ (list places)

Upload materials.

Step 1.4: Make a summary of the breastfeeding/infant feeding policy available for those requesting to read it.

Is a summary available?

- Yes
 No

In what languages is the summary available?

Step 1.5: The facility purchases any formula and infant feeding supplies rather than receiving them for free.

Does the facility receive free formula or infant feeding supplies, such as bottles and nipples, from human milk substitute manufacturers or their representatives?

- Yes
 No

Upload a copy of the purchasing agreement for formula and feeding supplies (only required for facilities pursuing Baby-Friendly USA, Inc certification)

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. Birth Center staff receive sufficient orientation on the chest/breastfeeding/infant feeding policy.

Documentation of training indicates that 80% or more of the birth center nurses who have been on the staff 6+ months have received 20 hours of training at the facility (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. Baby Friendly USA's Appendix A in the Interim Guidelines and Evaluation Criteria has "20-Hour Course Topic and Competency Skills List for the US" (https://www.babyfriendlyusa.org/wp-content/uploads/2019/12/US-Interim-GEC_191107_CLEAN.pdf).

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, postpartum, birth center, and newborn care) have a minimum of 3 hours of breastfeeding management education pertinent to their role.

Documentation of training indicates that 80% of non-clinical staff members (e.g. pharmacists, anesthesiologists, birth center support staff, housekeeping staff, dietary staff) have received education that is adequate, given their roles, to provide them with the skills and knowledge needed to support chest/breastfeeding families.

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

What percentage of birth center 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? (This percent is based on Employee Personnel Record Review.)

Please describe how percentage of nurses trained was obtained including numerator, denominator and time frame.

Step 2.2 Nurses' training covers all Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breastmilk Substitutes.

Does the training cover all Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breastmilk Substitutes including 5 hours or supervised clinical training on breastfeeding promotion?
Please note: Although not required for MDH recognition, actual dates, times and hours will be required if seeking Baby-Friendly® designation.

Yes
 No

Upload description of how training meets educational requirements, including objectives and required competencies.

Step 2.3: Providers receive at least 3 hours of breastfeeding management education pertinent to their role.

What percentage of providers have received at least 3 hours of breastfeeding management education pertinent to their role? (This percent is based on Employee Personnel Record Review.)

Please describe how percentage of providers educated was obtained including numerator, denominator and time frame.

Upload description of how training meets educational requirements.

Step 2.4: Non-clinical staff in birth center units receive an introduction to breastfeeding promotion and support.

Have non-clinical staff in birth center received education on breastfeeding promotion and support appropriate to their role?

Yes
 No

Upload evidence of education provided to non-clinical staff on breastfeeding promotion and support appropriate to their role.

Third Step

Step 3: Inform all pregnant persons about the benefits and management of chest/breastfeeding.

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

If the facility has an affiliated prenatal clinic or in-patient prenatal ward, it ensures that at least 80% of expectant parents receive chest/breastfeeding education via any modality, either individually or in a group setting, that includes follow-up individual counseling and documentation. 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 optimize milk production
- 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.

Step 3.1: Facility has an affiliated clinic.

Does your facility provide prenatal care through affiliated clinic(s)?

- Yes
 No

Step 3.2: At least 80% of expectant parents receive chest/breastfeeding counseling.

In lieu of proof of 80% compliance, upload description of how community-based prenatal breastfeeding education is fostered. *(If no affiliated clinic)*

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

This percentage is based on:

- Chart Reviews
- Patient Interviews
- Both

Please describe how this percentage of prenatal education received was obtained, including numerator, denominator, and time frame: _____

Step 3.3: Infant feeding intentions are documented in prenatal records, which are available at the time of delivery.

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

- Yes
- No
- Not applicable (no affiliated clinics)

Step 3.4: All areas of the facility that serve expectant parents are free from magazines, advertising and promotional items or materials that promote artificial breast milk substitutes.

Are expectant parents protected from oral or written promotion of breastmilk substitutes (e.g. marketing, advertising, formula samples) and does policy reflect this and prohibit group instruction for artificial feeding in the facility?

- Yes
- No

Upload a copy of the policies that specifically prohibit these forms of advertising and group instruction in artificial feeding.

Step 3.5: 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 persons about the prenatal education topics during facility tours, childbirth classes, and/or pre-registration visits whether there is an affiliated clinic or not?

- Yes
- No

Upload documents or education materials provided.

Step 3.6: The facility informs pregnant women about the benefits of chest/breastfeeding via a variety of means.

Which of the following methods are used 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
- Virtual Learning (video, podcast, text)
- Other (please describe):

Other (please describe) _____

Upload documentation to support [step3_3other].

Upload prenatal care intake form

Upload breastfeeding class outline that shows how this is done.

Upload WIC enrollment form that documents how this is done.

Upload labor admission intake form assessment that shows how this is done.

Upload childbirth education class outline that shows this information.

Upload a prenatal mailing of education materials used to communicate this information.

Upload details of Virtual Learning materials and/or links to materials.

Fourth Step

Step 4: Facilitate immediate and uninterrupted skin-to-skin and support to help mothers initiate chest/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, unless there are documented medically justifiable reasons for alternate care. After cesarean deliveries, 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. Parents are encouraged to recognize when their babies are ready to chest/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 justifiable reasons for delayed contact or interruption)?

This percentage is based on:

- Chart Review
- Patient Interviews
- Both

Please describe how percentage skin-to-skin was obtained with numerator/denominator, time frame and how this reflects vaginal/cesarean birth patterns at the facility.

(denominators for 4.1 and 4.2 are combined to equal sample size needed by facility based on deliveries per year)

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:

- Chart Review
 - Patient Interviews
 - Both
 - Not applicable (Free-Standing Birth Center)
-

Please describe how percentage skin-to-skin after cesarean was obtained with numerator/denominator, time frame and how this reflects vaginal/cesarean birth patterns at the facility.

_____ (denominators for 4.1 and 4.2 are combined to equal sample size needed by facility based on deliveries per year)

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, parents are helped to recognize the signs that their babies are ready to eat (hunger cues) and offered help, if needed.

During the initial, uninterrupted skin-to-skin contact, what percentage of parents are helped to recognize the signs that their babies are ready to eat (hunger cues) and offered help, if needed?

This percentage is based on:

- Chart Review
 - Patient Interviews
 - Both
-

Please describe how percentage educated on hunger cues was obtained including numerator,denominator, and time frame

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

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

Fifth Step

Step 5: Show parents how to chest/breastfeed and how to maintain lactation and manage common difficulties, even if they should be separated from their infants.

Before discharge, breastfeeding families receive education on basic chest/breastfeeding skills, including how to position and latch baby for feeding, signs of effective, milk transfer, 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.

Birth center nursing staff should:

Within 6 hours of birth (regardless of delivery method):

- offer at least 80% of families assistance with breastfeeding

Before discharge:

- support families to identify effective position and latch for breastfeeding
- teach at least 80% of families how to hand express milk, and how to use a pump when appropriate
- teach at least 80% of partially or fully formula-feeding families on how to safely prepare, handle, store and feed breastmilk substitutes (not brand specific) on an individual basis.

BabyFriendlyUSA's Appendix D in the Interim Guidelines and Evaluation Criteria has "Formula: Safe Preparation, Storage and Feeding",

https://www.babyfriendlyusa.org/wp-content/uploads/2019/12/US-Interim-GEC_191107_CLEAN.pdf

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 chest/breastfeeding mothers further assistance with breastfeeding their babies within 6 hours of birth regardless of delivery method.

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
- Patient Interviews
- Both

Please describe how percentage offered help within 6 hours was obtained with numerator/denominator, time frame and how this reflects feeding and care patterns in your facility. _____

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 or partially formula-feeding families receive instruction from birth center staff on the safe preparation of infant formula.

What percentage of formula-feeding families receive instruction from birth center staff on the safe preparation, handling, and storage of infant formula and infant feeding equipment?
Include at least one formula-feeding infant in sample.

This percentage is based on:

- Chart Review
 - Patient Interviews
 - Both
-

Please describe how percentage educated on safe formula usage was obtained with numerator/denominator, time frame and how this reflects feeding and care patterns in your facility.

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

Upload patient education materials (not brand specific).

Step 5.3: Breastfeeding families receive education on basic chest/breastfeeding skills including how to position and latch baby for chest/breastfeeding, signs of effective milk transfer, 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.

What percentage of breastfeeding mothers receive education prior to discharge about chest/breastfeeding skills including how to position and latch baby for feeding, signs of effective milk transfer, 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.

This percentage is based on:

- Chart Reviews
 - Patient Interviews
 - Both
-

Please describe how percentage educated on breastfeeding skills was obtained including numerator, denominator, and time frame

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

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

Upload patient education materials.

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 in infant in special care receive additional breastfeeding help from the birth center 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 human milk, unless medically indicated. The expected feeding method, from birth until discharge, is exclusive chest/breastfeeding, unless there are documented medical reasons.

Families who decide not to feed human milk or who request that their breastfeeding baby is given a breast milk substitute are educated about the possible implications to their infant's health and/or breastfeeding success. If a family still requests a breast milk substitute, their request is honored and the process of informed decision-making is documented in the medical record. At least 80% of families will report that their feeding decision has been discussed with them.

The facility tracks exclusive breast milk feeding rates based on the definition in the Joint Commission Perinatal Care Core Measures Set #PC-05 (<https://manual.jointcommission.org/releases/TJC2015B/MIF0170.html>). The measure is reported as an overall rate which includes all newborns that were exclusively fed breast milk during the entire hospitalization.

The facility has evidence-based protocols, procedures or orders that define medical indications for supplementation for breastfed infants and reasons for individual infants' supplementation are documented in their medical record.

Step 6.1: Exclusive human milk feeding rate.

What percentage of chest/breastfeeding infants receive no food or drink other than human milk? _____

This percentage is based on:

- Chart Reviews
- Patient Interviews
- Both
- Joint Commission PC-05 reporting

Please describe how percentage exclusively breastfed was obtained with numerator/denominator, time frame and how this reflects feeding and care patterns in your facility. _____

Please describe time frame for the Joint Commission PC-05 measure. _____

Step 6.2: Rate of chest/breastfeeding infants who were supplemented for medical reasons. There is no percentage requirement for recognition. This percentage aids in understanding supplementation patterns at a facility.

What percent of chest/breastfeeding infants were supplemented for medical indications?

This percentage is based on:

- Chart Reviews
- Patient Interviews
- Both

Please describe how percentage supplemented for medical reasons was obtained with numerator/denominator, time frame and how this reflects feeding and care patterns in your facility.

Upload copy of protocol, policy, or orders that is supported by current evidence detailing acceptable medical reasons for supplementation.

Step 6.3: Parents who decide not to exclusively breastfeed, or who decide to feed only breast milk substitutes, receive education on implications for infant health and breastfeeding success.

What percentage of parents who have decided to use any breast milk substitute have received education and understand the implications on infant's health and breastfeeding success and have made an informed decision?

Include at least 1 formula-feeding infant in sample.

This percentage is based on:

- Chart Reviews
- Patient Interviews
- Both

Please describe how percentage of those using formula who received education was obtained with numerator/denominator, time frame and how this reflects feeding and care patterns in your facility.

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

Seventh Step

Step 7: Practice "rooming-in" - Allow mothers and infants to remain together 24 hours a day. Keeping mothers, infants and families together 24 hours a day, beginning right after birth 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. If not, reason for separation is documented as:

- medically justified reason
- safety-related reason
- maternal request/choice for separation with parental counseling documented in medical record

Medical and nursing staff perform medical procedures in the family's room whenever practical. If separation is necessary, the infant is not away from its parent(s) for more than 1 out of 24 hours. When families request to have their infant cared for out of the room, they are counseled about understanding of advantages of rooming-in 24 hours a day and family's reason for request. If after the education the family still 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 parent(s) for feedings at the earliest hunger cues, except in the rare case of clinical contraindication.

Step 7.1: Healthy mothers and infants remain together ("room-in") right after birth and at least 23 hours a day.

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) and throughout the facility stay, unless separation is:

- medically justified reason
- safety-related reason
- maternal request/choice for separation with parental counseling documented in medical record

This percentage is based on:

- Chart Reviews
- Patient Interviews
- Both

Please describe how percentage rooming in without separation was obtained including numerator, denominator and time frame.

Upload example of how this is documented, (e.g. baby in and out times, reason for separation longer than 1 hour, counseling of mothers/family regarding request/choice for separation).

Eighth Step

Step 8: Support parents to recognize and respond to their infants' cues for feeding. All families (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. Birth center staff teach these topics to at least 80% of mothers.

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

What percentage of parents are taught how to recognize the cues that indicate their infants are hungry or full? _____

This percentage is based on:

- Chart Reviews
- Patient Interviews
- Both

Please describe how percentage taught feeding cues was obtained including numerator, denominator and time frame. _____

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

What percentage of parents 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 Reviews
- Patient Interviews
- Both

Please describe how percentage encouraged to feed on cue was obtained including numerator, denominator and time frame. _____

Step 8.3: Families who are feeding formula to their babies are educated regarding appropriate feeding techniques including feeding on cue, eye-to-eye contact and holding infant close.

What percentage of parents choosing to feed their infants formula are educated on appropriate formula feeding techniques including feeding on cue, eye to eye contact and holding the infant close? _____

Include at least 1 formula-feeding infant in sample

This percentage is based on:

- Chart Review
- Patient Interviews
- Both

Please describe how percentage educated on appropriate formula-feeding techniques was obtained including numerator, denominator and time frame.

Ninth Step

Step 9: Counsel families on the use and risks of feeding bottle, artificial nipples and pacifier. Chest/Breastfeeding families 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 parent requests that their breastfeeding infant be given a bottle or pacifier, staff explore the reasons for their request, provide education on the potential consequences, and offer alternate methods for feeding (e.g. spoon, cup or supplemental nursing system) or soothing their baby. If the parent 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, 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 chest/breastfeeding infants leave the facility without ever using bottle nipples or pacifiers. If they have used a bottle or pacifier, their parents have given informed consent.

Step 9.1: Pacifiers are discouraged for breastfeeding babies.

What percentage of breastfeeding babies are NOT using pacifiers (excluding use for medical reasons as described above) or parent has given informed consent and understands the risks associated with the use of pacifiers? _____

This percentage is based on:

- Chart Reviews
- Patient Interviews
- Both

Please describe how percentage of breastfed infants NOT given a pacifier was obtained including numerator, denominator and time frame. _____

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

What percentage of breastfeeding babies are NOT using bottles topped with artificial nipples or if they are using bottles, parent has given informed consent and understands the risks associated with the use of bottles? _____

This percentage is based on:

- Chart Reviews
- Patient Interviews
- Both

Please describe how percentage not using bottles or using with informed consent was obtained including numerator, denominator and time frame. _____

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

Are breastfeeding parents informed by the birth center staff about the risks associated with the use of bottles and pacifiers until breastfeeding is well established?

- Yes
 No
-

Please explain how this education is documented in the medical record.

Upload copies of educational materials.

Tenth Step

Step 10: Foster the establishment of breastfeeding support groups and refer families 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 parents 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:

- **Birth center staff encourage families 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.**
- **Birth center staff describe an appropriate referral system and adequate timing for the visits.**
- **Birth center staff counsel families 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: Families are encouraged to see a skilled breastfeeding support person soon after discharge.

What percentage of families 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?

This percentage is based on:

- Chart Reviews
 Patient Interviews
 Both

Please describe how percentage encouraged to seek help post-discharge was obtained including numerator, denominator and time frame.

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

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?

- Yes
 No

List the support groups and community services.

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

What percentage of families are given information on where they can find support if they need help with feeding baby after returning home?

This percentage is based on:

- Chart Reviews
 - Patient Interviews
 - Both
-

Please describe how percentage given information on post-discharge support was obtained including numerator, denominator and time frame.

Upload a copy of the materials that are sent home with patients.

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?

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

Supplemental Materials

Supplemental Files/Comments (Optional)

Any additional comments or files you'd like to add to your application.

Comments: Any additional information you'd like to add to your application.

Supplemental Files. You can upload up to 10 additional files. Please indicate the relevant Step for each one.

Upload file 1

Description/additional information about first additional file (please include the relevant step).

Upload file 2

Description/additional information about second additional file.

Upload file 3

Description/additional information about third additional file.

Upload file 4

Description/additional information about fourth additional file.

Upload file 5

Description/additional information about fifth additional file.

Upload file 6

Description/additional information about sixth additional file.

Upload file 7

Description/additional information about seventh additional file.

Upload file 8

Description/additional information about eighth additional file.
