Step 1

Have a breastfeeding policy that is routinely communicated to all staff.

Objectives

1. Create a breastfeeding policy that promotes patient-centered care and supports the principles of dignity, respect, responsiveness, empowerment, informed decision making and cultural relevance.

2. Policy must require staff to adhere to the steps identified for implementation.

3. Train staff on the policy within six months of hire and provide ongoing continuing education on the principles of the policy. See also Step 2.

4. Display the policy and/or a printed patient guide in all patient care areas where pregnant women, mothers, babies and children are served.

5. Through regular auditing, ensure that all staff adhere to the policy.

Step 1

Goal: To assure that written breastfeeding promotion policy—which outlines best practice standards of care for mothers and babies—exists, is communicated, implemented and monitored.

Background

It is critical that facilities periodically assess and update policies, whether written or implicit and regardless of their real or perceived effectiveness. Through this process, a written policy can be established that assures the support of the specific goals regarding breastfeeding best-practices and the delivery of breast milk substitutes. A consistent, current, appropriate, evidence-based and enforceable written policy will provide the framework that guides staff and facility leadership in the delivery of quality care. Process improvement and quality care are best supported and sustained when there are consistent and clear policies in place.

Developing a Strong Policy

To implement comprehensive, effective improvement in breastfeeding outcomes, a strong and consistent policy—administratively supported, enforced and monitored—should be examined and re-evaluated frequently. [1-15]

To develop such a policy:

- Review the specific recommendations for breastfeeding policies made by the American Academy of Pediatrics and the Academy of Breastfeeding Medicine. [16-17] (See RESOURCES for sample policies)
- Ensure that the policy encompasses all the steps identified for implementation by the facility. Ensure interdisciplinary participation in policy development, effective communication and ongoing reinforcement of policies. [18-26]

CONSISTENTLY ENFORCING POLICIES

It can be particularly difficult to enforce policies in healthcare settings in which financial factors and individual preferences are allowed to guide delivery of care. When developing policies for your facility, consider what priorities may compete with caregivers' commitment to the policies. Include a wide range of stakeholders in the policy development process to determine strategies for addressing competing influences that may conflict with consistent adherence to the policies.

- During policy implementation, assess and address staff attitudes related to the promotion of breastfeeding. [11,23]
- Create staffing structures to ensure implementation of the policy. To demonstrate administrative support and communicate to staff that the breastfeeding policy is an important and essential component of quality care, appoint a dedicated lactation coordinator who will be responsible for the oversight of policy implementation and the assignment of unit shift policy leaders. [23,27]

Implementation Strategy

Implementation: Best Practices for Success

Process improvement and quality care are best supported and sustained when there are consistent and clear policies in place. During this step, facilities should evaluate any existing infant feeding policies for both appropriate and inappropriate components as well as evaluate and address any weaknesses or inconsistencies in policy implementation. This step also provides an opportunity to identify and remedy any policy areas that lack clarity or are in conflict with any existing policies that are already in practice.

Successful implementation of a new or updated breastfeeding policy is best supported by:

- Designing policies for the particular context and needs of the facility.
- A strong commitment by facility leadership and management to communicate, follow, and enforce policies.
- A commitment from healthcare practitioners, patients, and hospital stakeholders in the community to follow policies. Regular auditing and monitoring of policy adherence to determine whether any adjustments are needed.

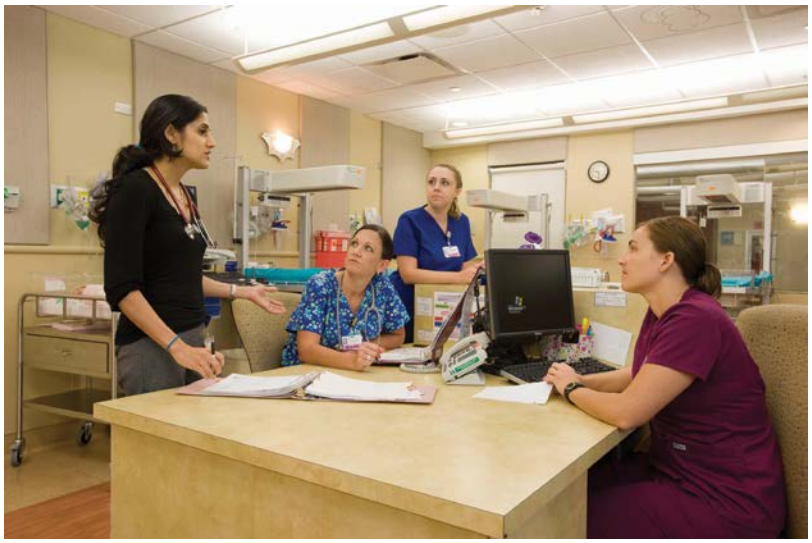
Preparation: Getting Ready for Policy Development

Suggested Action steps for implementing Step 1 include:

1. **Develop/update your facility's breastfeeding policy.**

Task a breastfeeding/lactation team, chosen from all involved departments, with overseeing implementation of the Stepping Up program beginning with writing/updating a breastfeeding policy addressing the steps identified for implementation.

(See the IMPLEMENTATION RESOURCES for specific



policy key issues for each step).

Recommended policy topics and considerations include:

- An outline of how the identified steps will be implemented in the facility.
- Identification of administrators and leaders in a position of authority over policy.
- Management of staffing and scheduling in a manner consistent with and supportive of evidence-based breastfeeding practices.
- Infant and maternal nutrition considerations.
- Care and feeding guidelines for infants with low birth weight and those delivered by C-section.
- Mode and timing of implementation.
- Clarifying the best practices for bottle-feeding, use of breast milk substitutes, and how to address formula-feeding when needed, without undermining the facility's commitment to breastfeeding support.
- A list of medical conditions indicating the use of breast milk substitutes. (Refer to the WHO/UNICEF list in the RESOURCES section of this step.)

For a breastfeeding policy to be effective it must be:

- Worded simply, explicitly, and unequivocally so that there is no ambiguity about expectations to follow the written policy.
- Concise and brief (3-5 pages) so that it will be read and remembered.
- Written at a reading level easily understood by all staff and patients.
- Communicated, adhered to, enforced and monitored.

2. Address guidelines that will accompany the policy.

Clear guidelines that provide specifics and content for carrying out the policy should be put into place to support the broader policies. While guidelines do not define, and are not enforceable, as a minimum standard of care, they provide a foundation and road map to ensure appropriate practices and exemplary standards of care.

Establishing guidelines can be very helpful for providing guidance on the management of commonly encountered issues related to infant feeding. Guidelines should be based on review of, and be consistent with, the best available evidence. They should clarify best practices for care and suggest how to carry out those best practices. They must also support clear and consistent messaging to families.

3. Implementing the policy

Once the policy is finalized inform staff of the new policy and establish an implementation time line.

- Provide overall goal(s) for your facility's implementation of evidence-based breastfeeding support strategies.
- Be systematic and prioritized so that your facility can tackle the goal(s) in an incremental fashion that builds upon successes, monitors time lines and manages activities and resources.

- Include plans for an accessible system of feedback and communication about successes and barriers to implementation.
- Define a communication strategy and define plans for regular discussion and continuing education so that goals are consistently supported and reinforced.
- Develop or adopt new documentation tools to help track progress toward goals.

The policy should be mandatory for all staff, according to his or her roles. Exceptions to the policy should only be allowed to protect the health or safety of the mother and/or infant or if the mother requests and agrees to receive care that deviates from the standard within the context of full information and consent.

4. Communicating the policy

All staff should receive a copy of the policy and acknowledge that the policy has been reviewed, is understood and will be followed. New staff should be oriented to the policy within 6 months of hire.

Create a parent's policy guide and/or poster of the policy to make the policy accessible to the families it is intended to serve. The guide should indicate that the full policy is available upon request. The guide and/or posters should be displayed in highly visible locations throughout the units that serve pregnant women, mothers and infants.

In addition, the guide may be distributed to obstetric care providers and childbirth instructions for distribution prenatally.

- Both the guide and/or posters should be printed in the language(s) commonly understood by the patient population and be culturally appropriate.

ENSURE EMPLOYEE LACTATION SUPPORT

An employee work site lactation support policy should also be considered and/or implemented during this process. Supporting employees to fulfill their own breastfeeding goals is an essential component of a breastfeeding-friendly culture and breastfeeding-promotion model. Federal law, under the Fair Labor Standards Act, now requires all employers to provide reasonable break time and private, non-bathroom space for non-exempt employees to express breast milk during the workday.[28] The American Medical Association and the Association of Women's Health, Obstetric and Neonatal Nurses recommend that facilities support all lactating employees in maintaining breastfeeding by providing time and facilities for the expression and storage of breast milk during the workday.[29-30] The Centers for Disease Control and Prevention (CDC) provides a tool kit on how to create a comprehensive lactation, or breastfeeding, support program for nursing mothers at the work site. For more information, please see http://bit.ly/2jLh7H3. Additional resources can be found at http://bit.ly/2jLa5C2

5. Auditing the policy

An audit is key to ensuring progress toward and maintaining quality standards. Frequently assess compliance with the breastfeeding policy and the effectiveness of staff training.

Audit policy effectiveness annually to ensure maintenance of the policy. If audit results, emergence of new research or changes in the population need call for it, audits should be conducted more frequently.

UCATS staff will be auditing the policy on a yearly basis.

Overcoming Barriers: Strategies for Success

The most common concerns related to establishing a breastfeeding policy are detailed below, along with strategies for overcoming them.

Staff has a resistance to change. Resistance to change is the leading barrier to policy development and implementation and may manifest in many ways: staff may be concerned that policies will create risky situations for patient outcomes, that patients will react negatively or that new policies will be difficult to implement due to competing demands.

Leadership and Culture

- Set expectations and do not waver from the course. Strong leadership is essential for achieving the desired cultural and organizational change.
- Invite leaders from hospitals that have been successful with model policy implementation to come and discuss their experiences with staff.
- Celebrate a culture of change and improvement. Present new policies as cutting-edge and acknowledge your staff for being leaders in excellence. Build pride in successes.
- Create a learning culture. Acknowledge the insecurity, uncertainty, fear, and resistance that often accompany changing practices and provide safe forums to discuss and learn from challenges, barriers and mistakes or policy transgressions. Supportive supervision, training and audits are essential to support the change process.
- Value, validate and respond to input from all levels of disciplines. Keep the lines of communication open and engage in active, sincere listening. Allow space for opposition and for "clearing the air." Frequent, honest and open communication helps to examine and challenge underlying assumptions, build consensus and develop a common understanding.

Explore Evidence-Based Rationales for Change

- Provide scientific evidence and compel action for improving quality of patient care through a variety of forums to emphasize the soundness of the policies and to draw connections between patient care practices and breastfeeding outcomes as well as between breastfeeding and short-and long-term health outcomes.
- Have resistant staff conduct reviews to find relevant position statements, model policies and scientific literature. Have them present on their findings.

Key staff have concerns about potential costs of policy change.

- Work with staff to identify costs and savings related to both policy change and to the status quo, and then weigh the trade-offs.

- Develop a system for tracking and forecasting costs over time.
- Talk to other hospitals that have gone through the process to learn about their associated costs. Typically hospitals report very minimal expenses related to policy changes.
- Examine the pros and cons of policy implementation through a quality-, safety-, and risk-management lens.

Compliance to the policy may be low if there is not accountability through regular monitoring.

- Build monitoring and evaluation into policy from the beginning of this process.
- Include chart reviews, patient interviews, and other audit strategies.
- Incorporate policy adherence into performance plans.
- Post quality-improvement data and charts to track and publicize progress.
- Celebrate successes.

Evaluating Success

Use the information in this section and the additional tools provided as checkpoints to verify that your facility is successfully implementing Step 1. This is for your information only, UCATS does not require submission of these tools for certification. Assign one or two staff members who have the best perspectives on day-do-day operations to complete these checkpoints.

Process changes. When evaluating your facility's success in implementing *Step 1,* consider the following:

- Number of materials produced.
- Number of meetings held.
- Number of disciplines involved.

Facility management should use the included *Step 1* Action Plan to assess progress on this Step.

Facility impact. Use the Facility Impact chart included in the IMPLEMENTATION RESOURCES documents section to assess how the recommended measures have affected your facility and to assess cost savings that may be attributed to the changes made. Review:

- Staff knowledge, attitudes and awareness of the policy.
- Compliance with policy.

Use the section on balancing measures included in the Facility Impact document to assess how the recommended measures have affected your facility and to assess cost savings that may be attributed to the changes made. Consider:

- Staff time and materials used for planning, implementation and promotion of policy.

- Increased community prestige, patient satisfaction and consensus
- Improvements made on the Joint Commission Perinatal Care Core Measures, including exclusive breastfeeding during the entire hospital stay.

Please see IMPLEMENTATION RESOURCES for UCATS certification application.

Resources

Self-Appraisal and Analysis

- Baby Friendly USA Self-Appraisal Tool: http://bit.ly/2jL87S1
- WHO Baby-Friendly Initiative Self-Appraisal and Monitoring Tool: http://uni.cf/2jL7kk2

Sample Policies

- ABM Clinical Protocol #7: Model Breastfeeding Policy (Revision 2010) http://bit.ly/2jLti6H
- Sample Hospital Breastfeeding Policy for Newborns: http://bit.ly/2jLlRwf
- California Model Hospital Policy Toolkit: http://bit.ly/2jLebu3
- New York State Model Hospital Breastfeeding Policy: http://on.ny.gov/2jLdalq

WHO/UNICEF Acceptable Medical Reasons for use of Breast-Milk Substitutes

- http://bit.ly/2jL66pc

Implementation Resources

- Hospital Breastfeeding/Infant-Feeding Policy Checklist
- Action Plan
- Facility Impact
- UCATS Certification Application

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Hospital breastfeeding/infant-feeding policy checklist

Adapted from WHO/UNICEF Hospital breastfeeding/infant feeding policy checklist. WHO/UNICEF (2009). Baby-Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care, BFHI Section 4: Hospital Self-Appraisal and Monitoring. WHO Press: Geneva. pp 27–28. Available: https://www.ncbi.nlm.nih.gov/books/NBK153476/bin/sec3_section3.2-fm5.pdf

Note: A hospital policy does not have to have the exact wording or points as in this checklist, but it should cover most or all of these key issues. Care should be taken that the policy is not too long. Shorter policies (three to five pages) have been shown to be more effective, as longer ones often go unread.

The policy should clearly cover the following points:		Yes	No
Step 1	The policy is routinely communicated to all (new) staff.	❑	❑
	A summary of the policy that addresses the steps implemented and support for non-breastfeeding mothers is displayed in all appropriate areas in languages and with wording staff and mothers can easily understand.	❑	❑
Step 2	Training for all clinical staff (according to position) includes:		
	• Breastfeeding and lactation management (8 hours minimum), covering all essential topics for all direct care staff. - 3 hours minimum, of continuing education per year • Ob/gyns, employed directly by the hospital, 3 hours minimum of breastfeeding management training within 6 months of hire. - 1 hours minimum, of continuing education per year	❑	❑
	• Feeding the infant who is not breastfed.	❑	❑
	New staff members are trained within six months of appointment.	❑	❑
Step 3	All pregnant women are informed of:		
	• Basic breastfeeding management and care practices.	❑	❑
	• The benefits of exclusively breastfeeding for the first six months.	❑	❑
Step 4	All mothers and babies receive:		
	• Skin-to-skin contact within 15 minutes of birth. - Uninterrupted until first breastfeeding attempt	❑	❑
	• Encouragement to look for signs that their babies are ready to breastfeed and offer of help if needed.	❑	❑
Step 5	All breastfeeding mothers are offered further help with breastfeeding within six hours of birth.	❑	❑
	All breastfeeding mothers are taught positioning and attachment.	❑	❑
	All mothers are taught hand expression (or given leaflet and referral for help).	❑	❑
	All mothers who have decided not to breastfeed are:		
	• Informed about risks and management of various feeding options and helped to decide what is suitable in their circumstances.	❑	❑
	• Taught to prepare their feedings of choice and asked to demonstrate what they have learned.	❑	❑
	Mothers of babies in special care units are:		
	• Offered help to initiate lactation and help to start their breast milk coming.	❑	❑

	• Shown how to express their breast milk by hand and told they need to breastfeed or express at least 6–8 times in 24 hours to keep up their supply.	❑	❑
	• Given information on risks and benefits of various feeding options and how to care for their breasts if they are not planning to breastfeed.	❑	❑
Step 6	Supplements/replacement feeds are given to babies only if:		
	• Medically indicated.	❑	❑
	• Mothers have made fully informed choices after counseling on various options and the risks and benefits of each.	❑	❑
	• Reasons for supplements are documented.	❑	❑
Step 7	All mothers and babies room-in together, including at night.	❑	❑
	Separations are only for justifiable reasons, with written documentation.	❑	❑
Step 8	All mothers are taught how to recognize the signs that their babies are hungry and that they are satisfied.	❑	❑
	No restrictions are placed on the frequency or duration of breastfeedings.	❑	❑
Step 9	Breastfeeding babies are not fed using formula, unless medically indicated.	❑	❑
	Mothers are taught about the risks of using formula.	❑	❑
	Breastfeeding babies are not given pacifiers by facility staff.	❑	❑
Step 10	Information is provided about where to access help and support with breastfeeding after return home (such as from the hospital, community health services, support groups or peer counselors).	❑	❑
	The hospital works to foster or coordinate with mother support groups and/or other community services that provide infant-feeding support.	❑	❑
Mother-Friendly Care (Suggested, but not required)	Policies require Mother-Friendly practices, including:		
	• Encouraging women to have labor and birthing companions of their choice.	❑	❑
	• Encouraging women to walk and move about during labor, if desired, and to assume the position of their choice while giving birth, unless a restriction is specifically required for a complication and the reason is explained to the mother.	❑	❑
	• Not using invasive procedures such as rupture of membranes, episiotomies, acceleration or induction of labor, caesarean sections or instrumental deliveries, unless specifically required for a complication and the reason is explained to the mother.	❑	❑
	• Encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anaesthetic drugs are necessary because of complications, respecting the personal preferences of the women.	❑	❑

Step 1
Action Plan

Step 1 Implementation Owner: _____

Start date: _____ Target completion date: _____

Primary Goals of Step 1:

- ☐ Create a breastfeeding policy that promotes patient-centered care and supports the principles of dignity, respect, responsiveness, empowerment, informed decision-making and cultural relevance.
- ☐ Policy must require staff to implement the steps identified by the facility and the International Code of Marketing of Breast milk Substitutes, if applicable.
- ☐ Train staff on the policy within six months of hire and provide ongoing continuing education on the principles of the policy.
- ☐ Display the policy and/or a printed patient guide in all patient care areas where pregnant women, mothers, babies and children are served.
- ☐ Through regular auditing, ensure that all staff adhere to the policy.

Process Changes		
Resource area and description	**Planned actions**	**Budgeted amount**
Materials development: Develop a clear, thorough and concise facility breastfeeding policy. • How many and what types of materials will be produced to support and communicate the policy?		$
Planning: • How many/which departments or disciplines will be included and provide counsel in developing policy? • How many meetings should be held? What guidance will be provided the project team in terms of timeliness and scope?		$
Other process changes related to implementation of *Step 1*.		$
Total expected costs		$

Implementation

In developing and implementing a facility breastfeeding policy, have you:

- ☐ Included input from cross-department stakeholders as well as a core project team?
- ☐ Collected, reviewed and incorporated data about current facility knowledge, skills and attitudes about breastfeeding?
- ☐ Ensured that policy addresses the requirements of the identified steps for implementation as well as the Code, if applicable ?
- ☐ Provided a time line and blueprint for implementation?
- ☐ Printed and distributed policy to staff, provided patients a policy guide or handout and made the full policy publicly available?
- ☐ Addressed best practices for bottle-feeding and use of breast milk alternatives, in addition to breastfeeding policies?
- ☐ Addressed management of infant nutrition for babies with low birth weight, delivered via C-section or otherwise at risk for nutritional issues?
- ☐ Provided policies about employee lactation support?
- ☐ Included plans for receipt of and response to feedback?
- ☐ Planned for regular auditing of the policy?

Notes

Step 1 Implementation Tracking

Use the table below as a checkpoint for your unit and facility planning and for assessing your progress on *Step 1*. Set unit goals in terms of the month at which you plan to achieve each goal below, and assign each goal to be monitored a specific person on staff.

Each goal below should be documented and archived so that your facility can verify progress and assess future goals.

At Month		Person Responsible	Initials	Date Completed
	The current policies, facility and staff have been reviewed to determine needs and challenges.			
	Related data has been documented and analyzed.			
	A project team has been chosen from key experts and those identified as strong leaders and champions of breastfeeding.			
	Stakeholders with cross-department representation have been identified.			
	The project team has determined a timeline and overall plan for implementation.			
	The new or revised policy has been drafted, reviewed and discussed, and approved by all relevant project team and stakeholder representatives. It addresses all requirements outlined in *Step 1*, provides an overall vision for the facility breastfeeding policy and addresses requirements of both the Ten Steps and the *Code*.			
	Staff have been thoroughly trained in the new policy.			
	Guidelines for training new staff and for future continuing education have been communicated.			
	Policy has been outlined in patient-appropriate materials and has been made available to the public. The full policy is also publicly accessible for those wishing to review it in detail.			
	Feedback protocols have been established.			
	An audit schedule has been identified and communicated facility-wide.			

Step 1
Facility Impact

	Details	Person Responsible	Initials	Date Completed
Staff knowledge, attitudes and awareness	Has detailed data been collected early in the process so that baseline knowledge, skills and attitudes are documented and understood?			
	Have subsequent trainings—in tandem with the policy training itself—been conducted so that staff are prepared to support the new policy?			
	What are the exact policies and curricula for training new staff and for continuing education?			
Compliance with policy	Do all employees know that the new policy is mandatory?			
	Have performance reviews and related communications with staff been modified to encourage compliance with the policy?			
	Is policy being regularly audited, annually, at a minimum, and more often if needed?			
	What communications tools and channels for feedback about the policy have been created, and how are they functioning?			
What can be improved upon next year?				
Notes				

Balancing Measures

	Details	Person Responsible	Initials	Date Completed
Staff time and materials used for planning, implementation and promotion of policy.	Most hospitals find that making adjustments to implement new breastfeeding policies have little to no cost impact. What was the reality for your facility?			
Increased community prestige, patient satisfaction and census.	How have patients, outside health practitioners and the overall community responded to the changes in policy?			
	Have you realized any accolades or other benefits as a result of the new policy and associated communications?			
Improvements on Joint Commission Perinatal Care Core Measure, exclusive breast milk feeding during entire hospital stay.	How many more mothers are breastfeeding exclusively as a result of the policy? Are all women who are able to do so ?			
	Document improvements on the Joint Commission measures and celebrate achievements.			
Other realized costs or savings.				
Notes				

Costs to Facility

	Description/Notes	Dollar Amount
Time spent assessing facility needs and developing written policy		$
Restructuring necessary for policy implementation adherence		$
Communication of policy to staff and patients		$
Policy audit and adjustment		$
Other costs		$
	Subtotal	$

Savings to Facility

	Description/Notes	Dollar Amount
Fewer hours devoted to questions regarding standard of care		$
Staff compliance with facility policies		$
Other savings and benefits		$
	Subtotal	$
		Net Annual Loss or Gain to Facility
		$

What can be done differently next year?

Step 1

UCATS Stepping Up for utah Babies Application

The inquiring health facility has a written breastfeeding or infant feeding policy that addresses all identified steps for implementation of UCATS *Stepping Up for Utah Babies*.

The policy is available to all maternity care staff member can refer to. Summaries of the policy are visibly posted in all areas of the health care facility which serve pregnant women, mothers, infants, and/or children. These areas include, but are not limited to: the labor and delivery areas; prenatal care in-patient units and clinics/consultation rooms; postpartum wards and clinic/consultation rooms; all infant care areas, including well baby observation (if there are any); and any specialty care baby units. The summaries are displayed and written in the language(s) most commonly understood by mothers and staff.

1. Does the facility have a written policy for maternity serves that address the 2 (or more) steps identified for implementation by the facility?

   □ No □ Yes (Include a copy of written policy)

2. Is the breastfeeding policy actively communicated to all staff within six moths of hire?

   □ No □ Yes

3. How is it communicated to staff? (Select all that apply, and provide written documentation if possible.)

   □ Orientation Materials □ Orientation Presentation

   □ Competency Assessment □ Newsletters

   □ Staff Meetings

   □ Display/poster: (where)_____

   _____

   □ Other: _____

4. Is the policy adapted and posted for maternity care patients/visitors to review?

   □ No □ Yes (Include copy of text)

   How/where is it posted?

   _____

   _____

   _____

5. How will the policy be monitored?

_____

_____

_____