



8 Steps

**To Breastfeeding Friendly:
Guidelines for
Healthcare Providers Working in
Maternal and Child Health**

Acknowledgments

These guidelines were adapted from the publication “9 Steps to Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings” published by the California Department of Public Health in 2015 (CDPH). The development of the guidelines in California was a collaborative effort of the California Department of Public Health, the California WIC Association, and the California Breastfeeding Coalition utilizing input from 15 community health centers with funding support from the Centers for Disease Control and Prevention.

The Arizona Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutrition education and breastfeeding support services, supplemental nutritious foods and referrals to health and social services. WIC serves pregnant, breastfeeding, and postpartum women; infants; and children under the age of five who are determined to be at nutritional risk. The WIC Program is funded by the United States Department of Agriculture.

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8 Steps to Breastfeeding Friendly: Guidelines for Healthcare Providers Working in Maternal and Child Health

These Guidelines were developed to support Healthcare Providers to:

- Successfully implement practices and policies that protect, promote, and support breastfeeding.
- Provide a framework for creating and sustaining a community-based, universally assessable, quality care and support system for breastfeeding mothers and their families.

For nearly all infants, breastfeeding is universally recognized as the ideal source of nutrition for growth and development, providing newborns and infants with nutrients in their natural forms. The American College of Obstetricians and Gynecologists (ACOG), along with the American Academy of Pediatrics (AAP), recommend exclusive breastfeeding for the first 6 months of life, with continued breastfeeding as complementary foods are introduced through the infant's first year of life, or longer as mutually desired by the woman and her infant. The health benefits of breastfeeding are numerous and apply to both mothers and infants and, therefore, to the community at large. The long-term protective effects for breastfeeding have significant health benefits for both mothers and their infants. Long-term benefits of breastfeeding were found to include reduced risk of some chronic diseases such as obesity (Eidelman), hypertension (Horta), and heart disease (Rich-Edwards). The maternal benefits of breastfeeding include lower risk for breast and ovarian cancers, type 2 diabetes, and postpartum depression (Eidelman).

Despite our understanding of the importance of breastfeeding to the health of both mothers and infants, there is still work to be done. While more than 81.6 percent of Arizona mothers report having ever breastfed, only 18 percent of infants are exclusively breastfed for the recommended first six months (CDC BF Report Card). Barriers must be addressed if mothers are to breastfeed as long as mutually desired by both mother and infants. In the United States Surgeon General's Call to Action to Support Breastfeeding (USHHS, Surgeon General), major barriers to breastfeeding have been identified as:

- lack of knowledge about risks associated with not breastfeeding
- social norm of bottle feeding
- inadequate social and family support
- embarrassment and social disapproval of breastfeeding in public
- lactation problems
- lack of maternity care
- return to employment
- hospital policies and clinical practices where support for breastfeeding and education about it are given a low priority

Promoting and supporting breastfeeding is a key opportunity for healthcare providers who work in community health clinics, health centers, and private practice. The support and encouragement of healthcare providers can have a significant impact on:

- the initiation and maintenance of breastfeeding
- shifting cultural norms in favor of supporting and discussing breastfeeding

We trust the Guidelines will provide you with new information and that you will join us in this effort to support breastfeeding mothers and their families, for the health of our mothers, our infants, and our communities.

Introduction

Breastfeeding promotion and support efforts in recent years have diversified, not only encouraging mothers to breastfeed but also creating environments that support breastfeeding. When healthcare providers encourage and promote breastfeeding, this can influence initiation rates which can, in turn, increase duration.

Arizona, as a state, has proven that these intentions translate into action. In 2014, statewide data collected within 24-48 hours of birth from infants born in 38 of the state's 53 hospitals with maternity services and free-standing birthing centers verify that 68 percent of infants are offered breastmilk in the first hours postpartum (CDC, mPINC). However, the 2014 Centers for Disease Control and Prevention (CDC) Breastfeeding Report Card reveals that, far from this positive initiation rate, fewer than 37.5 percent of infants are still fully breastfed at three months of age (CDC, BF Report Card). Healthy People 2020 sets goals for increasing both breastfeeding initiation and duration rates and for decreasing disparities in these rates across all populations in the United States (USHHS, Healthy People).

To be successful in not only initiating exclusive breastfeeding but in sustaining it beyond a few short weeks, mothers need timely, culturally competent, quality breastfeeding support. Even if a mother successfully initiates breastfeeding at the hospital, she typically encounters many normal challenges after discharge. She needs to build her skills and confidence to breastfeed when faced with specific lactation problems and may, at best, have only a few relatives or friends with the skills and experience to guide her. She may undergo fatigue or stress and lack the family or neighborhood support to spare her the household chores that are likely to interfere with learning to breastfeed. She may experience embarrassment or nervousness when nursing in front of others and, thus, perceive breastfeeding as isolating. She may be subjected to family or commercial pressure, however subtle, to add or switch to infant formula. With the majority of women returning to work or school, she will need an accommodating workplace and child care to continue her breastfeeding efforts (CDC, BF Report Card).

Mothers need support at four critical times:

- First, the prenatal period allows an opportunity to provide accurate information about breastfeeding initiation and maintenance.
- Second, at the birth of her baby, a mother places trust in her healthcare provider and hospital staff, and she deserves to hear consistent, supportive messages from them that encourage breastfeeding as the normal method of feeding. Immediately after birth, in the hospital, a mother needs support and assistance in initiating breastfeeding.
- Third, after discharge, a nursing mother needs qualified and available lactation experts to assist with the normal questions that come with breastfeeding, problem solve simple or complex breastfeeding challenges, and help with information, skills, and equipment for maintaining breastfeeding as she adjusts to parenthood and ongoing responsibilities with other family members, work, or school.
- Finally, she needs a supportive environment at work or school, child care, healthcare providers, and in her community.

Role of Healthcare Providers

Healthcare providers play an important role in breastfeeding initiation and continuation. Lack of support from healthcare providers has been identified as a major barrier to breastfeeding (Taveras). Women report support and encouragement received from healthcare providers as the most important intervention in helping them breastfeed (Lieu). With short hospital stays, responsibility for breastfeeding support has shifted to healthcare professionals who provide ongoing healthcare (Lieu). Studies show that providing ongoing professional support to mothers through in-person visits or telephone contact increases the proportion of women who continue breastfeeding for up to six months (Guise).

Purpose of Document

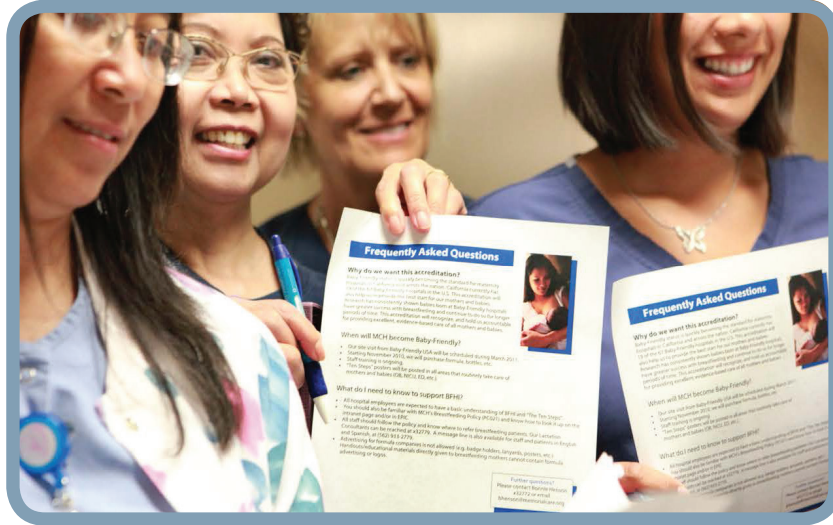
These Guidelines provide a framework to assist healthcare providers and staff in creating opportunities and sustaining a universally accessible, quality care and support system which is important for pregnant and breastfeeding mothers and their families at critical junctures during their infant's first 12 months and beyond. They also provide guidance on ways to deliver high quality, culturally competent breastfeeding promotion, support, and care services to breastfeeding mothers and their families within office settings.

If you have any breastfeeding-related questions, please call the Arizona Department of Health Services 24-Hour Breastfeeding Hotline at **1-800-833-4642**.



Step 1: Policy and Protocols

Establish and routinely communicate to all staff a written infant feeding policy that promotes, supports, and protects breastfeeding and breastmilk as the normative standards for infant feeding and nutrition.



Guideline 1A

Develop a written infant feeding policy that addresses:

1. Breastfeeding and breastmilk as the normative standards for infant feeding and nutrition.
2. The American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP) and the International Code of Marketing of Breastmilk Substitutes communicate the philosophy that the majority of mothers are capable of breastfeeding their infants and should be protected from the promotion of breastmilk substitutes (infant formula) and other efforts that undermine an informed decision.
3. Evidence-based practices and protocols that support breastfeeding in the outpatient setting, including implementation of Steps 2-8 of these Guidelines.
4. Support for the non-breastfeeding mother and baby will include: a) pediatrician counseling on choice of infant formula; b) patient education on safe preparation of infant formula; c) safe bottle-feeding guidelines to prevent overfeeding or underfeeding.

Desired Outcome:

- ☐ A written infant feeding policy that addresses breastfeeding and breastmilk as the normative standards for infant feeding and nutrition, adheres to the International Code of Marketing of Breastmilk Substitutes, and includes evidence-based practices and protocols that support these Guidelines will be available for review.
- ☐ All departments of the clinic that potentially interact with childbearing women and babies will have language in their policies about the promotion, protection, and support of breastfeeding and will not interfere with the infant feeding policy and implementation of these Guidelines.
- ☐ All clinical protocols, standards, and educational materials related to infant feeding and nutrition will comply with the infant feeding policy and these Guidelines.
- ☐ Clinic management will identify the staff responsible for assuring implementation and maintenance of the infant feeding policy.

Guideline 1B

Communicate the infant feeding policy at new employee orientation and annually thereafter to all staff and ensure its availability as a reference.

Desired Outcome:

- ☐ Clinic management will locate the infant feeding policy and describe how all staff, including new employees, are made aware of the content.
- ☐ At least 80 percent of randomly selected staff will be able to locate the infant feeding policy, describe its contents, and confirm that they received an orientation to the policy.

Guideline 1C

Prominently display a summary of the breastfeeding policy in areas that serve mothers, babies and young children, with information on how to access the full policy. Ensure that this information is verbally explained to persons unable to read and rendered in a culturally and linguistically competent manner and in the primary languages of the clients served.

Desired Outcome:

- ☐ A summary of the infant feeding policy and a statement which communicates the institution's policy restricting the promotion of infant formula will be prominently displayed in areas that serve mothers, babies, and young children.
- ☐ This information will be rendered in the primary languages of the clients served in accordance with current state and federal health and safety codes.

Guideline 1D

Create and implement evidence-based protocols that support breastfeeding and breastmilk as the standards for infant feeding and nutrition, incorporating current recommendations from the AAP, American College of Obstetricians and Gynecologists (ACOG), and other major professional organizations.

Desired Outcome:

- ☐ The clinic will have written clinical protocols that support implementation of Steps 2-8. All departments of the clinic that potentially interact with childbearing women and infants will have language in their protocols about the promotion, protection, and support of breastfeeding. Review of all clinical protocols, standards, and educational materials related to infant feeding and nutrition will comply with these Guidelines.
- ☐ The clinic manager, prenatal/maternity services director, and pediatric services director will all be able to identify the clinical staff member responsible for assuring the implementation and maintenance of these clinical protocols.

Step 2: Staff Education and Evaluation

Provide initial and ongoing competency-based education and training for all staff on topics necessary to establish and maintain the infant feeding policy and protocols that support delivery of comprehensive breastfeeding education and clinical services.

Guideline 2A

Assess staff learning needs and resources for implementing the infant feeding policy. During employee orientation, introduce the infant feeding policy, including worksite lactation accommodation. Within three months of hire, or within the clinic's scheduled evaluations, conduct a competency-based evaluation on infant feeding and breastfeeding support for each clinic employee, based on her/his area of practice.

Desired Outcome:

- ☐ Clinic manager/director or human resources staff will provide access to the written training plan for assessing, planning, implementing, evaluating, and updating the infant feeding education and training curriculum.
- ☐ The healthcare provider or clinic staff member in charge of maintaining and coordinating the education and training curriculum records will provide access to such records, which will show they have been kept current.
- ☐ A copy of the curricula or course outlines for competency-based training in breastfeeding will be available for review.

Guideline 2B

Develop appropriate individual and departmental training plans. Maintain a written plan for assessing, planning, implementing, evaluating, and updating the education and training curriculum. Use or adapt standardized curriculum based on training materials available from AAP, ACOG, International Lactation Consultant Association (ILCA) or CDC. A qualified physician or clinic staff member will maintain and coordinate education and training curriculum records. A staff or consulting International Board Certified Lactation Consultant (IBCLC) (see Guideline 2E), or physician with breastfeeding expertise, will evaluate the infant feeding education and training curriculum.

Desired Outcome:

- ☐ Clinic manager/director or human resources staff will provide access to the written training plan for assessing, planning, implementing, evaluating, and updating the infant feeding education and training curriculum.
- ☐ The healthcare provider or clinic staff member in charge of maintaining and coordinating the education and training curriculum records will provide access to such records, which will show they have been kept current.
- ☐ A copy of the curricula or course outlines for competency-based training in breastfeeding will be available for review.

Guideline 2C

Deliver competency-based education and training on breastfeeding to all staff based on each employee's function, responsibility, and previously acquired training, as follows:

1. Within six months of hire, deliver competency-based training in infant feeding, including breastfeeding support, to all staff, appropriate to their areas of practice.
2. Provide access to accurate and evidence-based infant feeding and breastfeeding reference materials, including online and print resources.
3. Include in training: how to use clinical decision support tools specific to the clinic (such as pre-formatted progress notes, checklists, and electronic medical records reminders); clinical care protocols; and appropriate guidance on the use of lactation aids (such as hand expression, electric and manual pumps, supplemental feeders, breast shells, nipple shields, breast pads and hydrogels, and any other accepted tools and aids).



Desired Outcome:

- ☐ The designated healthcare professional(s) will provide documentation that clearly shows competency-based training for breastfeeding is provided for all employees that care for mothers, infants and/or young children and that new employees are oriented upon hire and scheduled for training within six months.
- ☐ The designated healthcare professional will provide access to reference materials, including online and print resources, which are available for staff members.
- ☐ A review of the training material will clearly identify the clinical decision support tools and clinical care protocols that staff are encouraged to use.
- ☐ A review of the training material will clearly identify the sections that provide appropriate guidance on the use of lactation aids as identified.
- ☐ At least 80 percent of randomly selected staff will confirm that they have completed the described training and competency verification or, if they have been hired within six months, have at least been oriented.
- ☐ At least 80 percent of randomly selected staff will be able to answer four out of five questions on breastfeeding management correctly.
- ☐ At least 80 percent of randomly selected staff will be able to identify two appropriate topics to discuss with women who are considering feeding their babies something other than breastmilk.

Guideline 2D

Evaluate the clinical-based skills related to infant feeding and breastfeeding support of all employees who deliver clinical care upon completion of training, within six months of hire, and every three years thereafter. Ensure that evaluations are appropriate to each employee's area of practice.

Desired Outcome:

- ☐ Training records will clearly show that staff are given a skills evaluation on infant feeding and breastfeeding support within six months of hire and every three years thereafter.
- ☐ A review of the evaluations to be given to different staff will show that they are appropriate to each employee's area of practice.

Guideline 2E

Employ, contract with, or develop a memorandum of understanding (MOU) with one or more IBCLCs, or providers with expertise in breastfeeding medicine, to oversee the education and training of providers and staff delivering clinical care.

Desired Outcome:

- ☐ Clinic records will show that one or more IBCLCs, or providers with expertise in breastfeeding medicine, are employed, contracted with, or have an MOU with the organization.

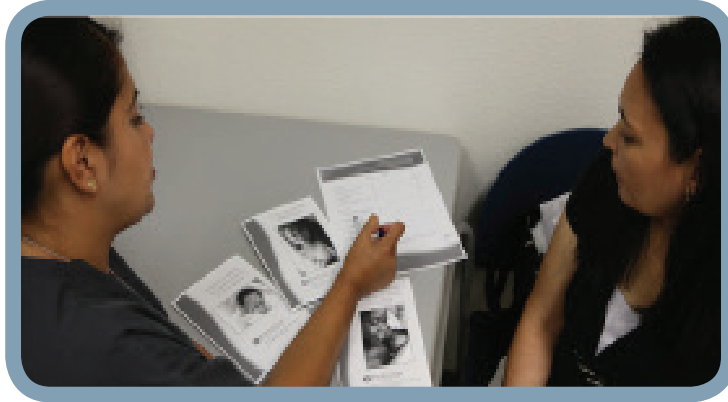


Suggestion

Consider hosting clinical students and residents for training rotations in lactation.

Step 3: Patient Education

Provide accurate and evidence-based information about breastfeeding, breastmilk, and infant formula to all pregnant women, mothers and/or caregivers that is based on current nationally recognized guidelines.



Guideline 3A

Provide accurate and evidence-based information about breastfeeding to all women throughout prenatal care, including:

1. Education about the differences between breastfeeding, breastmilk and infant formula.
2. Education about the health and developmental benefits of breastfeeding and breastmilk for both infant and mother.
3. Education about the benefits of early skin-to-skin contact, benefits of rooming-in, and the risks of infant formula supplementation while breastfeeding.
4. Assessment and assistance with the planning and management of successful breastfeeding, anticipating individual needs in a patient-centered approach.
5. Documentation in the medical record of educational encounters and materials given out in regards to the topics above.

Desired Outcome:

- ☐ Written information will be available to staff, patients, and their caregivers and will cover the topics outlined in Guideline 3A.
- ☐ At least 80 percent of randomly selected clinic patients will:
 - a. Describe the information that was discussed in two of the topics outlined in Guideline 3A.
 - b. Have documentation of educational encounters addressing the topics outlined in Guideline 3A.

Guideline 3B

Provide accurate and evidence-based information about breastfeeding and breastmilk to all women and caregivers during postpartum care and pediatric care, including:

1. Encouragement to exclusively breastfeed and/or feed infants only breastmilk, avoiding supplementation with infant formula, glucose water, or water unless medically indicated, and addressing cultural practices that may interfere with exclusive breastfeeding.
2. Encouragement to continue breastfeeding and/or providing breastmilk, adding complementary foods at the appropriate time, as reflected by current, nationally recognized recommendations.
3. Education regarding the benefits of exclusive breastfeeding and/or provision of breastmilk and the risks of infant formula or supplementation while breastfeeding in the first six months.
4. Education regarding hand expression of breastmilk, skin-to-skin contact, and feeding cues for successful breastfeeding.
5. Education regarding adequate infant intake of vitamin D and iron supplementation, the appropriate timing for the introduction of solid foods, the appropriate slow increase of complementary feeding and the consequent gradual reduction of breastmilk.
6. Review of normal infant behaviors such as sleep, crying, and infant feeding cues.
7. Documentation in the medical record of educational encounters and materials given out in regards to the topics above.

Desired Outcome:

- ☐ Written information will be available to staff and postpartum/pediatric patients and will cover the topics outlined in Guideline 3B.
- ☐ At least 80 percent of randomly selected patients receiving postpartum/pediatric services at the clinic will:
 - a. Confirm that a staff member has given them information on the topics outlined in Guideline 3B.
 - b. Describe the information that was discussed in two of the topics outlined in Guideline 3B.
- ☐ At least 80 percent of randomly selected medical records of postpartum/pediatric patients will provide documentation of educational encounters addressing the topics outlined in Guideline 3B.



Step 4: Provide Clinical Services to Mom and Baby

Provide clinical services that promote and support breastfeeding for the mother-baby dyad as the norm for infant feeding and nutrition.

Guideline 4A

Perform a prenatal breastfeeding history and clinical breast exam to identify concerns and barriers to breastfeeding, and provide appropriate counseling and/or referral if risk for breastfeeding problems is determined.

Desired Outcome:

- ☐ At least 80 percent of randomly selected medical records of prenatal/postpartum patients will provide documentation of a breastfeeding history, clinical breast exam, and appropriate lactation referrals using current national recommendations.
- ☐ At least 80 percent of randomly selected pregnant women receiving prenatal services at the clinic in the third trimester will report that they received detailed breastfeeding education.

Guideline 4B

Conduct an infant feeding assessment for all breastfeeding infants within 48 hours of hospital discharge. Address breastfeeding concerns at all postpartum and pediatric visits, informing mothers that they can return to the clinic for additional breastfeeding support, ensuring that they receive care from appropriate breastfeeding health professionals, and referring patients to an IBCLC or providers with breastfeeding medicine expertise for unresolved breastfeeding issues.

Desired Outcome:

- ☐ At least 80 percent of randomly selected medical records of breastfed infants will document an infant feeding assessment was done no more than five days after birth.
- ☐ At least 80 percent of randomly selected postpartum women will report that they received breastfeeding support through their obstetric, pediatric, or family practice provider that enabled them to address their breastfeeding problems and/or to achieve their infant feeding goals.

Guideline 4C

Establish a written triage protocol for breastfeeding-related concerns, including follow-up visits, walk-in visits during regular hours, and in response to patient needs when the clinic is closed, incorporating current technology (such as texting) or warmline services when available.



Desired Outcome:

- ☐ Written triage protocol will show that every effort will be made to meet breastfeeding patients' needs during clinic visits, by phone, and when the clinic is closed.
- ☐ At least 80 percent of randomly selected staff will be able to locate the clinic's breastfeeding triage protocol and describe their own role in it.
- ☐ At least 80 percent of randomly selected medical records will provide documentation consistent with the breastfeeding triage protocol, including review of phone communications by an appropriate healthcare professional, if relevant.

Guideline 4D

Employ, contract with, or otherwise provide access to IBCLCs, or healthcare providers with breastfeeding medicine expertise, in a manner that provides accessible, affordable, and appropriate care.

Desired Outcome:

- ☐ At least 80 percent of randomly selected breastfeeding women will report that they received a referral to access an IBCLC.
- ☐ At least 80 percent of randomly selected breastfeeding women who were identified as having a high-risk breastfeeding situation will receive follow-up with an IBCLC or healthcare provider with breastfeeding medicine expertise.

Guideline 4E

Ensure adequate space for breastfeeding management in a private and comfortable setting.

Desired Outcome:

- ☐ Observation will show that the clinic has a private and comfortable space for patients to receive breastfeeding assessment and counseling/education from an IBCLC or provider with breastfeeding medicine expertise.

Guideline 4F

Follow the CDC guidance (World Health Organization (WHO) growth standards for infants and children zero to two years of age and the CDC growth charts for children ages two years and older) that reflect normal growth standards.

Desired Outcome:

- ☐ A review of randomly selected medical records of infants and children will show that the appropriate growth charts are being utilized, per CDC guidance.



Guideline 4G

Promote participation in breastfeeding peer support programs, especially in the first weeks postpartum, for all breastfeeding women.

Desired Outcome:

- ☐ At least 80 percent of randomly selected breastfeeding women receiving services at the clinic postpartum will report that they were encouraged to participate in and received information about available peer support programs.

Suggestion

If the clinic utilizes pre-feeding and post-feeding test weighing, a (+/-) 2 grams scale is necessary to accurately measure intake.



Step 5: Breastfeeding Environment in Office

Establish, provide, and maintain a breastfeeding-friendly clinic environment.

Guideline 5A

Establish written procedures and a quality assurance plan that ensures a breastfeeding-friendly clinic environment, defined as follows:

1. Set up clinic design and furniture to support a comfortable environment for breastfeeding mothers.
2. Support and allow breastfeeding mothers to continue feeding uninterrupted in the waiting room or other area, per clinic rooming policies.
3. Clearly define storage location for infant formula supplies, keeping them out of view of patients and their families.
4. Distribute any medically necessary infant formula supplies in a private exam room, following privacy procedures appropriate for the administration of medication and other treatments.
5. Neither accept nor distribute free gifts and materials (e.g., writing pads, gift bags, storage bags, diaper bags, pens, calendars, etc.) or personal samples from companies that manufacture infant formula.
6. Use and display noncommercial, evidence-based materials that promote breastfeeding in the clinic(s) and waiting areas, such as: posters, pamphlets, educational materials, signs welcoming breastfeeding, as well as pictures and photographs of breastfeeding mothers. Include materials specifically for populations with low breastfeeding rates that are served in the clinic.
7. Prohibit use of any printed material (e.g., magazines, handouts, and posters) and visual material (e.g., videos) that infant formula, bottles, nipples, pacifiers, or other formula supplies or coupons for any of the above items.

Desired Outcome:

- ☐ A written quality assurance plan will clearly define the criteria and procedures for a breastfeeding-friendly environment; staff roles and responsibilities for implementing the procedures; elements of the routine quality checks; and the employee responsible for reporting on the routine environmental audits, results and corrective actions taken.
- ☐ Clinic self-assessment and observation show 100 percent compliance with all elements of Guideline 5A.
- ☐ At least 80 percent of randomly selected breastfeeding mothers will report that they are always allowed to continue feeding uninterrupted in the waiting room or other area.



Guideline 5B

Communicate the breastfeeding-friendly environment quality assurance plan at new employee orientation and annually thereafter to all staff, and ensure its availability as a reference. Include the following elements:

1. Define and assign staff roles and responsibilities for tasks related to the implementation of the breastfeeding-friendly environment, incorporating staff duties into job descriptions and daily activity logs. Tasks should include routine ordering, copying, displaying, and distributing breastfeeding-friendly materials in waiting areas/exam rooms, and removal of inappropriate materials that promote infant formula.
2. Train all staff in strategies to support and allow breastfeeding mothers to continue feeding uninterrupted in the waiting room or other area, per clinic rooming policies.
3. Train and designate staff to preview and evaluate educational materials for the clinic environment.
4. Train all staff to recognize and avoid infant formula marketing techniques, to refuse materials that contain formula branding, and to avoid distribution of free gifts and materials as described in Guideline 5A.

Desired Outcome:

- ☐ Office management will be able to describe how all staff, including new employees, are made aware of the breastfeeding-friendly environment quality assurance plan and their roles and responsibilities.
- ☐ All staff job descriptions, daily activity logs, and job performance documentation will include elements relating to roles, responsibilities, and compliance with the breastfeeding-friendly environment quality assurance plan.
- ☐ At least 80 percent of randomly selected staff will confirm that they received training on all elements of a breastfeeding-friendly environment, as outlined in Guideline 5B, and can identify the designated staff member responsible for previewing and evaluating educational materials.
- ☐ Staff training records will show that all employees, within one year of employment, are trained on all elements of a breastfeeding-friendly environment, as outlined in Guideline 5B.



Step 6: Community Resources and Continuity of Care

Collaborate with local agencies and health professionals to ensure continuity.

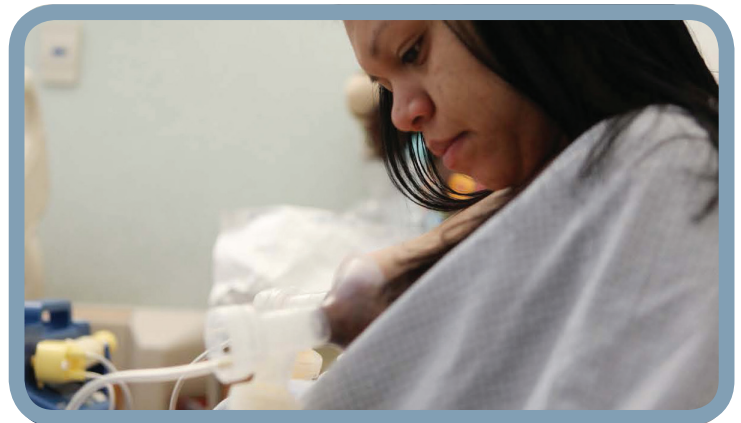
Guideline 6A

Identify and collaborate with local agencies and professionals to improve breastfeeding support, as follows:

1. Designate a staff member to develop, maintain, and update a list of local agencies, health professionals, and other resources that support breastfeeding.
2. Establish collaborative agreements and a referral system with written communication protocols and tools in order to interact with local agencies and healthcare professionals, such as the following: perinatal clinics, birthing hospitals, pediatric clinics, WIC programs/ WIC Peer Counseling Programs (azwic.gov), the local health department, the Arizona Department of Health Services (ADHS) Pregnancy and Breastfeeding Hotline, home health services, durable medical equipment (DME) providers, La Leche League, and other community support groups that promote breastfeeding.
3. For after-hours breastfeeding support/ education, refer mothers to the ADHS 24-Hour Breastfeeding Hotline at 1-800-833-4642.
4. Collaborate with the Arizona Healthcare Cost Containment System (AHCCCS) health insurance plans and other payers of breastfeeding benefits to clarify reimbursable breastfeeding services and equipment.

Desired Outcome:

- ☐ Clinic documents will include a list of community-specific local agencies, health professionals, WIC programs that support breastfeeding, and is reviewed and updated annually by the designated staff member.
- ☐ Clinic documents will indicate the development and implementation of communication protocols and collaboration agreements with local agencies, health professionals, and WIC programs, as described in Guideline 6A.



Guideline 6B

Communicate the established collaboration agreements and communication protocols at new employee orientation and annually thereafter to all appropriate staff.

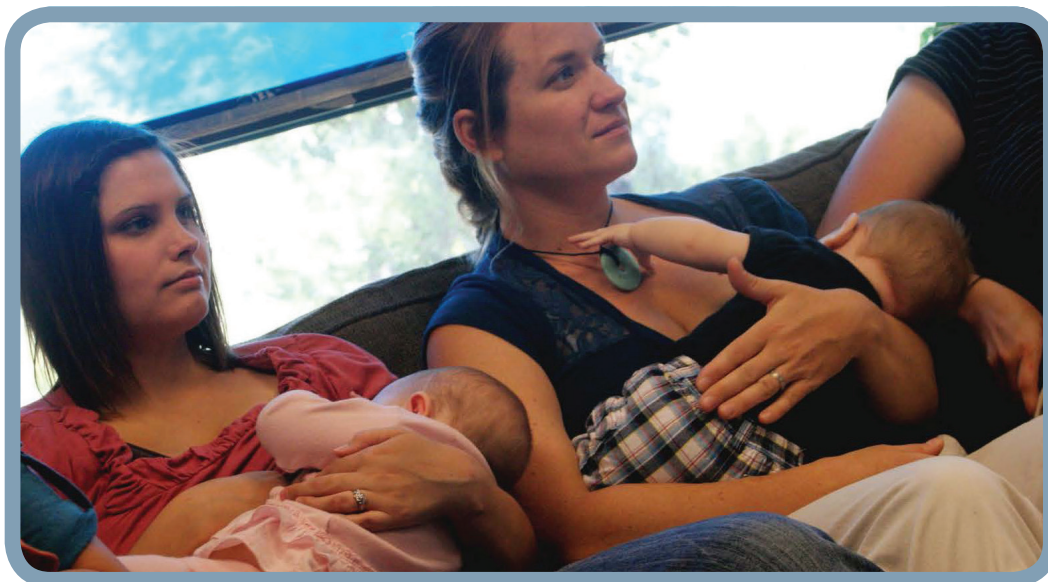


Desired Outcome:

- ☐ At least 80 percent of randomly selected appropriate staff will be able to locate the list of local breastfeeding resources, communication protocols, and collaboration agreements.
- ☐ At least 80 percent of randomly selected medical records show that breastfeeding mothers were appropriately referred and received specialized breastfeeding support services.
- ☐ At least 80 percent of randomly selected mothers who reported having difficulty breastfeeding will indicate that they received services from an IBCLC or provider with breastfeeding medicine expertise.

Guideline 6C

Communicate with local agencies, professionals, and birthing hospitals regarding the content of breastfeeding education materials and counseling to ensure consistent, accurate, and evidence-based information about breastfeeding and breastmilk across all venues in the community.



Desired Outcome:

- ☐ Written collaboration agreements and communication protocols will address provision of consistent, accurate, and evidence-based information about breastfeeding and breastmilk across all venues of the community.

Step 7: Employee Workplace Accommodation

Provide and maintain effective lactation accommodation for all staff within the organization.

Guideline 7A

Develop an organizational policy that complies with state and federal laws and outlines lactation support practices for staff and their supervisors, including the following components:

1. Purpose/Policy: Start with an affirmative statement that demonstrates support for breastfeeding women in your workplace.
2. Training: Specify how managers and supervisors will be trained to ensure implementation of the policy.
3. Communication: Communicate policies that describe employee rights prior to and upon returning from maternity leave and the process to request reasonable lactation accommodation.
4. Break time: Explain how lactation break time is scheduled and how additional lactation time will be accommodated.
5. Reasonable space/location: Define the space options and designated locations for lactation that are private and free from intrusion.
6. Equipment: Explain the equipment that will be provided (and not provided) for the employee to express and safely store breastmilk.
7. Education: Describe how pregnant and postpartum women will be offered breastfeeding education, information, and access to lactation consultants to be successful in their return to employment while breastfeeding. Include information about successful pumping, a sample pumping schedule, breastmilk storage guidelines, and tips on how to talk with a child care provider about breastmilk.
8. Atmosphere of support: Ensure that breastfeeding does not constitute a source of discrimination or harassment in employment or in access to employment, and ensure that procedures for reporting such actions are provided.

Desired Outcome:

- ☐ The organization's lactation accommodation policy will comply with all elements described in Guideline 7A.



Guideline 7B

Train all staff on all aspects of the lactation accommodation policy developed under Guideline 7A.

Desired Outcome:

- ☐ At least 80 percent of employee training records will show that staff is trained upon hire and updated periodically on the lactation accommodation policy.

Guideline 7C

Conduct an annual review of the lactation accommodation policy, with special attention to changes in state and federal laws/regulations, as well as updates to lactation best practices and community lactation resources.

Desired Outcome:

- ☐ At least 80 percent of employee training records will show that staff is trained upon hire and updated periodically on the lactation accommodation policy.



Suggestion

Interested in Making Your Worksite Breastfeeding-Friendly?

The Arizona Department of Health Services "Making it Work Toolkit" includes pamphlets with guidance to start a lactation program within the worksite, information for employees on talking to their supervisor and human resource departments, and information for co-workers on supporting the lactation program.

For more information visit: makingitworkarizona.org

Step 8: Data Collection for Improvement and Evaluation

Establish systems of data tracking, quality assurance, continuous quality improvement, and impact evaluation.

Guideline 8A

Perform quality assurance and develop quality-of-care measures for patient education (Step 3), clinical services (Step 4), and community resources (Step 6), integrating these quality measures into continuous quality improvement systems.

Desired Outcome:

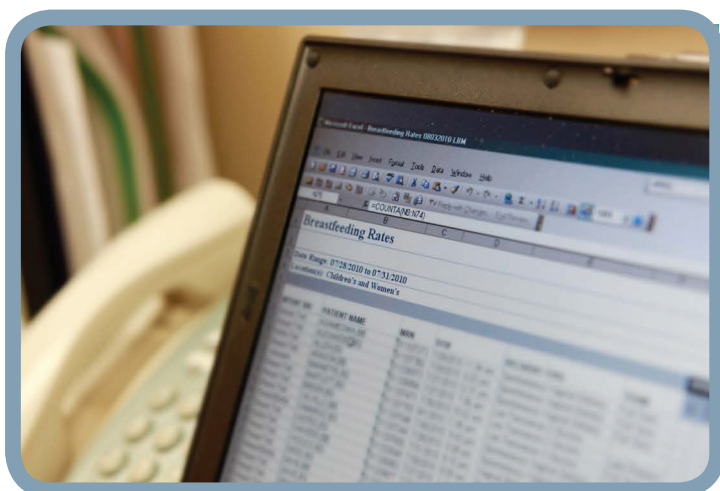
- ☐ Quality assurance and quality improvement reports will address the quantity and content of patient education, as described in Step 3.
- ☐ Quality assurance and quality improvement reports will address the quantity and content of clinical services, as described in Step 4.
- ☐ Quality assurance and quality improvement reports will address referrals made and completed, as described in Step 6.

Guideline 8B

Develop a system to monitor breastfeeding data from patient visits and patient surveys, using data to identify quality improvement needs and effective breastfeeding support services.

Desired Outcome:

- ☐ Clinic medical records will be able to provide the following data:
 - a. Lactation outcomes, including breastfeeding initiation rates and exclusive breastfeeding duration rates
 - b. Infant feeding outcomes, including timing of introduction of infant formula and/or solid foods
 - c. Clinic-specific impact evaluation, correlating health outcomes (e.g., infant growth measurements) with infant feeding data
 - d. Clinic-specific lactation barriers and successes for specific time intervals, differentiating between medical indication and mother's choice to introduce infant formula and/or solid foods
- ☐ A review of the breastfeeding data monitoring system will identify effective breastfeeding support services and quality improvement priorities to inform program improvement planning.

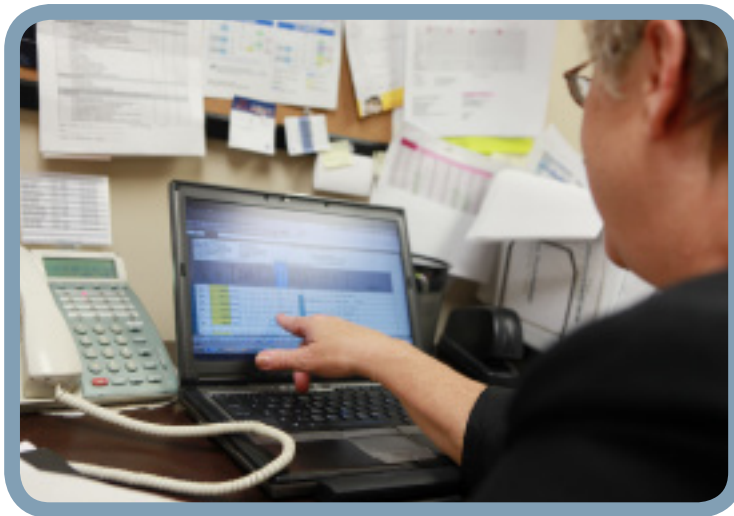


Guideline 8C

Partner with local agencies such as WIC, the local health department, breastfeeding coalitions and others to share breastfeeding outcomes data for community health assessments. Compare clinic breastfeeding rates with community/county, state, and national rates.

Desired Outcome:

- ☐ Clinic documents will show how clinic evaluation was shared with local agencies.
- ☐ Clinic evaluation will compare clinic breastfeeding rates with community/county, state, and national rates.



Organizations with Breastfeeding Policies or Position Statements

Academy of Breastfeeding Medicine (ABM):

- Position Statements & Clinical Protocols - bfmed.org/Resources/Protocols.aspx
- The Breastfeeding-Friendly Physicians' Office Part 1: Optimizing Care for Infants and Children - online.liebertpub.com/doi/full/10.1089/bfm.2013.9994

American Academy of Family Physicians (AAFP):

- Policy on Hospital Use of Infant Formula in Breastfeeding Infants - aafp.org/about/policies/all/formula-hospital.html
- Policy on Direct-to-Consumer Advertising of Infant Formula - aafp.org/about/policies/all/advertising-formula.html
- Position Paper on Family Physicians Supporting Breastfeeding - aafp.org/about/policies/all/breastfeeding-support.html
- Policy Statement on the Benefits of Breastfeeding - aafp.org/about/policies/all/breastfeeding.html
- Breastfeeding Support & Resources Toolkit - aafp.org/patient-care/public-health/breastfeeding/toolkit.html

American Academy of Obstetricians and Gynecologists (ACOG):

- Resource Pages - acog.org/About-ACOG/ACOG-Departments/Breastfeeding
- Breastfeeding in Underserved Women: Increasing Initiation and Continuation of Breastfeeding - acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Breastfeeding-in-Underserved-Women-Increasing-Initiation-and-Continuation-of-Breastfeeding
- Breastfeeding: Maternal and Infant Aspects - acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co361.pdf?dmc=1&

American Academy of Pediatrics (AAP):

- Policy on Breastfeeding and the Use of Human Milk - pediatrics.aappublications.org/content/129/3/e827.full
- Recommendations on Breastfeeding Management for Healthy Term Infants - pediatrics.aappublications.org/content/129/3/e827/T5.expansion.html
- Breastfeeding Residency Curriculum - aap.org/breastfeeding/curriculum/index.html
- Recommendations on Newborn Hospital Discharge Readiness - pediatrics.aappublications.org/content/129/3/e827/T5.expansion.htm
- AAP Breastfeeding Initiatives - aap.org/breastfeeding/faqsBreastfeeding.html
- How to Have a Breastfeeding Friendly Practice - aap.org/breastfeeding/files/pdf/AAP%20HaveFriendlyPractice.pdf

Arizona Department of Health Services (ADHS):

- ADHS Breastfeeding Program - azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/index.php
- Worksite Lactation Accommodation - makingitworkarizona.org

Baby-Friendly USA (administers the Baby-Friendly Hospital Initiative in the USA):

- Ten Steps to Successful Breastfeeding (WHO/UNICEF) - babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps

Appendix

Centers for Disease Control and Prevention (CDC):

- CDC Guide to Strategies to Support Breastfeeding Mothers and Babies - cdc.gov/breastfeeding/resources/guide.htm
- Growth Chart Recommendations - cdc.gov/growthcharts/index.htm
- Online training course, Using the WHO Growth Charts to Assess Growth in the United States Among Children Ages Birth to 2 Years - cdc.gov/nccdphp/dnpao/growthcharts/who/index.htm

Healthy People 2020:

- Breastfeeding Objectives - healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health

International Lactation Consultant Association (ILCA):

- What Is An IBCLC? - ilca.org/why-ibclc/ibclc
- Professional IBCLC Practice - ilca.org/learning/resources

The Joint Commission (TJC):

- Perinatal Care Core Measures - jointcommission.org/perinatal_care/
- Changes to Breast Milk Feeding Performance Measures PC-05a and PC-05 - jointcommission.org/changes_breastfeeding_performance_measures/

UNICEF:

- Recommendations for optimal breastfeeding - unicef.org/nutrition/index_24824.html

United States Breastfeeding Committee (USBC):

- Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding; and resource list for hospitals/ maternity centers - usbreastfeeding.org/TJC-Measure-EBMF
- Model Policy: Payor Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies - usbreastfeeding.org/model-payer-policy

United States Department of Labor:

- Break Time for Nursing Mothers - dol.gov/whd/nursingmothers/

World Health Organization (WHO):

- The International Code of Marketing of Breast-milk Substitutes - who.int/nutrition/publications/infantfeeding/9241541601/en/
- A Global Strategy on Infant and Young Child Feeding Practices - who.int/nutrition/publications/infantfeeding/9241562218/en/
- The optimal duration of exclusive breastfeeding - who.int/nutrition/publications/infantfeeding/WHO_NHD_01.09/en/
- The nutrient adequacy of exclusive breastfeeding for the term infant during the first six months of life - apps.who.int/iris/handle/10665/42519

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