

Baby-Friendly USA, Inc.

Implementing the WHO/UNICEF Baby-Friendly Hospital Initiative in the United States

SELF-APPRAISAL TOOL TO REVIEW POLICIES AND PRACTICES

Use the Self-Appraisal Tool to review current maternity care policies and practices in optimal infant feeding and help assess where your facility is in becoming designated as Baby-Friendly®. This tool will help appraise your current practices in relation to the *Ten Steps to Successful Breastfeeding*.

Completion of this self-appraisal form is the first task in meeting the requirements of the Discovery phase of the journey to Baby-Friendly designation, however it is not required that you check “yes” to all questions prior to entering. Since completing this tool serves as a needs assessment for mapping out the Baby-Friendly work plan, facilities are strongly encouraged to conduct an honest and conservative evaluation of their current practices. Take time to celebrate all of the things you discover that you are doing right. **Please be assured that it is okay if the assessment results in many “NO” boxes checked off on this form. This tool will serve as baseline data to work from and no matter where your current practices fall we welcome you to join the 4D pathway and journey towards becoming designated as Baby-Friendly®.** Every facility starts at a different place. Every facility has different challenges. What is most important is for the facility to build a multi-disciplinary team, consisting of their key management and clinical staff, to complete this tool, take stock of the results and develop a solid plan of action to tackle the challenges.

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Name of Facility: _____
Date: _____
Name of person supplying this data: _____
Phone # and e-mail for person supplying data: _____

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

- 1.1 Does the facility have a written breastfeeding/infant feeding policy that establishes breastfeeding as the standard for infant feeding and addresses all *Ten Steps to Successful Breastfeeding* in maternity services? Yes No
- 1.2 Does the policy contain specific language to protect breastfeeding by prohibiting all promotion of breast milk substitutes, feeding bottles and nipples? Yes No
- 1.3 Does the policy contain specific language to breastfeeding by prohibiting group instruction for using breast milk substitutes, feeding bottles and nipples? . . Yes No
- 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? Yes No
- 1.5 Is the breastfeeding/infant feeding policy available so that all staff who take care of mothers and babies can refer to it? Yes No
- 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? Yes No
- 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? Yes No
- 1.8 Is there a mechanism for evaluating the effectiveness of the policy? Yes No
- 1.9 Are all policies or protocols related to breastfeeding and infant feeding in line with current evidence-based standards? Yes No
- 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? Yes No
- 1.11 Are there procedures in place to orient new staff to the breastfeeding/infant feeding policy? Yes No

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

- 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? Yes No
- 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? Yes No
- 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? Yes No
If Yes, what percentage of your maternity nursing staff are fully trained?
If Yes, what percentage of your maternity MD's/PA's/APRN's/Midwives are fully trained?
- 2.4 Does the training cover all of the *Ten Steps to Successful Breastfeeding* and *The International Code of Breastmilk Substitutes*? Yes No
- 2.5 Does the training cover the proper preparation of infant formula? Yes No
- 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?. . . Yes No
- 2.7 Is the clinical competency in breastfeeding management and support verified for each staff member providing care to mothers and babies? Yes No
- 2.8 Is the clinical competency in infant formula preparation verified for each staff member providing care to mothers and babies? Yes No
- 2.9 Do physicians, midwives and advanced practice nurses receive 3 hours of training in lactation and breastfeeding management and support? Yes No
- 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? Yes No

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

- 3.1 Does the facility include a prenatal care clinic or services? Yes No
- 3.2 Does the facility have a prenatal inpatient unit? Yes No
- 3.3 Does the facility employ professionals who deliver prenatal care? Yes No
- 3.4 If yes, are most pregnant women attending these prenatal services informed about the benefits and management of breastfeeding? Yes No
- 3.5 Do prenatal records indicate whether breastfeeding has been discussed with the pregnant woman? Yes No

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- 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? Yes No
If Yes, what percentage of pregnant women are educated on all of the above topics?

- 3.7 Are prenatal women protected from oral or written promotion of and group instruction for feeding with breastmilk substitutes? Yes No

- 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? Yes No

- 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? Yes No

- 3.10 Are all areas serving pregnant women free from materials that promote artificial feeding and breastmilk substitutes? Yes No

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

- 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? Yes No
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?

- 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? Yes No

- 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? Yes No
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?

- 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? Yes No
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?

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

- 5.1 Does nursing staff offer all mothers further assistance with breastfeeding within three (no later than six) hours of delivery? Yes No
- 5.2 Are most breastfeeding mothers able to demonstrate how to correctly position and attach their babies without pain for breastfeeding? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No
- 5.6 Are breastfeeding mothers educated on basic breastfeeding management and practices prior to being discharged? Yes No
- 5.7 Are breastfeeding mothers educated on how to maintain lactation in the event that they are separated from their babies? Yes No
- 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? Yes No
- 5.9 Are mothers who are separated from their babies for medical reasons helped to establish and maintain lactation by frequent expression of milk? Yes No

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

- 6.1 Do breastfeeding babies receive no food or drink (other than breast milk) unless medically indicated? Yes No
 - Breast milk only Yes No
 - Other food/drink Yes No
- 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? Yes No
- 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? Yes No

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- 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? Yes No
- 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? Yes No
- 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? Yes No
- 6.8 Are all clinical protocols related to infant feeding current and evidence-based? . . Yes No

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

- 7.1 Do mothers and babies stay together and/or start rooming-in immediately after birth? Yes No
If Yes, what percentage of mothers and babies start rooming-in immediately after birth?
- 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? Yes No
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?
- 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? Yes No
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?
- 7.4 Do staff explore reasons and provide education to mothers who request their infants be cared for in the nursery? Yes No
- 7.5 Are routine procedures conducted at the mothers’ bedside whenever possible in order to avoid mother/baby separation? Yes No

STEP 8. Encourage breastfeeding on demand.

- 8.1 Are all mothers, regardless of feeding choice, taught how to recognize the cues that indicate when their babies are hungry? Yes No

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8.2 Are breastfeeding mothers encouraged to feed their babies as often and for as long as they want? Yes No

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

9.1 Are babies who have started to breastfeed cared for without any bottle feedings? . Yes No
If No, what percentage of breastfed babies are supplemented with bottles/artificial nipples?

9.2 Are babies who have started to breastfeed cared for without using pacifiers, except for short periods of time during painful procedures? Yes No
If No, what percentage of breastfed babies are given pacifiers (except for short periods of time during painful procedures)?

9.3 If pacifiers are used during a painful procedure, are they removed from the crib prior to returning to the room? Yes No

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?¹ Yes No

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

10.1 Do staff discuss plans with mothers who are close to discharge for how they will feed their babies after they return home? Yes No

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. Yes No

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? Yes No

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? Yes No

10.5 Is printed material made available to mothers before discharge on where to get follow up support? Yes No

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

¹ " 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](https://doi.org/10.1542/peds.2005-1499). p. 1252]

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birth) who can assess how they are doing in feeding their babies and giving any needed support?² Yes No

10.7 Does the facility coordinate activities with the WIC program or community services that offer peer support and/or counselors? Yes No

International Code of Marketing of Breastmilk Substitutes “The Code”

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? Yes No

11.2 Do the facility and staff refuse free or low-cost³ supplies of breast milk substitutes? Yes No

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? Yes No

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? Yes No

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? Yes No

11.6 Does the facility keep infant formula cans and pre-prepared bottles of formula out of view unless in use? Yes No

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? Yes No

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? Yes No

² "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](https://doi.org/10.1542/peds.2004-2491). p. 499]

³ Low –cost: below the average discount paid by the hospital for commonly items used in the maternity care unit.

Glossary of terms used in this Self-Appraisal

Breastmilk Substitute: refers to any food or drink that may be used in place of human milk, e.g. infant formula, juice, baby cereal, etc.

Exclusive Breast Milk Feeding: refers to the optimal practice of feeding infants no food or drink other than human milk unless another food is determined to be medically necessary. In order to determine which infants should be considered eligible for exclusive breast milk feeding, Baby-Friendly USA, Inc. has adopted The Joint Commission's set of criteria for identifying babies who should be exempted from the expectation of exclusive breast milk feeding, below:

“Excluded Populations⁴:

Discharged from the hospital while in the Neonatal Intensive Care Unit (NICU)
ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes for galactosemia as defined in Appendix A, Table 11.21

ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes for parenteral infusion as defined in Appendix A, Table 11.22

Experienced death

Length of Stay >120 days

Enrolled in clinical trials

Documented *Reason for Not Exclusively Feeding Breast Milk* [The list of reasons “includes one or more of the following medical conditions: HIV infection; Human t-lymphotrophic virus type I or II; substance abuse and/or alcohol abuse; active, untreated tuberculosis; taking certain medications, i.e., prescribed cancer chemotherapy, radioactive isotopes, antimetabolites, antiretroviral medications and other medications where the risk of morbidity outweighs the benefits of breast milk feeding; undergoing radiation therapy; active, untreated varicella; active herpes simplex virus with breast lesions” (p.95)]

International Code of Marketing of Breastmilk Substitutes: refers to the World Health Assembly Code that provides guidance to health systems and health workers regarding restriction of marketing of breastmilk substitutes, feeding bottles and nipples.⁵

⁴ The Joint Commission: *Specifications Manual for Joint Commission National Quality Measures (v2010A2) - PC Brief Discharges 04-01-10 (2Q10) through 09-30-10 (3Q10)*, pp 34-35 and 95. Accessed at http://manual.jointcommission.org/releases/TJC2010A/rsrc/Manual/TableOfContentsTJC/PC_Brief_v2010A2.pdf

⁵ Additional information may be found at http://who.int/nutrition/publications/code_english.pdf and http://whqlibdoc.who.int/publications/2008/9789241594295_eng.pdf

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Rooming-in: refers to the maternity care practice of non-separation after the birth of a healthy term baby to a healthy mother. Unless there are medical issues requiring special care for mother and/or baby, 24 hour rooming-in should be the standard of care for all mother/baby dyads.

Skin-to-Skin Contact (STS): Skin-to-skin contact or skin-to-skin care refers to contact between the newborn infant and its mother (although in the case of incapacitation of the mother, another adult such as the baby's father or grandparent may hold the baby skin-to-skin). After birth, the healthy term baby should be completely dried and the baby should be placed naked against the mother's naked ventral surface. The baby may wear a diaper and/or a hat, but no other clothing should be between the mother's and baby's bodies. The baby and mother are then covered with a warmed blanket, keeping the baby's head uncovered. STS contact should continue, uninterrupted, until the completion of the first feeding (or for at least 1 hour if the mother is not breastfeeding). STS contact should be encouraged beyond the first hours and into the first days after birth.

Abbreviations Used in this Document

APRN: Advanced Practice Registered Nurse

BFHI: Baby-Friendly Hospital Initiative

EBF: Exclusive Breastfeeding

EBMF: Exclusive Breast Milk Feeding

NICU: Neonatal Intensive Care Unit

STS: Skin-to-skin contact (see definition above)

UNICEF: United Nations Children's Fund

WHO: World Health Organization

WIC: Special Supplemental Nutrition Program for Women, Infants, and Children