

9 Steps to a Breastfeeding Friendly Clinic

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Step #1: Policy

Design a policy that promotes, supports and protects breastfeeding and human milk as the normal standard for infant feeding and nutrition. Clearly communicate this policy with all clinic staff.

Step #2: Staff Education

Provide training to all staff that have contact with patients and their families. Provide ongoing education to maintain skills and meet current best practices.

Step #3: Patient Education

Provide evidence-based education to all pregnant women, and parents of infants to support breastfeeding / human milk feeding as the optimal infant nutrition and teach ways to support lactation throughout the breastfeeding continuum.

Step #4: Breastfeeding Support

Provide ongoing breastfeeding support services for each visit. Support human milk feeding as a normal feeding process throughout the breastfeeding continuum.

Step #5: Environment

Maintain an environment that promotes breastfeeding/human milk feeding as the norm. Maintain Code of Marketing of breastmilk substitutes.

Step #6: Community Support

Provide and promote collaboration between clinics and other community agencies that work with breastfeeding families.

Step #7: Workplace Breastfeeding Support

Provide clean private places for employees and patients to maintain milk supply when away from their infant. Ensure policy in place to allow for adequate time to pump for all breastfeeding moms.

Step #8: Sustainability

Develop a plan for documentation of breastfeeding and lactation assessment to allow for future billing needs in order to create financial sustainability.

Step #9: Quality Improvement

Establish systems of internal data tracking, quality assurance plans, and BFCI impact evaluation.

Step #1: Policy

Design a policy that promotes, supports and protects breastfeeding and human milk as the normal standard for infant feeding and nutrition. Clearly communicate this policy with all clinic staff.

GRADING CRITERIA

1A: Develop an infant feeding policy that includes the following:

1. Work to ensure breast and human milk feeding as the norm.
2. Provides support for non-breastfeeding mothers and babies that includes private pediatric counseling for the most appropriate type of breastmilk substitute, provides education on how to safely prepare and store formulas and guidelines on how to correctly feed infants (amount of feed).
3. Develop practices and protocols that are evidence based to support breastfeeding throughout the first year and beyond. Practices and protocols should support breastfeeding in the outpatient setting, and ensure practices include all aspects of the implementation of Steps 2-9 of these Guidelines

Clinic will develop and implement an infant feeding policy that speaks to breastfeeding and human milk feeding as the norm. The policy must adhere to the International Code of Marketing of Breastmilk substitutes and include evidence-based practices and policies supporting the 9 step guidelines. Policy must include provisions for education for non breastfeeding mothers that support safe preparation, storage and use of breastmilk substitutes. This education will be provided on a one to one basis in a private setting. tion of Steps 2-9 of these Guidelines

1B: Ensure communication with staff for all aspects of the infant feeding policy. Develop a process for communication with new and existing staff about the infant feeding policy, as well as updates to the policy as they are made.

The clinic will develop a process to ensure new and existing staff are trained on the infant feeding policy and updated / reviewed every 2 years. Clinic will assign a staff member the responsibility of implementing and maintaining the infant feeding policy. The clinic manager will be able to identify which clinical staff member is responsible for implementing and maintaining all policies affecting infant feeding.

1C: Display a summary of the infant feeding policy in areas that mothers, babies and young children have access to. Summary should include all 9 steps. Ensure that this information is easily read and understood, available in an alternative format for those who are unable to read and provided in all languages common to the patient population served.

A summary of the 9 steps will be displayed in areas that provide care for families, babies, and young children. The summary will be in all common languages of the patient population.

Step #2: Staff Education

Provide training to all staff that have contact with patients and their families. Provide ongoing education to maintain skills and meet current best practices.

GRADING CRITERIA

2A: Complete an initial and routine assessment of the needs and resources needed to support the infant feeding policy. Additionally, assess the implementation of all protocols enacted to support policy and protocols around infant feeding. Ensure that new staff are educated on the infant feeding policy during orientation, that education is provided to the content of policy and that training is provided within 3 months of hire specific to individual job duties.

Review of the infant feeding policy is part of new employee orientation. 80% of randomly selected staff will be able to show a competency-based education was performed within 6 months of hire.

2B: Develop training plans that include specifics needed for different job descriptions and maintain a record of all staff education and training. Curriculum should be evidence-based and provide up to date practices supported by associations such as American Academy of Pediatrics (AAP), International Lactation Consultant Association (ILCA) and the Center for Disease Control and Prevention (CDC). A qualified staff member should be designated to maintain training records and provide initial and ongoing education to all staff.

*The clinic manager will be able to access the staff training plan that covers assessment, planning, implementation, evaluation and maintenance of the training curriculum.
Clinic manager will provide a copy of curricula and course outlines for all staff training upon request.
A minimum of 80% of all staff will confirm that they have completed required training.
80% of staff will be able to answer questions regarding breastfeeding management.
80% of staff will be able to list two risks that are discussed with breastfeeding women who are considering feeding their infant human milk substitutes.*

Step #3: Patient Education

Provide evidence-based education to all pregnant women, and parents of infants to support breastfeeding / human milk feeding as the optimal infant nutrition and teach ways to support lactation throughout the breastfeeding continuum.

GRADING CRITERIA

3A: Maternal: Ensure education on breastfeeding and the use of human milk is provided to all pregnant persons. This education should include: benefits of breastfeeding/human milk, and one on one education to families who choose to provide artificial milk to infants. This education should be provided both in writing and through verbal communication. Pregnant patients should also be educated regarding the benefits of skin to skin contact, rooming in and the risk of formula supplementation in a breastfeeding infant within the first 6 months of life. All education should be documented in the patient’s medical record.

Maternal

80% of all pregnant women should be able to state they have been educated regarding the importance of exclusively breastfeed for the first 6 months.

80% of all pregnant women should be able to describe at least two benefits of hand expression, skin to skin contact and feeding cues related to on demand feeding.

3B: Ensure education is provide to all postpartum and pediatric patients that include:

1. **Maternal and pediatric:** Exclusive breast milk diet for the first 6 months of life and the avoidance of artificial milk, glucose water, water and other foods unless medically indicated. Patients should be encouraged to continue breastfeeding after 6 months with the appropriate introduction of complementary foods for at least the first year of life (and beyond as long as mother and infant choose.)
2. **Maternal and Pediatric:** Provide education regarding hand expression, skin to skin contact, on demand feeding and feeding cues.
3. **Pediatric:** Provide guidance on adequate growth of the infant throughout the first year of life, the supplementation of Vitamin D and iron supplementation (as needed). Discuss the appropriate increase of complementary foods after 6 months and the gradual reduction of breastmilk and feedings through the weaning process.
4. **Pediatric:** Discuss normal infant feeding behaviors regarding sleep, crying and feeding cues.

Maternal:

80% of all breastfeeding mothers should be able to state they have been educated regarding the importance of exclusively breastfeed for the first 6 months.

80% of all mothers should be able to describe at least two benefits of hand expression, skin to skin contact and feeding cues related to on demand feeding.

Pediatric:

80% of breastfeeding mothers should be able to describe examples of normal feeding behavior regarding sleep and crying.

80% of all breastfeeding mothers should be able to state they have been educated regarding the importance of exclusively breastfeed for the first 6 months.

80% of all mothers should be able to describe at least two benefits of hand expression, skin to skin contact and feeding cues related to on demand feeding.

Step #4: Breastfeeding Support

Provide ongoing breastfeeding support services for each visit. Support human milk feeding as a normal feeding process throughout the breastfeeding continuum.

GRADING CRITERIA

<p>4A: Maternal: Complete a thorough breastfeeding history and physical that included: breast exam that will identify potential barriers to breastfeeding. Provide appropriate counseling and referrals to all mothers at risk for breastfeeding problems indicated by exam. Pediatric: Thorough breastfeeding history that included maternal diagnosis and medications that may affect breastfeeding. Provide appropriate counseling and referrals to all mothers at risk.</p>	<p>Maternal: <i>80% of maternal providers will state the importance of maternal history and breast exam to identify risk for breastfeeding problems. // 80% of patients will have a documented history and physical of breast exam. Plans for appropriate counseling should be documented for all mothers found at risk of breastfeeding problems.</i></p> <p>Pediatric: <i>80 % of providers will be able to state required documentation such as a maternal breastfeeding history that includes maternal diagnosis and medications that may affect breastfeeding outcomes. // 80% of patient records will include a breastfeeding history that includes any maternal diagnosis and medications that may affect breastfeeding.</i></p>
<p>4B: Pediatric: Complete an infant feeding assessment of all infants within 48-72 hours of discharge. Address all feeding concerns with the caregiver of the infant and arrange for follow-up with a designated person for infant feeding support (such as a feeding specialist, CLC or IBCLC). Ensure adequate scales are available for feeding assessment (+/- 2 grams, needed for pre-and post feeding assessments).</p>	<p>Pediatric: <i>80% of all breastfeeding infants will have a complete breastfeeding assessment within 48-72 hours of discharge. This assessment will include and address feeding concerns of caregivers. Arrangements will be made for follow up of concerns found in assessment.</i></p>
<p>4C: Maternal and Pediatric: Develop a viable triage system that will trigger feeding related concerns. Provide follow up visits specific to lactation and a way for patients to receive support outside of clinic hours of operation (warm line, texting or other available forms of technology).</p>	<p>Maternal and Pediatric: <i>clinics will be able to demonstrate a triage system that triggers feeding related concerns. Clinic staff shall be able to describe types of referral sources in the community.</i></p>
<p>4D: Maternal and Pediatric: Employ or contract with professionals able to support lactation such as: IBCLC, CLC, and breastfeeding peer counselors that are able to recognize and treat lactation related problems.</p>	<p>Maternal and Pediatric: <i>Clinic will employ or contract with professionals that are available to support lactation.</i></p>

Step #5: Environment

Maintain an environment that promotes breastfeeding/human milk feeding as the norm. Maintain Code of Marketing of breastmilk substitutes.

GRADING CRITERIA

5A: Develop a procedure and quality assurance plan that promotes a breastfeeding-friendly clinic. A breastfeeding friendly clinic will:

1. Designate area for storage of formula and other feeding supplies out of reach of patients and their families.
2. Ensure formula needed for medical indication is provided in a private area.
3. Do not accept free formula, free feeding supplies or articles that advertise and market for formula companies.
4. Display in all public areas evidence based materials that support and promote breastfeeding. Consider signs and pictures welcoming breastfeeding in all public areas.

The clinic will have a designated storage area for all breastmilk substitutes and feeding supplies that are not in the view of patients and families. Formula education will be provided in a one to one basis with families in a private setting. Clinic will uphold the Code of Marketing for breastmilk substitutes. This includes: not accepting free formula or feeding supplies, and a clinic area free from material or articles that promotes the feeding of breastmilk substitutes. Clinic public areas should display evidence based material that supports and promotes breastfeeding.

Step #6: Community Support

Provide and promote collaboration between clinics and other community agencies that work with breastfeeding families.

GRADING CRITERIA

<p>6A: Recognize and work with agencies available in the community to increase the level of support for lactating families.</p> <ol style="list-style-type: none"> 1. Designate a person in the practice responsible for community collaborations and compile a list of breastfeeding resources. 2. Establish agreements and an active referral system to interact with other agencies and health professionals that support breastfeeding. 	<p><i>A referral list of community breastfeeding resources will be provided to the assessor upon request. Clinic will show established agreements with other agencies and health professionals that support breastfeeding. These agreements will be produced on request of auditors.</i></p>
<p>6B: Communicate agreements with all referral agencies to all appropriate staff.</p>	<p><i>80% of clinic staff will be able to reference clinics referral lists of breastfeeding resources.</i></p>

Step #7: Workplace Breastfeeding Support

Provide clean private places for employees and patients to maintain milk supply when away from their infant. Ensure policy in place to allow for adequate time to pump for all breastfeeding moms.

GRADING CRITERIA

7A: Develop and communicate a policy that complies with state and federal laws supporting employees to maintain lactation.

1. Develop policy.
2. Train all staff regarding policy.
3. Communicate policy to all staff at time of hire.
4. Provide a clean, private place to breastfeed / express milk .

Clinic will be able to show employee policies that demonstrate breastfeeding support to employees that are in compliance with state and federal laws for supporting and allowing for maintenance of lactation while at work. 80% of all staff will be able to describe clinic's workplace lactation policy. Clinic will be able to identify the location of clean and private lactation space made available to staff and patients.

Step #8: Sustainability

Develop a plan for documentation of breastfeeding and lactation assessment to allow for future billing needs in order to create financial sustainability.

GRADING CRITERIA

8A: Review documentation practices that comply with current CPT / Diagnosis codes that will allow for appropriate billing reimbursement. Connect with Medicaid and other health insurance plans to establish billable service reimbursement.

Clinic will provide a format for documentation of breastfeeding and lactation and assessment that supports appropriate billing and reimbursement.

8B: Train all staff responsible for providing lactation services or education on correct documentation processes.

80% of responsible staff will be able to state correct processes for the documentation to meeting billing and coding criteria.

Step #9: Quality Improvement

Establish systems of internal data tracking, quality assurance plans, and BFCI impact evaluation.

GRADING CRITERIA

<p>9A: Develop quality improvement measures in regard to patient education, staff education and community resources.</p>	<p><i>Clinic will provide a quality improvement plan regarding maintenance of staff and patient education and community resources.</i></p>
<p>9B: Establish a monitoring system that reviews patient satisfaction with lactation services (possibly with patient survey tools or phone call follow-up).</p>	<p><i>80% of all patients will indicate per survey and self audits that they were well supported to breastfeed.</i></p>
<p>9C: Review breastfeeding exclusivity and continuation rates throughout the first year of infant feeding.</p>	<p><i>Clinic will complete an ongoing survey to measure breastfeeding exclusivity rates throughout the first year of infants' life.</i></p>