



# Virginia Maternity Center Breastfeeding-Friendly Designation Application Cover Sheet

## Submission Authorization

I have reviewed the completed Virginia Maternity Center Breastfeeding-Friendly Designation Application for \_\_\_\_\_

Print Name of Facility

**and/or**

My designee ( \_\_\_\_\_ ) has reviewed the completed

Print Name of Designee

Virginia Maternity Center Breastfeeding-Friendly Designation Application for

\_\_\_\_\_  
Print Name of Facility

and hereby consent to the submission of the attached for consideration by the Virginia Department of Health appointed review team.

I agree to have the designation decision listed on the Virginia Department of Health's website.

\_\_\_\_\_  
Print Name of CEO or COO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Facility Contact Information

The review committee reserves the right to require additional documentation when estimates are used for more than 50% of responses in the completion of the application. Provide a name and contact information of the responsible party.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

Indicate web address (URL) to link to facility from the Virginia Department of Health's website

\_\_\_\_\_



# Virginia Maternity Center Breastfeeding-Friendly Designation Application

## Maternity Center Information

Name of Facility: \_\_\_\_\_

Complete Mailing Address (include city and zip code): \_\_\_\_\_

### Identification of Application Team Members:

Completion of this breastfeeding-friendly assessment should be overseen by an administrative team member from Quality Improvement (QI). Insert name and job title below.

Name and Credentials: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Date(s) of Completion: \_\_\_\_\_

Application team should include several persons in relevant positions. Check those included on your team:

- |  |   |
|--|---|
| <input type="checkbox"/> Maternity Center Administrator or Manager | <input type="checkbox"/> Nurse from Newborn Care                        |
| <input type="checkbox"/> Obstetrical Provider                      | <input type="checkbox"/> Night Maternity Nurse                          |
| <input type="checkbox"/> Pediatric Provider                        | <input type="checkbox"/> Labor & Deliver Nurse                          |
| <input type="checkbox"/> Family Medicine Provider                  | <input type="checkbox"/> Lactation Consultant (IBCLC)                   |
| <input type="checkbox"/> Couplet Care Nurse                        | <input type="checkbox"/> Other relevant staff<br>(please specify) _____ |

Use additional sheets if more staff participated in the completion of the application.

### Number of Births in Most Recent Year of Data:

(Indicate the start date \_\_\_\_\_ and end date \_\_\_\_\_ of the data set.)

Total Number of Births: \_\_\_\_\_

% Cesarean Delivery: \_\_\_\_\_

### Lactose Consultant Staffing

Number of International Board Certified Lactation Consultants (IBCLCs) currently on staff: \_\_\_\_\_

Number of IBCLC Full Time Equivalent: \_\_\_\_\_ Coverage hours of IBCLCs: \_\_\_\_\_



## Breastfeeding Data

### Collection Method for This Application

On-going basis       Specific Time Period \_\_\_\_\_ to \_\_\_\_\_

### Results

Exclusive Breastfeeding Rate (Birth to Discharge) \_\_\_\_\_ % (no food or drink other than human milk)

Overall Breastfeeding Rate (Birth to Discharge) \_\_\_\_\_ % (human milk with formula complement)

### How is breastfeeding data shared with maternity care staff?

Not Shared       Shared - Specify below

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# Ten Steps to Successful Breastfeeding (Ten Steps)

## STEP 1: Have written breastfeeding policies that are routinely communicated to all health care staff.

The health facility has a written breastfeeding or infant feeding policy that addresses all Ten Steps, even if they are not all implemented at this time. The policy should include the protection of breastfeeding through adhering to the International Code of Marketing of Breastmilk Substitutes.

The policy is available so that all maternity care staff members can refer to it. Summaries of the policy covering, at minimum, the Ten Steps, are visibly posted in all areas of the health care facility which serve pregnant women, mothers, infants, and/or children. These areas include the labor and delivery areas; prenatal care in-patient units and clinic/consultation rooms; postpartum wards and clinic/consultation rooms; all infant care areas, including well baby observation areas (if there are any); and any special care baby units. The summaries are displayed and written in the language(s) most commonly understood by mothers and staff.

1.1 Does the facility have a policy/set of policies for maternity services that address all Ten Steps to Successful Breastfeeding?

- No (Proceed to Step 2)       Yes (Continue to 1.2)

If yes, include a copy of the breastfeeding / infant feeding and care policy / policies with your application submission.

1.2 Is the breastfeeding / infant feeding policy:

- a. Actively communicated to all staff within six months of hire?       No (Continue to 1.2c)       Yes
- b. How is it communicated? (Select all that apply, and provide written documentation if possible.)
- Orientation materials
  - Orientation presentation
  - Competency assessment
  - Newsletters
  - Staff meetings
  - Other: \_\_\_\_\_

c. Adapted and posted for maternity care consumers to review?  No  Yes

(Provide a copy of the text with application) How/where is it posted?

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## STEP 2: Train all health care staff in skills necessary to implement the policy.

Maternity care staff is expected to receive sufficient orientation on the breastfeeding/infant feeding policy. Documentation of training indicates that 80% or more of the maternity care nurses who have been on the staff six months or more have received 20 hours of training at the hospital (including at least 5 hours of supervised clinical experience) prior to arrival, through well-supervised self-study or on-line courses, or in-house trainings that cover all Ten Steps and The International Code of Marketing of Breastmilk Substitutes. This training should include how to support non-breastfeeding mothers.

Documentation of training indicates that 80% of non-clinical staff members have received sensitization that is adequate, given their roles, to provide them with the skills and knowledge needed to support breastfeeding families. Documentation of training indicates that 80% of **providers** (Physicians, Midwives, Physician Assistants and Advanced Practice Registered Nurses (APRNs) with privileges for labor, delivery, maternity, and nursery/newborn care) have a minimum of 3 hours of breastfeeding management education pertinent to their role.

2.1 What percent of maternity care nurses have had 20 hours of training, including 5 hours of supervised clinical training, on breastfeeding promotion and support within six months of commencing work? Examples: CME / CEU / CERP Credit Documentation, Training Roster, Certificates of Completion, etc.

- a. \_\_\_\_\_%
- b. Was this percentage based on?
  - an estimate
  - employee personnel record review
  - an alternative system: \_\_\_\_\_
- c. Does the training cover all Ten Steps to Successful Breastfeeding and The International Code of Marketing of Breastmilk Substitutes?
  - No                       Yes

If you offer standardized training, provide agenda and training objectives.



2.2 What percent of providers, as defined above, have had  $\geq 3$  hours of breastfeeding management education pertinent to their role?

a. \_\_\_\_\_%

b. Was this percentage based on?

- an estimate
- employee personnel record review
- an alternative system: \_\_\_\_\_

c. How is this completed?

- On-line module
- CME Presentation
- Standardized Training
- Other: \_\_\_\_\_

2.3 What percent of non-clinical staff (including but not limited to maintenance staff, Unit secretary, housekeeping staff, dietary staff) in maternity care units receive an introduction to breastfeeding promotion and support? \_\_\_\_\_%

Was this percentage based on?

- an estimate
- employee chart review
- an alternative system: \_\_\_\_\_



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

If the facility has an affiliated prenatal clinic or in-patient prenatal ward, it is expected to ensure that at least 80% expectant mothers receive breastfeeding information in anticipatory guidance and in print materials. If the facility does not have an affiliated prenatal clinic, it is expected to foster educational programs about breastfeeding.

Prenatal education includes a minimum of the importance of breastfeeding, the importance of immediate and sustained skin-to-skin contact, early initiation of breastfeeding, rooming-in on a 24-hour basis, feeding on cue, on demand or baby-led feeding, frequent feeding to help ensure enough milk, good positioning and attachment, exclusive breastfeeding for the first 6 months, the risks of giving formula or other breast-milk substitutes, and the fact that breastfeeding continues to be important after six months when other foods are given. Discussions and feeding intentions should be documented in prenatal records, which should be available at the time of delivery.

3.1 Does your facility have an affiliated prenatal clinic or in-patient prenatal ward?

- No (Continue to 3.3)                       Yes (Continue to 3.2)

3.2 What percentage of women attending the affiliated prenatal clinic receives at least the minimum education as described above?

\_\_\_\_\_ %

Was this percentage based on?

- an estimate  
 chart review  
 an alternative system: \_\_\_\_\_

3.3 Which of the following methods does your facility use to inform pregnant women about the benefits and management of breastfeeding? Include documentation of the content for each method selected (sample form, sample education material, class outline, etc.)

Examples:

- Prenatal Care Intake Form  
 Prenatal Mailing of Educational Materials  
 Prenatal Care Anticipatory Guidance

- WIC Enrollment
- Breastfeeding Classes
- Childbirth Education with Breastfeeding Component
- Labor Admission Intake Assessment
- Other

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3.4 Are pregnant women protected from oral or written promotion of and group instruction for artificial feeding in the facility?

- No
- Yes – Include a copy of the policy that specifically prohibits these forms of advertising with the application.



## STEP 4: Help mothers initiate breastfeeding within one hour of birth.

This Step is best interpreted as: Place babies in skin-to-skin contact with their mothers immediately following birth through first feeding or at least one hour if **not** breastfeeding. Encourage mothers to recognize when their babies are ready to breastfeed (cues) and offer help if needed.

As part of standard practice, at least 80 % of infants are expected to be placed in skin-to-skin contact with their mothers immediately after birth. This contact should remain uninterrupted and supported for a minimum of one hour, unless there are medically justifiable reasons to separate the dyad. Nurses can support first feedings by encouraging mothers to look for early infant feeding cues displayed during this first period of contact and offer help, if needed. (*Note: The baby should not be forced to breastfeed but, rather, supported to do so when ready. If desired, the staff can assist the mother with placing her baby so he or she can move to her breast and latch when ready.*) After cesarean section, mother-baby dyads should have skin-to-skin contact as soon as possible after the mother is responsive and alert, with the same procedures followed as for vaginal births. In the case of delay, efforts should be made to keep infants and mothers in the same room, ideally with the infant skin-to-skin on another family member.

4.1 For vaginal deliveries: What percent of mother-baby dyads are skin-to-skin immediately after birth (or immediately after mother becomes responsive and alert) and encouraged to continue this contact for an hour or more? \_\_\_\_\_%

Was this percentage based on?

- an estimate
- chart review

an alternative system: \_\_\_\_\_

If there is a standard method for documenting this practice, include a copy with the application.

4.2 For cesarean deliveries: What percent of mother-baby dyads are skin-to-skin immediately after birth or immediately after mother becomes responsive and alert and encouraged to continue this contact for an hour or more? \_\_\_\_\_%

Was this percentage based on?

- an estimate
- chart review

an alternative system: \_\_\_\_\_

If there is a standard method for documenting this practice, include a copy with the application

4.3 In the first two hours of life, what percent of mothers are helped to recognize the signs that their babies are ready to eat (hunger cues) and offered help, if needed? \_\_\_%

Was this percentage based on?

- an estimate
- chart review

an alternative system: \_\_\_\_\_

If there is a standard method for documenting this practice, include a copy with the application.



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

Maternity care nurses are expected to offer at least 80% of mother-baby dyads assistance with breastfeeding within six hours of birth. Maternity care nursing staff is expected to support mothers to identify effective position and latch for breastfeeding. Mothers who have never breastfed or who have previously encountered problems with breastfeeding should receive special attention and support at all contact points with the healthcare facility.

Maternity care nursing staff is expected to teach at least 80% of formula-feeding families how to safely prepare and feed breast milk substitutes.

Maternity care staff is expected to teach at least 80% of mothers how to hand express their milk, and how to use a pump when appropriate.

5.1 What percent of breastfeeding mothers are offered further assistance with breastfeeding their babies within six hours of delivery by a clinician who has completed at least 20 hours of breastfeeding training? \_\_\_\_\_%

What is this percentage based on?

- an estimate
- patient chart review
- alternative data collection mechanism: \_\_\_\_\_

If there is a standard method for documenting this practice, include a copy.

5.2 What percent of partially or fully formula-feeding families receive instruction from maternity care staff on how to safely prepare and feed breast milk substitutes? \_\_\_\_\_%

What is this percentage based on?

- an estimate
- patient chart review
- alternative data collection mechanism: \_\_\_\_\_

If there is a standard method for documenting this practice, include a copy.

5.3 What percent of breastfeeding mothers receive instruction from maternity care staff on how to hand express their milk or given information on expression and advised of where they can get help, should they need it? \_\_\_\_\_%

What is this percentage based on?

- an estimate
- patient chart review
- alternative data collection mechanism: \_\_\_\_\_

If there is a standard method for documenting this practice, include a copy.



5. 4 Does your facility ensure that mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support from the maternity care staff?

No

Yes

a. How are mothers needing extra support identified?

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b. What is the system for ensuring that mothers receive special attention and support if needed?

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c. Is the identification system documented in some way?  No  Yes If yes, how?

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5.5 What percent of mothers are actively engaged in a discussion of their infant feeding plans with a maternity care staff member as they near facility discharge? \_\_\_\_\_%

What is this percentage based on?

an estimate

patient chart review

alternative data collection mechanism: \_\_\_\_\_

If there is a standard method for documenting this practice, include a copy. Example: copy of the discharge teaching checklist



## STEP 6: Give newborns no food or drink other than breast milk, unless medically indicated.

When providing optimal infant feeding support, a healthcare facility can expect that at least 80% of healthy, full-term infants born will be exclusively breastfed or exclusively fed expressed breast milk from birth to discharge or, if not, that there are documented medical reasons.

All human milk substitutes and infant feeding supplies must be purchased in the same manner as all other healthcare products, in accordance with fair market pricing.

The healthcare facility is expected to protect breastfeeding by prohibiting materials that recommend, endorse or imply endorsement of feeding breast milk substitutes, scheduled feeds or other inappropriate practices from being distributed to mothers. Hospitals should market health, and nothing else. Hospitals are required to have the prohibition articulated in a policy, either included in the infant feeding policy or as a separate policy.

Mothers who decide not to breastfeed should partner with maternity care staff to learn about the various feeding options and decide which is suitable in their situations. Universal instruction is prohibited.

6.1 Does your facility **prohibit** the distribution of gift packs with commercial samples and supplies or promotional materials for these products to pregnant women and others, as well as free gifts for the staff and facility (from industry)?

- No       Yes - Provide a copy of your policy that specifically prohibits these forms of advertising.

6.2 What percent of mothers who have decided not to breastfeed receive information and support for alternative feeding options, and are helped to decide what was suitable in their situations?  
\_\_\_\_\_ %

What is this percentage based on?

- an estimate  
 patient chart review  
 alternative data collection mechanism: \_\_\_\_\_

If there is a standard method for documenting this practice, include a copy.

6.3 Does the facility receive free formula or infant feeding supplies from human milk substitute manufacturers or their representatives?

- No       Yes

If the facility purchases its formula and infant feeding supplies, how was a fair market price determined?

- Community Cost Assessment       Formulary Pricing  
 Internal Cost Analysis       Quote from Company Representative  
 Cooperative Agreement       Other (please specify)

Provide a copy of the purchasing agreement for formula and feeding supplies.



**STEP 7: Practice “rooming-in” – allow mothers and infants to remain together 24 hours a day.**

Healthcare facilities with optimal infant feeding and care practices should expect at least 80% of the mothers and babies to room together at least 23 hours per day or, if not, have medically justifiable reasons for being separated. Mothers that request to have the infant cared for out of the room should be educated about the advantages of rooming-in 24 hours a day. If after the education, the mother wishes to proceed with the separation, education provided and reason for separation should be documented. In the case of separation, infants are expected to be returned to their mothers for feedings at the earliest hunger cues, except in the rare case of clinical contraindication.

7.1 What percent of mothers and babies remain together (i.e. start rooming-in) immediately after birth, unless separation is medically indicated? \_\_\_\_\_%

What is this percentage based on?

- an estimate
- patient chart review
- alternative data collection mechanism: \_\_\_\_\_

How are separations documented in charts? \_\_\_\_\_

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7.2. What percent of healthy mothers and infants remain together (“rooming-in”) at least 23 hours a day, unless separation is medically indicated? \_\_\_\_\_%

What is this percentage based on?

- an estimate
- patient chart review
- alternative data collection mechanism: \_\_\_\_\_



## STEP 8: Encourage breastfeeding on demand.

Maternity care providers are expected to teach at least 80% of mothers to recognize their infants' early feeding cues (hunger and satiety). They are expected to advise at least 80% of mothers to feed their babies as often and for as long as the babies want to do so, waking them if needed.

8.1 What percent of mothers are taught how to recognize the cues that indicate when

their babies are hungry? \_\_\_\_\_%

What is this percentage based on?

- an estimate
- patient chart review
- alternative data collection mechanism: \_\_\_\_\_

Provide copies of any educational materials used with this application.

8.2 What percent of mothers are encouraged to feed their babies as often and for as long as the babies want to do so? \_\_\_\_\_%

8.3 What is this percentage based on?

- an estimate
- patient chart review
- alternative data collection mechanism: \_\_\_\_\_

Provide copies of any educational materials used with this application.

8.4 What percent of mothers are advised that if their babies sleep too long they should wake their

babies for feedings? \_\_\_\_\_ %

What is this percentage based on?

- an estimate
- patient chart review
- alternative data collection mechanism: \_\_\_\_\_

Provide copies of any educational materials used with this application.

**STEP 9: Give no artificial teats or pacifiers (also called bottle nipples or so others) to breastfeeding infants.**

Healthcare facilities practicing optimal infant feeding and care should expect that at least 80% of the breastfeeding infants leave the facility without ever using bottle nipples or pacifiers or, if they have, their mothers have been informed of the risks. Infants in special care and infants enduring brief painful procedures may be offered pacifiers as clinically appropriate.

What percent of breastfeeding babies are using pacifiers? \_\_\_\_\_%

What are these percentages based on?

- an estimate
- patient chart review
- alternative data collection mechanism: \_\_\_\_\_

9.1 Of breastfeeding babies using pacifiers, what percent of mothers have been informed by the staff about the risks associated with their use? \_\_\_\_\_%

What are these percentages based on?

- an estimate
- patient chart review
- alternative data collection mechanism: \_\_\_\_\_

Provide copies of any educational materials used.

9.2 What percent of breastfeeding mothers are given information by the staff about the risks associated with feeding newborns from bottles topped with artificial nipples? \_\_\_\_\_%

What are these percentages based on?

- an estimate
- patient chart review
- alternative data collection mechanism: \_\_\_\_\_

Provide copies of any educational materials used.

9.3 When healthy, full-term breastfed babies are supplemented (with formula or expressed breast milk), what percent occurs by:

Spoon _____%	Cup _____%
Syringe _____%	Finger _____%
Supplemental Nursing System _____%	Bottle with nipple _____%
Other: (specify) _____%	

(Note: Percentages should total at least 100%. In some cases the total may exceed 100% if multiple methods are used to feed an infant.)

What are these percentages based on?

- an estimate
- patient chart review
- alternative data collection mechanism (i.e. pyxis) \_\_\_\_\_



**STEP 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.**

Step Ten prescribes that at least 80% of mothers be given information on where they can get support if they need help with feeding their babies after returning home, both in verbal discussions and in written materials. In addition, healthcare facilities need to foster the establishment of and/or coordinate with mother support groups and other community services that provide breastfeeding/infant feeding support to mothers.

Discharge planning should include the following:

- Maternity care staff should encourage mothers to bring their infants to be seen after discharge (preferably 1 – 4 days after birth and again the second week) at the facility or in the community by a skilled breastfeeding support person who can assess feeding and give any support needed.
- Maternity care staff can describe an appropriate referral system and adequate timing for the visits.
- Maternity care staff should counsel mothers on overcoming barriers in access to care, and help to identify community resources.

10.1 What percent of mothers are encouraged to see a health care worker or other skilled breastfeeding support person in the community soon after discharge (preferably 1 – 4 days after birth and again the second week) that can assess how they are doing in feeding their babies and give any support needed?  
\_\_\_\_\_ %

What is this percentage based on?

- an estimate
- patient chart review
- alternative data collection mechanism: \_\_\_\_\_

10.2 Does the facility foster the establishment of and/or coordinate with mother support groups and other community services that provide support to mothers on feeding their babies?

- No
- Yes If yes, list the groups. Provide a copy of a referral sheet given to mothers.

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10.3 What percent of mothers are given information on where they can find support if they need help with feeding their baby after returning home? \_\_\_\_\_ %

What is this percentage based on?

- an estimate
- patient chart review
- alternative data collection mechanism: \_\_\_\_\_



10. 4 Does the facility have a system of follow-up support for mothers after they are discharged, such as early postnatal or lactation clinic check- ups, home visits, or telephone calls?

- No       Yes

List the existing promotional and/or educational materials that are sent home with maternity patients, or provide a copy.

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**Thank you for completing this application.**

Please refer to the application instructions page for submission guidance



## Optional

Information collected on this page will in no way influence the determination of the facility's Maternity Center Breastfeeding-Friendly Designation. Information provided will be used for future public health program planning and is confidential.

Has your facility implemented the *Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Perinatal Core Measure Set*? *Note: This will be a requirement for facilities with  $\geq 1100$  births effective 1/1/14.*

No       Yes

Does your facility intend on submitting an application to Baby Friendly USA?

No       Yes      If yes, indicate anticipated time frame (mm/yy)

Is maternity care staff aware of the recommendations for breastfeeding mothers who:

Use tobacco?       No       Yes

Are following a restricted diet?       No       Yes

Have sexually transmitted infections?       No       Yes

Use illicit substances (drugs and/or alcohol)?       No       Yes

What percent of births are started by induction? \_\_\_\_\_%

What is the facility policy on the number of people permitted for continuous support in labor? Are there any limitations as to who may be present?

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What percent of infants' umbilical cords are cut:

after 30 seconds? \_\_\_\_\_%

after 60 seconds? \_\_\_\_\_%

after 2 minutes? \_\_\_\_\_%

after 3 minutes? \_\_\_\_\_%

after the cord stops pulsing? \_\_\_\_\_%

