9 Steps

TO BREASTFEEDING FRIENDLY:

Guidelines for Community Health Centers and Outpatient Care Settings

CDPH California Department of PublicHealth

California Breastfeeding Coalition
Working Together for a Healthier California

CALIFORNIA WIC ASSOCIATION
WORKING FOR BETTER HEALTH

California, 2015

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Note: The term "clinic" in this document will refer to community health centers and other outpatient care settings.

Partnering for Better Health Outcomes

On behalf of the California Department of Public Health, California WIC Association, and California Breastfeeding Coalition, we are pleased to present the 9 Steps to Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings (Guidelines).

The Guidelines were developed to support community health centers and outpatient care settings 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 natural forms. The health benefits of breastfeeding are numerous and apply to both mothers and infants, and therefore to the community at large. The longer an infant is breastfed, the better the results for infants. Long-term benefits of breastfeeding were found to include reduced risk of some chronic diseases such as obesity,[1] hypertension,[2] and heart disease.[3] The maternal benefits of breastfeeding include lower risk for breast and ovarian cancers, type 2 diabetes, and postpartum depression.[4]

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 90 percent of California mothers reporting having ever breastfed, only 27.4 percent of infants are exclusively breastfed for the recommended first six months.[5] 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[vi], major barriers to breastfeeding have been identified as:

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

Promoting and supporting breastfeeding is a key opportunity for community health clinics, health centers, and doctors' offices. The support and encouragement of health care 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.

Sincerely,

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Acknowledgements

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15 Community Health Centers

AltaMed Health Services, Los Angeles
Clinica Sierra Vista, Bakersfield
Community Regional Medical Center, Fresno
Contra Costa Health Services, Pittsburgh
Eisner Pediatric & Family Health, Los Angeles
Family Health Centers of San Diego
Harbor UCLA Medical Foundation, Torrance
Kaweah Delta Hospital Foundation, Exeter
La Clinica de la Raza, Vallejo
Natividad Medical Foundation, Salinas
Neighborhood Healthcare, Escondido
Northeast Valley Health Corporation, San Fernando
Salud Para La Gente, Watsonville
Sonoma County Indian Health Project, Santa Rosa
WellSpace Health, Sacramento

Source: United States Breastfeeding Committee

Many thanks to the Expert Advisory Board Members who spent numerous hours contributing to the development of the *9 Steps to Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings* document. Your contributions, feedback and insights were greatly appreciated.

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Introduction

Breastfeeding promotion and support efforts in recent years have diversified, not only encouraging mothers to breastfeed but also creating environments that support breastfeeding. This new focus is strategic, as women and families overwhelmingly cite breastfeeding as the healthiest option for infant feeding and in 2012, 92.2 percent of California mothers state their intention to breastfeed before the birth of their child.[1]

California, as a state, has proven that these intentions translate into action. In 2013, statewide data collected within 24-48 hours of birth from all infants born in the state's 265 hospitals with maternity services and free standing birthing centers[2] verify that 93 percent of infants are offered breastmilk in the first hours postpartum.[3] However, the 2013 Centers for Disease Control and Prevention Breastfeeding Report Card reveals that, far from this positive initiation rate, fewer than 57 percent of infants are still fully breastfed at 3 months of age.[4] *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.[5]

To be successful not only in 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, after discharge she typically encounters many normal challenges. 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 nurse. 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.[6]

Mothers need support at four critical times:

- First, the prenatal period provides an opportunity to provide accurate information about breastfeeding initiation and maintenance.

- Second, at the birth of her baby, a mother places trust in her medical 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 of 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, and in her community.

Role of Community Health Centers and Outpatient Care Settings

Community health care centers and outpatient care settings provide a "usual" source of care or "medical home" to some of the most marginalized community members. By both providing medical care and addressing obstacles that prevent low-income patients from receiving care, these centers have demonstrated an improvement in health status and outcomes.[7,8] Community health care centers and outpatient care settings have demonstrated their ability to provide affordable, comprehensive, coordinated patient centered care aimed at improving the health outcomes of the patients they serve.[9] With an emphasis on prevention strategies to reduce costs and improve health outcomes, the promotion and support of breastfeeding provides community health care centers and outpatient care settings an opportunity to positively impact the health of infants and their mothers and prevent future health disparities.[10] *Note:* The term "clinic" in this document will refer to community health centers and other outpatient care settings.

Role of Health Care Providers

Health care providers play an important role in breastfeeding initiation and continuation. Lack of support from health care providers has been identified as a major barrier to breastfeeding.[11] Women report support and encouragement received from health care providers as the most important intervention in helping them breastfeed.[12] With short hospital stays, responsibility for breastfeeding support has shifted to health care professionals who provide ongoing health care.[13] Studies show that providing ongoing professional support to mothers through in-person visits or telephone contact increased the proportion of women who continue breastfeeding for up to 6 months.[14]

Purpose of Document

The *9 Steps to Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings* (Guidelines) developed by staff from the California Department of Public Health, California WIC Association, California Breastfeeding Coalition, and an Expert Advisory Board, consists of evidence-based practices that have been shown to increase breastfeeding initiation and duration.

The Guidelines are intended to assist clinic staff, including providers, to implement practices that protect, promote and support breastfeeding. The Guidelines provide a framework to assist community clinics and outpatient settings in creating opportunities and sustaining a community-based, universally accessible, quality care and support system which is important for breastfeeding mothers and their families at critical junctures during an 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 clinics.

Policy and Protocols

Step 1

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

Source: United States Breastfeeding Committee

Guideline 1A

Develop a written infant feeding policy that addresses:

1. Breastfeeding and human milk as the normative standards for infant feeding and nutrition. The American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP) and the *International Code of Marketing of Breast-milk 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 and other efforts that undermine an informed decision.

2. Support for the non-breastfeeding mother and baby will include: a) pediatric counseling of choice in formula; b) patient education on safe preparation of formula; c) safe bottle feeding guidelines to prevent overfeeding or underfeeding.

3. Evidence-based practices and protocols that support breastfeeding in the outpatient setting, including implementation of Steps 2-9 of these Guidelines.

Desired Outcomes:

- ❑ A written infant feeding policy that addresses breastfeeding and human milk as the normative standards for infant feeding and nutrition, adheres to the International Code of Marketing of Breast-milk 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 clinic staff and ensure its availability as a reference.

Desired Outcomes:

- ❑ Clinic management will locate the infant feeding policy and describe how all clinic staff members, including new employees, are made aware of the content.
- ❑ At least 80 percent of randomly-selected clinic 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 for 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 Outcomes:

- ❑ A summary of the infant feeding policy and a statement which communicates the institution's policy restricting the promotion of breastmilk substitutes 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 human milk as the standards for infant feeding and nutrition, incorporating current recommendations from the AAP and other major professional organizations.

Source: California WIC Association

Desired Outcomes:

- ❑ The clinic will have written clinical protocols that support implementation of Steps 2-9. 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.

Staff Education and Evaluation

Step 2

Provide initial and ongoing competency-based education and training for all clinic 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 to implement 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 Outcomes:

- ❑ New employee handbook or manual will show that infant feeding policy, including worksite lactation accommodation, is part of the orientation process.
- ❑ Of randomly-selected employee charts, 80 percent will show that a competency-based evaluation on infant feeding and breastfeeding support was performed within 3 months of hire.

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 American Academy of Pediatrics (AAP), International Lactation Consultant Association (ILCA) or Centers for Disease Control and Prevention (CDC). A qualified 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.

Source: Community Bridges WIC Program

Desired Outcomes:

- ❑ Clinic manager/director or Human Resource staff will provide access to the written training plan for assessing, planning, implementing, evaluating, and updating the infant feeding education and training curriculum.
- ❑ The 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.
- ❑ A review of the curricula for breastfeeding education will clearly identify the staff or consulting IBCLC or physician with breastfeeding medicine expertise who has evaluated and signed off on the training curricula.

Guideline 2C

Deliver competency-based education and training regarding breastfeeding to all clinic 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 clinic staff, appropriate to their areas of practice and according to a training matrix.

2. Provide access to accurate and evidence-based infant feeding and breastfeeding reference materials, including on-line 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).

Source: United State Breastfeeding Committee

Desired Outcomes:

- ❑ The designated health care professional(s) will provide documentation that clearly shows competency-based training for breastfeeding is provided for all employees caring for mothers, infants and/or young children and that new employees are oriented upon hire and scheduled for training within six months.

- ❑ The designated health care professional will provide access to reference materials, including on-line 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 clinic 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 clinic staff members serving women and infants 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 clinic staff members serving women and infants will be able to answer 4 out of 5 questions on breastfeeding management correctly.

- ❑ At least 80 percent of randomly-selected clinic staff members serving women and infants will be able to identify two appropriate topics to discuss with women who are considering feeding their babies something other than human milk.

Source: Community Bridges WIC Program

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, per a clinical skills matrix.

Desired Outcomes:

- ❑ Training records will clearly show that clinic 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 clinic staff will show that they are appropriate to each employee's area of practice per the clinical skills matrix.

Guideline 2E

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

Desired Outcomes:

- ❑ Clinic records will show that one or more IBCLCs, or provider with expertise in breastfeeding medicine, are employed, contracted with, or have an MOU with the organization, and that said individual(s) oversee the education and training of clinic staff delivering clinical care.

Suggestion

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

Source: Salud Para La Gente

Patient Education

Step 3

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

Source: United States Breastfeeding Committee

Guideline 3A

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

1. Education about the differences between breastfeeding, human milk and artificial feeding (formula), providing education materials that highlight the many ways in which breastfeeding is superior to artificial feeding (formula).

2. Education about the health and developmental benefits of breastfeeding and human milk for both infant and mother.

3. Education about the benefits of early skin-to-skin contact, benefits of rooming-in and the risks of formula supplementation while breastfeeding in the first six months.

4. Assessment and assistance with the planning and management of successful breastfeeding, anticipating individual needs in a patient-centered manner.

5. Documentation in the medical record of educational encounters and materials given out in regards to the topics above.

Desired Outcomes:

- ❑ Written information will be available to clinic staff and pregnant patients and will cover the topics outlined in Guideline 3A.

- ❑ At least 80 percent of randomly-selected women receiving prenatal services at the clinic in the third trimester will:
  a. Confirm that a staff member has given them information on the topics outlined in Guideline 3A.
  b. Describe the information that was discussed in two of the topics outlined in Guideline 3A.

- ❑ At least 80 percent of randomly-selected medical records of pregnant women who received prenatal services in the third trimester at the clinic will provide documentation of educational encounters addressing the topics outlined in Guideline 3A.

Guideline 3B

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

1. Encouragement to exclusively breastfeed and/or feed infants only human milk, avoiding supplementation with 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 human milk, 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 human milk and the risks of artificial feeding (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 Outcomes:

- ❑ Written information will be available to clinic staff and postpartum/pediatric patients and will cover the topics outlined in Guideline 3B.

- ❑ At least 80 percent of randomly-selected women receiving postpartum 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.

Source: California WIC Association

Clinical Services

Step 4

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

Guideline 4A

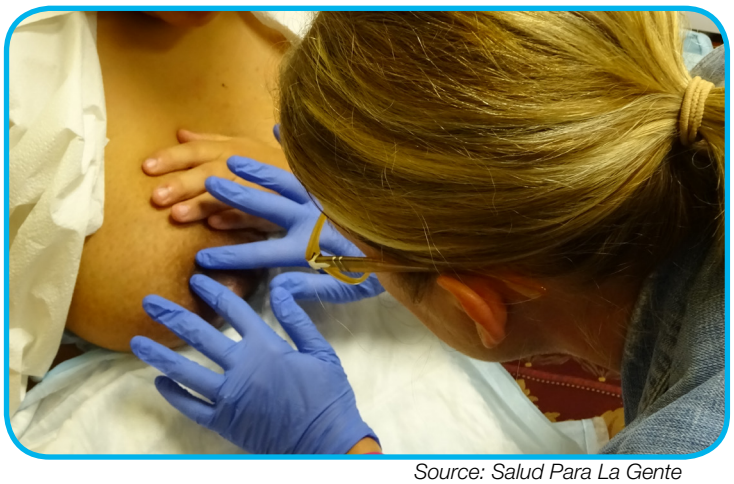
Perform a prenatal breastfeeding history and clinical breast exam to identify concerns and barriers to breastfeeding, and provide appropriate counseling and/or referral if risk for breastfeeding problems is determined.

Desired Outcomes:

- ❑ 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, coordinating with birthing hospitals to be notified of births so appointments can be made prior to discharge. Address breastfeeding concerns at all postpartum and pediatric visits, informing mothers that they can return to clinic for additional breastfeeding support, ensuring that they receive care from appropriate breastfeeding health professionals, and referring patients to an International Board Certified Lactation Consultant (IBCLC) or providers with breastfeeding medicine expertise for unresolved breastfeeding issues. Clinic will use accurate scales (+/- 2 grams) to measure pre-feeding and post-feeding weights.



Source: Salud Para La Gente

Desired Outcomes:

- ❑ At least 80 percent of randomly-selected medical records will describe arrangements made with birthing hospitals to be notified of births.
- ❑ 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.
- ❑ All pediatric and lactation staff responsible for conducting infant feeding assessments will demonstrate ability to accurately measure and document pre-feeding and post-feeding infant weight. Staff with clinical lactation training and experience in infant feeding plan development shall use these measurements to provide counseling and/or referral for appropriate infant feeding plans.

Guideline 4C

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

Source: Salud Para La Gente

Desired Outcomes:

- ❑ Written triage protocols 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 clinic staff will be able to locate the clinic's breastfeeding triage protocols and describe their own role in implementation of the triage system.
- ❑ At least 80 percent of randomly-selected medical records will provide documentation consistent with the breastfeeding triage protocols, including review of phone communications by an appropriate health care professional, if relevant.

Guideline 4D

Employ, contract with, or otherwise provide access to lactation consultants, or physicians with breastfeeding medicine expertise, in a manner that provides accessible, affordable, and appropriate care.

Source: United States Breastfeeding Committee

Desired Outcomes:

- ❑ Documentation will confirm employment and/or referral agreement with a Certified Lactation Counselor (CLC) or Certified Lactation Educator (CLE) or IBCLC with a minimum of 25 hours of breastfeeding training for "routine" breastfeeding issues such as positioning, latching on, and breast pump use.
- ❑ Documentation will confirm employment and/or referral agreement with an IBCLC, or physician with breastfeeding medicine expertise, for "high-risk" breastfeeding issues.

Guideline 4E

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

Desired Outcomes:

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

Guideline 4F

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

Desired Outcomes:

- ❑ 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 Outcomes:

- ❑ 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.

Source: West Oakland Health Center

Source: United States Breastfeeding Committee

Clinic Environment

Step 5

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. Clearly define storage location for formula supplies, keeping them out of view of patients and their families.

2. Distribute any medically-necessary formula supplies in a private exam room, following privacy procedures appropriate for the administration of medication and other treatments.

3. 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 manufacturing infant formula.

4. 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, pictures and photographs of breastfeeding mothers. Include materials specifically for populations with low breastfeeding rates served in the clinic.

5. Prohibit use of any printed material (e.g., magazines, handouts, and posters) and visual material (e.g., videos) that market breastmilk substitutes, bottles, nipples, pacifiers, or other formula supplies or coupons for any of the above items.

6. Set up clinic design and furniture to support a comfortable environment for breastfeeding mothers.

7. Support and allow breastfeeding mothers to continue feeding uninterrupted in the waiting room or other area, per clinic rooming policies.

Desired Outcomes:

- ❑ 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.

Source: California Breastfeeding Coalition

Source: California WIC Association

Guideline 5B

Communicate the breastfeeding-friendly environment quality assurance plan at new employee orientation and annually thereafter to all clinic 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 removal of inappropriate materials that promote formula supplies and routine ordering/copying and distribution of breastfeeding-friendly materials in waiting areas and exam rooms.

2. Train and designate clinic staff to preview and evaluate educational materials for the clinic environment.

3. Train all staff to recognize and avoid formula marketing techniques, to refuse materials that contain formula branding, and to avoid distribution of free gifts and materials as described in Guideline 5A.

4. 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.

Desired Outcomes:

- ❑ Office management will be able to describe how all clinic staff, including new employees, are made aware of the breastfeeding-friendly environment quality assurance plan and their roles and responsibilities.

- ❑ All clinic staff job descriptions (especially those of front clinic staff), 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 clinic 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.

Community Resources

Step 6

Collaborate with local agencies and health professionals to ensure continuity of care and breastfeeding support in the community.

Source: United States Breastfeeding Committee

Guideline 6A

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

1. Designate an employee 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 health care professionals, such as the following: perinatal clinics, birthing hospitals, pediatric clinics, WIC programs, Comprehensive Perinatal Services Program (CPSP) in California, the local health department, telephone help lines, home health services, durable medical equipment (DME) providers, La Leche League and other community support groups that promote breastfeeding.

3. Collaborate with Medi-Cal (Medicaid outside of California), health insurance plans and other payers of breastfeeding benefits to clarify reimbursable breastfeeding services and equipment.

Desired Outcomes:

- ❑ Clinic documents will include a list of local agencies and health professionals that support breastfeeding, and that 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 and health professionals, 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 clinic staff.

Source: California WIC Association

Desired Outcomes:

- ❑ At least 80 percent of randomly-selected appropriate clinic 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 a trained lactation professional at the facility or were given a referral to see a lactation specialist at another agency.

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 human milk across all venues in the community.

Desired Outcomes:

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

Source: United States Breastfeeding Committee

Workplace Lactation Accommodation

Step 7

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

Guideline 7A

Develop an organizational policy that complies with state and federal law and outlines lactation support practices for employees 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 process to acquire a breast pump (company provided and/or reimbursed by health insurance) and to 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 tips, sample pumping schedule, breastmilk storage and talking with the childcare 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 Outcomes:

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

Source: California Breastfeeding Coalition

Guideline 7B

Train all employees 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 Outcomes:

- ❑ Documentation will show that the lactation accommodation policy is reviewed annually and updated as outlined in Guideline 7C.

Source: United States Breastfeeding Committee

Financial Sustainability

Step 8

Develop a financial plan that guides provision of breastfeeding services in a way that maximizes sustainability in the context of overall clinic health services and resources.

Guideline 8A

Develop a financial plan for breastfeeding services that establishes clinic policies and protocols that support their implementation. Incorporate the financial plan into the clinic's standard billing and financial evaluation procedures.

Suggested elements to include:

1. Staff capacity to provide billable services
2. Job description(s) to ensure that personnel hired have the minimum certification to provide billable services
3. Existing clinical services
4. Opportunities for community collaboration and referrals
5. Billing codes and payment services
6. Expected time to payment for each payment source
7. Expected expenditures, investments, and revenue
8. Process for identifying and addressing unexpected discrepancies
9. Rationale for breastfeeding services provided
10. Alignment with overall financial plan and mission of the clinic or larger organization

Desired Outcomes:

- ❑ Review of the financial plan shows that it complies with all elements of the agency's ongoing financial analysis and supports the activities suggested under Guideline 8A.
- ❑ At least 80 percent of randomly-selected clinic invoices will show that billable services for both women of childbearing age and pediatric patients were provided by a clinician with the recommended qualifications.
- ❑ At least 80 percent of randomly-selected clinic invoices will show that billing codes, payment sources, and expected reimbursement were accurate for the services provided.

Source: United States Breastfeeding Committee

Guideline 8B

Use clinical care and billing tools that support implementation of the financial plan by reminding providers and/or administrative staff of a patient's reimbursable benefits, supporting clinical care decisions, providing appropriate billing codes, and incorporating financial aspects of care into the medical record system.

Desired Outcomes:

- ❑ A point-of-care clinical decision support system, when available, will remind providers when a patient needs breastfeeding support, identify the patient's insurance/payer, and outline their reimbursable benefits and appropriate billing code(s) for breastfeeding support services provided.

Quality Improvement and Impact Evaluation

Step 9

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

Guideline 9A

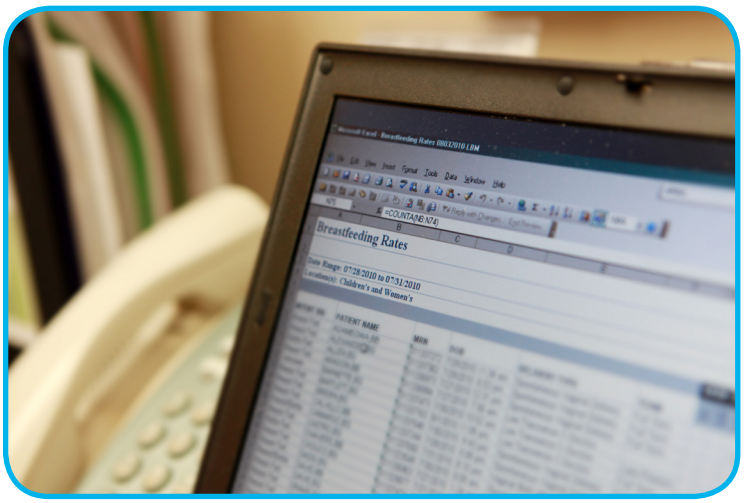
Perform quality assurance and develop quality of care measures for patient education (Step 3), clinical services (Step 4) and community resources (Step 6), integrating these quality measures into continuous quality improvement systems.

Desired Outcomes:

- ❑ 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 9B

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.



Source: United States Breastfeeding Committee

Desired Outcomes:

- ❑ 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 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 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 9C

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 Outcomes:

- ❑ 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.

Appendix

Organizations with Breastfeeding Policies or Position Statements

Academy of Breastfeeding Medicine (ABM):

- Position Statements & Clinical Protocols - http://www.bfmed.org/Resources/Protocols.aspx
- The Breastfeeding-Friendly Physicians' Office Part 1: Optimizing Care for Infants and Children - http://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 - http://www.aafp.org/about/policies/all/formula-hospital.html
- Policy on Direct-to-Consumer Advertising of Infant Formula - http://www.aafp.org/about/policies/all/advertising-formula.html
- Position Paper on Family Physicians Supporting BF - http://www.aafp.org/about/policies/all/breastfeeding-support.html
- Policy Statement on the Benefits of Breastfeeding - http://www.aafp.org/about/policies/all/breastfeeding.html
- Breastfeeding Support & Resources Toolkit - http://www.aafp.org/patient-care/public-health/breastfeeding/toolkit.html

American Academy of Obstetricians and Gynecologists (ACOG):

- Resource Pages - http://www.acog.org/About-ACOG/ACOG-Departments/Breastfeeding
- Breastfeeding in Underserved Women: Increasing Initiation and Continuation of Breastfeeding - http://www.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 - http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Breastfeeding-Maternal-and-Infant-Aspects

American Academy of Pediatrics (AAP):

- Policy on Breastfeeding and the Use of Human Milk - http://pediatrics.aappublications.org/content/129/3/e827.full
- Recommendations on Breastfeeding Management for Healthy Term Infants - http://pediatrics.aappublications.org/content/129/3/e827/T5.expansion.html
- Breastfeeding Residency Curriculum - https://www2.aap.org/breastfeeding/curriculum/index.html
- Recommendations on Newborn Hospital Discharge Readiness - https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Issues-Recommendations-on-Newborn-Hospital-Discharge-Readiness.aspx
- AAP Breastfeeding Initiatives - https://www2.aap.org/breastfeeding/faqsBreastfeeding.html
- How to Have a Breastfeeding Friendly Practice - https://www2.aap.org/breastfeeding/files/pdf/AAP%20HaveFriendlyPractice.pdf

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

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

California Department of Public Health (CDPH):

- Providing Breastfeeding Support: Model Hospital Policy Recommendations https://www.cdph.ca.gov/programs/breastfeeding/Documents/MO-05ModelHospitalPolicyRecommend.pdf
- Breastfeeding Model Hospital Policy Recommendations On-Line Toolkit https://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/IntroductiontotheModelHospitalPolicyRecommendationsToolkit.aspx

Appendix

Centers for Disease Control and Prevention (CDC):

- *CDC Guide to Strategies to Support Breastfeeding Mothers and Babies* - http://www.cdc.gov/breastfeeding/resources/guide.htm
- Growth Chart Recommendations - http://www.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* http://www.cdc.gov/nccdphp/dnpao/growthcharts/who/index.htm

Healthy People 2020:

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

International Lactation Consultant Association (ILCA):

- What Is An IBCLC? - http://www.ilca.org/i4a/pages/index.cfm?pageid=3832
- Professional IBCLC Practice - http://www.ilca.org/i4a/pages/index.cfm?pageid=3354 includes links to Standards of Practice, Scope of Practice, and Clinical Competencies

The Joint Commission (TJC):

- Perinatal Care Core Measures - http://www.jointcommission.org/perinatal_care/
- Changes to Breast Milk Feeding Performance Measures PC-05a and PC-05 http://www.jointcommission.org/assets/1/18/Breastfeeding_Perf_Measures.pdf

UNICEF

- How to Implement Baby Friendly Standards: A Guide for Community Settings - http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/Implementation%20Guidance/Implementation_guidance_maternity_web.pdf

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 - http://www.usbreastfeeding.org/TJC-Measure-EBMF
- Model Policy: Payor Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies http://www.usbreastfeeding.org/model-payer-policy

US Department of Labor:

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

World Health Organization (WHO):

- The International Code of Marketing of Breast-milk Substitutes - http://www.who.int/nutrition/publications/infantfeeding/9241541601/en/
- A Global Strategy on Infant and Young Child Feeding Practices - http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/
- The optimal duration of exclusive breastfeeding - http://www.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 http://apps.who.int/iris/handle/10665/42519

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