Stepping Up for Utah Babies

Toolkit for hospitals

Department *of* Health
& Human Services

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Introduction

The Stepping Up for Utah Babies program

The Utah Department of Health and Human Services (DHHS) developed Stepping Up for Utah Babies to recognize Utah hospitals that have taken steps to promote, protect, and encourage breastfeeding. This toolkit will guide your organization in implementing Stepping Up for Utah Babies and becoming a designated Breastfeeding Friendly Hospital.

Stepping Up for Utah Babies is based on the 10 Steps for Successful Breastfeeding as outlined by the World Health Organization (WHO).

The 10 Steps to Successful Breastfeeding:

1. Have a written infant feeding policy that is communicated to staff and patients.
2. Make sure staff have knowledge and skills to support breastfeeding.
3. Teach parents about the benefits of and how to manage breastfeeding.
4. Allow for skin-to-skin contact as soon as possible after birth.
5. Support parents as they start and maintain breastfeeding and manage common problems.
6. Do not give breastfed infants any food other than breast milk unless there is a medical reason.
7. Keep parents and babies together 24 hours a day while in the hospital.
8. Teach parents to recognize and respond to their baby's feeding cues.
9. Counsel parents on the use and risks of feeding bottles, artificial nipples (teats) and pacifiers.
10. Provide parents with breastfeeding support resources upon discharge.

Involvement in Stepping Up for Utah Babies will help your hospital provide patient-centered care, build leadership and teamwork skills, improve patient satisfaction, elevate standards of care, and improve the health outcomes of moms and babies in Utah.

How Stepping Up for Utah Babies works

First, a hospital receives initial training on the program from DHHS.

→ **If your hospital is interested in the training,** please email rhpweb@utah.gov.

DHHS provides guidance, support, and resources to help the hospital reach each of the 10 Steps to Successful Breastfeeding. Hospitals should work on 1 or 2 steps at a time, in any order they choose. It takes some time to fully implement a step and how long it takes depends on the unique situation of the hospital.

After a step has been in place for 6 months, data related to that step is collected and sent to DHHS. The data required for each step is located at the end of every step's section of this toolkit. If the data meets the specified thresholds, the hospital is certified in that step. To accurately capture patient care, establish a data collection plan before you being implementing steps.

This program is meant for healthy moms and babies. If a patient has a contraindication to any of the steps, they will not be included in the hospital's reported data sample. It is up to you, the patient's care providers, to use your best judgment to decide which patients are considered healthy, and what contraindications are for the steps.

Once a hospital is certified in all 10 steps, they are designated as a Breastfeeding Friendly Facility. Hospitals who reach this designation receive a certificate of achievement and a plaque to display in the facility. They will also be added to the list of participating facilities on the Stepping Up for Utah Babies website, which families may refer to when they choose birthing hospitals that support their breastfeeding goals.

Once a hospital is designated as breastfeeding friendly, re-certification is required every 2 years with submission of recent data to make sure practices have been maintained.

In order for your hospital to be designated as breastfeeding friendly by DHHS, you must complete all 10 steps. If you'd like to implement less than 10 steps, you are welcome to do so and will be recognized as a hospital participating in Stepping Up for Utah Babies.

Hospitals can work on each one of the steps at their own pace, and the steps don't need to be completed in chronological order. The exception to this is step 1, which must be done before any other steps. It will serve as a helpful foundation for the rest of the steps.

There is no cost for program participation, and there are no requirements for how hospitals buy formula or give formula samples to patients.

Implementing Stepping Up for Utah Babies can look different for each hospital based on their needs and abilities. Create a plan for implementation that is most appropriate for your hospital, staff, patients, and community.

DHHS is always available to help you with your hospital's individual situation. We are thankful for your partnership as we work toward a common goal of improving the health of moms and babies in Utah.

Using this toolkit

This toolkit is designed to help hospitals implement Stepping Up for Utah Babies. Each section includes the evidence for the step, how to implement the step, troubleshooting ideas, required evaluation methods, and resources for further learning. The last page of each step is the certification sheet that will be filled out with your data and sent to DHHS.

Background

Breastfeeding in Utah

Supporting breastfeeding is a priority in Utah. Stepping Up for Utah Babies is recognized as an evidence-based program that helps achieve the following goals:

- Increasing the percentage of infants who are ever breastfed.
- Increasing the percentage of infants who are exclusively breastfed for the first 6 months of life.

The benefits of breastfeeding

Breastfed babies have lower risk for several pediatric conditions, including:[1, 2]

- Ear infections
- Gastrointestinal infections
- Sudden unexpected infant death (SUID)
- Severe lower respiratory disease
- Inflammatory bowel disease
- Childhood leukemia

Long-term breastfeeding is also associated with protection against future chronic conditions for the baby, such as type 2 diabetes, obesity, and asthma.[1-3]

Breastfeeding benefits moms as well, lowering their risk for conditions such as type 2 diabetes, hypertension, and breast, ovarian, and endometrial cancer.[1]

Because breastfeeding leads to improved health outcomes, it remains a key strategy to improve public health. The 10 Steps are associated with positive breastfeeding outcomes worldwide. Research has found that the more of the 10 Steps moms and babies experience in the hospital, the higher their likelihood for exclusive breastfeeding.[4]

While the gold standard of infant feeding is exclusive breastfeeding for 6 months, there are many barriers that parents face. This is why practices in the first days and hours after birth are so critical. The practices this program helps you implement are evidence-based ways to help moms and babies exclusively breastfeed for 6 months, if that is their goal.

Hospitals and health professionals play an important role in improving breastfeeding trends by supporting the individual needs of their patients. Evidence-based healthcare protocols can significantly influence breastfeeding initiation, exclusivity, and duration.[5]

The WHO upholds The 10 Steps as a significant contributor to improved breastfeeding rates. The WHO has called upon all facilities providing maternity and newborn services worldwide to implement The 10 Steps.[6]

General resources

While each of the 10 steps in this toolkit contain specific resources that may be helpful for that step, the following is a list of general resources that may be helpful as you implement the program as a whole and promote breastfeeding in your hospital.

- The Stepping Up for Utah Babies website contains an overview of the program, a list of participating hospitals, and educational resources.

- Utah Women, Infants, and Children (WIC) provides a variety of breastfeeding supports. Their breastfeeding page has helpful educational resources, including a comprehensive breastfeeding guide.

- The Academy of Breastfeeding Medicine website contains education and empowerment for health professionals to support and manage breastfeeding.

- The U.S Breastfeeding Committee is a collaborative effort to drive policy and practices that support breastfeeding in the United States.

- Drugs and Lactation Database (LactMed) contains information on drugs and chemicals breastfeeding moms may be exposed to and their possible effects on breastfeeding babies.

- MotherToBaby is a free service that provides information on exposures during pregnancy and breastfeeding. Anyone, including health care professionals, can ask their experts questions about the safety of drugs and other exposures during pregnancy and breastfeeding.

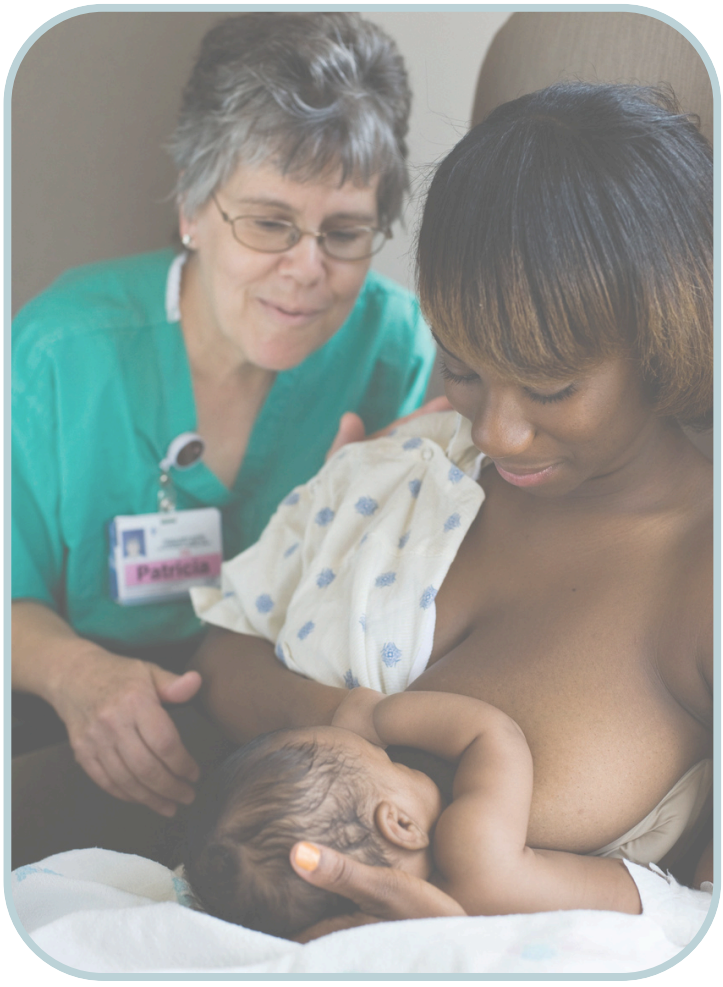
- The American Academy of Family Physicians Breastfeeding—Common questions and answers contains helpful information on breastfeeding and gives clinical evidence.

Remember mental health

When working with pregnant and postpartum women, it's important to keep support of their mental health in mind. Depression and anxiety are the most common complications of childbirth.

The following resources may be helpful:

- Utah's Maternal Mental Health website
- Utah's Maternal Mental Health Referral Network is a directory of professionals and support groups with training in perinatal mental health.
- Utah's Maternal Mental Health Provider Toolkit contains tools for providers who work with parents during the perinatal period.
- An educational resource for parents on mental well-being and infant feeding, available in English and Spanish.



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Step 1

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

Objectives

1. Create a breastfeeding policy that promotes patient-centered care.
2. Deliver policy training to all new employees within 6 months of hire.
3. Display a summary of the policy where pregnant women, moms, families, and babies are served.
4. Keep track of breastfeeding support through regular policy audits.

Background

Clear policies lead to quality care. A policy with strong support and frequent evaluation can improve breastfeeding outcomes.[1-4]

To develop an effective policy:

- Review recommendations for breastfeeding policies made by the American Academy of Pediatrics and the Academy of Breastfeeding Medicine (refer to the resources section for example policies).
- Involve a diverse variety of staff in decision making.
- Assess staff attitudes related to breastfeeding promotion.[5]
- Consider the unique needs of your hospital and community.

To support an effective policy:

- Ensure effective communication and consistently reinforce the policy.
- Create staffing structures to ensure that the policy is carried out.
- Demonstrate administrative support of the policy.
- Involve all units of the hospital to create a universal breastfeeding-friendly culture.
- Address staff attitudes related to breastfeeding promotion.
- Review and audit the policy regularly and make changes as needed.

> To be certified in step 1, it is expected that hospitals will have an infant feeding policy that addresses principles of at least 2 of the 10 steps to successful breastfeeding. The policy should be communicated to all staff, especially when newly hired, and should be displayed in areas where patients and visitors can view.

Implementation

If your hospital already has an infant feeding policy in place, begin by evaluating its strengths and weaknesses. Strengths could include specificity, clear protocols, specific indications for supplementation, and a concrete number of training hours for specific positions.

Be sure that the policy has strong support from the beginning. Hospital leaders and management should commit to follow, communicate, and enforce the policy. Be prepared to audit policy adherence regularly to determine if further support is needed.

Action steps

1. **Develop or update your hospital's breastfeeding policy.**

Choose a policy development team from all involved departments to write or update a breastfeeding policy.

While writing the policy, consider:

- The current attitudes and perceptions about breastfeeding among staff.
- How the steps will be implemented in the hospital.
- Who will be administrators and leaders over the policy.
- How to manage staffing and scheduling to support evidence-based breastfeeding practices.
- Evidence-based ways to meet the nutritional needs of moms and babies.
- Feeding guidelines for common circumstances, like babies with low birth weight and those delivered by C-section.
- Best practices for bottle-feeding and use of formula and how to address these practices when needed.
- A list of medical conditions that could indicate the use of breast milk substitutes.

The policy should be simple and clear to avoid confusion. Remain concise. Write at a reading level that staff and patients will understand.

2. **Implement the policy.**

After finalizing the policy, inform staff of the policy goals. To implement the policy, establish:

- An implementation timeline.
- A feedback and communication system among staff to discuss successes and barriers to implementation.
- Plans for regular discussion and continuing education to reinforce hospital goals.
- Documentation tools designed to track progress.

Prioritize goals so your hospital can manage time and resources. Explain that the policy should be mandatory for staff members according to their respective roles. Exceptions to the policy should only be allowed to protect the health and safety of the mom and baby or if the mom, with full information and context, requests and agrees to receive care that deviates from the standard.

Other things to keep in mind

Communicate the policy. Share copies of the policy with staff and verify that they understand and comply. New staff should receive policy orientation within 6 months of hire.

Create a simplified policy guide for patients. Hospitals often do this through posters, flyers, or digital displays. Display the guide throughout units that serve pregnant women, moms, families, and babies. Ensure that the guide is culturally appropriate, easy to understand, and shared in the common languages of the patient population. Indicate that the full policy is available upon request.

Audit the policy. Audit the policy annually. Assess compliance with the breastfeeding policy and effectiveness of staff training. Conduct audits more frequently if new research emerges or the needs of the community require change.

Overcoming barriers

Common concerns associated with creating and implementing a breastfeeding policy are detailed below, along with strategies to overcome them.

- **Staff is resistant to change**. Staff may be concerned that new policies will interfere with competing demands or that they may negatively affect patient outcomes.
  - Identify hospital leaders who have successfully implemented policies. Invite them to discuss their experiences with staff.
  - Celebrate a culture of change and improvement.
  - Create a learning environment. Acknowledge uncertainty and resistance and provide safe settings for staff to discuss concerns. A supportive approach is essential to encourage the change process.
  - Maintain open lines of communication and validate input.
  - Share scientific evidence supporting change. Reiterate the health benefits associated with breastfeeding. Draw connections between patient care practices and breastfeeding outcomes.

- **There is concern about the cost of policy change.**
  - Collaborate with staff to evaluate the financial impact of the proposed policy against the status quo.
  - Develop a system to track and predict costs over time.
  - Discuss costs with other hospitals who experienced the policy change process.
  - Examine pros and cons of policy implementation. Consider quality, safety, and risk-management.

- **Compliance to the policy may be low if there is no accountability through regular monitoring.**
  - Incorporate monitoring and evaluation into the policy from the beginning.
  - Include chart reviews, patient interviews, and other audit strategies.
  - Include policy adherence in performance plans.
  - Communicate the results of quality-improvement data to publicize progress.
  - Celebrate staff members as they successfully implement the policy.

Step 1 resources

- Academy of Breastfeeding Medicine protocols
    - Helpful resources to guide clinical practice. Includes guidelines for breastfeeding and common conditions such as hypoglycemia, jaundice, and more.

Sample breastfeeding policies

- The Baby Friendly Hospital Initiative—Guidelines and evaluation criteria
- American Academy of Pediatrics—Sample hospital breastfeeding policy for newborns
- California Model Hospital Policy recommendations
- California Department of Public Health—Breastfeeding policy resources
- Missouri "Show Me 5" Initiative
- New York State Model hospital breastfeeding policy

Policy point examples

Below are examples of how each step can be addressed in a policy. Your hospital's policy must address principles from at least 2 steps of your choosing.

Step 1: Have a written infant feeding policy that is communicated to staff and patients.
- The policy is routinely communicated to all staff.
- A summary of the policy is displayed in all appropriate areas.

Step 2: Make sure staff have knowledge and skills to support breastfeeding.
- Training for all staff includes evidence-based information to improve staff skills and confidence.
- Staff complete breastfeeding training within 6 months of hire.

Step 3: Teach parents about the benefits of and how to manage breastfeeding.
- All pregnant women are informed of:
    - Basic breastfeeding management and care practices.
    - The possible implications of giving unneeded formula supplementation to their babies during the first 6 months.

Step 4: Allow for skin-to-skin contact as soon as possible after birth.
- All healthy moms and babies receive:
    - Skin-to-skin contact for at least 60 minutes after birth.
    - Education on signs that their babies are ready for their first feeding.

Step 5: Support parents as they start and maintain breastfeeding and manage common problems.

- All breastfeeding moms are taught breastfeeding positions and a healthy latch.
- All breastfeeding moms are taught how to manage milk expression, including using an electric breast pump and hand expression.
- All moms who decide not to breastfeed are:
  - Informed about various feeding options.
  - Taught to safely prepare their feedings of choice.
  - Given information on how to care for their breasts.
- Moms of babies in special care units are:
  - Offered help to initiate lactation if planning to provide breast milk for their baby.
  - Taught how often to express milk to sustain their supply.

Step 6: Do not give breastfed babies any food other than breast milk unless there is a medical reason.

- Supplements or replacement feeds are given to babies only if:
  - Medically indicated.
  - Moms have made fully informed choices after counseling on various options.
  - Reasons for supplements are documented.

Step 7: Keep moms and babies together 24 hours a day while in the hospital.

- All moms and babies room-in together, including at night.
- Separations are only for justifiable reasons, with written documentation.

Step 8: Teach parents to recognize and respond to their baby's feeding cues.

- All parents are taught how to recognize the signs that their babies are hungry and that they are satisfied.
- No restrictions are placed on frequency or duration of breastfeedings.

Step 9: Do not give artificial nipples or pacifiers to breastfeeding infants.

- Breastfeeding babies are not given pacifiers while they are in the hospital.

Step 10: Provide parents with breastfeeding support resources upon discharge.

- Information is provided to families about where to access breastfeeding support after returning home.

Step 1 references

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Step 1 certification

To be certified in step 1, it is expected that hospitals will have an infant feeding policy that addresses at least 2 of the 10 steps to successful breastfeeding. The policy should be communicated to all staff, especially when newly hired, and should be displayed in areas where patients and visitors can view.

Please answer the following questions:

1. Does the hospital have a written infant feeding policy that addresses at least 2 of the 10 Steps to Successful Breastfeeding? If yes, include a copy of the policy.

☐ Yes ☐ No

2. Is the infant feeding policy communicated to all new staff within 6 months of hire?

☐ Yes ☐ No

3. How is it communicated to staff?

4. Is a summary of the policy posted for patients and visitors to review?

☐ Yes ☐ No

5. How and where is it posted?

6. How will staff adherence to the policy be monitored?

Step 2

Ensure that staff have the knowledge and skills to support breastfeeding.

Objectives

1. Train staff to provide consistent, patient-centered care to support breastfeeding.
2. Empower families to make informed infant-feeding decisions, considering cultural and individual needs.
3. Assess the knowledge and skills of staff.

Background

When healthcare staff give inconsistent breastfeeding counsel, it can lead to confusion for patients. Consistent, evidence-based information can help lead to effective breastfeeding.

Evidence-based training in breastfeeding helps staff confidently deliver consistent care, leading to better outcomes.[1-3] Staff training is most effective when it is mandatory and occurs over the span of multiple days.

Direct care staff are defined as staff who work hands-on with moms, babies, and families. This includes but is not limited to providers, nurses, lactation consultants, and nursing assistants.

> To be certified in step 2, it is expected that all new hires who care for patients receive training on the hospital's infant feeding policy and at least 8 hours of training on breastfeeding within 6 months of hire.
>
> Additionally, at least 80% of direct care staff should receive at least 3 hours of breastfeeding training every year.

Implementation

All staff who directly care for women, babies, and children should receive training about how to support breastfeeding. Develop a training plan while considering the following.

A training curriculum for direct-care staff should:

- Be evidence-based.
- Include information about breastfeeding in various social and cultural contexts, especially those that are common among your hospital's patient population.
- Help staff develop clinical, interpersonal, and counselling skills.[4, 5]
- Help improve attitudes and perceptions that hinder breastfeeding practices.
- Encourage open communication between staff and families.
- Include information about how to support infant feeding when families choose not to breastfeed.

Training should focus on topics related to breastfeeding. It may be helpful to assess if there are gaps in staff knowledge and focus on the topics needed. Possible training topics could include:

- Advantages of breastfeeding.
- Pros and cons of breast milk substitutes.
- Mechanisms of lactation and suckling.
- Hunger and satiety clues.
- How to initiate and sustain breastfeeding.
- Advantages of skin-to-skin contact.
- How to assess a feeding.
- How to support normal breastfeeding.
- How to resolve common breastfeeding difficulties.

Training delivery

You can choose the training method that works best for your hospital. Possible training methods could include:

- Clinical skills fairs.
- Incorporating training into existing staff meetings.
- Web-based or app training.
- In-house train-the-trainer programs.
- Journal articles.
- Observation/facilitation of mother-to-mother support groups.
- Conferences.
- Observing/shadowing skilled staff.
- Training across multiple departments to show how to support breastfeeding in different settings.
- Breastfeeding coalition and IBCLC chapter meetings.
- Regular meetings to discuss recent research.

Staff should be supervised as they practice new skills such as positioning, latching, expressing by hand, and counseling moms with an attitude of support. It can be helpful to allow small groups to practice through role-playing.

It may be helpful to train a few key staff members who will then train others. Key staff members should receive special training to equip them with the necessary skills to supervise others and should demonstrate their own competency with periodic knowledge checks.

When creating a training plan, don't forget to include how training participation will be tracked to ensure all staff stay up to date on training.

Overcoming barriers

Common concerns associated with training and strategies to overcome them are detailed below.

- **There's not enough time for training.**
  - Incorporate training into existing structures. Place training resources in common staff areas, include content during staff meetings, or train staff on-the-job.

- **The hospital lacks expertise to develop curricula or to implement training.**
  - Partner with organizations such as the local Women, Infants, and Children (WIC) agency, the local International Lactation Consultant Association, or other hospitals in the community to share training resources. Explore the training materials included in the resources section.

- **Staff attitudes toward breastfeeding are a barrier to interest in training.**
  - Make an effort to share success stories after implementing the new policy. Personal experiences with success can impact acceptance for updated care practices.[5]

Other strategies to overcome barriers could include:

- Present training as part of a larger strategy to implement current best practices, rather than to review things they already know. Consider an orientation meeting before the training begins to discuss current evidence and the purpose of Stepping Up for Utah Babies.

- Publicly recognize accomplishments as training proceeds, such as positive patient outcomes or staff members who demonstrate exceptional skills.

- Ensure support for the training from senior management. Offer continuing education credits for staff training.

Step 2 resources

- Association of Women's Health, Obstetric and Neonatal Nurses—Breastfeeding resources for nurses
- The American College of Obstetricians and Gynecologists—Optimizing support for breastfeeding
- Utah Women, Infant, and Children (WIC)

Example curricula

- Baby-friendly Hospital Initiative training course for maternity staff: customisation guide
- Infant and young child feeding counselling: an integrated course: trainer's guide
- American Academy of Pediatrics—Breastfeeding curriculum

Breastfeeding journals

- Breastfeeding Medicine—Journal of the Academy of Breastfeeding Medicine
- Journal of Human Lactation
- International Breastfeeding Journal

Roles and responsibilities

This list gives examples of staff on the unit and their roles in supporting breastfeeding.

- Provider (obstetrician, midwife, nurse practitioner, etc.)
  - Provides prenatal counseling on the benefits of breastfeeding.
  - Encourages labor and birth practices that support optimal breastfeeding practices.
  - Avoids practices that might hinder breastfeeding unless medically necessary.
  - Determines if there is a medical need for supplementation.

- Labor and delivery nurse
  - Discusses the importance of breastfeeding and the practices that support it.
  - Assists families in learning skills to establish breastfeeding.
  - Facilitates early skin-to-skin contact.

- Mother/baby nurse, postpartum nurse, newborn nurse
  - Teaches and identifies hunger and satiety cues.
  - Teaches positioning and latching.
  - Interacts with families to promote breastfeeding in a positive, empowering, and non-judgmental way.
  - Conducts regular breastfeeding assessments.
  - Reminds visitors of the new family's need to rest and bond.
  - Cares for breast pumps and storage of breast milk.
  - Helps moms be confident and understand the benefits of breast milk for their babies.
  - Assists with breastfeeding complications and concerns.
  - Notifies lactation consultant when assistance is needed.

- Clerk
  - Displays breastfeeding-promotion posters and materials.
  - Ensures that visitors are able to breastfeed wherever they are comfortable.
  - Promptly communicates with direct-care staff when moms call for breastfeeding assistance.

- Social worker
  - Offers referrals, such as to WIC, for breastfeeding assistance.
  - Understands the basics of breastfeeding and avoids offering formula to breastfeeding families.
  - Offer support and resources related to mental health and infant feeding.

- Lactation consultant
  - Provides consultation for breastfeeding and lactation complications.
  - Helps staff stay updated with breastfeeding information.
  - Coordinates breastfeeding projects.

- Pediatrician
  - Acknowledges and teaches the importance of breastfeeding.
  - Helps moms be confident and understand the benefits of breast milk for their babies.
  - Recommends and prescribes donor milk if needed.
  - Determines if there is a medical need for supplementation.
  - Teaches normal infant growth and development.
  - Notifies lactation consultant when expert assistance is needed.

- Anesthesiologist
  - Encourages and helps facilitate early skin-to-skin contact between mom and baby.
  - Collaborates with the patient's provider to prescribe breastfeeding-friendly medications as necessary.
  - Educates families about medications and subsequent breastfeeding recommendations.

- All staff
  - Know where to refer families for additional information and assistance.
  - Develop skills that support moms, babies, and the breastfeeding policy.

Step 2 references

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Step 2 certification

To be certified in step 2, it is expected that:

- All new hires who care for patients directly receive at least 8 hours of training on breastfeeding.
- At least 80% of direct care staff should receive at least 3 hours of breastfeeding training every year.

Please answer the following questions:

1. Do newly hired direct care staff receive at least 8 hours of breastfeeding training within 6 months of hire?
   ☐ Yes ☐ No
2. In the last year, what percent of direct care staff have received at least 3 hours of training on breastfeeding support? (Do not include staff hired within the last 6 months in this count.) _____%

Numerator= number of direct care staff who received training on breastfeeding support.
Denominator= number of direct care staff.

3. How is this training completed?

4. What main topics are covered in this training?

5. How is staff participation in these trainings monitored?

Step 3

Teach families about the benefits and management of breastfeeding.

Objectives

1. Help moms to increase their knowledge about and ability to breastfeed.
2. Encourage positive attitudes and foster confidence about breastfeeding.

Background

When a family comes to your hospital, they have likely decided how they would like to feed their baby. Early on in your encounter with them, discuss their intended feeding method and document it in their chart. This will allow all members of their care team to make decisions according to their feeding wishes.

Documenting a patient's intentions will also be beneficial in subsequent steps in the Stepping Up for Utah Babies program, when you will record separate data samples from families who wish to breastfeed and those who don't. **Decide if this intention will be documented in mom's chart, baby's chart, or both for consistency across reporting.**

Families look to medical professionals to provide guidance to support positive health outcomes for themselves and their babies. Breastfeeding guidance is an essential part of this care and directly impacts mothers' and babies' abilities to initiate and continue breastfeeding.

Accurate and consistent information about the benefits of breastfeeding leads to increased breastfeeding initiation and continuation.

Share information about practices known to support effective feeding, including skin-to-skin care, rooming-in, and on-demand feeding.

Be sure to teach breastfeeding principles clearly and simply so families can understand.[1]

> To be certified in step 3, it is expected that at least 90% of families that plan to breastfeed receive education on breastfeeding.

Implementation

All education should be accurate, consistent, and positive. Consider the needs of families with various ages, levels of literacy, cultural backgrounds, preferred languages, and education.

These messages and education can be given in ways that work best for your hospital and patients. Some examples include:

- Direct education from hospital staff.
- Flyers or handouts.
- Posters in lobbies, hallways, or patient rooms.
- Clips shown on TVs in lobbies, hallways, or patient rooms.

The messages could include information such as:

- The importance of initiating breastfeeding early on.
- What a good latch looks like.
- Types of breastfeeding holds.
- The benefits of breast milk and breastfeeding for both mom and baby.
- How to use a breast pump.
- How to hand express milk.
- How to store breast milk safely.

Topics that all families should receive education on, regardless of the way they plan to feed their baby, include:

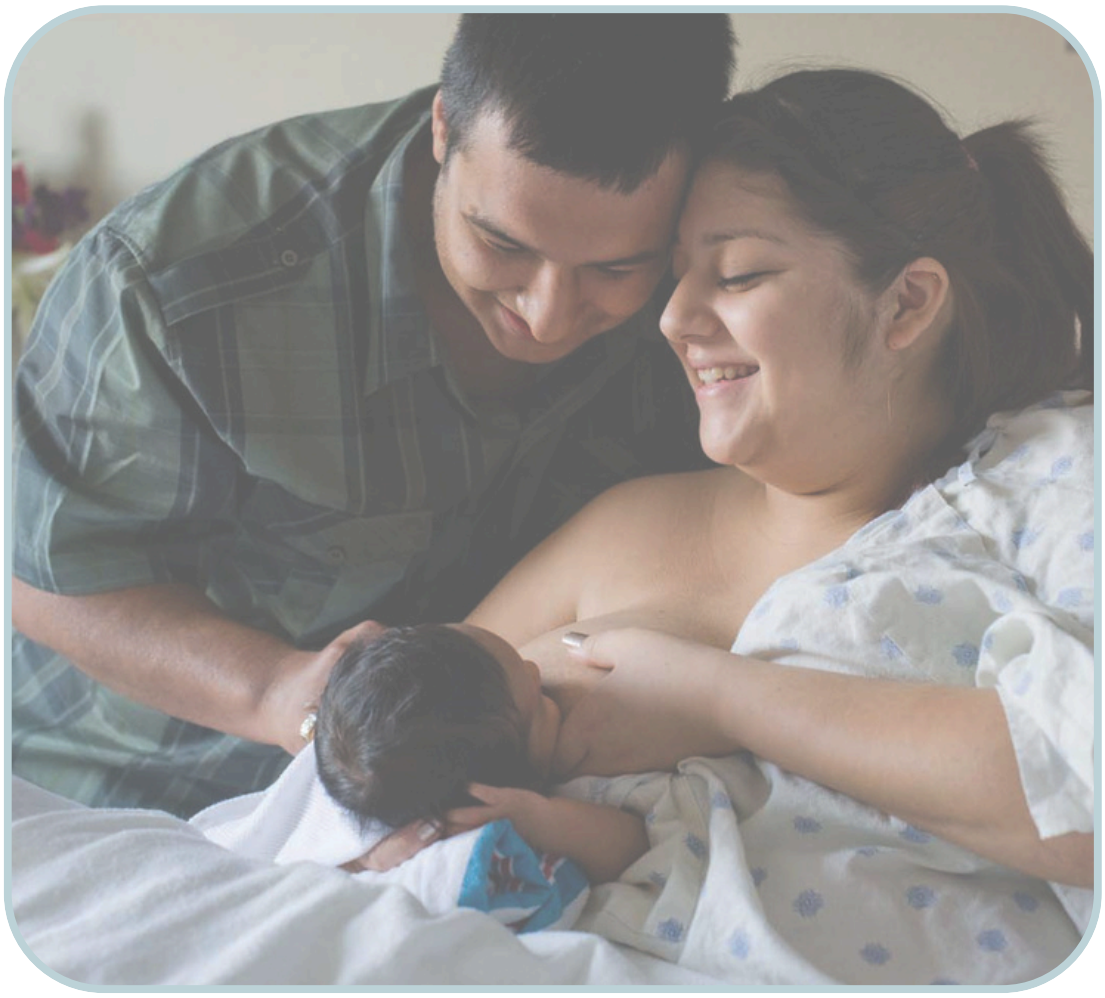
- The importance of skin-to-skin contact.
- The importance of mom and baby rooming-in together.
- On-demand feeding.
- A baby's hunger cues.
- Signs a baby is full.
- Burping a baby.

Step 3 resources

- Stepping Up for Utah Babies educational materials
- Utah WIC—Breastfeeding education
- Lactation Education Resources—parent handouts

Step 3 references

1. Tully, K. P., Smith, J. L., Pearsall, M. S., Sullivan, C., Seashore, C., & Stuebe, A. M. (2022). Postnatal Unit Experiences Associated With Exclusive Breastfeeding During the Inpatient Stay: A Cross-Sectional Online Survey. Journal of human lactation: official journal of International Lactation Consultant Association, 38(2), 287–297. https://doi.org/10.1177/08903344211057876



Step 3 certification

To be certified in step 3, it is expected that at least 90% of families that plan to breastfeed receive education on breastfeeding.

Please answer the following questions:

1. What percentage of families who plan to breastfeed receive education on breastfeeding? _____%

Numerator= families with a documented intention to breastfeed who receive breastfeeding education.
Denominator= families with a documented intention to breastfeed.

2. How does your hospital educate families on breastfeeding?

3. What specific topics are covered when educating on breastfeeding?

Step 4

Allow for skin-to-skin contact as soon as possible after birth.

Objectives

1. Ensure that moms and babies have skin-to-skin contact for at least an hour following birth.
2. Help moms recognize when their babies are ready to breastfeed and offer help when needed.

Background

Successful breastfeeding begins with early and frequent contact between mom and baby. When a baby is placed in skin-to-skin contact (prone on the mom's bare chest) soon after birth, they instinctively seek the breast. This early contact leads to surges of hormones, such as oxytocin, within mom and baby. These hormones have important benefits for breastfeeding. If it's necessary to interrupt skin-to-skin contact, ensure it can continue as soon as possible.

Skin-to-skin contact is important for all moms and babies, regardless of feeding intentions.

Encourage moms to practice skin-to-skin contact with their baby immediately after birth as well as throughout the hospital stay. Skin-to-skin contact with other family members, such as the baby's dad, can also be beneficial.

Some benefits of regular skin-to-skin contact include:

- Early establishment of effective breastfeeding.[1]
- Longer duration of breastfeeding.
- Increased rates of exclusive breastfeeding. [2, 3]
- Increased bonding between mom and baby.[2]
- Infant physiologic regulation, which includes:
  - Regulated body temperature.
  - Regulated heart rate and breathing.[2]
  - Regulated metabolic adaptation and blood glucose.[4]
  - Lower rates of morbidity and mortality.

> To be certified in step 4, it is expected that at least 70% of all healthy babies should be placed in skin-to-skin contact with their moms as soon as possible after birth and encouraged to stay skin-to-skin for at least an hour.

Implementation

Skin-to-skin contact should be routine for all healthy moms and babies.

A naked baby should be dried and directly transferred to the mom's chest, between her bare breasts as soon as possible after birth. Both mom and baby can be covered with a warm blanket. Create a quiet and unhurried environment so skin-to-skin contact can continue for as long as the mom wishes. Assist the mom to initiate breastfeeding when the baby shows signs of readiness.

Regardless of feeding intentions, hospitals should protect and support closeness between moms and babies. Early close contact initiates physical and hormonal changes that prepare moms and babies for their relationship together.

Try not to interrupt early contact for the convenience of the staff. Most typical procedures, such as vitamin K administration[5] and weighing, can wait until after the first feeding.

Ensure that moms have adequate pain management if they require suturing or other post-delivery procedures so they can continue to hold their babies. Be aware of situations that may threaten the safety of the mom or the baby, such as if an unassisted mom has a high level of pain or an altered state of consciousness. Attentive caregivers may assist moms to hold their babies and help initiate breastfeeding when the baby shows readiness.

It may be helpful to use a wheelchair or gurney during transfer to the postpartum unit to enable continuous skin-to-skin contact. If it is necessary to separate mom and baby, resume contact as soon as possible.

Do not rush or force babies to the breast for the first feeding. Immediately after birth, moms and babies need time to build trust and confidence. Ensure that staff is available to answer questions and point out signs that the baby is ready to feed. Staff should always offer support and encouragement.

Minimize separation of the mom and baby following a cesarean section. Skin-to-skin contact can often begin in the operating room if the mom and baby are healthy. Otherwise, encourage skin-to-skin contact and unhurried feeding as soon as it's feasible.

If clinical indications prevent or delay skin-to-skin contact, start or resume it as soon as possible. Ensure that any contraindications or reasons for delaying skin-to-skin are clearly recorded in the medical record.

- If the baby requires neonatal intensive care, facilitate accommodations for the mom to hold them as soon as they are both stable enough to be together.

- If the mom is unable to hold her newborn, but the baby is healthy and stable, they may have skin-to-skin contact with a supportive parent or other close family member.

- Breastfeeding can still be successful even if separation occurs before the first feed, but moms and babies may need extra support. Frequent and uninterrupted skin-to-skin contact can help.

Overcoming barriers

Common concerns associated with implementing step 4 are detailed below, along with strategies to overcome them.

- There are perceptions that units are too busy to accommodate immediate and continuous skin-to-skin contact.

    - Implementing policies of skin-to-skin contact requires change and reorganization, but requires little extra time once implemented. Continuous observation of the mom and baby is not required.

- There is not sufficient space to accommodate unhurried contact in delivery rooms.

    - Maintain skin-to-skin contact while transferring moms and babies to the postpartum unit.

- Some activities may need to happen before initial skin-to-skin contact.
    - If necessary, staff may weigh and measure the baby at the bedside before skin-to-skin contact. After the first feeding, mom and baby contact can be maintained for most routine care.
    - The safety of moms and babies is always a priority. Medical indications may necessitate a delay or pause in skin-to-skin contact. Ensure that skin-to-skin contact can continue as soon as it makes sense.
- Some moms seem disinterested in skin-to-skin contact.
    - Your responsibility is to educate families on the benefits of skin-to-skin contact, regardless of perceived interest.
- Staff are concerned about offending moms who choose not to breastfeed.
    - Emphasize the benefits of skin-to-skin contact for mom and baby beyond breastfeeding. Explain that early contact improves health outcomes and promotes bonding, even for families that choose not to breastfeed.

Step 4 resources

- Skin-to-Skin Care: A Guide for Healthcare Professionals
- La Leche League International—Skin-to-skin contact

Step 4 references

1. Daniels, F., Sawangkum, A., Kumar, A., Coombs, K., Louis-Jacques, A., & Ho, T. T. B. (2023). Skin to Skin Contact Correlated with Improved Production and Consumption of Mother's Own Milk. Breastfeeding medicine: the official journal of the Academy of Breastfeeding Medicine, 18(6), 483–488. https://doi.org/10.1089/bfm.2022.0297

2. Gupta, N., Deierl, A., Hills, E., & Banerjee, J. (2021). Systematic review confirmed the benefits of early skin-to-skin contact but highlighted lack of studies on very and extremely preterm infants. Acta paediatrica (Oslo, Norway : 1992), 110(8), 2310–2315. https://doi.org/10.1111/apa.15913

3. Karimi, F. Z., Miri, H. H., Khadivzadeh, T., & Maleki-Saghooni, N. (2020). The effect of mother-infant skin-to-skin contact immediately after birth on exclusive breastfeeding: a systematic review and meta-analysis. Journal of the Turkish German Gynecological Association, 21(1), 46–56. https://doi.org/10.4274/jtgga.galenos.2019.2018.0138

4. Lord, L. G., Harding, J. E., Crowther, C. A., & Lin, L. (2023). Skin-to-skin contact for the prevention of neonatal hypoglycaemia: a systematic review and meta-analysis. BMC pregnancy and childbirth, 23(1), 744. https://doi.org/10.1186/s12884-023-06057-8

5. Mihatsch, W. A., Braegger, C., Bronsky, J., Campoy, C., Domellöf, M., ... & van Goudoever, J. (2016). Prevention of vitamin K deficiency bleeding in newborn infants: a position paper by the ESPGHAN committee on nutrition. Journal of pediatric gastroenterology and nutrition, 63(1), 123-129. https://doi.org/10.1097/MPG.0000000000001232

Step 4 certification

To be certified in step 4, it is expected that at least 70% of all babies should be placed in skin-to-skin contact with their moms as soon as possible after birth and encouraged to stay skin-to-skin for at least an hour.

Note: if mom or baby has a medical contraindication to immediate skin-to-skin, the pair should not be included in this data sample.

Report data on all births, not just breastfeeding patients.

Please answer the following question:

1. What percent of mom and baby pairs are placed skin-to-skin as soon as possible after birth or immediately after mom is responsive and alert, and encouraged to continue this contact for at least an hour? _____%

Numerator= mom and baby pairs placed skin-to-skin as soon as possible.
Denominator= mom and baby pairs.

Step 5

Support parents as they start and maintain breastfeeding and help them manage common problems.

Objectives

1. Assist moms and babies to confidently and effectively breastfeed.
2. Enable families to prevent, detect, and address any difficulties they may encounter.

Background

Breastfeeding requires practice and patience, even for moms who have breastfed before. Each baby is unique and will need different support.[1] Create an environment of confidence within the hospital to prevent, detect, and correct any problems that may arise.[2]

In order to determine moms and babies that need individualized assistance, every pair should receive a directly observed breastfeeding assessment every shift. If this assessment shows staff that additional support is needed, the support should be given.

Note: Hospitals may choose a breastfeeding assessment system that works for them. A LATCH score[3] is commonly used, but is not required. The tool that is chosen should be used by all staff for every patient.

Ensure that every breastfeeding assessment is documented. Decide whether this will be documented in mom's chart, baby's chart, or both. **Consistency in this documentation will help with data collection.**

> To be certified in step 5, it is expected that 85% of breastfeeding mom and baby pairs will receive a directly observed breastfeeding assessment during every shift they are in the hospital.
>
> Additionally, 85% of families who feed their baby formula should receive education on safe formula feeding.
>
> All families should receive individualized support when needed.

Implementation

Supporting breastfeeding

Teach moms about breastfeeding soon after birth, even if they've breastfed before. Early intervention can help prevent common breastfeeding problems. Every mom needs guidance and encouragement so she can continue to breastfeed confidently. Know when and how to refer moms to lactation specialists.

Facilitate successful breastfeeding by:

- Promoting confidence.
  - Provide educational materials and verbal instructions to reinforce each other.
  - Offer education for mom's support system, such as her partner and family members.
  - Give emotional support and encouragement when needed.
  - Offer education in ways the family can easily understand.[4]
- Reinforcing correct positioning and latch.
- What normal, effective breastfeeding looks like and how to assess whether the baby is eating enough.
- Teaching infant hunger and satiety cues.
- Encouraging frequent, unlimited feeding.
- Consistently assessing the effectiveness of the feedings.
  - Assessment tools allow staff to reassure moms that the baby is eating enough and decide if interventions are needed.
  - Standardized assessments increase the accuracy and consistency of scoring.

The role of maternity staff is to provide information and guidance in a way that allows a mom to gain the confidence to eventually position, latch, and feed her baby on her own. Be sure to offer assessment, support, education, and reinforcement until moms feel more confident in their abilities.

Address issues before they arise

Teach families how to handle common breastfeeding problems before they leave the hospital. Provide them with information about where to go for further assistance (see step 10).

Some specific issues you may need to address before discharge could include:

- Common breastfeeding myths.
- How to respond to a baby's cries and that not every cry is related to hunger.
- Normal behavior for babies.
- Breastfeeding benefits provided by insurance plans.
    - The Affordable Care Act requires most insurance plans to provide breastfeeding equipment and counseling for pregnant and breastfeeding women.

Information for families who formula feed

Families who choose to feed their babies with formula should receive education on how to safely do so.

Provide families who formula feed with information about:

- Hunger and satiety cues.
- Infant-led, on-demand feeding and how to pace bottle feeds.
- Appropriate feeding volumes and a baby's stomach capacity.
- Safe preparation, handling, and storage of baby formula.

Overcoming barriers

Common concerns associated with implementing step 5 are detailed below, along with strategies to overcome them.

- There is not enough time to provide moms with adequate breastfeeding support during their hospital stay.
  - Reinforce verbal instruction with handouts, videos, or other educational resources (see step 3) if a mom needs more help.
  - Provide moms with information on where to go for assistance after discharge (see step 10).

- Staff does not possess the skills or confidence to assess and support breastfeeding moms.
  - Revisit your breastfeeding training policy (see step 2) and make adjustments to increase confidence.
  - Designate a core group of mentors among the staff who can guide other staff members through trainings or shadowing experiences.
  - Develop a short pocket guide or information sheet to guide staff through common breastfeeding problems.

Step 5 resources

Patient education resources

- Stepping Up for Utah Babies—patient education handouts
- Utah WIC—breastfeeding education
- Lactation Education Resources—parent handouts
- USDA—WIC breastfeeding support
- CDC—Infant formula preparation and storage

Assessment resources

- UNICEF—Breastfeeding assessment tools

Step 5 references

1. Nelson A. M. (2023). A Quasi-realist Synthesis Investigating Professional Breastfeeding Support Failure. Research and theory for nursing practice, 37(1), 59–83. https://doi.org/10.1891/RTNP-2022-0073

2. Fan, H. S. L., Fong, D. Y. T., Lok, K. Y. W., & Tarrant, M. (2022). The Association Between Breastfeeding Self-Efficacy and Mode of Infant Feeding. Breastfeeding medicine: the official journal of the Academy of Breastfeeding Medicine, 17(8), 687–697. https://doi.org/10.1089/bfm.2022.0059

3. Jensen, D., Wallace, S., & Kelsay, P. (1994). LATCH: a breastfeeding charting system and documentation tool. Journal of obstetric, gynecologic, and neonatal nursing: JOGNN, 23(1), 27–32. https://doi.org/10.1111/j.1552-6909.1994.tb01847.x

4. Tully, K. P., Smith, J. L., Pearsall, M. S., Sullivan, C., Seashore, C., & Stuebe, A. M. (2022). Postnatal Unit Experiences Associated With Exclusive Breastfeeding During the Inpatient Stay: A Cross-Sectional Online Survey. Journal of human lactation: official journal of International Lactation Consultant Association, 38(2), 287–297. https://doi.org/10.1177/08903344211057876

Step 5 certification

To be certified in step 5, it is expected that 85% of breastfeeding mom and baby pairs will receive a directly observed breastfeeding assessment during every shift.

Additionally, 85% of families who feed their baby formula should receive education on safe formula feeding.

All families should receive individualized support when needed.

Please answer the following questions:

1. What percent of mom and baby pairs with a documented intention to breastfeed received a directly observed breastfeeding assessment during every shift they were in the hospital?_____%

Numerator= number of mom and baby pairs with a documented intention to breastfeed received a directly observed breastfeeding assessment during every shift.
Denominator= number of mom and baby pairs with a documented intention to breastfeed.

2. What percent of families with a documented intention to feed their baby formula receive information and education on how to safely prepare and feed their baby formula? _____%

Numerator= of families with a documented intention to feed their baby formula who receive information and education on how to safely prepare and feed their baby formula
Denominator= number of families with a documented intention to feed their baby formula.

3. How are moms and babies needing extra support identified?

Step 6

Do not give breastfed babies any food other than breast milk unless there is a medical reason.

Objectives

1. Ensure that babies with a documented intention to breastfeed only receive breast milk unless:
   a. There is a clinical contraindication, mom or baby is unable to breastfeed, or breast milk is unavailable.
   or
   b. The family has made a fully informed choice not to feed their baby with breast milk.

Background

Exclusive breastfeeding means that the baby receives no food or drink other than breast milk. It's the preferred method of feeding unless any of the following are true:

- A provider has determined a clinical reason the baby is unable to receive breast milk and has discussed supplementation with the parents. The reasons are documented in the medical record.
- There is no (or not enough) expressed breast milk or banked donor milk available.
- Fully informed families request supplementation or choose not to feed with breast milk and the decision is documented in the medical record.

Provide education for all families who plan to feed their babies anything other than breast milk in a respectful, consistent manner.

Supplementation is mentioned several times in this step. Supplementation is defined as a baby receiving any amount of formula, even when they're receiving any amount of breast milk.

Important note: There may be times when there is a reason for a baby to receive donor breast milk or their mom's expressed breast milk from a bottle. For the purposes of Stepping Up for Utah Babies, these babies are being fed breast milk and should be counted as such for data collection.

> To be certified in step 6, it is expected that at least 80% of babies with a documented intention to breastfeed will leave the hospital only having been fed breast milk.
>
> Additionally, all families with a documented intention to breastfeed who ask for formula supplementation should receive appropriate assistance and education.
>
> All families who choose not to breastfeed should receive information and support for their feeding options, and help to decide what was suitable in their situation.

Implementation

Supporting breastfeeding

In order to be successful in this step, ensure that proper breastfeeding support is in place, since exclusive breastfeeding requires support.

If the other steps in Stepping Up for Utah Babies are not fully implemented, there is a greater chance for supplementation when it isn't necessarily needed. It may be helpful to evaluate the success of the other steps in the program before implementing step 6.

It may be helpful to collect data in your hospital about when supplementation happens. Determine when, why, and how supplements are used. What are the patterns and trends over time? What could the contributing factors be?

Educating families

- Help families understand the potential impact formula supplementation may have on breastfeeding, especially while moms are starting to establish their milk supply.

- When parents request supplementation after a documented desire to breastfeed, staff should seek to understand the reasons for the request. Parents may have underlying concerns and problems that staff can address.

- It's important for staff to thoroughly inform families about alternative options to supplementation while remaining responsive and understanding. Families will be better prepared to practice exclusive breastfeeding if they are taught what to expect in the first days of a baby's life.

- If a family plans to feed their baby both breast milk and formula, counsel them to delay supplementation until breastfeeding is more established. Immediate formula use could limit the supply of breast milk. Teach parents that breast milk will continue to benefit mom and baby even if they choose to use complementary supplementation.

- All parents should know that they should not introduce solid foods and other drinks before 6 months of age.

When supplementation is needed

Determine appropriate protocols for at-risk babies. Develop clear policies for “infants of concern” (i.e. babies who are preterm, losing too much weight, hypoglycemic, experiencing jaundice, etc). Determine appropriate indications for supplemental feedings.

Provide supplementation only when medically indicated or the fully informed family chooses to do so. Always obtain mom’s consent before giving supplements.

Keep these things in mind:

- Educate staff about the short- and long-term impacts of supplementation and how to teach parents so they can make an informed choice.

- Supplemental feedings should not exceed the capacity of the newborn stomach. In the first few days of life, ensure that babies receive less than 20cc during each feeding.

- If supplementation is medically indicated, continually assess the baby’s nutritional status.

Overcoming barriers

Common concerns associated with implementing step 6 are detailed below, along with strategies to help overcome them.

- The hospital routinely gives supplemental feedings without a medical indication.
    - Sometimes, hospitals give supplements to breastfeeding newborns out of convenience or routine, even if supplementation is not medically indicated. This could be a result of incomplete knowledge about breastfeeding or perceptions that exclusive breastfeeding is too expensive and time-consuming.
    - To address these concerns:
        - Ensure the other steps which support exclusive breastfeeding are successfully in place.
        - Provide training on breastfeeding.
        - Teach the benefits of limiting formula supplementation.
- Staff or family members misunderstand when breastfeeding is not possible.
    - Help staff and families recognize that there are few circumstances in which a mom who wishes to breastfeed her baby is unable to do so. Clarify these specific circumstances.
    - If there is a possibility that a mom cannot or should not provide breast milk, confirm with the patient's provider or pharmacist. Consider providing donor breast milk before formula substitutes. If replacement feedings are only temporary, help moms initiate and maintain their milk supply by pumping.
    - Compile a resource list of common drugs and conditions known to be incompatible with breastfeeding so staff can easily refer to it.

- Families believe that the mom's milk is insufficient or that the baby will be malnourished without prelacteal feedings.
    - Prelacteal feedings are any substances given to a baby before breast milk in the first few days of life. Commonly, water, sweet liquids, animal milk, or formula are used.
    - Prelacteal feeding may be a common practice in some cultures. Approach the practice in a culturally appropriate way to help families understand the importance of colostrum during this time and that it could hinder breastfeeding.
    - Providing unnecessary supplementation can reinforce beliefs that a mom's milk is insufficient for her baby. Teach all families that:
        - Effective breastfeeding leads to sufficient milk production.
        - Babies need colostrum in the early hours of life. Provide information about the benefits of colostrum and normal weight changes that a baby experiences in the first week of life.
        - Newborn stomach capacity is small.
        - Formula supplements are only necessary in a few circumstances. Common challenges, such as a baby's fussiness, does not mean that a baby needs supplements.
- Staff or family members are concerned that exclusive breastfeeding leads to dehydration or hypoglycemia.
    - In healthy babies, hypernatremic dehydration or hypoglycemia usually comes from underfeeding. Regular breastfeeding assessments can prevent healthy babies from developing these conditions. Train staff to perform thorough breastfeeding assessments, provide effective breastfeeding support, and recognize true signs of dehydration.
- Moms request supplements for their babies.
    - Moms often request supplements when they struggle with breastfeeding or adjusting to the new baby. Staff can provide support to help families avoid supplementation when it's not necessarily needed.

Step 6 resources

- Mountain West Mother's Milk Bank is an accredited breast milk bank in Utah.

Resources on common challenges that may lead to supplementation

- Office on Women's Health—Common breastfeeding challenges
- Stanford School of Medicine—Babies at risk
- WIC Breastfeeding Support—Low milk supply

Resources on special circumstances and contraindications to breastfeeding

- WHO/UNICEF—Acceptable medical reasons for use of breast-milk substitutes
- American Academy of Pediatrics—Contraindications to breastfeeding
- CDC—Breastfeeding special circumstances: HIV and breastfeeding
- CDC—Breastfeeding special circumstances: Jaundice and breastfeeding
- Drugs and Lactation Database (LactMed) contains information on drugs and chemicals breastfeeding moms may be exposed to and their possible effects on breastfeeding babies.
- MotherToBaby is a free service that provides information on exposures during pregnancy and breastfeeding.

Potential barriers to breastfeeding and recommended solutions[1-3]

- If the mom is weak or ill:
  - Encourage breastfeeding as usual with extra support.
  - Explain the benefits of breastfeeding during illness.
  - Maintain close contact through skin-to-skin and rooming-in.
  - Assist the mom with comfortable positioning.
  - Provide extra breastfeeding support as needed to establish and maintain milk supply.

- If the mom is sick with illnesses such as flu, GI infection, respiratory infection, mastitis, Hepatitis B, etc.:
  - Encourage breastfeeding as usual as these illnesses are not contraindications.
  - Encourage her to drink plenty of fluids.
  - Check medications for lactation safety and monitor the baby for side effects as needed. Most medications are safe for nursing moms.

- If the mom has been using tobacco or alcohol:
  - Encourage breastfeeding as usual.
  - Educate the mom about substances that can harm her baby.
  - Refer to cessation or addiction services when needed.

- If the mom is infected with any of the following:

-HIV and (1) is not on antiretroviral therapy (ART) or (2) is on ART but has not reached sustained viral suppression during pregnancy or at the time of delivery.
-T-cell lymphotropic virus type I or type II.
-Suspected or confirmed Ebola.

  - She should avoid all breastfeeding. Seek donor breast milk. If she has HIV and is on ART, she must continue to maintain viral suppression.

- If the mom is using illicit drugs (opioids, cocaine, phencyclidine, etc.):
  - She should avoid all breastfeeding. Seek donor breast milk.

- If the mom is deceased or separated from the baby:
  - Seek donor breast milk.

- If the baby cannot breastfeed due to weakness, prematurity, illness, low birth weight, sucking difficulties, or oral abnormalities:
  - Feed the baby expressed breast milk. Feeding by cup, spoon, syringe, or tube may be helpful.

- If the baby is dehydrated:
  - Assess the reason for dehydration.
  - Assess feedings to ensure adequate milk exchange if the baby is otherwise healthy. Avoid dehydration with the help of skilled lactation support and twice-daily feeding assessments.
  - Use expressed milk if the baby needs additional feedings.

- If the baby has a metabolic disorder such as galactosemia or phenylketonuria:
  - Develop an individualized feeding plan, which may require partial or full breast milk alternatives made specifically for the baby's needs.

Step 6 references

1. Contraindications to breastfeeding. American Academy of Pediatrics. (2021, February 3). https://www.aap.org/en/patient-care/breastfeeding/contraindications-to-breastfeeding/

2. Contraindications to breastfeeding. Centers for Disease Control and Prevention. (2025, September 26). https://www.cdc.gov/breastfeeding-special-circumstances/hcp/contraindications/index.html

3. Meek, J. Y., & Noble, L. (2022). Policy statement: Breastfeeding and the use of human milk. Pediatrics, 150(1). https://doi.org/10.1542/peds.2022-057988

Step 6 certification

To be certified in step 6, it is expected that at least 80% of babies with a documented intention to breastfeed will leave the hospital only having been fed breast milk.

Additionally, all families with a documented intention to breastfeed who ask for formula supplementation should receive appropriate assistance and education.

All families who choose not to breastfeed should receive information and support for their feeding options, and help to decide what was suitable in their situation.

Please answer the following questions:

1. Of babies with a documented intention to breastfeed, what percent were exclusively breastfed while they were in the hospital? _____%

Numerator= babies who were exclusively breastfed.
Denominator= babies with a documented intention to breastfeed.

2. When families with a documented intention to breastfeed ask for formula supplementation, do they receive assistance and education?

   ☐ Yes ☐ No

3. What percent of families who have decided not to breastfeed receive information and support for their feeding options, and are helped to decide what is suitable in their situations? _____%

Numerator= families with a documented intention not to breastfeed who receive information and support for their feeding choice.
Denominator= families with a documented intention not to breastfeed.

Step 7

Practice rooming-in by allowing moms and babies to remain together 24 hours a day.

Objectives

1. Facilitate rooming-in as much as possible.
2. Help parents feel confident in their ability to care for their baby.

Background

Parents should participate in every part of their baby's care. Rooming-in allows parents to gain confidence as they respond to their baby's feeding cues. Encourage all moms to stay with their babies 24 hours a day, regardless of their feeding method. Only separate moms and babies for clinical reasons or if a fully informed mom chooses to do so.

Rooming-in is beneficial because:

- It gives parents the opportunity to learn to recognize their baby's feeding cues at any time during the day or night.
- It can help form attachment between moms and babies. It may also be protective against postpartum depression.[1]
- It is associated with higher rates of breastfeeding and longer periods of exclusive breastfeeding.[2]

Moms that request to have their 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 mom wishes to proceed with the separation, education provided and reason for separation should be documented.

When collecting data for this step, count all mom and baby pairs, not just those with a documented intention to breastfeed. The benefits of rooming-in are beneficial for all moms and babies, not just those who want to breastfeed.

Note: medically indicated separation, such as testing, imaging, procedures, or time in the NICU do not count against time rooming in.

> To be certified in step 7, it is expected that at least 75% of mom and baby pairs start rooming-in together immediately after birth.
>
> Additionally, it is expected that at least 75% of mom and baby pairs room together at least 23 hours per day while they are in the hospital.

Implementation

Steps to take:

- Consistently promote rooming-in.
    - Practice rooming-in throughout the unit.
    - Inform moms of the value of rooming-in if they request separation from their babies.
    - Encourage parents to hold their babies often throughout the hospital stay. When the baby is placed in a bassinet, teach parents to keep the bassinet within arms reach of the mom so she can easily see and respond to her baby's cries and feeding cues.
- Initiate rooming-in as soon as possible.
    - Begin rooming-in as soon as mom is able to care for her baby.
    - Each baby should stay in the room with their mom 24-hours a day.
- Administer post-delivery care at the bedside whenever possible.
    - After delivery, transfer healthy moms and babies to the postnatal unit together. Arrange for necessary assistance in the transfer.
    - Most post-delivery procedures can be conducted at the bedside or during skin-to-skin contact. This provides teaching opportunities for parents and allows moms to comfort babies when they are upset.

- Prioritize safety.
    - Practice safe sleeping for babies. To decrease the likelihood for Sudden Unexpected Infant Death (SUID):
        - Parents and babies should sleep close by but on separate sleeping surfaces.
        - Baby should sleep on a firm, flat surface.
        - Baby should sleep flat on their back.
        - Baby shouldn't sleep with other objects, like pillows, loose blankets (a swaddle is fine), or toys.
- Teach safe sleeping habits to parents before they leave the hospital. See the resources section for information.
- Teach parents to do their best to avoid falling asleep while holding their babies. Moms and babies both experience exhaustion after birth. Breastfeeding can also lead to sleepiness. When moms are falling asleep, help them place the baby in a safe sleeping position in a bassinet or with another caregiver.
- Consider the effect of medications on moms while they are rooming-in with their babies. For example, anesthesia and pain medications can impact a mom's responsiveness or mobility. Frequently check on moms experiencing side-effects.
- Teach feeding cues.
    - Teach parents to be attentive to feeding cues while they are rooming-in. See step 8 for more information.

Overcoming barriers

Common concerns associated with implementing step 7 are detailed below, along with strategies to overcome them.

- Some practices require separation.
    - A few examples include circumcision, testing, and imaging. When moms and babies are separated, note the reason in the patient's chart. Don't keep mom and baby apart longer than medically necessary.
        - When collecting data for this step, medically indicated separation will not count against time spent rooming-in.
- Families request separation.
    - Be sure to discuss the benefits of rooming-in. Seek to understand why they would like separation and if there are better solutions. If mom has underlying needs, such as discomfort, pain, or anxiety, address those needs before separating her from her baby.
    - Respect a family's requests and confirm that they have support.
- Parents request professional observation.
    - Parents learn how to provide continuous care better as they room-in with their baby. Rooming-in will also increase confidence before parents take their baby home.
    - It is important for staff to be responsive to patient needs and perform periodic checks, but constant monitoring is not necessary. Teach parents to recognize normal signs of infant behavior. Ensure parents that staff are nearby and will assist when requested.

Step 7 resources

- National Institutes of Health—Safe to Sleep
    - The Safe to Sleep initiative encourages safe sleeping and rooming-in practices for babies. The resources can be helpful both for staff and parents.
- Baby-Friendly USA—What should happen with rooming-in
- Utah Safe Sleep handouts
    - This library of resources includes downloadable and printable information for providers, parents, grandparents, and more.

Step 7 references

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2. Wu, H. L., Lu, D. F., & Tsay, P. K. (2022). Rooming-In and Breastfeeding Duration in First-Time Mothers in a Modern Postpartum Care Center. International journal of environmental research and public health, 19(18), 11790. https://doi.org/10.3390/ijerph191811790

Step 7 certification

To be certified in step 7, it is expected that at least 75% of mom and baby pairs start rooming-in together immediately after birth.

Additionally, it is expected that at least 75% of mom and baby pairs room together at least 23 hours per day while they are in the hospital.

Families that request to have their 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 family wishes to proceed with the separation, education provided and reason for separation should be documented.

When collecting data for this step, count all mom and baby pairs, not just those with a documented intention to breastfeed. The benefits of rooming-in are beneficial for all moms and babies, not just those who want to breastfeed.

Note: medically indicated separation, such as testing, imaging, procedures, or time in the NICU do not count against time rooming in.

Please answer the following questions:

1. What percent of moms and babies start rooming-in together immediately after birth, unless separation is medically indicated?_____%

Numerator= number of mom and baby pairs that start rooming-in together immediately after birth.
Denominator= number of mom and baby pairs staying in the unit.

2. What percent of moms and babies room-in together at least 23 hours per day while in the hospital, unless separation is medically indicated?_____%

Numerator= number of mom and baby pairs that room-in together at least 23 hours per day.
Denominator= number of mom and baby pairs staying in the unit.

Step 8

Encourage on-demand breastfeeding and teach parents to recognize and respond to their baby's feeding cues.

Objectives

1. Educate families to understand their baby's hunger cues.
2. Help families practice on-demand feeding.
3. Train staff to not limit the length and occurrence of feedings.

Background

"On-demand" feeding is also known as "responsive," "baby-led," or "cue-based" feeding. On-demand feeding is based on hunger cues from the baby. Instead of setting a strict feeding schedule, parents respond to their baby's cues and provide milk according to the baby's needs. Using the on-demand method, it's normal for newborns to feed at irregular intervals and for varying lengths of time. Along with feeding the baby when they show hunger cues, it's appropriate for a mom to wake her baby for a feed when her breasts are full.

There are many benefits of feeding on-demand. Research indicates that on-demand feeding is associated with exclusive breastfeeding.[1] It can also help a mom establish her milk supply, help parents understand hunger cues, and encourage responsive interactions between mom and baby.[2] On-demand feeding helps babies get the nutrients they need, especially as they experience periods of rapid growth. It may also protect babies from Sudden Unexpected Infant Death, or SUID.[3]

> To be certified in step 8, it is expected that at least 80% of breastfeeding families are taught how to recognize their baby's hunger cues and feed their baby on demand.

Implementation

Teach parents about the benefits of breastfeeding on demand. Only place restrictions on the frequency or length of breastfeeding if it's clinically indicated. Teach all parents, including those who have previously had babies, about the importance of on-demand feeding. Help direct care staff to understand the benefits of demand feeding so they can support families.

Guiding parents

- Provide parent education about normal infant behavior. When parents understand normal behavior, they will recognize when a baby is not behaving normally and seek help as needed.

- Teach moms the signs of successful milk exchange and how to tell if a baby is full. These skills will help moms feel confident.

- Instruct parents not to limit the lengths of feedings. Both short and long feedings can be normal, but consistently brief, frequent, or prolonged feedings can also indicate ineffective milk exchange. In these cases, a mom may need a skilled assessment and further assistance. Avoid teaching moms to nurse for specified lengths of time on each breast. The baby's appetite should determine the length of time at each breast as well as whether feeding occurs at both breasts during each feeding session.

There are many reasons a baby's hunger cues may be delayed in the early days after birth, including prematurity, a traumatic or stressful birth experience, or illness. It can be helpful to have specific policies for reluctant feeders or babies who are unable to demand feed in the early days of life. Policies that support early contact, feeding, rooming-in, and parent education about normal infant behavior can also optimize feeding outcomes.

Address the needs of sleepy babies or reluctant feeders through the following practices:

- Teach parents ways to wake a sleepy baby if they identify subtle hunger cues and feeding opportunities.

- Teach moms to increase milk production through pumping or hand expression.

- Encourage skin-to-skin contact. Physical contact can encourage on-demand feeding.

If structured feedings are necessary, help parents understand the reasoning. Sometimes this happens if the baby is especially sleepy. Let them know demand-feeding is the goal when the baby is ready. Teach them how to transition from parent-led to baby-led feeding when the time comes.

Overcoming barriers

Common concerns associated with implementing step 8 are detailed below, along with strategies to overcome them.

- **Beliefs that babies should eat on a predictable schedule.**
    - Ensure parents understand what newborn feeding patterns might look like. Reassure parents that it's normal for feeding patterns to be irregularly spaced, clustered, frequent, and of different lengths.
    - Families may be influenced by hospital routines, which frequently focus on schedules and precise measurement. Encourage a calm, non-hurried environment.
    - Help parents recognize hunger cues.
    - Train staff to:
        - Consistently teach parents the basics of on-demand feeding.
        - Accurately answer the question, "How often should I feed my baby?"
        - Encourage on-demand feeding for all babies, regardless of the feeding method, unless clinically indicated.
        - Assess breastfeeding.

- **Parents are uncertain if their baby is eating enough.**
    - Reassure parents by assessing feedings at least twice a day. Document the number of breastfeeding sessions in a 24-hour period, infant output (especially number of stools), and the baby's weight status.
    - Educate parents about the value of colostrum. Though it's small in volume, colostrum provides healthy babies with all the nutrients they need for the first days of life.
    - If parents decide to bottle feed, teach them how much the baby should eat at one time and how to pace the feedings. Newborns may take in greater volume through bottle feeding, but it's not recommended to feed babies more than their physiologic stomach capacities.
    - Teach parents to recognize signs of fullness.
- **Parents don't recognize signs their baby is hungry.**
    - Teach families that crying is a late sign of hunger. Help them look for signs such as rooting, licking, and hand-to-mouth behavior. Reacting to early signs of behavior helps babies feed more effectively.
    - Encourage 24-hour rooming-in (step 7). Rooming-in helps parents recognize and respond to feeding cues. Perform as many clinical procedures by the bedside as possible.
    - Promote frequent skin-to-skin contact for moms and babies from the first hour of birth through the remainder of the hospital stay (step 4). Other family members can also spend time skin-to-skin while the mom rests. When babies are not being held, keep them on their backs in a bassinet within arm's reach of their moms.
    - Consider keeping babies' hands free (i.e. not swaddled) and avoid pacifiers. This will help families recognize the first signs of hunger.

- **Moms and babies face interruptions that interfere with on-demand feeding.**
    - Visitations, phone calls, and hospital routines can be overwhelming as parents try to learn their baby's behavior. If visits start to interfere with feeding, shorten visiting hours or designate regular rest periods when visiting is restricted.
    - Provide families with signs they can place on the door to notify visitors when they need privacy.
    - As much as possible, provide families with realistic expectations about hospital routines before delivery. Explain the importance of uninterrupted time to establish feeding, recovery, and get to know the baby. Consider providing expectant parents with the hospital visitation policy beforehand.
- **The baby cries frequently.**
    - Families sometimes interpret a baby's cries as an indicator that the mom's milk is "bad." Struggling to calm a crying baby can also lower parents' confidence. Listen to parents' concerns and help them identify strategies to calm their babies, such as skin-to-skin contact.
    - Look for a cause if a baby cries frequently. Assess the baby for pain or discomfort.
- **Moms have twins or other multiples.**
    - Moms will produce enough milk for two babies when she feeds them on-demand. Usually, babies can follow a similar schedule and still feed on-demand. Staff should advise moms to feed the baby who shows hunger cues first.
    - Moms can feed two babies in many ways. Some prefer to breastfeed each baby individually, while others start out breastfeeding them together.

Step 8 resources

Infant cues

- California baby behavior campaign—Getting to know your baby

- Lactation education resources—Infant hunger cues handout
  - English
  - Spanish

Concerns about eating enough

- Lactation education resources—Getting enough to eat handout

- Lactation education resources—Signs of a good feeding handout

- Infant feeding cues: a guide for healthcare professionals

- WIC breastfeeding support—How much milk your baby needs

- Am I making enough milk? handout
  - English
  - Spanish

- Breastfeeding log
  - Keeping a log may be helpful for families because it can bring peace of mind, help learn baby's habits, and more.

Step 8 references

1. Little, E. E., Legare, C. H., & Carver, L. J. (2018). Mother–Infant Physical Contact Predicts Responsive Feeding among U.S. Breastfeeding Mothers. Nutrients, 10(9), 1251. https://doi.org/10.3390/nu10091251

2. Wood, N. K., Helfrich-Miller, K. R., & Dyer, A. M. (2025). A longitudinal study of breastfeeding relationships at home during the COVID-19 pandemic: A grounded theory method. Journal of advanced nursing, 81(1), 409–422. https://doi.org/10.1111/jan.16219

3. Jullien S. (2021). Sudden infant death syndrome prevention. *BMC pediatrics*, *21*(Suppl 1), 320. https://doi.org/10.1186/s12887-021-02536-z

Step 8 certification

To be certified in step 8, it is expected that at least 80% of breastfeeding families are taught how to recognize their baby's hunger cues and feed their baby on demand.

Please answer the following questions:

1. What percent of breastfeeding families are taught how to recognize their baby's hunger cues and encouraged to feed their babies on demand?_____%

Numerator= families with a documented intention to breastfeed who are taught about hunger cues and on-demand feeding.
Denominator= families with a documented intention to breastfeed.

2. What methods are used to teach families about hunger cues and feeding their baby on demand?

Step 9

Counsel parents about pacifier use.

Objectives

1. Counsel parents about pacifier use so they can make informed decisions.
2. Reduce interference as families learn to breastfeed and moms establish their milk supply.
3. Support and promote parent's understanding of and response to their baby's hunger and satiety cues.

Background

If parents have a goal to breastfeed, there are several reasons they should be cautious before they choose to use a pacifier in their baby's first days of life.

Breastfeeding relies on supply and demand. It's important for the baby to suck at the breasts frequently to increase mom's milk supply. Using a pacifier every time a baby cries may decrease the number of times a baby learns to suck at the breast.

When babies are upset, help moms feel confident comforting them at the breast before introducing a pacifier. Encourage frequent skin-to-skin contact and responsive feeding (feeding the baby when they show hunger cues). These practices can help calm babies, improve parent's confidence, and promote breastfeeding.

Pacifier use can also prevent parents from learning their baby's hunger cues. Early hunger cues include rooting, licking, lip smacking, or bringing hands to the mouth. A pacifier may mask or block these cues, making it difficult for parents to feed on-demand. Encourage parents to wait until breastfeeding is established to introduce a pacifier so it's easier to recognize the first signs of hunger. See step 8 for more information about hunger cues and on-demand feeding.

After breastfeeding is well established, introducing a pacifier is not known to hinder successful breastfeeding.

Pacifiers can be therapeutic for babies who undergo painful or uncomfortable procedures. Circumcision is a common example of this. These are times when pacifier use can be considered clinically indicated.

When collecting data for this step, do not count a baby who only used a pacifier when it was clinically indicated as having used a pacifier.

> To be certified in step 9, it is expected that at least 60% of babies with a documented intention to breastfeed will leave the hospital without using a pacifier (or no more than 40% of breastfeeding babies leave the hospital having used a pacifier), except during brief periods when clinically indicated. Families who intend to breastfeed and are interested in using a pacifier should receive education on the possible implications for breastfeeding.

Implementation

Counsel parents to avoid pacifier use while they and their babies are learning to breastfeed. Hospital guidelines should instruct staff to only give pacifiers to babies if there is a clinical indication (like temporary use during a painful procedure) or if informed parents request it. If parents need help learning how to settle their baby, offer other solutions before using a pacifier.

Train staff to educate families on the possible impact of pacifier use. It may be helpful to review or adapt educational materials for parents that reinforce the impact of pacifier use and teach parents to respond to feeding cues.

Overcoming barriers

Common concerns associated with implementing step 9 are detailed below, along with strategies to overcome them.

- **Staff or family members believe pacifiers are the only way to soothe a baby.**
    - Because pacifiers are widely used to comfort babies, parents may feel unprepared to care for a baby without one. Support family-centered, responsive care that will build parent's confidence.
    - Encourage skin-to-skin contact, rooming-in, and on-demand feeding. These practices help families learn how to recognize and respond to their baby's needs.
    - Teach parents the ways their baby communicates. Help them explore the reasons their baby may be fussy and how to comfort them.

Step 9 resources

- Calming a fussy baby ideas for parents handout is available for download on the Stepping Up for Utah Babies website.

- HealthyChildren.org—Is your baby hungry or full? Responsive feeding explained

Step 9 certification

To be certified in step 9, it is expected that at least 60% of babies with a documented intention to breastfeed will leave the hospital without using a pacifier (or no more than 40% of babies with a documented intention to breastfeed leave the hospital having used a pacifier), except during brief periods when clinically indicated. Families who intend to breastfeed and are interested in using a pacifier should receive education on the possible implications for breastfeeding.

Please answer the following questions:

1. What percent of babies with a documented intention to breastfeed used a pacifier while in the hospital?_____%

Numerator= number of babies with a documented intention to breastfeed who used a pacifier.
Denominator= number of babies with a documented intention to breastfeed.

2. When a baby with a documented intention to breastfeed uses a pacifier, does the family receive education on the possible implications for breastfeeding?

☐ Yes ☐ No

Step 10

Provide families with breastfeeding support resources upon discharge.

Objectives

1. Organize resources for breastfeeding support.
2. Maintain an up-to-date directory of support resources.
3. Refer families to support resources before discharge.

Background

Families usually leave the hospital before they feel completely confident in breastfeeding, which can make it difficult to exclusively breastfeed at home. Once a family leaves the hospital, they'll have new questions they didn't ask while in your care.

Breastfeeding moms benefit from social support and community resources. This step is focused on providing families with breastfeeding resources they can access after discharge. Mom-to-mom support groups, peer counselors, lactation consultants, community programs, and other support can be beneficial resources.

Community resources improve breastfeeding outcomes. Research shows that peer support increases rates of exclusive breastfeeding for longer periods of time.[1]

> To be certified in step 10, it is expected that at least 80% of breastfeeding families will receive a directory of breastfeeding support resources upon discharge.

Implementation

Before a family leaves the hospital, it's important to:

- Talk with mom about the support she has at home. When possible, help partners and family members understand how they can support breastfeeding.[2]
- Give them information about breastfeeding resources.
- Provide them with written materials about successful breastfeeding so they can refer to them later.

Before leaving the hospital, a family should know:

- The basics of how to feed their baby, including signs that feeding is going well.
- Where to go if they need help.
- The benefits of exclusive breastfeeding for 6 months and continued breastfeeding after introducing other foods.

Upon discharge:

- Families should receive a directory of breastfeeding support resources they can refer to at home.

What resources should be included in a directory?

Include any resources local to your area, including those that are online or provide telehealth services.

Consider including the following resources in your resource directory:

- Lactation consultants
  - This includes those who work in your healthcare system or hospital, private practice, and those who provide digital or telehealth services.

- Support groups
  - Support groups can unite women with similar backgrounds and shared experiences. La Leche League International (llli.org) is one of the best known support groups in the United States, and there may be other support groups in your community as well.

- Utah Women, Infants, and Children (WIC)
  - WIC provides services to those whose income qualifies. They help pregnant and breastfeeding women and kids from birth to age 5 by providing healthy foods, breastfeeding support, nutrition education, and referrals to other services.

  - Utah WIC has a variety of breastfeeding supports available for participants, including breast pump rentals, breastfeeding classes, and a peer counselor program.

  - The Utah WIC Peer Counselor Program provides support from peer counselors, who are women who have successfully breastfed their babies and completed a training course. They are paid WIC staff with the goal to serve as role models, educators, supporters, and friends for WIC participants. Their peer status encourages trust and support among moms in the community.

  - Local WIC clinics are located throughout the state. Visit wic.utah.gov to find clinics near you.

- Utah Breastfeeding Coalition
  - The coalition aims to encourage exclusive breastfeeding, improve public knowledge, build a breastfeeding-friendly environment, promote positive breastfeeding policies, and inspire community leaders. Learn more at utahbreastfeeding.org.

- MotherToBaby
  - MotherToBaby is a free service for those who are pregnant, considering becoming pregnant, or breastfeeding that gives information on medications, drugs, chemicals, or other environmental exposure that can potentially harm an embryo, fetus, or child. Visit mothertobaby.org.

- Utah Maternal Mental Health Referral Network
  - An interactive website to help moms and their loved ones find mental health professionals who are trained in maternal mental health. Providers can be filtered by location, insurance type, language, and specialty. Visit maternalmentalhealth.dhhs.utah.gov.

Overcoming barriers

Common concerns associated with implementing step 10 are detailed below, along with strategies to overcome them.

- **Staff is unfamiliar with breastfeeding support resources in the community.**
    - Create a list of community resources for staff and families to reference.
    - Use hospital facilities for local breastfeeding support groups, or host training clinics for hospital staff to learn about community resources.
- **There are limited support resources in the community.**
    - Assess and support breastfeeding as much as possible during postnatal visits.
    - Partner with other organizations to provide follow up care.
    - Work with community organizations to educate moms about breastfeeding and provide general support.
    - When possible, create new breastfeeding support groups using trained hospital staff members.
- **Community support groups provide incorrect information for moms.**
    - Ensure that families receive consistent, accurate information while in the hospital. Supply them with educational materials to take home.
    - Provide training sessions for organizations in the community.

Step 10 resources

- The Stepping Up for Utah Babies website has educational materials available for download in English and Spanish. This includes information on breastfeeding special circumstances, such as breastfeeding a baby with a congenital heart defect, breastfeeding when mom has a disability, and more.

Breastfeeding in places other than at home

Families may have questions about where they can breastfeed. Breastfeeding a baby on demand, no matter where mom and baby are, is one the best ways to maintain milk supply. The following resources may be helpful.

- Breastfeeding in public places is protected by Utah law in codes 17-15-25, 10-8-50, and 13-7a-103.
    - Utah Code 17-15-25 states that city and county governing bodies may not inhibit a woman's rights to breastfeed in public.
    - Utah Code 10-8-50 states that a breastfeeding woman is not in violation of any obscene or indecent exposure laws.
    - Utah Code 13-7a-103 states that a woman may breastfeed in any place of public accommodation.
- The US Fair Labor Standards Act requires most employers to provide break times for moms to express breast milk up to a year after the baby's birth. See more information at dol.gov/agencies/whd/pump-at-work.

Template for breastfeeding support resources

If needed, use this template as a guide for creating a breastfeeding resource directory.

Healthcare resources

- Local lactation consultants
- Local pediatricians
- Local psychiatry clinics

Community resources

- Local family resource centers
- Local support groups
- La Leche League
  - lllusa.org

Public health resources

- Local health department
- Local WIC
- State WIC breastfeeding resources
  - wic.utah.gov/families/nutrition-education/breastfeeding
- Utah Breastfeeding Coalition
  - utahbreastfeeding.org
- Breastfeeding—Office on Women's Health
  - womenshealth.gov/breastfeeding
- HealthyChildren.org—Breastfeeding
  - healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/default.aspx
- MotherToBaby
  - mothertobaby.org
- Utah Maternal Mental Health Referral Network
  - maternalmentalhealth.dhhs.utah.gov

National hotlines

- HRSA Maternal Mental Health Hotline
  - Call or text 1-833-852-6262 24/7.
- National Women's Health and Breastfeeding Hotline
  - Call 1-800-994-9662 7am to 4pm MST Monday through Friday.

Step 10 references

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Step 10 certification

To be certified in step 10, it is expected that at least 80% of breastfeeding families will receive a directory of breastfeeding support resources upon discharge.

Please answer the following questions:

1. What percent of families with a documented intention to breastfeed received information about resources to help them continue successful breastfeeding upon discharge?_____%

Numerator= number of families who received information and resources on breastfeeding.
Denominator= number of families with a documented intention to breastfeed.

2. Please attach a copy of the resources you give parents upon discharge.