Step 10

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

Objectives

1a. Foster development and success of infant feeding support resources

OR.

1b. Identify and maintain an active directory of recommended resources.

3. Refer mothers and their families to support resources.

Step 10

Goal: To assure that mothers are prepared for discharge, are linked to ongoing breastfeeding support or are informed about available resources for the establishment and maintenance of breastfeeding.

Background

Protection and promotion of breastfeeding in the birthing facility are critical for achieving recommended infant-feeding outcomes. Steps 1 through 9 help ensure that families get off to a solid start with breastfeeding. The commitment to fostering community networks is equally critical to ensure that every mother who plans to breastfeed will have ready access to the support she needs to achieve her personal breastfeeding goals and to breastfeed her baby as long as she is able or wishes. [1,2] Step 10 is instrumental for helping breastfeeding families make a smooth transition from the hospital into the community and for sustained breastfeeding.

Mothers are commonly discharged one or two days after delivery, before the establishment of breastfeeding which can make it difficult to ensure that they will continue to breastfeed exclusively at home. During the small window of time they are at the hospital, it is important to discuss with them what their breastfeeding goals are after discharge. Fostering support networks for breastfeeding and linking families to those community resources at hospital discharge facilitates successful transition from the hospital to home. Additionally, continued day-to-day support from friends and family is key to successful and continuous breastfeeding.

Fortunately, many women have family and loved ones that give her the support she needs, although sometimes the assistance she is given does not optimally support breastfeeding. For women who don't have a strong extended family network, the support from healthcare workers, from friends who are also mothers and from the child's father become more important. Mother-to-mother support groups, peer counselors and other forms of informal support have been instrumental in many communities for breastfeeding promotion.

Step 10 helps families gain the support to confidently navigate common challenges that may arise in the normal course of parenthood, such as adjusting to a new family structure and life with a newborn, establishing and maintaining a copious milk supply, cluster-feeding and growth spurts, maternal or infant illness, fussiness, teething, spitting up, breastfeeding in public, combining breastfeeding and work, introducing a bottle, and so on.

Step 10 also increases the likelihood that issues requiring more intensive help will be detected and promptly addressed in order to avoid poor outcomes.

Digirolamo and colleagues found that among mothers who intended prenatally to breastfeed for at least two months and who initiated breastfeeding, those who did not receive information about breastfeeding support groups or services prior to discharge had increased odds of discontinuing breastfeeding prior to six weeks postpartum.[35]

Few things impact health behaviors and outcomes more than the environment in which people live, work and play. Numerous studies have found that support after discharge can be effective in sustaining duration and exclusivity of breastfeeding. [3-6]

- The Centers for Disease Control and Prevention (CDC) recognizes peer and professional support as evidence-based interventions that are important strategies for improved breastfeeding outcomes. [7]
- In their National Survey of Maternity Practices in Infant Nutrition and Care (mPINC),[8] the CDC includes, active follow-up after discharge as a key hospital practice supportive of breastfeeding.
- Based on a systemic evidence review and meta-analysis, the US Preventive Services Taskforce recommends combining multiple strategies for the promotion of breastfeeding, including formal education for mothers and families, direct breastfeeding support, breastfeeding training for healthcare professional and peer support. [3]
- Interventions that begin prenatally and continue into the postpartum period after hospital discharge were found to be most successful at increasing breastfeeding duration. [3]
- Face-to-face support appears to be more effective than phone support. [4]

Different types of support are more feasible and effective in some communities than others. For example, skilled support might be needed to continue feeding an ill child. This support can be provided by the pediatric department of the hospital, the mother's primary care facility, a community-based International Board Certified Lactation Consultant, and by a variety of other trained healthcare workers in the community.

Support feeding at every opportunity should be a goal of all healthcare workers who come into contact with a new mother. This needs to be continuous from pregnancy through early childhood and should not be directed solely toward the mother but toward family members as well. Throughout the process, staff should show respect for the mother's and family's beliefs and ideas. Therefore, this step can be interpreted to include all forms of ongoing support that maybe available or that can be developed to address the community-specific needs of breastfeeding families.

Implementation Strategy

Implementation: Best Practices for Success

Before the mother delivers, during the last trimester, she should:

- Be informed of the reasons to breastfeed.
- Be informed of the risks of using infant formula if mother intends to breastfeed.
- Understand the basics of breastfeeding including the principles of breast milk production.
    - Early breastfeeding (immediately after birth)
    - Skin-to-skin care, frequent breastfeeding and access to the breast
    - Rooming-in
    - Avoiding pacifiers until breastfeeding is established
    - Know how to determine if the baby is getting enough
    - Latch, positioning, transfer of milk, management of colostrum transition to next milk
- Understand the need for exclusive breastfeeding.

Before the mother leaves the maternity facility, she should:

- Feel confident that she knows how to feed her baby.

- Understand the importance of exclusive breastfeeding for six (6) months and continued breastfeeding after the introduction of complementary foods.
- If she is feeding her infant formula at discharge, she should know how to obtain formula and prepare the formula in a safe manner.
- Know the signs that feeding is going well.
- Be informed about how to access ongoing support.

Before the mother is discharged:

- Talk with her about what family support she has at home.
- If possible, talk with her family members about how they can help and provide her with support.
- Have the family schedule a follow-up appointment with their baby's healthcare provider. Breastfeeding should be observed at the follow-up visit.

Prior to discharge, all breastfeeding infants should be scheduled for timely follow-up visits with their healthcare provider per the recommendations of the American Academy of Pediatrics (AAP) and the Academy of Breastfeeding Medicine (ABM).

- Give her the name and number of someone she can call after discharge for breastfeeding help, support and/or referral. Be sure she knows how to contact a healthcare professional who can help with breastfeeding if needed.
- Tell her about any mother-to-mother support groups or peer support available in her area.
- Review the key points of how to breastfeed and the practices that support breastfeeding, and review the signs that breastfeeding is going well.
- Provide written materials that reinforce that verbal instruction. These may be useful for families to refer to at a later time.
- If possible, contact the mother after she is home to follow-up about how feeding is going.

If a mother starts using replacement feedings (replacing any or all breastfeeding with infant formula), it is important that she receive information about the risks associated with using it, including a decrease in the future success of breastfeeding. She also needs to be assessed as to why she is using it so that breastfeeding is corrected. She should also be provided with support and assistance if she chooses to change her feeding options at any time.

Connecting Mothers to Ongoing Breastfeeding Support

When support systems, including referral and counter-referral, are established, peer counselors, mother-to-mother support groups and even families and friends can be key to the early identification of concerns and to linkage with the healthcare system. Early and regular postpartum follow-up with adequately trained, qualified healthcare professionals assures that problems with breastfeeding are identified and actively managed in a timely manner. Follow-up also assures that effective infant-feeding behaviors are encouraged, reinforced and supported.

Communication, cooperation and collaboration among healthcare workers based in different birthing facilities, ambulatory care settings and community health services can greatly increase access to support through shared resources, as well as continuity of care, as women and infants move between different care settings. Participation in state and local breastfeeding coalitions can strengthen communications across settings.

Women who have stopped breastfeeding prematurely (e.g. because they were unable to meet their personal breastfeeding goals) should be counseled to discuss what barriers they encountered and their feelings about their breastfeeding experience so that subsequent infant-feeding experiences aren't negatively impacted.

Mothers of ill or preterm infants should receive consistent and intensive support geared toward their needs to ensure that lactation is maintained and that they are supported with breastfeeding and/or expression of breast milk to meet their infants' nutritional needs. Ideally, support should include care coordination to assist with access to appropriate equipment (e.g., a hospital-grade double electric breast pump), travel accommodation and logistical support, as needed. In addition, donor breast milk should be promoted as the preferred method of infant feeding if the mother's own breast milk is not available.

All mothers should receive appropriate information about what, when and how to introduce complementary foods to meet their children's evolving nutritional needs, as well as information about how to continue

"All breastfeeding newborn infants should be seen by a pediatrician or other knowledgeable and experienced healthcare professional at 3 to 5 days of age as recommended by the AAP." [15]

breastfeeding for at least one to two years and beyond, along with adequate complementary feeding.

Support by Trained Healthcare Professionals Outside of the Facility

When mothers' need extended beyond the scope of normal breastfeeding support, support from International Board Certified Lactation Consultants (IBCLCs) or other healthcare professionals with special training in breastfeeding management should be accessible. It is important for healthcare services to connect with communities to help women access the appropriate level of support for their needs and to provide continuity of referral and counter-referral for breastfeeding services and support.

Involvement of the healthcare sector is necessary for the sustainability of community-based breastfeeding support. [16] In addition to providing timely follow-up and periodic care of infants and mothers, healthcare providers can do much to support breastfeeding in the community by:

- Encouraging development of systems of referral and counter-referral and communicating with IBCLCs and other trained healthcare professionals about establishing care plans.
- Providing feedback to La Leche League leaders, peer counselors and WIC staff when they refer infants with feeding difficulties within their scope. Mothers with breastfeeding complications should be referred to an IBCLC and pediatrician.
- Forming and facilitating breastfeeding support group meetings to educate mothers and support breastfeeding and healthful infant-feeding practices.
- Encouraging the integration of healthful infant-feeding practices into other community groups that impact women.
- Participating in and supporting the work of state and local breastfeeding coalitions.
- Educating peers and the community in the promotion and support of breastfeeding through the media, grand rounds, professional conferences, community meetings and other venues.
- "Walk the talk": Incorporating consistent protection, promotion and support of breastfeeding and optimal infant- and young child-feeding practices into daily work and into communications with families, care providers and peers.
- Creating breastfeeding-friendly offices and health care centers (Refer to the American Academy of Pediatrics' Ten Step to Support Parents' Choice to Breastfeed Their Baby and the Academy of Breastfeeding Medicine's Protocol 14: Breastfeeding-Friendly Physician's Office. Additional resources in the RESOURCES section).

Any time a healthcare professional is in contact with a mother and young child there is an opportunity to support the mother in feeding and caring for her baby. Healthcare professionals who do not feel confident in their ability to provide support can refer to community resources where they exist. Healthcare providers can also increase and update their knowledge and skills in breastfeeding support through a variety of training opportunities.

All breastfeeding infants should be seen by a pediatrician or other trained, licensed healthcare professional within the first three to five (3-5) days of life to assess breastfeeding. This check should include:

- Observation of breastfeeding.
- Identification of risk factors.
- Assessment for latch, milk exchange and frequency of feedings.
- Assessment of infant health status related to feeding, including weight, hydration, jaundice and output.
- An opportunity for families to ask questions and express concerns.

CLINICAL NOTES

The first step in assuring access to community support is to ensure that families have a good understanding of normal infant feeding as well as the ability to recognize warning signs for when mothers may need assistance.

Appropriate anticipatory guidance prior to discharge helps families know when they should access follow-up support without delay. Refer to Step 5, Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants for details on what to discuss with families prior to discharge.

Breastfeeding should be individually assessed and promoted at each subsequent ambulatory visit (e.g., 6-week postpartum visit, well-child visits). Family planning, along with breastfeeding, should also be addressed at the mother's six-week postpartum visit. [9,10]

Lactation Consultants

Women with breastfeeding difficulties should have timely access to expert breastfeeding help and support with an IBCLC or another healthcare professional with equivalent training and experience in lactation support. Lactation clinics, staffed by an IBCLC, can be established by hospitals or within ambulatory care settings so that trained staff is easily accessible. Group clinics may also be held so that mothers can share experiences and mutual support. To find an IBCLC an Utah see: www.ilca.org/why-ibclc/falc

Mother-to-Mother Support Groups and Trained Peer Counselors

Support from a social network of other women is appealing in many communities because it is similar to familiar patterns of seeking help or advice from family and friends. In addition,

it may be easier for some women to seek support in a peer environment in which they can both give and receive help.

Facilities should build alliance with community organizations to help develop and integrate breastfeeding support services. Support services provided by trained peer counselors and mother-to-mother support groups should be developed and made readily and widely available, especially in communities with low breastfeeding rates.

EFFORTS THAT CARRY FROM PRENATAL THROUGH POSTNATAL

Support services should also be promoted to women during pregnancy. Pregnant women who know that support will be available postpartum may be more confident in the decision to breastfeed. Support that begins during pregnancy (as part of Step 3) and extends into the postpartum period appears to be the most effective at increasing breastfeeding duration.[3,4]

Informational, emotional and skill-oriented peer support provided by specially trained women in the community who have personal breastfeeding experience is proven way to help mothers increase and sustain exclusive breastfeeding. [7] Peer-support programs can be culturally relevant, individualized and cost-effective method of providing support and have been demonstrated to improve breastfeeding outcomes by themselves or as the primary component of a multi-faceted program. [4,11-14]

Mother-to-Mother Support Groups

Evidence suggests that local mother-to-mother support with women of similar backgrounds and shared experiences is an effective approach to developing or forming these groups. Such groups should recruit from within to further expansion. La Leche League International is perhaps the best-known mother-to-mother support organization the in United States; however, there may also be other mother-to-mother support groups in your community.

Mother-to-mother breastfeeding support groups may also be formed at the community level or through the efforts of staff at birthing facilities and facilitated by trained healthcare professionals or others with training in breastfeeding support. Breastfeeding may also be incorporated

TIPS FOR MOM

La Leche League's stated mission is "to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother."[49] La Leche League leaders are trained and accredited volunteers who provide breastfeeding education and support to pregnant and parenting women in group meetings as well as by phone and online. To find a local La Leche League group, visit www.lllusa.org.

into other types of mother-to-mother support opportunities, such as facilitated parenting groups or hospital or community-based postpartum support groups or meetings.

Trained Peer Counselors

The Utah WIC Peer Counselor Program is run by WIC mothers who have successfully breastfed their infants and have completed a training course. This training course enables women to go beyond their own experiences to help and to advise other mothers in normal breastfeeding situations, based on current research and consensus of knowledge from breastfeeding experts. Peer counselors are paid WIC staff whose primary goals are to serve as breastfeeding role models, educators and supporters of breastfeeding for WIC recipients. Their peer status gives them credibility for building trust and rapport with clients, as they share similar experiences and can therefore provide relevant, meaningful and explicit information. The Utah WIC Peer Counselor Program is available through local WIC agencies across the state and is an important resource for facilities, to assure continuity of support from the hospital to the community for WIC-eligible patients. For more information about the WIC Peer Counselor Program, please see http://bit.ly/2jWUs8k

Support of Family and Friends

Women with a large, stable network of family and friends often have good support. However, some friends and family members may be well-meaning but have inaccurate information or little personal experience with breastfeeding, especially with exclusive breastfeeding.

It is important to include family members in interactions in which breastfeeding information and promotion are provided. Whether this is their first baby or they are expanding their family, couples should be encouraged to discuss emotional and practical adjustments to the new changes in their family. The baby's father is a vital support for the breastfeeding woman and can be second set of eyes, ears and hands in the hospital to learn the infant-feeding information and skills that will help the family with feeding when 24-hour staff care is no longer available. Dads can also support breastfeeding and bond with the baby by doing such things as: bringing the baby to the mother for feedings; helping ensure that the mother is comfortable, hydrated and fed; holding the newborn skin-to-skin; bathing; dressing and playing with the baby; and offering encouragement, support and practical help with breastfeeding, positioning and latch.

Facilities can also educate families about strategies for handling perceived barriers to breastfeeding in the community and how laws and programs protect a woman's right to breastfeed in public and to support breastfeeding in the workplace. See the RESOURCES section for more information about laws and programs in Utah.

Workplace Support

The information below is specific to working women, but much of this information also applies to mothers who have other time intensive responsibilities such as school. The primary reason among working women to introduce formula or other supplements, to completely stop breastfeeding or to never initiate breastfeeding is returning to work. Support is needed for mothers to provide their babies with as much breast milk as possible when they return to work.

Before the mother returns to work, it is important to discuss the possibility of taking the child to work with her, having the child at a nearby care facility or working fewer hours in order to maximize time spent with the child.

If breastfeeding is not an option during the workday, it is recommended that the mother:

- Express milk about every three (3) hours while at work, if possible, to ensure proper and steady milk production. A one-day supply should be kept refrigerated and ready for feeds by the baby's care provider.
- Breastfeed exclusively and frequently during maternity leave.
- Breastfeed whenever she and her child are together, specifically at any time she is not at work.
- Breastfeed up until the time she returns to work, not stopping prematurely to start bottle feedings until it is necessary.
- Have information that she can pass on to anyone who helps care for her baby, which will create a continuous and consistent feeding pattern for the baby.
- Have contact and support from other mothers who are working and breastfeeding.

Use the included handout titled *Employee Guide to Taking Leave and Returning to Work* when discussing the return to work with breastfeeding mothers. The handout can be found in the IMPLEMENTATION RESOURCES section at the end of this step.

Benefits of Breastfeeding for the Working Mother

For mothers who work away from home, breastfeeding can be beneficial because:

- It can be quality time that increases closeness between her and her child.
- She can rest while feeding.
- The convenience of night feeds - rather than preparing a bottle - will allow her to get more sleep.
- She will miss less work to care for a sick child since the child's immune system will be stronger.

Sustaining Continued Breastfeeding for One to Two Years or Longer

It is widely recognized that the physiologic norm for infant feeding is exclusive breastfeeding for the first six months of life with continued breastfeeding, in combination with complementary food, for at least one to two years of life and beyond.[15-33] There is no specific age at which breastfeeding is no longer beneficial and can be continued for as long as mother and infant desire.

Guidelines for Breastfeeding Six Months and Longer

- Complementary feeding (when the baby is given other foods in addition to sufficient breast milk) can begin six months after birth.
- While the period from six to twelve months after birth is a time to discover foods, tastes and textures, breast milk should still make up the primary part of the baby's diet.
- The breast should be offered along with suitable food from family meals.
- Offering the breast before complementary food options will help maintain the milk supply.
- As part of their natural development, young children will gradually reduce the frequency of breastfeeding during the second year of life and eventually, at their individual pace, stop breastfeeding when they are ready. Whether or not weaning is infant-led, parents should get support when they have questions or see weaning start to occur. This allows for a gradual weaning and will ensure a smooth transition, help avoid unnecessary distress in the child and help avoid discomfort for the mother caused by engorged breasts. During this transition, ensure that the child receives plenty of other foods.
- The frequency that young children breastfeed varies; some might only breastfeed when upset.
- Mothers of young children can feel competing pressures from work and family and benefit from support groups to cope with those pressures.

Benefits of Breastfeeding the Older Baby and Child

- Breastfeeding continues to provide closeness and warmth, bonding, protection from illness and optional nutrition.
- Breastfeeding an older baby/young child can be valuable when the child becomes ill. Often the child will be able to breastfeed when disinterested in other foods. This ensures the child will get enough to eat.
- Breastfeeding can soothe an upset child.

Preparation: Getting Ready to Prepare Mothers for Discharge

Suggested Action steps for implementing Step 10 include:

1. Fostering their development and success.

    - Actively work to develop, foster and/or coordinate with community services that provide support for infant feeding including:

        - Trained healthcare professionals.
        - Professionals offering home visits.
        - Community healthcare services.
        - Follow-up telephone calls.
        - Outpatient breastfeeding clinics, such as those found in WIC offices
        - Drop-in lactation support centers.
        - Mother-to-mother support groups, such as those found in WIC offices

    - Establish strong liaisons and communication, including a system of referral and counter-referral, with community-support resources to enhance continuity of care.
    - Coordinate with mother-to-mother support groups to connect patients to groups before they are discharged. This can be done individually with each mother-to-mother group or in a group setting such as in a lactation clinic.
    - Train hospital staff to organize and facilitate mother-to-mother support groups. Once established, identify and encourage group leaders.
    - Host and promote continuing education opportunities to healthcare professionals in your community to increase their knowledge and skill in supporting breastfeeding.

2. Identifying and maintaining an active directory of recommended resources.

    - Maintain a comprehensive list of available community resource for breastfeeding support (See RESOURCES section for current community breastfeeding resource guide.) Include:

        - Peer counselor programs (e.g., Utah WIC Peer Counselor Program, hospital based peer counselor program)
        - Breastfeeding support groups or parenting support groups with a breastfeeding component (e.g. La Leche League)
        - One-on-one support resources, such as IBCLCs.

- Make the list of breastfeeding resources readily available to mothers, families and the community.

3. Referring mothers and their families to support resources.

- Refer all breastfeeding mothers to appropriate support resources for help with breastfeeding after hospital discharge. Ideally, a healthcare professional will go through this information with a mother in a one-on-one meeting. Giving written materials without verbal instruction has been shown to be ineffective. Include:

  - Contact phone numbers, e-mail addresses and websites available.
  - Local and national voluntary breastfeeding support groups and counselors offering after-hours help.
  - Community-based breastfeeding support resources such as health clinics and nonprofit groups. These can often be located through your local WIC clinics or the La Leche League.

- Develop individualized care plans for mothers and babies with identified risk factors for feeding difficulties and include follow-up via support resources.

- Provide referrals prenatally or early in postpartum instead of just before hospital discharge. This gives the mother time to think of and ask any questions or deal with any concerns she may have prior to discharge.

- Teach families to recognize the signs of successful breastfeeding and learn how to access support for infant feeding after discharge.

- Be sure to provide support references to families with babies in a neonatal unit. Explain that support can be available to them even if their baby is not yet at home.

ALL WOMEN SHOULD HAVE ACCESS TO EFFECTIVE SUPPORT

A Mother's Needs May Be Greater if She:

- Cares for multiple children.
- Has a demanding schedule.
- Is a first-time mother.
- Experiences problems feeding her baby.
- Requires child care.
- Is isolated from others.
- Receives inconsistent information from many people.
- Has health problems or has a baby who is ill.

4. If feasible, follow-up with families after discharge to ensure continuity of care.

- Follow up in a timely and structured manner (e.g., scheduled the first visit within a week).

- Cooperate with related support and healthcare professionals to enable effective hand over of care. Developing a "handoff tool" with key information about the maternal and infant health status, which is sent with the patients to their postpartum providers after discharge, is one way to increase continuity of care.

Overcoming Barriers: Strategies for Success

The most common concerns related to implementing Step 10 are detailed below, along with strategies for overcoming them.

1. **Staff members are unfamiliar with good breastfeeding support sources to which they can refer mothers.**

   - Create a resource list to be readily available to staff and mothers.
   - Encourage the use of the hospital facilities for local breastfeeding-support groups. Arrange for community breastfeeding-support groups to host training clinics for hospital staff to inform them about community-offered services and resources.

2. **There is a misconception that healthcare professionals aren't supposed to involve themselves in mother-support groups.**

   - In the absence of community-support group leadership, involve healthcare staff members. Be sure they are trained in facilitating, rather than dominating the groups. They should also identify and encourage lay leaders. Once this happens, healthcare staff should decrease their leadership roles and assume the role of advisor.

3. **Community-based support-group leaders and their members may provide incorrect information.**

   - Ensure that mothers consistently receive thorough and accurate prenatal and postnatal information from hospital staff. In order to avoid conflicting information from mother-support groups, supply them with adequate training and educational materials.
   - Explore whether knowledgeable volunteer groups or individuals can extend the capacity of healthcare staff members by assisting with oversight and coordination of support.

4. **The local culture is not receptive to mother-to-mother support.**

   - Explore culturally appropriate support mechanisms for breastfeeding mothers.
   - Work with traditional and faith based organizations to educate mothers on

breastfeeding and provide general support.

- Identify family members most likely to give advise to the mother and provide them with information on breastfeeding.

5. **If follow-up measures like home visits and phone contact are too costly, unnecessary or unsuccessful, identify the most feasible follow-up methods.** For example:

   - Assess and support breastfeeding as much as possible during prenatal and postnatal visits.
   - Refer mothers to community resources that can offer support that the hospital cannot provide.
   - Reserve home visits for mothers most at-risk of breastfeeding difficulty.
   - Partner with other community based organizations or home visitation programs to provide follow-up or home based care. Provide training or collaborate with these organizations to provide training for these groups.
   - Provide a warm line or social media page for moms to make inquiries or connect with other moms.

Evaluating Success

Use the information in this section and the additional tools provided in the RESOURCES documents section at the back of this step as checkpoints to verify that you are successfully implementing Step 10. Assign one or two staff members who have the best perspective on day-to-day operations to complete these checkpoints. This section is for your information only. UCATS does not require submission of these tools for certification.

Process changes. When evaluating your facility's success in implementing Step 10 consider the following:

- Has a resource list been developed and/or updated?
- How many meetings have been held with local support resources?
- What prenatal support resources have been developed?
- What postpartum support resources have been developed?
- Is facility staff documenting discussions of postpartum support? (Facility management should use the included *Postnatal Feeding Referrals Checklist* and the Step 10 Action Plan to assess progress in this Step).

Impact on patient experience. Your facility should track data about the use and success of postpartum-feeding resources and support groups. Data to consider are:

- Percent of women reporting that they have been given information on how to get help from the facility or how to contact support groups, peer counselors or other community healthcare services.
- Percent of women receiving a follow-up phone call after discharge.
- Percent of women receiving a home-, hospital-, or clinic-based postpartum visit by your facility.
- Number of women accessing different support services who report they were referred by your facility.
- Number of women exclusively breastfeeding at two weeks, three months and six months postpartum.

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

Please see IMPLEMENTATION RESOURCES for UCATS certification application.

Resources

- State Laws Related to Breastfeeding Support
  - Utah Code Ann. § 17-15-25 (1995) states that city and county governing bodies may not inhibit a woman's right to breastfeed in public.
  - House Bill 262 (1995/2015) states that a breastfeeding woman is not in violation of any obscene or indecent exposure laws.
  - House Bill 105 (2015) adds breastfeeding to the Utah Antidiscrimination Act
  - House Bill 242 (2015) requires public employers to provide reasonable breaks, access to a room with privacy and a refrigerator for breastfeeding purposes to their public employees who are breastfeeding

- Federal Laws Related to Breastfeeding Support:
    - The Section 7 (the section pertaining to overtime) of the US Fair Labor Standards Act was amended in March, 2010 to include the Reasonable Break Time for Nursing Mothers provision. Comprehensive information about what is required is available from the U.S. Department of Labor at: http://bit.ly/2jLcwV8
    - Certain preventive services including lactation services and equipment must be provided under new health plans. Information about these new requirements is available here: http://bit.ly/2k5vK8m
- Break Time for Nursing Mothers: http://bit.ly/2k5Bv5I
- Academy of Breastfeeding Medicine Protocols:
    - Going home/discharge: http://bit.ly/2k5EyLt
    - Mastitis: http://bit.ly/2k5Bu1K
    - Human milk storage: http://bit.ly/2k5N4Kf
    - Neonatal ankyloglossia: http://bit.ly/2k5Dh6M
    - Breastfeeding the late preterm infant: http://bit.ly/2k5wf2a
    - Contraception and breastfeeding: http://bit.ly/2k5JG29
    - The Breastfeeding-Friendly Physicians' Office Part 1: Optimizing Care for Infants and Children: http://bit.ly/2jLOauz
    - Engorgement: http://bit.ly/2k5BwH6
    - Jaundice: http://bit.ly/2k5Lzfb
- Discharge Instructions/Checklist: http://bit.ly/2jS1ATd
- BestStart Guidelines for Nursing Mothers: http://bit.ly/2k5PPer
- American Academy of Pediatrics Health Professional Resource Guide: http://bit.ly/2k5DGGq
- Parent Screening Form for Early Follow-up of Breastfed Infants: http://bit.ly/2k5Cing
- Breastfeeding Support Resource
    - Using Loving Support to Build a Breastfeeding-Friendly Community — Partnership Ideas Checklist: http://bit.ly/2k5EwCY

- Online Breastfeeding Support Forums (Research has shown that online discussion boards can be a worthwhile resource for parents in need to reassurance, information or general social support. [34] However, breastfeeding mothers should be encouraged to seek professional help from well trained health care workers for breastfeeding problems)
    - La Leche League Mother-to-Mother Forum: http://bit.ly/2k5ExHb
    - Mobi Motherhood International: http://bit.ly/2k5DPty
    - Kelly Mom: http://bit.ly/2k5zQgK
    - Cafemom Breastfeeding Group: http://bit.ly/2k5GKTa
    - Utah Breastfeeding Coalition: http://bit.ly/2k5RIrx
- Facebook Pages
    - Mom2Mom Breastfeeding Support Group: http://bit.ly/2kvdohQ
    - Best for Babes Foundation: http://bit.ly/2kZMzzI
    - The Leaky Boob: http://bit.ly/2k12P2I
    - Intermountain Moms: http://bit.ly/2jIIEWi

Implementation Resources

- Action Plan
- Facility Impact
- Postpartum Breastfeeding Support Survey - Patient
- Postpartum Breastfeeding Support Survey - Resource Providers
- Postpartum Plan of Care for Nursing Mothers - Pediatrician
- Postpartum Breastfeeding Checklist - For Support Referrals
- Breastfeeding Support Resources
- Breastfeeding Assessment and Postpartum Counseling Form
- Employee Guide to Taking Leave and Returning to Work
- Breast Pumping Log
- Breastfeeding Survey
- How Do I Know if Breastfeeding is Going Well?
- UCATS Application Form

References

1. Coutinho SB, deLira PI, de Carvalho Lima M, et al. Comparison of the effect of two systems of promotion of exclusive breastfeeding. Lancet. 2005; 366(9491):1094–100
2. Merten S, Dratva J, Ackerman-Liebrich U. Do baby-friendly hospitals influence breastfeeding duration on a national level? Pediatrics. 2005; 116(5):702–8.
3. Chung M, Raman G, Trikalinos T, et al. Interventions in primary care to promote breastfeeding: An evidence review for the U.S. Preventive Services Task Force. Ann Intern Med. 2008;149(8):565-82.
4. Britton C, McCormick FM, Renfrew MJ, et al. Support for breastfeeding mothers. Cochrane Database Syst Rev. 2007;(1):CD001141.
5. Guise JM, Palda V, Westhoff C, et al. The effectiveness of primary care-based interventions to promote breastfeeding: systematic evidence review and meta-analysis for the US Preventive Services Task Force. Ann Fam Med. 2003;1(2): 70-8.
6. World Health Organization (WHO). 1998. Evidence for the ten steps to successful breastfeeding [Internet]. Geneva, Switzerland: WHO. Available from: http://bit.ly/2jLlBx8
7. Shealy KR, Li R, Benton-Davis S, et al. The CDC Guide to Breastfeeding Interventions. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2005.
8. Center for Disease Control and Prevention (CDC). CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC) [Internet]. Available from: http://bit.ly/2k5W4ix
9. Academy of Breastfeeding Medicine Protocol Committee. ABM clinical protocol #14: Breastfeeding-friendly physician's office, part 1: Optimizing care for infants and children. Breastfeed Med. 2006; 1(2):115-9.
10. American College of Obstetricians and Gynecologists (ACOG). Committee on Health Care for Underserved Women, ACOG Committee Opinion No. 361: Breastfeeding: Maternal and infant aspects. Obstet Gynecol. 2007; 109(2 Pt 1):479-80.
11. Chapman DJ,Damio G, Pérez-Escamilla R. Differential response to breastfeeding peer counseling within a low-income, predominantly Latina population. J Hum Lact. 2004; 20(4):389-94
12. Rossman, B. Breastfeeding peer counselors in the United States: Helping to build a culture and tradition ofbreastfeeding. J Midwifery Womens Health. 2007; 52(6):631-7
13. Fairbank L, O'Meara S, Renfrew MJ, et al. A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. Health Technol Assess. 2000; 4(25):1–171.
14. La Leche League International. 1989. LLLI Policies and Standing Rules Notebook, revised 1993.
15. American Academy of Pediatrics Expert Workgroup on Breastfeeding. Breastfeeding and the use of human milk. Pediatrics. 2005;115(2):496-506.
16. Academy of Breastfeeding Medicine Board of Directors. Position on breastfeeding. Breastfeed Med. 2008;3(4):267-70.
17. American Academy of Family Practitioners (AAFP). Breastfeeding. Policy Statement. [Internet]. Leawood, KS: AAFP, 2007. Available from: http://bit.ly/2k5URrH
18. World Health Organization (WHO). 2003. Community-based strategies for breastfeeding promotion and support in developing countries. Geneva, Switzerland: World Health Organization.
19. American Osteopathic Association. 2007. Breast-feeding exclusivity [Internet]. Chicago (IL): American Osteopathic Association. Available from: http://bit.ly/2k63KBr
20. American Public Health Association (APHA). 2007. A call to action on breastfeeding: A fundamental public health issue [Internet]. Washington (DC): APHA. http://bit.ly/2k5X4mU
21. Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). Breastfeeding. 2007. Position Statement [Internet]. Washington (DC): AWHONN. Available from: http://bit.ly/2k5ZHF6
22. Fiocchi A, Assa'ad A, Bahna S, et al. Food allergy and the introduction of solid foods to infants: a consensus document. Adverse Reactions to Foods Committee, American College of Allergy, Asthma and Immunology. Ann Allergy Asthma Immunol. 2006; 97(1):10-20.
23. American Dietetic Association. Position of the American Dietetic Association: Promoting and supporting breastfeeding. J Am Diet Assoc. 2005; 105(5):810–8. Available from: http://bit.ly/2k5UWLO
24. American College of Nurse Midwives. 2004. Breastfeeding. Position statement. Silver Spring, MD: American College of Nurse Midwives. Available from: http://bit.ly/2k64A13
25. American College of Obstetricians and Gynecologists. 2007. Breastfeeding. Washington, DC. Available from: http://bit.ly/2k5WG7C
26. World Health Organization (WHO)/UNICEF. 2003. Global strategy for infant and young child feeding. Geneva,Switzerland: WHO. Available from http://bit.ly/2k5XMjX
27. National Association of Pediatric Nurse Practitioners (NAPNAP). Position statement on breastfeeding. J Pediatr Health Care. 2001;15(5):22A. Available from: http://bit.ly/2k5X7ig

28. U.S. Department of Health and Human Services. 2000. HHS Blueprint for Action on Breastfeeding. Washington (DC): U.S. Department of Health and Human Services, Office on Women's Health.

29. Department of Health and Human Services. 2000. Healthy People 2010. 2nd ed. Understanding and Improving Health and Objectives for Improving Health. 2 vols. [Internet]. Washington, DC: U.S. Government Printing Office.

30. International Lactation Consultant Association (ILCA). 2000. Position Paper on Infant Feeding

31. United States Breastfeeding Committee. 2000. Statement on exclusive breastfeeding [Internet]. Raleigh, NC: United States Breastfeeding Committee. Available from: http://bit.ly/2kZLpUR

32. World Health Organization/United Nations Children Fund/United States Agency for International Development/Swedish International Development Cooperation Agency. 1990. Innocenti Declaration: On the protection, promotion and support of breastfeeding [Internet]. Florence, Italy. Available from: http://uni.cf/2k5WIg8

33. Codex Alimentarius Commission. 1976. Statement on infant feeding [Internet]. Rome, Italy: FAO/WHO Codex Alimentarius Commission. Available from: http://bit.ly/2kv1BAn

34. Cowie, G.A., Hill, S., & Robinson, P. (2011). Using online service for breastfeeding support: What mothers want to discuss. Health Promot J Austr. 22(2), 113-18

Step 10
Action Plan

Step 10 Implementation Owner: _____

Start date: _____ **Target completion date:** _____

Primary Goals of Step 10:

- ☐ Foster development and success of infant feeding support resources.
- ☐ Identify and maintain an active directory of recommended resources.
- ☐ Refer mothers and their families to support resources.
- ☐ Follow up with families after discharge to ensure continuity of care.

Resources for implementation:

	Description	Budgeted amount
Time and materials for maintaining resource list		$
Staffing and training: May include management of resources, training of support group leaders, etc.		$
Other costs related to development and support of a community support groups network, lactation consultants and other ancillary support resources		$
Total		$

Implementation

Does the facility:

- ☐ Foster support groups? (Mother-to-mother and/or healthcare worker-to-mother)
- ☐ Maintain an active list of community support groups and available resources for mothers?
- ☐ Distribute printed material outlining where to receive follow-up support to mothers?
- ☐ Allocate staff time for developing resources and community connections?
- ☐ Refer breastfeeding mothers to support groups?
- ☐ Educate family members on how to support the breastfeeding mother at home?
- ☐ Feature breastfeeding counseling by trained counselors?
- ☐ Discuss home-feeding method plans with mothers before discharge?
- ☐ Encourage mothers to meet with a skilled breastfeeding support person after discharge (preferably two to four days after birth and in the second week).
- ☐ Encourage breastfeeding counseling by trained mother-to-mother support group counselors in its maternity services?
- ☐ Have a follow-up support system for breastfeeding mothers? (These might include home visits, telephone calls and checkups.)

Can you:

- ☐ Report satisfaction of patients with breastfeeding support?
- ☐ Report satisfaction of community healthcare providers re. hands-off care?

Notes

Step 10 Implementation Tracking

Use results from the Postpartum Breastfeeding Support Surveys to document the information below. Set unit goals in terms of the month at which you plan to achieve each goal below, and assign each goal to be monitored a specific person on staff.

At month		Person Responsible	Initials	Date Completed
	__% of mothers report being provided resources for breastfeeding support			
	Of mothers who sought breastfeeding support after discharge, __% report being "very satisfied" with the support received			
	All mothers report having received a follow-up call from the hospital within one week of discharge			
	__% of support providers reporting they are "very satisfied" with the handoff of care from the hospital			

Notes

Step 10
Facility Impact

Postpartum Support Development

Costs to Facility		
	Description/Notes	**Dollar Amount**
Time and materials for maintaining resource list		$
Staffing and training: May include management of resources, training of support group leaders, etc.		$
Other costs related to development and support of a network of community support groups, lactation consultants and other ancillary support resources		$
	Subtotal	$

Savings to Facility		
	Description/Notes	**Dollar Amount**
Timely resolution of breastfeeding problems		$
Increased continuity of care		$
Increased breastfeeding duration and exclusivity among mothers		$
Other savings and benefits to facility		$
	Subtotal	$
		Net Annual Loss or Gain to Facility
		$

What can be done differently next year?

Postpartum Breastfeeding Support Survey - Patient

Your hospital is tracking patient experience with breastfeeding support to help improve their service to new mothers and their families. Your input is appreciated. Please give this to your nurse, lactation consultant or support group leader before you leave.

1. While at the hospital, were you given sufficient information and support to begin feeding your baby confidently?
2. Before you left the hospital, were you provided resources for breastfeeding support for use after you went home?
3. Did you use the hospital-provided list of support resources to seek out help for breastfeeding once you
   were home?
4. Did you receive a follow-up call from the hospital within one week of discharge?
5. How satisfied are you with the support you have received? (very-somewhat-not satisfied)

Please provide any additional comments about your experience with breastfeeding support below. Thank you!

_____

_____

Postpartum Breastfeeding Support Survey – Resource Providers

As a recommended provider of postpartum breastfeeding support, we value your input and experience with our facility.

Please take a moment to respond to the following questions to help us improve our processes and patient quality of care. Thank you!

1. Do breastfeeding mothers who delivered their babies at our facility report being prepared by hospital staff for breastfeeding?
2. How satisfied are you with the handoff of care from the hospital? (very/satisfied/not satisfied)
3. Do you have any other feedback that would help strengthen our breastfeeding support program?

_____

_____

Postpartum Plan of Care for Nursing Mothers – Pediatrician

Checklist for first postpartum visit:

☐ Complete a breastfeeding check:

- Observe breastfeeding and assess for latch and milk exchange.
- Assess baby's health as related to feeding (weight, hydration, jaundice and output.)
- Identify and discuss any risk factors.

☐ Discuss infant-feeding issues:

- How to know whether baby is getting enough milk: number of wet diapers, appearance of stools, etc.
- Recognizing early signs of breastfeeding problems (e.e., sore nipples, breast engorgement) and how to get help
- How to position and establish a good latch for feeding
- Feeding demand feeding: keeping baby close and learning feeding cues
- Importance of exclusive breastfeeding for first six months
- Risks and use of bottles, nipple shields and pacifiers
- When and how to express milk by hand

☐ Provide resources and contact information for:

- Local/community breastfeeding support groups
- Lactation consultants
- After-hours breastfeeding support
- National support organizations such as La Leche League

Checklist for first postpartum or the next follow-up visit:

Discuss with the mother:

☐ Guidance on breastfeeding in public

☐ Introducing solids into the baby's diet: No sooner than six months, begin with "1st foods," specific recommendations

☐ How to transition back to work and maintain breastfeeding: Pumping and schedules, current and local laws regarding workers' rights to manage breastfeeding at work

Patient Plan of Care

Following the initial postpartum visit, the following plan of care was discussed with the mother:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date _____ Signed _____

Postpartum Breastfeeding Checklist – For Support Referrals

A checklist for the healthcare professional or trained support group leader.

During the initial consultation with the breastfeeding mother referred to you for support, be sure to:

☐ Provide ample opportunity for the mother to express her concerns and ask questions.

☐ Complete a breastfeeding check:

- Observe breastfeeding and assess for latch and milk exchange.
- Identify and discuss any risk factors.

☐ Discuss infant feeding issues:

- How to know whether baby is getting enough milk: number of wet diapers, appearance of stools, etc.
- Recognizing early signs of breastfeeding problems (e.g., sore nipples, breast engorgement) and how to get help
- How to position and establish a good latch for feeding
- Demand feeding: keeping baby close and learning feeding cues
- When and how to express milk by hand

Patient Plan of Care

Following the initial consultations, the following plan of care was discussed with the mother:

_____

_____

_____

_____

_____

_____

_____

_____

Mother's Name _____

Date _____ Signed _____

Breastfeeding Support Resources

Maintain current, recommended patient support references. A version of this list should be produced and available for distribution to all breastfeeding mothers upon discharge.

Each category of support should include references to professionals in various areas or neighborhoods and should include a choice of at least two to three references.

NOTE: A thorough review of these resources should be done every six months to ensure that resources are current.

	Name	Telephone	Email/Website
Healthcare Resources	Lactaction Consultants		
	Pediatricians		
	Gynecologists		
	NICU		
	Pediatrics		
	Home Health Nursing		
	Psychiatry		

Community	La Leche League		
	Family Resource Centers		
	Churches		
Public Health	Public Health Nursing		
	WIC		
	Maternal and Child Health		
	National Hotlines/Resources		

Breastfeeding Assessment and Postpartum Counseling Form

Counselor Information

Counselor Name		Clinic Site/Facility:
Date of consultation:	Type: ☐ In person ☐ By telephone	Place: ☐ Hospital ☐ Clinic ☐ Home

Mother Information

Language: ☐ English ☐ Spanish ☐ Other	WIC FID/PAN #:		Preferred Phone #:
Mother's Name:		DOB:	Alternate contact:
Date of delivery:	Delivery Hospital:	Method: ☐ Vag ☐ C-sec	Medicated delivery: ☐ Y ☐ N
# of previous children	# of previous children breastfed		*Avg. length of BF
Previous breast surgeries ☐ Y ☐ N	Current maternal medications:		

History of breastfeeding problems:

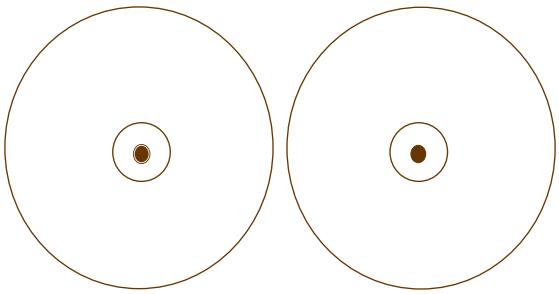
How is breastfeeding going for mom and infant?

Using breast pump? ☐ Y ☐ N If yes, type and frequency of pumping:

Returning to work/school: ☐ Y ☐ N	Date Returning:

Check all that apply

Milk Supply	Nipple/Areola Assessment (Visual or verbal)				Breast Assessment
☐ Colostrum	Pain/soreness	☐ mild	☐ moderate	☐ extreme	☐ Pain in breasts
☐ WNL for days postpartum	Engorgement	☐ mild	☐ moderate	☐ extreme	☐ Engorgement
☐ Low milk supply	Blistered/ cracked/bleeding	☐ mild	☐ moderate	☐ extreme	☐ Softer after feeding
☐ Over-abundant milk supply	Everted/flat/inverted				☐ Mastitis/Inflamation ☐ Fever/Flu Symptoms
	Everts: ☐ at rest ☐ with stimulation				☐ Redness
	☐ Other:				☐ Lump/Mass
					☐ Plugged duct
					☐ Other



left breast right breast

Infant Information

Infant name:			Sex: ❑ M ❑ F	Wks gestation:	DOB:	Birth weight:	Birth length:
Home from hospital? ❑ Y ❑ N	Age today:	Current weight:	Current length:	Growth: low/*WNL			
How often does baby nurse in 24 hrs?		How long does each feeding last? (1 side or both)		Who ends feeding? ❑ Baby ❑ Mom			
Does baby get ❑ formula ❑ water ❑ juice ❑ solids ❑ other? What/how much each day?							
# of wet diapers in 24 hours?	# of dirty diapers in 24 hours?	Color of dirty diapers?	Any current health problems/medications?				

How would you categorize the baby's level of alertness?

❑ awake ❑ alert ❑ very active ❑ fussy ❑ very passive ❑ sleepy ❑ lethargic Notes:

Feeding behavior, position and latch (visual or verbal)

❑ Ears, shoulders, hips in alignment	❑ Chin indents breast	❑ Audible swallowing	❑ Circular movement of jaw
❑ Nipple confusion	❑ Cries at the breast	Falls off breast: ❑ during feed ❑ end of feed	❑ Stays attached & sleeps, no sucking
❑ Feeds on nipple, not areola	❑ Lips not flanged ❑ Lips flanged	❑ Cheeks dimpling ❑ Cheeks rounded	❑ Other:

Returning to Work/School

Date returning: ❑ FT ❑ PT	Hours of mom/infant separation, including travel time:_____per day	Supportive employer? ❑ Y ❑ N
Accessible place to store milk? ❑ Y ❑ N	Access to private place to pump? ❑ Y ❑ N	Accessible place to clean pump equipment? ❑ Y ❑ N

Assistance Provided During Consult

❑ Latch ❑ Positioning ❑ Other:

Supplies Provided

❑ Shields-size	❑ XL pump flange	❑ Pads	❑ Bra	❑ Shells	❑ SNS	❑ Other:
Type of pump issued:		Reason for pump issuance:				

Additional Education

❑ Signs of good/bad latch	❑ Hunger/satiety cues	❑ Skin-to-skin care	❑ Establishing milk supply
❑ Diaper counts	❑ Nipple care	❑ Milk storage	❑ Breast care/engorgement
❑ Pumping	❑ Return to work/school	❑ Medications and BF	❑ Prenatal education items
❑ Other			

Referrals

❑ LA IBCLC	❑ Support Group (WIC/LLL)	❑ Pediatrician	❑ OB	❑ Clinic/ER	❑ Other

Follow-up? ❑ Y ❑ N	In person: ❑ Y ❑ N Courtesy call: ❑ Y ❑ N	Follow-up date	Specific issue:

I give permission to the Breastfeeding Specialist to counsel and examine me in breastfeeding my baby. I understand that this counseling session may involve direct contact to my breast in order to ensure correct positioning and breast attachment.

Yo doy permiso a la consejera especializada en la lactancia materna para aconsejarme y examinarme en cómo alimentar con el pacho a mi bebé. Yo entiendo que durante la sesión existe la posibilidad del contacto directo con mi seno para poder asegurar la posición correcta del bebé al pecho.

Participant's Signature/Firma de Participante:_____ Date/Fecha:_____

Counselor's Signature:_____ Date: _____

*WNL – abbreviation for Within Normal Limits
*Avg. abbreviation for Average
ABM – artificial baby milk
BID – twice a day
c – with
C/O – complaints of
C/S – cesarean section
DBF – direct breast feed
EBM – expressed breast milk
ELBW – extremely low birth weight <1000 grams or < 2# 3oz
FNA – fine needle aspiration
FTT – failure to thrive
HS – at bedtime
HX – history
IDM – infant of diabetic mother
IUGR – intrauterine growth restriction
LBW – low birth weight <2500 grams or <5# 8 oz
LGA – large for gestational age
P 1 G 1 – Para one and gravida one
PP – post partum
PPD – post partum depression
QID – four times a day
QNS – quantity not sufficient
QS – quantity sufficient
RX – prescription
s – without
SGA – small for gestational age
SIDS – sudden infant death syndrome
STS – skin to skin
SX – symptom
TID – three times a day
TX – treatment
US – ultra sound
VAVD – vacuum assisted vaginal delivery
VD – vaginal delivery
VLBW – very low birth weight <1500 grams or <3# 5 oz
> – greater than
< – less than

Employee Guide to Taking Leave and Returning to Work

Moms with newborn babies need time to recover from pregnancy and to care for their newborns. This time helps their bodies recover from childbirth and helps them bond with the infants and establish a milk supply so they can breastfeed. This informational packet will help you guide you through the process of planning for parental leave and returning to work as well as five yiou the resources you need to continue providing breast milk to your child.

This information packet for employees contains:

- Resources for learning about leave benefits
- Information on policies related to breastfeeding
- Communication tools
- Tools for use before leave and upon return to work
    - Schedule
    - Checklist

Planning to take leave

The amount of leave you can take from work depends on a combination of federal and state laws, your employer's policies and your financial ability to take unpaid leave. Moms traditionally use a combination of paid leave options (accrued sick and vacation time) and unpaid options (Family Medical Leave time and flex options).

Utah currently has no state law regarding parental leave, but the federal Family Medical Leave Act (FMLA) provides up to 12 weeks of job protection for covered empolyees, without compensation. One of the first things you may want to do when you learn your are going to have a baby is to find our your employer's policies with regard to parental leave. Some employers have policies that give paid parental leave, even though it is not required by law.

What is FMLA?

FMLA is the Family and Medical Leave Act. The FMLA entitles eligible employees to take up to 12 workweeks of unpaid leave in a 12-month period for specified family and medical reasons, including for the birth and care of a newborn child. The employer must maintain employee health benefits, if provided, during the period of leave and must restore the employee to her original job or equivalent upon return from the period of leave.

Am I covered under FMLA?

FMLA applies to many, but not all employers. If an employee works for an employer covered under FMLA, the employee must meet specific criteria related to length of employment, hours worked and the number of staff in the employee's geographic area to be eligible for leave entitlements under FMLA.

A FMLA **covered employer** is a:

- Private-sector employer, with 50 or more employees in 20 or more workweeks in the current of preceding calendar year;
- Public agency, including a local, state, or Federal Government agency, regardless of the number of employees it employs; or
- Public or private elementary or secondary school, regardless of the number of employees it employs.

A FMLA **eligible employee** is one who:

- Works for a covered employer
- Has worked for the employer for at least 12 months
- Has at least 1,250 hours of service for the employer during the 12 moth period immediately proceeding the leave; and
- Works at a location where the employer has at least 50 employees within 75 miles.

Specific information about coverage and eligibility is available from the U.S. Department of Labor's "Fact Sheet #28: The Family and Medical Leave Act of 1993": http://bit.ly/2k5TbOA

How do I use FMLA?

The following information is excerpted directly from the U.S. Department of Labor's "Fact Sheet #28", referenced above. The information is current as of June 2014. For the most up-to-date information, review the link above.

"Employees seeking to use FMLA leave are required to provide 30-day advance notice of the need to take FMLA leave when the need is foreseeable and such notice is practicable. If leave if foreseeable less than 30 days in advance, the employee must provide notice as soon as practicable - generally, either the same or next business day.

"Employees must provide sufficient information for an employer reasonably to determine whether the FMLA may apply to the leave request.

"Under some circumstances, employees may take FMLA leave intermittently - taking leave in separate blocks of time for a single qualifying reason - or on a reduced leave schedule

- reducing the employee's usual weekly or daily work schedule, but that is subject to the employer's approval.

"Under certain conditions, employees or employers may choose to "substitute" (run concurrently) accrued paid leave (such as sick or vacation leave) to cover some or all of the FMLA leave. An employee's ability to substitute accrued paid leave is determined by the terms and conditions of the employer's normal leave policy."

What is Short-Term Disability?

Short-term disability is a benefit, usually provided through private health insurance, that may pay a portion of the employee's salary for a limited amount of leave time from work for illness injury or childbirth. Employees with an employer-provided benefit package may already be covered or may need to ask whether that option is available through their benefit plan. Details about length and amount of salary covered vary by insurance carrier, so it may be helpful to contact your employee benefits coordinator to learn more about what coverage may be available to you.

May I use sick or vacation time?

Many women use accrued leave time as a means to insure that at least some of their leave is paid time off. Check with your supervisor or human resources contact to see whether you can creatively use your exciting sick and vacation time. Be sure to ask whether you need to submit any additional paperwork.

Transitioning back to work

Returning to work isn't easy, but it helps to be prepared and have a plan.

When should I go back to work?

This will depend on your leave options and flexibility options of your employer. Take as much time as you can afford. This time with your new baby will help your body heal from childbirth, allow you to bond with your baby and adjust to the rhythms and responsibilities of parenthood, and help you get breastfeeding off to the best possible start.

Can I work part time when I go back?

Some employers allow an employee to return to the same or a similar job on a part-time basis. Some employers also will allow job-sharing, when two part-time employees share a full-time position.

If these options are not available, or you cannot afford to work part time, consider the possibility of a gradual return to work. If you are using FMLA leave, reduced schedules

may be permitted with approval of your employer. If you want this option, consider talking with your employer before you go on leave.

Some mothers use this gradual return-to-work option to work shorter days and/or fewer days per week than their usual schedule, gradually increasing the length and/or number of days worked per week. Even though this option may reduce the overall time that you are able to be on full leave, this option can be very helpful in easing the transition back to work. This allows the mother to learn about what new challenges she will face with balancing work and the demands of parenthood, including breastfeeding. Because she is working a reduced workweek, there are breaks from work to regroup and plan how to address any challenges she's facing - all while holding and breastfeeding her baby!

If you don't use a gradual return to work, it is helpful to start back to work in the middle of your workweek. Have a short first week will help you and your baby adjust.

What other types of flexible scheduling exist?

A compressed workweek means that an employee works extra hours four days a week and has the fifth day off, or reduced hours. For a breastfeeding mother, this might allow her to spend time nursing her baby mid-week, which will help to rebuild her milk supply.

May I work from home?

Telecommuting, also known as teleworking, is an option for many settings. If you think this would work well for you, talk to your supervisor.

How can I request flexible work schedule?

In most situations you will need to make a formal request for either gradual return to work, compressed workweek, telecommuting or other flexible break schedule. You can use the templates in this guide to make a formal request, or ask your employer about hte preferred procedure.

Breastfeeding at work

Once you have decided to continue providing breast milk to your child, you will need to plan how to make it happen. For most mothers, breastfeeding only before and after work is not sufficient to maintain a milk supply. In order to produce enough milk to continue to fully breastfeed your baby, you will need to either breastfeed (or express your milk, usually with a breast pump) each time your baby needs to eat.

What state and federal policies address breastfeeding?

Federal law provided requirements for employers of breastfeeding mother returning to work.

Fair labor Standards Act (FLSA)

The Patient Protection and Affordable Care Act amended Section 7 (pertaining to overtime) of the FLSA to require employers to provide reasonable break time for non-exempt employees to express breast milk for us to one year after the child's birth. The law does not specify how often or for how long the breaks should be, only that they must be provided each time such an employee has the need to express the milk.

Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from co-workers and the public, that may be used by an employee to express breast milk.

Equal Employment Opportunity guidelines for workers with care-giving responsibilities

The Equal Employment Opportunity Commission has established enforcement guidance on unlawful disparate treatment of workers with care-giving responsibilities. For more information visit: http://bit.ly/2k5ZLF7

How to communicate with your supervisor

When you decide to continue providing breast milk to your baby after returning to work, you will need to communicate your needs to your employer. Attached to this packet are several letter templates that you can use to communicate with your employer.

What do I say?

Consider providing written documentation that you are planning to express breast milk during the workday when you return to work. You might mention why you have decided to do this and ask for your employer's support.

What do I ask for?

Provide your employer with specific information about your needs. If you do not have a private office that you want to use, consider asking your employer to identify a space for you to express milk. You may also ask that the space be close to a clean water source and a clean, climate-controlled option for storing your milk. The other key thing to mention is what type of break schedule you will need. Remind your employer that you will try to stick to a schedule, but ask that it be flexible - especially in the early weeks back to work.

How do I negotiate?

There is no single way for employers to provide reasonable milk expression arrangements. It is important that you feel comfortable asking for what you need. Ideally, a good-faith interactive process can occur in which you are able to contribute your opinion and also listen openly to your employer's ideas. When you make a suggestion, try saying, "I consider this proposal the beginning of a conversation and welcome your input."

How do I get more information about FLSA or FMLA?

The Wage and Hour Division of the U.S. Department of Labor has an information and help line to address your questions for federal wage and hour laws, including the Fair Labor Standards Act as well as the Family and Medical Leave Act. For additional information, visit the Wage and Hour Division website at: www.wagehour.dol.gov or call 1-8666-4-USWAGE (1-866-487-9243)

Checklist for taking leave and returning to work:

- ☐ Decide how much leave you can take.
    - ☐ Does FMLA apply to you?
    - ☐ What is your employer's policy related to parental leave?
    - ☐ Do you have short-term disability benefits?
    - ☐ Do you need to request vacation time?
- ☐ File applications/requests for leave.
- ☐ Decide when you will return to work and investigate options for flexibility.
    - ☐ What policies exist about returning to work?
    - ☐ Can you return part time?
    - ☐ Will you work a compressed week?
- ☐ Investigate and decide on child-care options.
    - ☐ Will a family member care for the child? If so, can he or she bring the baby to you during the day to breastfeed?
    - ☐ Is there on site child care?
    - ☐ Is there a child-friendly facility nearby?
- ☐ Inform your employer of your decision to breastfeed and ask for support
    - ☐ Will you need coverage for your job roles during your milk expression?
    - ☐ Include a tentative break schedule.
- ☐ Do you need to formally request a flexible breast schedule?
    - ☐ Will your breaks be paid or unpaid?

- ☐ Ask what accommodations are available for breastfeeding moms.
  - ☐ Is a pump available?
    - ¤ If so, what brand? What type of kit do you need in order to use it? Is there a procedure to request its use?
  - ☐ Is there a designated lactation space/
    - ¤ If not, how do you request that space be made available/
  - ☐ Are there any classes, available through your employer, related to either breastfeeding or parenting?
    - ¤ Do you need to register?
  - ☐ Is there a lactation consultant service provided by your employer or through your health plan?

Breast Pumping Log

This form is for mothers who need to establish their milk supply with a breast pump. The pumping log will help you reach your goal of 25-30 ounces per day by day 14. The first few times you may only get drops of milk at each pumping. This is normal.

Day 1 (date _____)											**24 hours total**	**24-hour goal**
Time of pumping												every 2-3 hours
Minutes pumping												more than 100 minutes
Minutes of skin-to-skin												more than 60 minutes
Amount of milk												drops-1½ ounce
Day 2 (date _____)											**24 hours total**	**24-hour goal**
Time of pumping												every 2-3 hours
Minutes pumping												more than 100 minutes
Minutes of skin-to-skin												more than 60 minutes
Amount of milk												more than on day 1
Day 3 (date _____)											**24 hours total**	**24-hour goal**
Time of pumping												every 2-3 hours
Minutes pumping												more than 100 minutes
Minutes of skin-to-skin												more than 60 minutes
Amount of milk												more than on day 2
Day 4 (date _____)											**24 hours total**	**24-hour goal**
Time of pumping												every 2-3 hours
Minutes pumping												more than 100 minutes
Minutes of skin-to-skin												more than 60 minutes
Amount of milk												more than on day 3
Day 5 (date _____)											**24 hours total**	**24-hour goal**
Time of pumping												every 2-3 hours
Minutes pumping												more than 100 minutes
Minutes of skin-to-skin												more than 60 minutes
Amount of milk												more than on day 4
Day 6 (date _____)											**24 hours total**	**24-hour goal**
Time of pumping												every 2-3 hours
Minutes pumping												more than 100 minutes
Minutes of skin-to-skin												more than 60 minutes
Amount of milk												more than on day 5
Day 7 (date _____)											**24 hours total**	**24-hour goal**
Time of pumping												every 2-3 hours
Minutes pumping												more than 100 minutes
Minutes of skin-to-skin												more than 60 minutes
Amount of milk												more than on day 6

Day 8 (date _____)											**24 hours total**	**24-hour goal**
Time of pumping												every 2-3 hours
Minutes pumping												more than 100 minutes
Minutes of skin-to-skin												more than 60 minutes
Amount of milk												more than on day 7
Day 9 (date _____)											**24 hours total**	**24-hour goal**
Time of pumping												every 2-3 hours
Minutes pumping												more than 100 minutes
Minutes of skin-to-skin												more than 60 minutes
Amount of milk												more than on day 8
Day 10 (date _____)											**24 hours total**	**24-hour goal**
Time of pumping												every 2-3 hours
Minutes pumping												more than 100 minutes
Minutes of skin-to-skin												more than 60 minutes
Amount of milk												more than on day 9
Day 11 (date _____)											**24 hours total**	**24-hour goal**
Time of pumping												every 2-3 hours
Minutes pumping												more than 100 minutes
Minutes of skin-to-skin												more than 60 minutes
Amount of milk												more than on day 10
Day 12 (date _____)											**24 hours total**	**24-hour goal**
Time of pumping												every 2-3 hours
Minutes pumping												more than 100 minutes
Minutes of skin-to-skin												more than 60 minutes
Amount of milk												more than on day 11
Day 13 (date _____)											**24 hours total**	**24-hour goal**
Time of pumping												every 2-3 hours
Minutes pumping												more than 100 minutes
Minutes of skin-to-skin												more than 60 minutes
Amount of milk												more than on day 12
Day 14 (date _____)											**24 hours total**	**24 hour goal**
Time of pumping												every 2-3 hours
Minutes pumping												more than 100 minutes
Minutes of skin-to-skin												more than 60 minutes
Amount of milk												25-30 ounces

Breastfeeding Survey

We are gathering feedback to use to improve the Lactation Program at Community Hospital. Your input is appreciated. Please give this to your nurse or the lactation consultant before you leave.

1. What factor(s) influenced your decision to breastfeed your baby?

- ☐ Doctor's recommendation
- ☐ Friends/family members
- ☐ Health
- ☐ Cost
- ☐ Other_____

2. During your hospital stay, how well did you feel that you were supported by physician(s) in meeting your goals for breastfeeding your baby?

- ☐ Very supported
- ☐ Somewhat supported
- ☐ Supported
- ☐ Not supported
- ☐ Not at all supported

Comments: _____

3. How helpful did you find your nurses and lactation consultants to be in helping you to breastfeed your baby?

Staff nurses	**Lactation Consultants**
☐ Very helpful	☐ Very helpful
☐ Somewhat helpful	☐ Somewhat helpful
☐ Helpful	☐ Helpful
☐ Not helpful	☐ Not helpful
☐ Not at all helpful	☐ Not at all helpful

Comments: _____

4. How do you feel about being able to breastfeed your baby once you get home?

- ☐ Very well prepared
- ☐ Well prepared
- ☐ Prepared
- ☐ Not well prepared
- ☐ Not at all prepared

Comments: _____

5. How consistent was the breastfeeding information/advice from the staff nurses?

Staff nurses	**Lactation Consultants**
☐ Very consistent	☐ Very consistent
☐ Consistent	☐ Consistent
☐ Not very consistent	☐ Not very consistent
☐ Very inconsistent	☐ Very inconsistent

Comments: _____

6. Were you helped and encouraged to hold your baby skin-to-skin (undressed to diaper with head and body on mother's bare chest, covered with blankets) after delivery and at other times?

☐ Yes, within the first hour after delivery
☐ Yes, the first day
☐ After the first day
☐ Not at all

Comments: _____

7. What did you find most helpful about your breastfeeding experience in the hospital?

_____

_____

8. What did you find least helpful about your breastfeeding experience in the hospital?

_____

_____

9. How can we improve our services to breastfeeding mothers in the future?

_____

_____

Is this your first baby? _____

Did you take the breastfeeding class? _____

Have you breastfed another baby? _____

If yes, how long? _____

Thank you

Office use only:
Date _____

Initials_____

Info recorded_____

Hospital N E S

How Do I Know if Breastfeeding is Going Well?

The following questions will help you know whether you and your baby are off to a good start with breastfeeding. Answer these questions when your baby is 5 - 7 days old.

Do you feel breastfeeding is going well?	☐ Yes	☐ No
Are your baby's swallows easier to hear since his first days in the hospital?	☐ Yes	☐ No
Is your baby able to latch on to your breasts without causing you discomfort?	☐ Yes	☐ No
Does your baby let you know when he is hungry? (Answer no if you have to wake your baby for most feedings)	☐ Yes	☐ No
Does your baby end each feeding by coming off your breast on his own?	☐ Yes	☐ No
Does your baby seem calm and satisfied after feedings?	☐ Yes	☐ No
Do your breasts feel full before feedings?	☐ Yes	☐ No
Do you breasts feel softer after feedings?	☐ Yes	☐ No
Do you have any sore, tender areas in your breast?	☐ Yes	☐ No
Does your baby nurse at least 8 - 12 times a day?	☐ Yes	☐ No
Is your baby waking at least one time during the night to breastfeed?	☐ Yes	☐ No
Are your nipples sore or do they look pinched when your baby comes off your breast?	☐ Yes	☐ No
Is your baby having bowel movements that are soft and mustard-yellow?	☐ Yes	☐ No
Is your baby having at least 3 bowel movements each day and the stain on the diaper is larger than the size of a quarter?	☐ Yes	☐ No
When your baby has a wet diaper, is it clear to pale yellow?	☐ Yes	☐ No

If you only checked the answers in the left column, you are doing well! If you checked any answers in the right column, call your WIC breastfeeding counselor right away.

Adapted from The Breastfeeding Resource Center, Mercy Health Center, Oklahoma City, OK and The Lactation Program, Presbyterian/St. Luke's Medical Center, Denver, CO

First Week Daily Breastfeeding Log

Baby's Name:	Baby's Birth Date:	Birth Time:	Birthweight:

- Fill in the start time and day of week in each box. The start time should be the time your baby was born and should be the same for each day.
- The day of week should change each day.
- Circle a B each time your baby breastfeeds.
- Circle a W each time your baby has a wet diaper.
- Circle an S each time your baby has a soiled or dirty diaper.
- Circle the plus sign if your baby has more than the daily goal for wet and soiled diapers.

Day 1 (1st 24 hours)

Start Time:	Day of Week:						Goal:						
Breastfeedings	B	B	B	B	B	B	B	B	B	B	B	+	8-12
Wet diapers	W	+											1+
Soiled diapers	S	+			(black tarry color)								1+

Day 2 (2nd 24 hours)

Start Time:	Day of Week:						Goal:						
Breastfeedings	B	B	B	B	B	B	B	B	B	B	B	+	8-12
Wet diapers	W	W	W	+									3+
Soiled diapers	S	S	S	+	(brownish/black tarry color)								3+

Day 3 (3rd 24 hours)

Start Time:	Day of Week:						Goal:						
Breastfeedings	B	B	B	B	B	B	B	B	B	B	B	+	8-12
Wet diapers	W	W	W	+									3+
Soiled diapers	S	S	S	+	(greenish in color)								3+

Day 4 (4th 24 hours)

Start Time:	Day of Week:							Goal:					
Breastfeedings	B	B	B	B	B	B	B	B	B	B	B	+	8-12
Wet diapers	W	W	W	W	+								4+
Soiled diapers	S	S	S	+	(greenish to yellow color)								3+

Day 5 (5th 24 hours)

Start Time:	Day of Week:							Goal:					
Breastfeedings	B	B	B	B	B	B	B	B	B	B	B	+	8-12
Wet diapers	W	W	W	W	+								4+
Soiled diapers	S	S	S	+	(yellow color)								3+

Days 6 -28

Start Time:	Day of Week:							Goal:					
Breastfeedings	B	B	B	B	B	B	B	B	B	B	B	+	8-12
Wet diapers	W	W	W	W	W	W	W	+					6+
Soiled diapers	S	S	S	+	(yellow color)								3+

Let your baby breastfeed until he ends the feeding. Burp him and offer the other side each time. He may fill up on one breast but you should always offer the other to be sure. You CAN'T nurse too often. You CAN nurse too little.

Your baby is probably getting enough to eat in his first week if he is meeting the goals for the number of daily breastfeedings and wet and dirty diapers and regains his birthweight by 1-2 weeks of age.
A breastfed baby's poop is normally loose and unformed and will change colors in the first several days.

If you have question about how to use this log, please call your WIC breastfeeding counselor. If your baby is not meeting the goals, call your doctor and your WIC breastfeeding counselor. Take this log to your baby's doctor at his first office visit.

Step 10

UCATS Stepping Up For Utah Babies

Application

Successful completion of Step 10 requires that at least 85% of mothers at the inquiring health facility be given resources on where they can get support if they need help with feeding their babies after returning home, either verbally or in written materials. Healthcare facilities may foster the establishment of and/or coordinate with mother support groups and other community services that provide breastfeeding or infant feeding support to mothers.

1. What percentage of mothers are given referral and telephone contact information, at discharge, on where they can find support if they need help with feeding their baby after returning home? _____%

   Numerator: # of mothers given referral and telephone contact information
   Denominator: # of mothers

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

   □ Yes □ No

If yes, please list the groups and provide a copy of the referral sheet given to mothers. _____

_____

_____

_____

_____

_____