

New York State Ten Steps to a Breastfeeding Friendly Practice Implementation Guide • February 3, 2016



| Ten Steps to a Breastfeeding Friendly Practice | Implementation Strategies |
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| <p>1. Develop, implement and maintain a breastfeeding-friendly office policy.</p> | <ul style="list-style-type: none"> • Establish and implement a breastfeeding friendly office policy. A written breastfeeding-friendly office policy should address the <i>New York State Ten Steps to a Breastfeeding Friendly Practice</i>. At a minimum, practices should address the required implementation activities and office policy components for <i>New York State Breastfeeding Friendly Practice</i> designation outlined in the assessment survey. Ensure the date your policy was approved at your practice is noted on your policy. • Collaborate with colleagues and office staff during the development of your policy. • Inform all new staff about the policy during formal orientation and incorporate a copy in new staff orientation packets. • Update policy, as needed, and review with all staff at least annually. • Provide copies of your policy to all hospitals with which your practice is affiliated and with any physicians who cover for you. • Designate breastfeeding champion(s) in your office and describe job responsibilities of the breastfeeding champion(s) in your policy. <ul style="list-style-type: none"> – Develop or maintain a system to monitor and assess duration of breastfeeding (any or exclusive) for all infants through the first year of life and use the data to inform improvement efforts. – Ensure breastfeeding support is routinely addressed during every clinical encounter with infants. – Demonstrate leadership that consistently supports every new mother who chooses to breastfeed her baby. • Incorporate breastfeeding into practice’s mission, goals, performance improvement and business plan. |
| <p>2. Train all staff to be breastfeeding-friendly by promoting, supporting and protecting breastfeeding.</p> | <ul style="list-style-type: none"> • Train all staff on an ongoing basis in skills necessary to implement and maintain a breastfeeding-friendly office policy. Examples include: Supporting and Promoting Breastfeeding in Health Care Settings: www.albany.edu/sph/cphce/prevention_agenda_bf.shtml. • Integrate breastfeeding education into staff meetings and provide self-study modules and website training opportunities. • Define the roles of your care team related to breastfeeding and tailor their training based on their role. |

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| | <p>All Staff (including front office staff and medical assistants):</p> <ul style="list-style-type: none"> – Educate all office staff on key features of the breastfeeding policy and all aspects of providing breastfeeding support upon hire and at least annually thereafter. <p>Professional Staff (physicians, mid-level providers, and nurses):</p> <ul style="list-style-type: none"> – Provide opportunities for staff to attend in-service education, skill labs, conferences or web-based training focusing on the benefits of breastfeeding, physiology of lactation, latch techniques, management of common breastfeeding problems, and medical contraindications to breastfeeding. – Require that staff annually complete three or more hours of evidence-based continuing education to maintain knowledge and skills for the protection, promotion and support of breastfeeding. Methods may include in-service education, certification courses, skills labs, conferences, web-based training, journal articles, etc. – Make commercial-free educational resources available for quick reference (books, articles, protocols, etc.). |
| <p>3. Discontinue routine distribution of infant breastmilk substitutes and eliminate formula marketing materials and gift packs from your office.</p> | <ul style="list-style-type: none"> • Stop accepting gifts and samples from companies manufacturing infant formula, feeding bottles or pacifiers. • Stop distributing marketing materials and/or gift packs that include breastmilk substitutes, bottles, nipples, pacifiers or coupons for any such items to all pregnant women, mothers and their families. • Stop distributing breastmilk substitutes to pregnant women or new mothers who have chosen to breastfeed unless deemed medically necessary. • Evaluate the breastfeeding mother/infant dyad to determine if formula supplementation is medically necessary prior to recommending supplementation. • Establish and maintain an inventory tracking system for all formula products to monitor expiration dates and lot numbers in case of product recalls. • Stock only small amounts of formula products and ensure that they are stored out of patient view. • Purchase formula at fair market value if your practice elects to maintain a supply. |

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| <p>4. Create a breastfeeding friendly office environment.</p> | <ul style="list-style-type: none"> • Display posters and pamphlets in your waiting room and patient areas with images of women breastfeeding. Ensure pictures or photographs are reflective of the population served. Display signs encouraging mothers to breastfeed in your office. Do not display images of infants bottle feeding. Provide a comfortable, private space for mothers who prefer breastfeeding in a private area. • Provide support and resources for breastfeeding employees consistent with the <i>New York Nursing Mothers in the Workplace Act</i> (NYS Labor Law 206-c) at www.labor.ny.gov/workerprotection/laborstandards/pdfs/guidelinesexpressionofbreastmilkfinal.pdf. • Remove any items which refer to proprietary product(s) or bear product logos from your office, including memo pads, posters, pens, cups, measuring tapes, educational materials, staff lanyards, name badges, clipboards, etc. • Stop distributing or using educational materials which refer to proprietary product(s) or bear product logos, unless specific to the mother's or infant's needs or condition. • Develop or use ethnically/culturally-appropriate resources for patient education about infant feeding and/or infant care that are free of commercial messages or logos. Access commercial-free breastfeeding resources at www.health.ny.gov/community/pregnancy/breastfeeding and www.health.ny.gov/prevention/nutrition/wic/breastfeeding. |
| <p>5. During the prenatal period, discuss breastfeeding benefits, especially exclusive breastfeeding, and the basics of breastfeeding management with women and their families.</p> | <p>All Providers:</p> <ul style="list-style-type: none"> • Develop and provide staff with key breastfeeding messages and assure consistent use. • Use motivational interviewing techniques or counseling strategies (e.g. Best Start 3-Step) to engage mothers in breastfeeding conversations at every prenatal visit. • Counsel mothers about ways to overcome negative comments and attitudes towards breastfeeding. • Use commercial-free resources for prenatal patient education. • Discuss the health benefits of breastfeeding and the risks associated with not breastfeeding so women can make an informed decision about their feeding choice. • Refer all potentially income-eligible women to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as early in the prenatal period as possible to maximize breastfeeding peer counseling support. • Express support of breastfeeding at every prenatal visit. • Encourage attendance of both parents and/or other support persons at prenatal and breastfeeding classes, group discussions and counseling sessions. |

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| | <p>Ob/Gyn and Family Practice Providers:</p> <ul style="list-style-type: none"> • Incorporate breastfeeding counseling as well as infant feeding plan fields into the medical record. • Conduct a breast assessment and breastfeeding history as part of prenatal care and share identified issues and concerns with the infant’s health care provider. • Encourage both parents to attend prenatal visits especially when infant feeding choices are discussed. • Help pregnant women create a birth plan which includes breastfeeding, skin-to-skin contact and rooming-in preferences to share with hospital staff at admission. Transfer birth plan as part of mothers’ records to the hospital. • Inform prenatal women about the <i>Ten Steps to Successful Breastfeeding</i> and how to advocate for breastfeeding friendly maternity care. • Discuss woman’s contraceptive goals and provide guidance on type of contraception method recommended taking into account the chosen infant feeding method. |
| <p>6. During the postpartum period, discuss breastfeeding benefits, especially exclusive breastfeeding, and the basics of breastfeeding management with women and their families</p> | <p>All Providers:</p> <ul style="list-style-type: none"> • Develop and provide staff with key breastfeeding messages and assure consistent use. • Script messages for staff to encourage participation in breastfeeding support groups. • At every postpartum visit, use motivational interviewing techniques or counseling strategies (e.g. Best Start 3-Step) to engage mothers in breastfeeding conversations. • Refer all potentially income-eligible women and their infants to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as early in the postpartum period as possible to maximize breastfeeding peer counseling support. • Use commercial-free resources for postpartum patient education. • Assess and monitor breastfeeding status at each follow-up visit. • Know how to prescribe breast pumps to women who need them. • Know how to prescribe donor milk to infants in need. • Assess the mother/infant dyad and communicate breastfeeding concerns and issues, and management of maternal and infant issues with other health care providers involved in the dyad’s care. |

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| | <p>Pediatric and Family Practice Providers:</p> <ul style="list-style-type: none"> • Schedule a first pediatric visit 48-72 hours after hospital discharge to assess breastfeeding status and current infant feeding plan. Monitor interval between discharge and first follow-up visit. • At newborn visits, inquire about breastfeeding goals and counsel parents/families on: <ul style="list-style-type: none"> – Normal feeding and sleeping patterns of a breastfed baby. – How to recognize and respond to early infant feeding cues. – Latch strategies and the importance of frequent feeds to build up milk supply. Ideally, observe breastfeeding session to assess latch or have a trained health care professional do so. – How to hand express or reinforce hand expression taught in hospital. – Continued importance of skin-to-skin contact. – Importance of delaying complementary foods and formula. – Appropriate time to introduce vitamin/mineral supplementation. • Use the Centers for Disease Control and Prevention (CDC) World Health Organization (WHO) growth charts to track breastfeeding infants' growth. • At newborn visits, assess infant weight, feeding frequency, and urine/stool output to assure proper hydration and nutrition status. • Incorporate breastfeeding assessment (e.g. LATCH score) and counseling and infant feeding method fields into the medical record. • Have a system in place to automatically prescribe vitamin D to breastfeeding infants per the AAP protocol. • Over subsequent visits, counsel mothers and families on the normal feeding patterns of older breastfed infants and toddlers, introduction of complementary foods around six months, options for pumping and storing breastmilk, and eventually weaning. |
| <p>7. Encourage breastfeeding mothers to feed newborns only breast milk.</p> | <ul style="list-style-type: none"> • Encourage exclusive breastfeeding for the first 6 months of life, with continued breastfeeding as long as mutually desired by the mother and baby. • Explore any barriers and challenges and provide anticipatory guidance on delaying the start of solid foods until 6 months of age. • Inform mothers to avoid offering supplemental formula or glucose water unless medically indicated. • Instruct mothers not to offer bottles or pacifiers until breastfeeding is well established, at approximately three to four weeks of age. • Discuss alternative feeding methods such as using a cup, dropper or syringe when supplementation is medically indicated. |

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| <p>8. Teach mothers about maintaining lactation when separated from their infants.</p> | <ul style="list-style-type: none"> • Be knowledgeable about hand expression and the use of breast pumps, and when and how to prescribe them. • Know when and how to refer mothers to an International Board Certified Lactation Consultant (IBCLC) when there are lactation difficulties. • Maintain a list of local breast pump rental locations including Durable Medical Equipment (DME) Medicaid vendors. • Utilize breastfeeding ICD-10-CM codes to ensure appropriate reimbursement for services. • Share options with mothers on maintaining their milk supply including hand expression when returning to work or school. • Inform mothers about the <i>New York Nursing Mothers in the Workplace Act</i> (NYS Labor Law 206-c) and tools available to assist them in making arrangements with their employer. See www.breastfeedingpartners.org/index.php?option=com_content&view=article&id=109&Itemid=137. • Distribute information on the expression and storage of breast milk and alternative methods of offering expressed breast milk. • Refer all income-eligible women to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to receive breastfeeding counseling, nutrition education, supplemental foods, and breast pumps, if indicated. • Help educate health insurers and employer groups about the health benefits of breastfeeding and the need for coverage of lactation counseling and breast pumps. • Be knowledgeable about how to bill insurance for lactation services and pumps and help facilitate the insurance process. |
| <p>9. Identify your local breastfeeding support network and foster collaborative working relationships and referral systems.</p> | <ul style="list-style-type: none"> • Acquire or maintain a list of community resources for breastfeeding mothers including WIC, La Leche League, home visiting programs, local breastfeeding support groups, and baby cafés/drop-in centers. • Develop working relationships with lactation specialists in your community and make referrals as needed. • Ensure group and individual postpartum counseling is easily available. • Establish linkages with local health departments and community organizations to develop programs and policies to support breastfeeding. • Coordinate, provide and support consistent educational messages to promote breastfeeding across multiple community sectors. |
| <p>10. Provide comprehensive breastfeeding assistance and advice for mothers.</p> | <ul style="list-style-type: none"> • Ensure a multi-disciplinary collaboration between local hospitals and obstetric, family practice and pediatric providers to support a seamless coordinated transition of care to help mothers meet their breastfeeding goals in the hospital and beyond. • Consider employing an IBCLC or another health care professional who is trained and experienced in providing breastfeeding education and lactation counseling, or supporting current staff to become an IBCLC or Certified Lactation Counselor (CLC). • Develop and implement an office protocol to promptly address breastfeeding problems and concerns to assist mothers at home. Examples include: establishing a triage system to prioritize breastfeeding problems, pairing women with peer counselors, or ensuring timely referrals to professional lactation counseling, in-office or at a home visit. |

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