

Step 2

TRAIN ALL HEALTH-CARE STAFF IN
SKILLS NECESSARY TO IMPLEMENT THIS POLICY.



Objectives



1. STAFF IS TRAINED TO PROVIDE SAFE, EFFECTIVE, EVIDENCE-BASED AND PATIENT-CENTERED CARE TO SUPPORT BREASTFEEDING AND INFORMED INFANT-FEEDING DECISIONS.
2. STAFF EMPOWERS WOMEN TO MAKE INFORMED INFANT-FEEDING DECISIONS BY IMPARTING TO THEM AN UNDERSTANDING OF THE BENEFITS AND MANAGEMENT OF BREASTFEEDING.
3. WOMEN ARE SUPPORTED TO MANAGE AND CARRY OUT THEIR CHOSEN INFANT-FEEDING METHOD(S) IN AN ATMOSPHERE OF RESPECT.
4. BOTH CULTURAL AND INDIVIDUAL NEEDS ARE CONSIDERED AND INCORPORATED INTO CARE DELIVERY.

Step 2

GOAL: TO ASSURE THAT STAFF HAVE SUFFICIENT KNOWLEDGE AND PRACTICAL AND TECHNICAL SKILLS TO PROVIDE SAFE, EFFECTIVE, EVIDENCE-BASED AND PATIENT-CENTERED CARE TO SUPPORT BREASTFEEDING AND INFORMED INFANT-FEEDING DECISIONS.

BACKGROUND

Patients rely on the healthcare professionals they encounter during pregnancy, labor and delivery and postpartum as the preferred sources of information and guidance about breastfeeding. Therefore, **staff competency in providing evidence-based guidance and support is essential.**

Professionals working in maternity services must possess in-depth knowledge and skills and organizations should have expert professionals, such as International Board Certified Lactation Consultants (IBCLC), on staff and available. When all direct-care staff are trained with the same evidence-based information and skills, less time is spent correcting misinformation or addressing preventable problems.

However, all health professionals who interact with pregnant and parenting women, infants and children need to have basic, evidence-based knowledge of breastfeeding as well as the role breastfeeding has in maternal and child health outcomes. Therefore, staff training is integral and necessary to support a facility-wide change in the attitudes, behaviors, knowledge and practice of exclusive breastfeeding among mothers. Timeliness of these interactions is also important with supporting the breastfeeding dyad.

According to WHO/UNICEF (2009), healthcare professionals working with prenatal or postnatal mothers and their babies should complete at least twenty hours of targeted competency-based breastfeeding training and three hours of supervised clinical experience.¹⁸

Research demonstrates that:

- Competency-based training in breastfeeding increases acquisition and retention of knowledge and skills and enhances the capacity to promote consistent, evidence-based care to support breastfeeding.¹⁻⁶
- Universal staff training must be mandated, and the requirement must be enforced with commitment from executive leadership. If attendance is considered optional, attendance will likely be limited to those staff members who already have favorable attitudes.⁷⁻⁹

- Standard competency-based staff training of at least 18-20 or more hours, including three (3) hours of supervised clinical-skills training, within a context of strong, specific breastfeeding policies, improves patient breastfeeding outcomes facility-wide. ¹⁰⁻¹²
- Training is most effective when it occurs over multiple days (a minimum of three days) and includes counseling and practical skills. Training spanning multiple days may facilitate learning by allowing staff to challenge their assumptions, incorporate new knowledge, practice and reinforce new skills, and actively plan to apply the knowledge in stages. ^{11,13} This is consistent with the trans-theoretical model of behavior change, or a “stage of change” approach.
- Training that includes implementation strategies for the implemented steps is likely to be most effective at impacting change. ¹⁴

UCATS recognizes that requiring 20+ hours of training for all staff may not be feasible for your facility. To certify in this step, facility must ensure that all direct staff received at least 8 hours of breastfeeding management training within 6 months of hire. Additionally, staff will be required to have 3+ hours of continuing education or skill update hours each year.

For assistance with training, please contact UCATS staff at 801-273-2869 or npalacios@utah.gov.

IMPLEMENTATION STRATEGY

Implementation: Best Practices for Success

All staff who directly care for women, infants and/or children need to have basic orientation and training in breastfeeding benefits, management and practical details as well as in the steps identified in the policy and implemented by your facility. Staff members not in direct service roles with women, infants or children but who come into contact with them should have sufficient knowledge to support their roles in policy implementation.

Ancillary staff such as administrative, custodial or from other departments (that patients may not discern as ancillary staff), will require only awareness-level knowledge in order to not inadvertently interfere with the promotion or support of breastfeeding services.

Training should be tailored to the needs of those that directly care for women/ infants and those that support their care.



See IMPLEMENTATION RESOURCES for description of roles in protecting, promoting and supporting breastfeeding.

Direct-Care Staff

Staff that provide direct care to women, infants and children are the primary focus of this step and require general knowledge and skills to support the establishment and maintenance of breastfeeding. Trainings should:

- Be evidence-based.
- Include training in the steps identified in the policy and implemented by your facility.
- Include information about the social and cultural context of breastfeeding and information about strategies to reduce disparities in breastfeeding.
- Include general knowledge about breastfeeding management and support, including:
 - Advantages of breastfeeding
 - Benefits of breast milk over formula, particularly in the first 6 months after birth
 - Mechanisms of lactation and suckling
 - Infant state behavior
 - Hunger and satiety cues
 - How to initiate and sustain breastfeeding
 - Importance of skin-to-skin contact
 - How to support normal breastfeeding
 - How to resolve breastfeeding difficulties
- Include basic information for referral and use of pasteurized donor human milk through their hospital or through the Mountain West Mothers' Milk Bank in Utah.
- Including information on how to support infant feeding for non-breastfeeding women.
- Be based on principles of adult learning and change theory.
- Facilitate the development of clinical skills, a systems approach, reflective attitudes and effective interpersonal and counseling skills.
- Facilitate reduction in attitudes and practices that hinder breastfeeding.
- Facilitate development from novice to expert.

Training Other Medical Staff

Training should be sufficient and matched to each staff member's scope and role in implementing the breastfeeding policy. Other medical staff, need to have basic knowledge about breastfeeding management and support including:

- Why and how to promote exclusive breastfeeding.
- The parameters of breastfeeding and how to detect and manage common conditions that fall outside of the norm (e.g. mastitis, *Candida albicans*, and the causes and management of poor weight gain).
- Considerations with prescription and over-the-counter medications.
- How, when, and where to refer for expert and community help with breastfeeding, including interdisciplinary communication to support referral and counter-referral.
- How to effectively communicate to facilitate informed decision making.

Training that provides a strong foundation in normal breastfeeding, rather than focusing only on breastfeeding problems, is likely to improve detection of variations from the norm.

Breastfeeding Specialists

Specialists skilled in assisting in complicated situations that impact breastfeeding should have training consistent with that obtained by International Board Certified Lactation Consultants (IBCLCs) or by physicians with special training in breastfeeding medicine. Minimal competency for IBCLCs is assessed through the certification and recertification processes of the International Board of Lactation Consultant Examiners (IBLCE). IBLCE maintains a registry of currently certified IBCLCs. Confirmation of certification ensures that minimal competencies have been achieved and maintained. The registry is available at <http://bit.ly/2jLgjSF>

Timing

UCATS requires at least 8 hours of training among staff with a clinical role in supporting women and infants with breastfeeding. Training must be mandatory to be effective. All training components should be completed within six (6) months of hire and should be documented and tracked. Mechanisms should be established for following up with employees who miss training and for ensuring compliance. Additionally, 3 hours of continuing education or skills update is required each year thereafter.

Training Delivery

Information can be delivered in a variety of ways, considering the knowledge needs and with consideration of competing demands and workload. A variety of resources are listed in the RESOURCES section of this step.

Ideally, the curriculum includes a level of detail that would allow consistent delivery by anyone with sufficient training and skill in the subject. Resources for curriculum development and principles of training are available in the RESOURCES section.

Training does not need to occur in a large-group, classroom type setting. Breastfeeding training can be included and reinforced through a variety of low-cost and/or innovative training methods such as:

- Unit-based sessions and case studies
- Clinical skills fairs
- Sessions in existing staff meetings
- Self-study modules
- Web-based trainings or smartphone applications
- In-house train-the-trainer programs.
- Journal articles
- Observation/Facilitation of mother-to-mother support groups
- Conferences
- Observation/shadowing of skilled staff
- Audio, visual, printed and online materials
- In-house teach-and-learn sessions
- Cross-training to show how breastfeeding is supported in different settings
- Breastfeeding coalition and International Board Certified Lactation Consultant chapter association meetings
- Regular meetings to review and discuss recent research findings

In larger facilities, it is not feasible that responsibility for practical skill training fall on just one or two infant-feeding experts. Training a handful of key people on each shift who can assist with skills training helps to spread the workload. These key staff should receive special training to equip them in supervised skills review, and their own competencies should be compared and checked to ensure consistency in training and updates of knowledge.

Preparation: Getting Ready for Training All Healthcare Staff in Skills Necessary to Implement the Policy

Suggested Action Steps for implementing Step 2 include:

1. Designate a key person or committee responsible for planning and coordinating implementation of an ongoing training program for breastfeeding and lactation management.
2. Develop a training strategy to:
 - Identify the different groups (level and types of health professionals and other staff working in departments providing maternal and infant services) that will require training and competency level (awareness, general knowledge and skills, or specialist) necessary to carry out each group's role.
 - Assess current knowledge and attitudes as well as clinical and counseling skills for these groups. Those with at least 8 hours of training during their current employment are considered adequately trained.
 - Review available training options and weigh pros and cons of each.
 - Select appropriate training materials and adapt them as necessary to create a written curriculum detailing how competencies (knowledge, skills, abilities, and behaviors) for implementing the steps identified in the policy and implemented by your facility.
 - Identify strategies that ensure accountability for staff participation in training.
 - Identify methods, tools and schedules for tracking staff participation in training.
 - Identify methods, tools and schedules for continuous quality improvement and supportive supervision.
 - Ensure that all training components are completed within six (6) months of hire, and mechanisms are established for following-up with employees who miss training to ensure compliance.



3. Develop a training schedule, considering:
 - Initial training.
 - Refresher and update training.
 - New-hire training.
 - Training for trainers to develop in-house expertise.
4. Allocate budget and staff time for training.
5. Promote and market training and application of knowledge and skills via staff members and a hospital-wide communication strategy (e.g. Stepping Up posters promoting your facility's implementation of the steps identified in the policy and implemented by your organization).

OVERCOMING BARRIERS: STRATEGIES FOR SUCCESS

1. **There is not enough time for training.** Given workforce shortages, economic pressures, overcrowding, high staff turnover and the busy pace of many hospital units, finding time to release staff members from their clinical duties for training may seem like a daunting task. Thinking strategically and reassessing priorities can put this time investment into perspective. Consider the benefits of having a workforce that is prepared to deliver evidence-based care. Consider the time and resource savings possible through training, such as prevention of breastfeeding problems, improved maternal and infant health outcomes, and increased patient satisfaction.

Trainings can be incorporated into the rhythms of the unit by including content in nursing rounds, staff meetings and on-the-job training when appropriate. Training resources can be made available in employee break rooms and through a lending library so that staff can access the materials when they have down time. **Prior training and knowledge, verified through assessment, can be counted toward training requirements.**

2. **There is no in-house expertise to develop curricula or to implement trainings.** Consider “growing your own” in-house expertise. Explore developing an in-house program to provide education and requiring mentored practice hours for staff to achieve the International Board Certified Lactation Consultant (IBCLC) credentials. An IBCLC is certified by the International Board of Lactation Consultant Examiners, Inc. and had demonstrated expertise in the clinical management of lactation. Facilities could consider

training a few people on each shift and in each relevant unit. Use the existing training resources listed in the RESOURCES section and investigate others to find free and low-cost training materials. Partner with local organizations where expertise may exist, such as the local Women, Infants, and Children (WIC) agency, local International Lactation Consultant Association-affiliate of local breastfeeding coalition. Partner with other hospitals in the community to pool resources and share training opportunities.

3. **Staff attitudes toward breastfeeding are a barrier to interest in training.**

Considering and addressing attitudes is an essential part of the training process and of policy implementation. It is important that staff feel invested in the process, feel supported by management and executive leadership, and feel safe to make mistakes, be wrong and to learn on a curve.

Management attitudes that inhibit training include beliefs that:

- Motivated staff should seek out their own professional development and continuing education opportunities.
- There is no need to allocate staff time or other resources for training.

TIPS FOR TRAINING

- Allocate time and budget for training.
- Include training in professional development plans and career ladders.
- Align training with professional licensure competency requirements (e.g., offer CE when possible).
- Recognize prior learning, using competency assessment to verify learning was effective.
- Work closely with undergraduate, post-graduate and professional training programs in your community to encourage pre-service training in breastfeeding best practices. This can increase competency of the workforce and reduce the need for in-service training.
- Use training developed or endorsed by recognized/reputable organizations.
- Incorporate specific content for local diverse cultures.
- Assess for barriers to training attendance, and provide flexible training options that address barriers.
- Partner with local prenatal and well-child settings as well as WIC and other community members. This builds relationships, strengthens communication, builds capacity for *Step 3 (Inform all pregnant women about the benefits and management of breastfeeding)* and *Step 10 (Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital)* and assures consistency and continuity from prenatal to postnatal periods.
- Time trainings to coincide with other promotions such as World Breastfeeding Month, Heart Health Day, Diabetes Awareness Day, etc.

- Inconsistent or inaccurate patient communication and care are not relevant to outcomes.
- Infant feeding is the responsibility of only certain staff members.
- Cross-discipline training offers no benefit to patient care.

Staff may try to avoid training if they are:

- Uncomfortable with breastfeeding.
 - Unaware or unconvinced of the risks of artificial feeding.
 - Worried that their lack of competence in breastfeeding will reflect poorly on their professionalism.
 - Assume that they are already knowledgeable about breastfeeding.
 - Have had negative personal experiences with breastfeeding.
 - Feel that they will be judged for their own infant-feeding decisions or prior professional performance.
4. **Strategic marketing and positioning of training can help.** Present training as part of a larger strategy to implement cutting-edge best practices, rather than as “catch up” in order to orient staff to breastfeeding basics. Consider holding an orientation with a call-to-action before the training cycle begins. Discuss the evidence for breastfeeding support, introduce the new breastfeeding policy and let staff know about your participation in the Stepping Up program. Celebrate prior accomplishments and let staff know about supports in place to assist them through the change process. Discuss training in this context.
 5. **Make training relevant in day-to-day work.** Hold regular rounds to allow staff to gather and discuss breastfeeding case studies or proposed plans of care for challenging cases. Incorporate breastfeeding into other training and education opportunities and highlight the interconnectedness of breastfeeding to other aspects of patient care. Publicly recognize and celebrate in a variety of ways (bulletin boards, staff meetings, newsletters, designations or awards for staff or units that meet or exceed training goals, etc.) how training has impacted staff knowledge, changing practices, patient outcomes and patient satisfaction.
 6. **Create mechanisms to ensure support for training.** Secure and promote commitment from senior management that training is a hospital priority. Mandate employee attendance at training sessions. To the degree possible, avoid pulling staff back to the unit during scheduled training times. Bring the training to staff by offering training on each shift. Offer continuing education credits for trainings. (Support pregnant and parenting employees by becoming a Baby Steps Worksite.) Provide prenatal breastfeeding

education and worksite lactation support to increase the number of employees with positive breastfeeding experiences and to demonstrate that breastfeeding promotion is a priority for the hospital.

EVALUATING SUCCESS

Use the information in this section and the additional tools provided in the **ADDITIONAL RESOURCES**. Assign one or two staff members who have the best perspective on day-to-day operations with the task of completing these checkpoints. This section is for your information only. UCATS does not require submission of these tools for certification.

Process changes. When evaluating your facility's success in implementing Step 2, consider the following:

- How many and what types of training opportunities were offered?
- How many have attended trainings (by job classification, unit and shift)?
- Are all employees oriented to the breastfeeding policy within one week of hire?
- Do all new employees complete training requirements within six (6) months of hire?

Facility management should use the included Step 2 Action Plan to assess progress on this Step.

Impact on patient experience. Your facility should track data about the development and implementation of policy trainings. Data to consider are:

- Changes in competency through assessment (knowledge and skills demonstration)
- Changes in attitudes
- Adherence to the implemented steps
- Number of patients who report receiving consistent information

Assessing value to the facility. Use the Facility Impact chart included in the **IMPLEMENTATION RESOURCES** to track your facility's time and money spent on the measures recommended and to assess cost savings that may be attributed to the changes made. Track:



- Staff time spent in training
- Training expenses
- Patient wait time for effective help with breastfeeding
- Time spent addressing preventable breastfeeding difficulties.

Please see IMPLEMENTATION RESOURCES for UCATS certification application.

RESOURCES

Existing Curriculum

- Breastfeeding Promotion and Support in a Baby-Friendly Hospital, a Twenty-Hour Course for Maternity Staff (Section 3.2 of Baby-Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care) (WHO/UNICEF): <http://uni.cf/2jLhSji>

The course can be used by facilities to strengthen the knowledge and skills of their staff toward successful implementation of the Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breast milk Substitutes. Suitable for integration into pre-service training so that students are prepared with the knowledge and skills to support breastfeeding when they begin work. However, this course is not designed to train specialists in breastfeeding or in lactation management, but rather to provide basic skills, including sufficient knowledge to recognize the need for referral to a trained lactation consultant.
- Breastfeeding Counseling: A Training Course (WHO/UNICEF): <http://bit.ly/2jLkFZV>

This course is designed to provide healthcare workers with the skills needed to support mothers and their infants to breastfeed optimally. It includes guides for the course director and trainers, a manual for participants, a booklet with overhead figures, a slide book and appendices
- Infant and Young Child Feeding Counselling: An Integrated Course (WHO/UNICEF): <http://bit.ly/2jLjM3s>

This integrated infant-feeding counseling course is designed to give health workers the competencies required to carry out effective counseling for breastfeeding and complementary feeding. It is designed for health workers in primary healthcare services and for lay counselors.
- AAP Breastfeeding Residency Curriculum (AAP): <http://bit.ly/2jLpGSd>

The American Academy of Pediatrics developed this Breastfeeding Residency Curriculum to help residents develop confidence and skills in breastfeeding care.

Self-Study Modules

- Lactation Management Self-Study Modules Level I (Wellstart International): <http://bit.ly/2jLjmdz>
Provides basic knowledge needed by all healthcare professionals (e.g., medical, nursing, nutrition) to be supportive of healthy mothers and their healthy full-term infants. Provides approximately six to seven hours of education if viewing the two to three short videos/DVDs that are included.
- Breastfeeding: Fundamental Concepts. A Self-Learning Package. (Registered Nurses' Association of Ontario): <http://bit.ly/2jLiveQ>
- Breastfeeding Educational Resources – Mother/Infant Self-Reflection Guide for Nurses and Clinical Case Studies. (Registered Nurses' Association of Ontario): <http://bit.ly/2jLm3eT>

Curriculum Development

- Guidelines for the Development of a training Curriculum; and Practical Skills Review Form (UNICEF UK Baby Friendly Initiative): <http://bit.ly/2jLlFwY>
- Core Competencies in Breastfeeding Care for all Health Professionals (2010). (United States Breastfeeding Committee): <http://bit.ly/2jLi3va>
- The Academy of Breastfeeding Medicine. Educational Objectives and Skills for the Physician with Respect to Breastfeeding. *Breastfeed Med.* 2011; 6(2):99–105. Available <http://bit.ly/2jLrMBz>

Educational Texts, Study Modules, Handouts and Video Clips for Instruction

- WHO Model Chapter on Infant and Young Child Feeding: <http://bit.ly/2jLlLVn>
This Model Chapter on Infant and Young Child Feeding is intended for use in basic training of healthcare professionals. It describes essential knowledge the basic skills the every health professional who works with mothers and young children should master. The Model Chapter can be used by teachers and students as a complement to textbooks or as a concise reference manual.
- International Lactation Consultant Association's (ILCA) Knowledge Center: <http://bit.ly/2jLsjU5>
- La Leche League's Educational Offerings: <http://bit.ly/2jLnmKP>
- Using Loving Support to Grow and Glow in WIC (Breastfeeding Competency Training): <http://bit.ly/2jLly4I>

Breastfeeding Journals

- Breastfeeding Medicine: Journal of the Academy of Breastfeeding Medicine

- Journal of Human Lactation: Journal of the International Lactation Consultant Association
- Clinical Lactation: Journal of the United States Lactation Consultant Association

Breastfeeding-Specific Noncommercial Websites of Interest

- Academy of Breastfeeding Medicine: www.bfmed.org
- American Academy of Pediatrics, Breastfeeding Initiatives: <http://bit.ly/2jLrE4R>
- Baby-Friendly Hospital Initiative, World Health Organization: <http://bit.ly/2jLrQRD>
- Baby-Friendly USA, Inc.: www.babyfriendlyusa.org
- Baby Your Baby: <http://bit.ly/2jLneuV>
- Centers for Disease Control and Prevention: cdc.gov/breastfeeding
- International Babyfood Action Network (IBFAN): <http://ibfan.org/publications>
- International Board of Lactation Consultant Examiners (IBLCE): <http://iblce.org>
- International Lactation Consultant Association: www.ilca.org
- La Leche League, Utah: <http://lll.utah.org/>
- National Alliance for Breastfeeding Advocacy (NABA): <http://bit.ly/2jLomOY>
- Office on Women's Health: www.womenshealth.gov/breastfeeding
- Texas Department of State Health Services, Breast milk. Every Ounce Counts: <http://breastmilkcounts.com/>
- Texas Department of State Health Services, From Day One: www.supportfromdayone.org
- Texas Department of State Health Services, Texas Ten Step Program: <http://texastenstep.org/>
- United States Breastfeeding Committee: www.usbreastfeeding.org
- United States Lactation Consultant Association: www.uslca.org
- US Surgeon General's Call to Action to Support Breastfeeding: <http://bit.ly/2jLigOW>
- Utah Breastfeeding Coalition: www.utahbreastfeeding.org/
- Utah Department of Health, WIC Program, Breastfeeding Support: wic.utah.gov/
- Utah Department of Health, Pregnancy Risk Line: <http://health.utah.gov/prl/>
- World Health Organization, Documents on Infant Feeding: <http://bit.ly/2jLpGkU>

IMPLEMENTATION RESOURCES

- All Disciplines have a role in Protecting, Promoting and Supporting Breastfeeding Table
- Action Plan
- Facility Impact
- UCATS Application Form

REFERENCES

1. Taveras EM, Li R, Grummer-Strawn L, et al. Opinions and practices of clinicians associated with continuation of exclusive breastfeeding. *Pediatrics*. 2004;113(4):e283–90
2. Freed GL, Clark SJ, Sorenson J, et al. National assessment of physicians' breastfeeding knowledge, attitudes, training, and experience. *JAMA*. 1995;273(6):472–6.
3. Rea MF, Venancio SI, Martines JC, et al. Counseling on breastfeeding: assessing knowledge and skills. *Bull World Health Organ*. 1999;77(6):492–8
4. Dykes F. The education of health practioners supporting breastfeeding women: time for critical reflection. *Matern Child Nutr*. 2006;2(4):204–16.
5. Lu MC, Lange L, Slusser W, et al. Provider encouragement of breast-feeding: evidence from a national survey. *Obstet Gynecol*. 2001;97(2):290–5.
6. Durand M, Labarère J, Brunet E, et al. Evaluation of a training program for healthcare professionals about breastfeeding. *Eur J Obstet Gynecol Reprod Biol*. 2003;106(2):134–8.
7. Winikoff B, Myers D, Laukaran VH, et al. Overcoming obstacles to breast-feeding in a large municipal hospital: Applications of lessons learned. *Pediatrics*. 1987;80(3):423–33
8. Stokamer CL. Breastfeeding promotion efforts: why some do not work. *Int J Gynaecol Obstet*. 1990;31 Suppl 1:61–5.
9. Iker CE, Mogan J. Supplementation of breastfed infants: does continuing education for nurses make a difference? *J Hum Lact*. 1992;8(3):131–5
10. Cattaneo A, Buzzetti R. Effect of rates of breastfeeding of training for the baby friendly hospital initiative. *BMJ*. 2001;323(7325):1358–62.
11. World Health Organization. 1998. Evidence for the ten steps to successful breastfeeding. Geneva, Switzerland: Division of Child Health and Development, World Health Organization. WHO Reference No. WHO/CHD/98.9. 111 pp. Available from: <http://bit.ly/2jLlBx8>
12. Cattaneo A, Yngve A, Koletzko B, et al. Protection, promotion and support of breast-feeding in Europe: current situation. *Public Health Nutr*. 2005;8(1):39–46.
13. Armstrong HC. Breastfeeding promotion: training of midlevel and outreach health workers. *Int J Gynaecol Obstet*. 1990;31 Suppl 1:91–103
14. Westphal MF, Taddei JA, Venancio SI, et al. Breast-feeding training for health professionals and resultant institutional changes. *Bull World Health Organ*. 1995;73(4):461–8.
15. Hale T. *Medications and Mother's Milk*. Amarillo, TX: Hale Publishing, L.P.; 2010.
16. Briggs G, Freeman R, Yafe S. *Drugs in Pregnancy and Lactation: a Reference Guide to Fetal and Neonatal Risk*. Philadelphia, PA: Lippincott, Williams & Wilkins. 2007.
17. National Library of Medicine. LactMed—drugs and lactation database. [online database]. Available from: <http://bit.ly/2jLzFH5>
18. World Health Organization/UNICEF. 2009. *Baby-friendly Hospital Initiative: Revised, updated and expanded for integrated Care*. Geneva, Switzerland: World Health Organization.

ALL DISCIPLINES HAVE A ROLE IN PROTECTING, PROMOTING AND SUPPORTING BREASTFEEDING.

Adapted and expanded from *All staff have a role in protecting, promoting and supporting breastfeeding*,
Irish National Health Promoting Hospital Network.

Obstetrician	<ul style="list-style-type: none">• Provides prenatal counseling (<i>Step 3</i>) on the benefits of breastfeeding and on how to access postpartum support.• Encourages labor and birth practices that support optimal breastfeeding.• Avoids practices, unless medically necessary, that might hinder breastfeeding.
Clerk	<ul style="list-style-type: none">• Displays breastfeeding-promotion posters and materials.• Removes materials that are in violation of the <i>Code</i>.• Makes sure that visitors are enabled to breastfeed wherever they are comfortable and offers a private comfortable place, if requested.• Is responsive by finding direct-care staff when moms call for assistance with breastfeeding.
Social Worker	<ul style="list-style-type: none">• Understands the emotional and financial benefits of breastfeeding.• Offers suggestions and referrals, such as to WIC, that support breastfeeding.• Avoids offering formula as a solution.
International Board Certified Lactation Consultant	<ul style="list-style-type: none">• Provides expert consultation for breastfeeding and lactation complications.• Assists when extra time is needed to establish or support breastfeeding.• Keeps staff up to date on breastfeeding information.• Serves as a breastfeeding resource person for staff.• Coordinates breastfeeding projects.• Helps to develop breastfeeding policy.• Serves on breastfeeding task force.
Labor & Delivery Nurse Neonatal Nurse Clinical Assistant	<ul style="list-style-type: none">• Discusses the importance of breastfeeding and the practices that support it.• Assists families in learning skills to establish breastfeeding.
Mother/Baby Nurse Postpartum Nurse Newborn Nurse Clinical Assistant	<ul style="list-style-type: none">• Identifies and teaches hunger and satiety cues.• Assists mothers to be comfortable when breastfeeding.• Discusses positioning, latch and routine management of breastfeeding with families and confirms understanding.• Interacts with families to promote breastfeeding in a positive, empowering and non-judgmental way.• Reminds visitors of the new family's need to rest and bond.• Supports moms who are separated from their babies and is aware of a patient's breastfeeding care plan (if one is established).• Cares for breast pumps and storage of breast milk.• Is alert to breastfeeding complications and concerns but does not diagnose or advise treatment. Notifies the lactation consultant when expert assistance is needed.

Pharmacist

- Has up-to-date knowledge and reference resources that consider the principles of lactational pharmacology (e.g., InfantRisk.com, *Medications and Mother's Milk*,³⁸ *Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk*,³⁹ LactMed-Drugs and Lactation Database⁴⁰ and others).
- Provides information on medication considerations for breastfeeding mothers.
- Understands lactation risk categories and suggests alternative medications when the medication is contraindicated in women who are breastfeeding an infant.

Pediatrician

- Recognizes that breastfeeding is the optimal form of infant nutrition and recommends breastfeeding exclusively or the use of banked donor human milk.
- Encourages confidence in the adequacy, sufficiency and importance of colostrum and breast milk.
- Encourages mothers to express their own breast milk if the baby is unable to breastfeed or if supplementation is needed.
- Recommends and prescribes banked donor human milk as indicated if mother's own milk is not available.
- Avoids restricting breast milk or promoting artificial feeding unless there is an overriding medical need.
- Understands normal infant growth and development within the context that breastfeeding is the physiologic norm.
- Schedules out-patient follow-up appointments within 48 hours after discharge.
- Refers to lactation experts when there are complications with breastfeeding or lactation.
- Communicates with other health disciplines and community-support providers to ensure counter-referral.

Dietitian

- Promotes the nutritional importance of breastfeeding for both baby and mother.
- Supports and preserves breastfeeding when a baby has a nutrition-related condition.
- Promotes human milk as the physiologic norm for infant feeding.

Anesthesiologist**Nurse Anesthetist**

- Helps the mother to be comfortable during labor and birth, as requested.
- Helps the baby to be born alert and ready to come to the breast.
- Assists with early skin-to-skin contact between mother and baby.
- Collaborates with OB/GYN to prescribe breastfeeding-friendly medications for any necessary surgical procedures during the postpartum period.

All disciplines should:

- Know where to refer women who need additional information or assistance.
- Adhere to the *Code* to protect mothers and babies and to maintain staff ethical integrity with regard to infant formula marketing practices.
- Develop competencies that support mothers, babies and the hospital's breastfeeding policy.

Step 2

ACTION PLAN

Step 2 Implementation Owner: _____

Start date: _____ Target completion date: _____

Primary Goals of Step 2:

- Staff is trained to provide safe, effective, evidence-based and patient-centered care to support breastfeeding and informed infant-feeding decisions.
- Staff empowers women to make informed infant-feeding decisions by imparting to them an understanding of the benefits and management of breastfeeding.
- Women are supported to manage and carry out their chosen infant-feeding method(s) in an atmosphere of respect.
- Both cultural and individual needs are considered and incorporated into care delivery.

BUDGET/RESOURCES FOR IMPLEMENTATION:

Resources area and description	Description	Budgeted amount
Equipment	<hr/> <hr/>	\$
Staffing	<hr/> <hr/>	\$
Materials	<hr/> <hr/>	\$
Total		\$

Implementation

Curriculum Checklist:

Does the curricula developed satisfy all of the requirements below?

- Is evidence-based
- Includes training in the implemented steps and the International Code for Marketing of Breast milk Substitutes, if applicable.
- Includes the Baby-Friendly Hospital Initiative
- Includes information about the social and cultural context of breastfeeding and information about strategies to reduce disparities in breastfeeding
- Includes general knowledge about breastfeeding management and support, including:
 - Advantages of breastfeeding
 - Benefits of breast milk over formula, particularly in the first 6 months.
 - Mechanisms of lactation and suckling
 - Infant state behavior
 - Hunger and satiety cues
 - How to initiate and sustain breastfeeding
 - Importance of skin-to-skin contact
 - How to assess a breastfeeding
 - How to support normal breastfeeding, how to resolve breastfeeding difficulties, etc.
- Includes information about how to support infant feeding for non-breastfeeding women
- Is based on principles of adult learning and change theory
- Facilitates the development of clinical skills, a systems approach, reflective attitudes, and effective interpersonal and counseling skills
- Facilitates reduction in attitudes and practices that hinder breastfeeding
- Facilitates development from novice to expert
- Incorporates both cultural and individual needs of women

How will you sustain *Step 2*?

Identify strategies to ensure accountability for staff participation in training.

Responsibility _____

Due _____ Completed _____

Strategies _____

Identify methods and tools and schedules for tracking staff participation in training.

Responsibility _____

Due _____ Completed _____

Strategies _____

Identify methods, tools and schedules for continuous quality improvement and supportive supervision.

Responsibility _____

Due _____ Completed _____

Strategies _____

Other _____

Responsibility _____

Due _____

Completed _____

Step 2 Implementation Tracking

Use the table below as a checkpoint for your unit and facility planning and for assessing your progress on Step 2. 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.

STEP 2 IMPLEMENTATION TRACKING				
At Month		Person Responsible	Initials	Date
	Implement a comprehensive breastfeeding policy (<i>Step 1</i>) that includes mandatory staff training within six months of hire.			
	Orient all staff to the breastfeeding policy.			
	Training strategy is developed and finalized.			
	Develop a training schedule.			
	Promote training and application of knowledge and skills through key staff members and a hospital-wide communications strategy (e.g., posters promoting your facility's implementation of the Ten Steps).			

Notes

Step 2

FACILITY IMPACT

COSTS TO FACILITY		
	Description/Notes	Dollar Amount
Time spent training staff		\$
Materials developed for training		\$
Other costs related to development and implementation of training		\$
	Subtotal	\$
SAVINGS TO FACILITY		
	Description/Notes	Dollar Amount
Timely resolution of breastfeeding problems		\$
Decreased patient wait time for help with breastfeeding and increased availability of knowledgeable staff		\$
Other savings and benefits		\$
	Subtotal	\$
		Net Annual Loss or Gain to Facility
		\$
What can be done differently next year?		

Step 2

UCATS STEPPING UP FOR UTAH BABIES APPLICATION

In the inquiring health facility, 80% of staff that provide direct services to mothers and/or infants are expected to receive sufficient orientation on the facility's breastfeeding policy. Documentation of training indicates that at least 80% of direct staff, who are employed by the facility, have received the following: at least 8 hours of training within 6 months of hire and 3 hours of skills update each year thereafter for direct staff; at least 3 hours of training within 6 months of hire and 1 hour of training each year thereafter for physicians. Training may include through well-supervised self-study, online courses or in-house training that covers all implemented steps and the facility's policy on breast milk substitutes. Training should also include how to support non-breastfeeding moms.

1) What percentage (%) of staff assigned to direct mother/infant care received training on breastfeeding and lactation support? _____%

Numerator: # of staff assigned to direct mother/infant care receiving training on breastfeeding and lactation support.

Denominator: # of staff assigned to direct mother/infant care

2) What percentage (%) of staff assigned to direct mother/infant care received at least 3 hours of supervised clinical-skills training? _____%

Numerator: # of staff assigned to direct mother/infant care receiving at least 3 hours of supervised clinical-skills training.

Denominator: # of staff assigned to direct mother/infant care

2a) How was this training completed?

Well-supervised self-study

Online courses

In-house training.

Other, please describe: _____

If you offered standardized training, submit agenda and training objectives with application.