Step 3

Inform all pregnant women about the benefits and management of breastfeeding.

Objectives

1. Increase breastfeeding knowledge and ability in women.

2. Encourage positive attitudes and foster confidence about breastfeeding.

Step 3

Goal: To assure that women giving birth have received accurate, consistent, positive messages about breastfeeding through a variety of prenatal education opportunities.

Background

Mothers look to prenatal care providers, including obstetricians, nurse midwives, midwives and family physicians to provide guidance and care to support good health outcomes for themselves and their infants. Breastfeeding guidance is an essential part of this care and directly impacts mothers' and babies' abilities to initiate and continue breastfeeding. What's more, disparities in breastfeeding and poor health outcomes related to not breastfeeding are reduced when all mothers have equal access to accurate, consistent infant-feeding information and are supported in their infant-feeding choices. Therefore, it is important that messages and practices that support and do not interfere with breastfeeding be incorporated into all prenatal care interactions.

The purpose of Step 3 is to ensure that all women giving birth in your facility receive accurate, consistent and positive messages about breastfeeding, prenatally. Step 3 serves to:

Empower women to make informed decisions about infant feeding. To enable informed decision-making about infant feeding, it is important to provide basic information about breastfeeding to all pregnant women through a variety of channels, regardless of how they plan to feed their infants. To ensure that a pregnant woman is meaningfully educated about breastfeeding, the topic should be covered consistently in all her prenatal care appointments as well as any childbirth classes she may attend. However, classes and group sessions should be regarded as supplemental to, and not a replacement for, the information provided by her prenatal care provider.

Accurate and factual information about the importance of breastfeeding and the risks of replacement feeding should be discussed as well as information about practices known to support effective feeding, including skin-

to-skin care, rooming-in and demand-feeding. In addition, adequate guidance should be offered about appropriate timing for introducing complementary foods to the infant.

Foster a "confident commitment" to breastfeeding. Insufficient prenatal education about breastfeeding is a leading obstacle to breastfeeding initiation and continuation. [1] The goal of educating mothers is not only to increase their breastfeeding knowledge and skills but to influence their attitudes toward breastfeeding, which are often established early in pregnancy or even before a woman becomes pregnant. Accurate information and supportive anticipatory guidance provided prenatally has been shown to help mothers gain confidence in the process of breastfeeding and the ability to succeed as well as increase commitment to making breastfeeding work, even if difficulties are encountered. [2,3]

Providing high quality information is only one component of informed decision making. Responsive discussion, availability of options and non-directive support are also needed. In order to make an informed infant-feeding decision, families must:

- Understand their choice
- Be free from constraints or coercion
- Have the ability to act on the decision they make

Structured prenatal breastfeeding education has been demonstrated to be effective in improving breastfeeding outcomes, including increasing both breastfeeding initiation and continuation for the first two months postpartum, compared with usual care. [8-10] The addition of peer-support components and postpartum interventions increase efficacy for breastfeeding initiation, duration and exclusivity. [11]

Implementation Strategy

Implementation: Best Practices for Success

Many hospitals have been challenged by the goal of educating pregnant women about breastfeeding, often because they do not have control over the content of prenatal care. However, it is critical that pregnant women receive this information because early intervention and education are closely tied to infant feeding and infant care outcomes.

Start Early

Attitudes and preferences about breastfeeding are often established early, or even before pregnancy, therefore, breastfeeding education beginning in the prenatal period is most effective. Women are more likely to make positive health decisions and/or modify adverse health behaviors during this time than in any other life stage.

Work with prenatal and preconception care providers in your community and identify other channels for reaching women in the preconception, prenatal and interconception periods. Develop talking points about the benefits and management of breastfeeding.

When infant-feeding decisions are informed by factual, accurate and full information about the benefits of and the risks of not breastfeeding, initiation and continuation is increased. Prenatal education about breastfeeding and the practices that support it are important in ensuring that families are empowered to make fully informed decisions for themselves and their infants related to infant feeding.

Plan Education Tactics

When planning educational materials about breastfeeding, consider what other information is competing for women's attention, such as managing a healthy pregnancy and planning for a safe delivery. To keep patients from being overwhelmed by information, provide key messages and guidance points in the form of brief and informal discussion about breastfeeding throughout a woman's prenatal care. For instance, while performing a routine exam, care providers can inquire about breast changes during pregnancy or initiate a chat about establishing skin-to-skin contact with the new baby.

Treat Breastfeeding as the Norm, in Words and in Practice

When inquiring about an expectant mother's plan for infant feeding, providers can approach her with an assumption that she may be open to breastfeeding. For example, they may ask, "Have you noticed any breast changes in preparation for nursing your baby?" or "What have you heard about breastfeeding?" instead of "Will you breastfeed or bottle-feed?"

This approach better allows the healthcare provider to initiate an open-ended conversation about breastfeeding. It also allows the mother to ask questions if she plans to breastfeed, and she can revisit the option of exclusive breastfeeding if she previously planned to bottle-feed. for example, mothers who plan to combine breastfeeding and bottle-feeding are less likely to reach their breastfeeding goals than women who plan to exclusively breastfeed. [12] Exploring thoughts and assumptions about the need or desire to bottle-feed, including alternate strategies, may help women to achieve their personal goals.

It is important to note that mothers who have breastfed previously do not necessarily know the best management techniques for breastfeeding or understand the benefits and importance of breastfeeding initiation, duration and exclusivity. Asking open-ended questions about their experiences and plans helps to get even the experienced mothers on the best path to successful and comfortable breastfeeding with their new infants.

Communicate Appropriately

Adjust communication about breastfeeding when faced with a mother who is obviously experienced in or very educated about breastfeeding. For some mothers who have previous experience and/or education about breastfeeding, group classes alone may be sufficient. However, prenatal care providers and facilities should be certain to offer one-on-one and other detailed discussions for those who need them.

Preparation: Getting Ready for Informing Pregnant Women about the Benefits and Management of Breastfeeding

Suggested Action Steps for implementing Step 3 include:

1. Assess baseline levels of prenatal breastfeeding education.
    - What key messages and written materials are provided?
    - Are materials free from promotion of formula?
    - Are pregnant women able to describe the benefits of breastfeeding and the risks of formula in the first six months of life?
    - Are pregnant women able to describe the importance of early initiation of breastfeeding, skin-to-skin contact, rooming-in and demand-feeding?
2. Work with prenatal care providers who have privileges at your facility to incorporate the following points into discussion during prenatal visits:
    - Open-ended questions (e.g., what have you heard about breastfeeding?) to provide opportunities for women to share their thoughts and concerns about breastfeeding.
    - Evidence-based information about the benefits of breastfeeding and excess risk of not breastfeeding.
    - Labor, birth and postnatal practices that support breastfeeding.
    - Principles of lactation, including supply and demand nature of milk production, positioning and attachment, and the importance of exclusive breastfeeding.
    - Common infant-feeding problems and solutions.
    - The importance of early initiation of breastfeeding, skin-to-skin contact, rooming-in and demand-feeding, regardless of whether the mother plans to breastfeed.
    - Barriers to breastfeeding - such as breastfeeding in public, returning to work and support from significant others - and possible ways to overcome them.
    - Remember special health circumstances such as mothers who may be admitted to the

hospital prior to delivery. Additional guidance may be needed if a special-care situation is likely for the baby.

- Provide a prenatal education checklist and documentation tool to facilitate consistent provision of breastfeeding education.

3. Create, or purchase, materials that address essential topics related to breastfeeding and that are strategic and effective so that mothers understand and retain the information.

   - Materials should be clinically accurate, consistent and positive.
   - When designing the curricula for women, consider age, level of literacy, cultural background, preferred language and education.
   - Address the needs of the local population and consider how the methods of information delivery will meet the needs of women in your community. For example, your community may benefit from late-evening classes for working mothers as well as transportation to classes and child care for group classes, etc.
   - Assess how your program might best support populations known to be least likely to breastfeed (e.g. black women, adolescent and single mothers, women in poverty, low-income women, etc.).
   - Keep records of classes held, including their content and attendance demographics.

4. Ensure that all educational materials are free of commercial advertising and do not promote infant formula.

5. Include fathers and others who will support the breastfeeding mother to improve breastfeeding outcomes.

   - Encourage women's partners to attend breastfeeding education classes. Involving the father or partner is all aspects of prenatal care and education validates their involvement in decisions about feeding the baby and empowers partners to seek optimal nutrition for the baby.
   - Provide suggestions for how the father and other support people can reinforce breastfeeding and active nurturing of the infant, such as skin-to-skin contact.

6. Encourage pregnant women to explore additional support services, including lactation support and other medical and community services available in the area.

   - Provide list of breastfeeding resources (See RESOURCES SECTION)

Help new parents learn more about the benefits of breast milk by sharing the *Breastmilk. Every Ounce Counts* resources online: http://bit.ly/2jLsxdU

General effects of various breastfeeding education measures on breastfeeding outcomes

Positive

Delivering consistent messages through a combination of techniques

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 primary care staff, and peer support. Using a combination of techniques delivering consistent messages, such as one-to-one teaching, telephone contact, group classes, informal groups, peer counseling and/or video-taped instruction, reinforced with accurate and effective printed materials, will reinforce learning.[8,9]

Face-to-face individual or group instruction

Face-to-face individual or group instruction about breastfeeding, including knowledge, practical skills and problem-solving techniques, is effective at increasing breastfeeding initiation and duration. Both individual and group sessions appear to be equally effective.[8,9]

Extended single session or multiple sessions

Effective educational programs tend to be brief and relatively directive and include information about benefits, physiology, technical skill-training in positioning and latching, and problem-solving counseling for overcoming barriers. Extended single session and multiple-session interventions appear to be equally effective. [8,9]

Trained lactation management instructors

Effective educational programs use lactation specialists or nurses who have been specially trained in lactation management. [8,9]

Structured protocols and curricula

Structured protocols increase accuracy and consistency of the information delivered, resulting in more consistent outcomes. [8,9]

Interventions that continue from prenatal through the postpartum

Interventions that are continued from the prenatal through the postpartum period are demonstrated to have increased effectiveness. Postpartum telephone or in-person support by lactation specialists, nurses or peer counselors may enhance the effectiveness of educational interventions. [10]

Promoting breastfeeding education in communities in which the population has historically had low rates of breastfeeding.

There appears to be greater effectiveness of educational sessions in populations in which disparities in breastfeeding exist. One study found that provider encouragement significantly increased breastfeeding initiation by more than three-fold among low-income, young and less-educated women; by nearly five-fold among black women; and by nearly eleven-fold among single women. [16]

Neutral

Written materials

Written materials are ineffective in increasing initiation and duration when used alone, although they are not harmful when used alone. [8,9]

Negative

Providing literature and samples from infant-formula companies

Advertising or distribution of formula promotional materials by health professionals has been shown to be detrimental to breastfeeding initiation, continuation and exclusivity—especially among women who were uncertain about their breastfeeding goals.[17]

Providing pregnant women instructions on preparing bottles of infant formula as part of prenatal group sessions

This normalizes bottle-feeding and communicates the health professional's lack of confidence in breastfeeding. This type of information is unlikely to be useful even for women who intend to bottle-feed because it is difficult to retain this level of detailed information until after the baby is born. Women who choose to bottle-feed should be instructed in safe formula and bottle handling as well as in responsive bottle-feeding and should be shown how to measure and prepare a bottle of formula before discharge from the hospital.

Other impartial, factual information about infant formula may be given prenatally.

Overcoming Barriers: Strategies for Success

The most common concerns related to implementing Step 3 are detailed below, along with strategies for overcoming them. [17-19]

1. **The facility does not have direct influence on the content of outpatient care, resulting in a lack of continuity in breastfeeding information from the prenatal through the postpartum periods.**

   - Develop a workgroup with representation from community healthcare providers to develop an action plan and resources for ensuring provision of consistent messages about breastfeeding.
   - Develop talking points, a checklist and documentation tools to help prenatal care providers cover important infant-feeding education throughout the prenatal periods. See the Infant-Feeding Checklist included in the IMPLEMENTATION RESOURCES section at the back of this step.
   - Provide educational materials, including videos, posters and written materials for display in office waiting rooms to prepare women for breastfeeding discussions during their prenatal visits.
   - Solicit physicians' help in encouraging pregnant women and their partners to enroll in breastfeeding classes.
   - Coordinate educational opportunities hosted by outside resources such as the La Leche League, WIC programs and lactation consultants.

- Partner with International Board Certified Lactation Consultants (IBCLC) and other care providers to create straightforward handouts about breastfeeding and infant feeding. These could be distributed in maternity-focused waiting rooms, including physicians' offices and clinical laboratories. Materials may also include information about the Stepping Up for Utah Babies program and the Ten Steps to Successful Breastfeeding.

START WITH YOUR OWN EMPLOYEES

Provide your staff with worksite lactation support programs. Programs that include a prenatal education component, flexible scheduling and a comfortable space for mothers lead to improved breastfeeding outcomes and result in up to a $3 return for every $1 invested.[15] Develop and implement a policy for employee worksite lactation support.

2. **There is low attendance at existing childbirth and breastfeeding courses. Design prenatal educational programs that are consistent, accessible and flexible.**

   - Consider offering childbirth classes in various formats and durations. Traditional prenatal classes of five to nine weeks may be difficult for families to attend and present too great a cost.
   - Incorporate breastfeeding and infant-feeding information into existing childbirth courses instead of offering a separate class.
   - Provide prenatal classes or guided group sessions at different times of the day and in locations that will maximize accessibility for families in your community.
   - Explore the possibility of holding classes at locations such as schools, libraries or community centers if medical facilities are not close to patients' homes or workplaces.
   - Plan for back-up instructors to ensure continuity of service. Allow specific time and hours for facility staff to act as instructors.
   - Put out the welcome mat for classes and groups by mailing or e-mailing invitations to prospective attendees.
   - Focus educational materials tightly on the women, families and healthcare professionals in your community. Adjust language, scope, length and cultural considerations, as appropriate.
   - Organize informal drop-in opportunities, such as mother-to-mother support groups or lactation resource centers where mothers can discuss feeding choices, voice concerns and meet other mothers. (This may also address Step 10).
   - Provide educational materials online so they are easily accessible.

Evaluating Success

Use the information in this section and the additional tools provided in the IMPLEMENTATION RESOURCES section at the end of this step as checkpoints to verify that you are successfully implementing Step 3. Assign one or two staff members with 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 3, consider the following:

- Number of healthcare providers using new materials, strategies and checklists.
- Changes in the quality of materials (clinically accurate, appropriate reading level, culturally and language-appropriate, free of promotion of artificial infant feeding, etc.).
- Number of women accessing breastfeeding or prenatal classes and support groups.
- Types of prenatal information available to providers and women.

Facility management may use the included New or Revised Breastfeeding Materials and Step 3 Action Plan documents included in the IMPLEMENTATION RESOURCES section to assess progress on this Step.

Impact on patient experience. Your facility can track data about the experience, knowledge and confidence level of women as they reach the end of pregnancy and prepare to feed their new infant.

Two patient audit tools are included in the IMPLEMENTATION RESOURCES for tracking women's experiences at your facility.

- The 32-week Infant-Feeding Survey address how well prepared pregnant women are at 32 or more weeks' gestation and includes a Breastfeeding Benefits handout.
- The Newborn Feeding Survey tracks experiences and confidence levels of breast feeding mothers at the end of the postpartum period and includes a Back-to-Work Tips handout.

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

Please see IMPLEMENTATION RESOURCES for UCATS certification application.

Resources

- Academy of Breastfeeding Medicine Clinical Protocols Number #19: Breastfeeding Promotion in the Prenatal Setting: http://bit.ly/2jLAz6o
- Academy of Breastfeeding Medicine Clinical Protocols Number #14: Breastfeeding-Friendly Physician's Office, Part 1: Optimizing Care for Infants and Children: http://bit.ly/2jLOauz
- UNICEF UK Baby Friendly Initiative. Community Seven Point Plan, Step 3 Antenatal Information: http://bit.ly/2jLvYRA

Implementation Documents

- Action Plan
- Facility Impact
- New or Revised Breastfeeding Materials
- 32-Week Infant Survey
- Newborn Feeding Survey
- Breastfeeding Benefits handout
- Back-to-Work Tips handout
- Prenatal Education - Infant-Feeding Checklist
- UCATS Application Form

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Step 3
Action Plan

Primary Goals of Step 3:

☐ Increase breastfeeding knowledge and ability in women.

☐ Encourage positive attitudes and foster confidence about breastfeeding.

Budget/Resources for implementation:		
Resource area and description	**Description**	**Budgeted amount**
Equipment		$
Staffing		$
Materials		$
Total		$

Step 3 Implementation Tracking

At Month		Person Responsible	Initials	Date
	Prenatal survey results will show that __% of mothers received enough information and training about breastfeeding to make an informed decision about feeding their babies.			
	Prenatal survey results will show that __% of mothers feel prepared to breastfeed their babies.			
	Prenatal survey results will show that __% of mothers have a "confident commitment" to breastfeed.			
	Newborn survey results will show that __% of mothers plan to breastfeed exclusively.			
	Newborn survey results will show that __% of mothers report receiving clear and consistent information about breastfeeding.			
	At year-end, all breastfeeding education materials have been shown to be clinically accurate, culturally appropriate, and address local needs and values at the appropriate reading level. They do not promote artificial infant feeding in any way.			

Notes

How will you sustain the practice? (Sustainability)

Value of breastfeeding explained to women by hospital-affiliated physicians and medical staff (not just at classes.)

Responsibility _____

New staff oriented to the policy of educating pregnant women and new mothers about breastfeeding.

Responsibility _____

Other _____

Responsibility _____

Notes _____

New or Revised Breastfeeding Materials

Note: First row is an example entry.

Date	Name or Description of Materials and Intended Audience	Checkpoints	Materials approved? *All five checkpoints must be addressed for materials to be approved.	Notes	List of Physicians/ Offices Using the Tool
1/2011	*Helpful Talking Points on Breastfeeding* *(handout for physicians/ clinicians)*	☒ Clinically accurate ☐ Culturally appropriate ☒ Addresses local needs and values ☒ Appropriate reading level ☐ Does not promote artificial infant feeding	☐ Yes ☒ No	*Plan to add a companion handout for mothers next year. Need to talk to local WIC representative about local cultural issues about bf; may update the handout if needed.*	*Dr. A. Example* *Dr. B. Example* *Dr. C. Example* *Sample Women's Clinic* Total number: *4*
		☐ Clinically accurate ☐ Culturally appropriate ☐ Addresses local needs and values ☐ Appropriate reading level ☐ Does not promote artificial infant feeding	☐ Yes ☐ No		Total number:
		☐ Clinically accurate ☐ Culturally appropriate ☐ Addresses local needs and values ☐ Appropriate reading level ☐ Does not promote artificial infant feeding	☐ Yes ☐ No		Total number:

Step 3
Facility Impact

Costs to Facility

	Description/Notes	Dollar Amount
Production of new or revised materials		$
Additional hours of staff time dedicated to breastfeeding education		$
Other costs		$
	Subtotal	$

Savings to Facility

	Description/Notes	Dollar Amount
Fewer hours of staff time dedicated to breastfeeding problems		$
Savings associated with eliminating the traditional newborn nursery		$
Other savings		$
	Subtotal	$
		Net Annual Loss or Gain to Facility
		$

What can be done differently next year?

32-Week Infant Feeding Survey

Has a health professional talked with you about:	
1. That you can have companions of your choice with you during labor and birth?	☐ Yes ☐ No
2. Alternatives for dealing with pain during labor and how each may affect you and your baby?	☐ Yes ☐ No
3. The importance of spending time skin-to-skin with your baby immediately after birth?	☐ Yes ☐ No
4. The importance of having your baby with you in your room or bed 24 hours a day?	☐ Yes ☐ No
5. The risks of giving water, formula or other supplements to your baby in the first six months if you are breastfeeding?	☐ Yes ☐ No
6. Do you feel you have received enough information and training about breastfeeding to make an informed decision about feeding your baby?	☐ Yes ☐ No
7. Do you feel prepared to breastfeed your baby?	☐ Yes ☐ No
8. Do you feel confident about breastfeeding overall?	☐ Yes ☐ No ☐ I do not plan to breastfeed

Newborn Feeding Survey

1. How are you feeding your new baby?	□ Exclusively breastfeeding □ Combination of breast milk and formula □ Feeding only formula □ Other _____
2. Did you receive clear and consistent information about breastfeeding at this facility, both before and after your baby was born?	□ Yes □ No □ Uncertain
3. How long after birth did you first hold your baby?	□ Immediately □ Within five minutes □ Within half an hour □ Within an hour □ As soon as I was able to respond after a Cesarean section □ Other (how long: _____) □ Unsure □ Have not held yet
4. How did you hold your baby, this first time?	□ Skin-to-skin □ Wrapped in blanket or clothing without much skin contact
5. If it took more than five minutes after birth for you to hold your baby, what was the reason?	□ Not applicable—I held my baby in five minutes or less □ My baby needed medical attention □ I was not awake □ I didn't want to hold my baby or was too weak □ Unknown □ Other _____
6. For about how long did you hold your baby this first time?	□ Less than 30 minutes □ 30 minutes to less than an hour □ An hour □ Longer than an hour (how long:_____) □ Can't remember/don't know
7. Did the staff encourage you to look for signs your baby was ready to feed and offer you help with breastfeeding?	□ Yes □ No □ Don't know
8. Did the staff give you any help with positioning and attaching your baby for breastfeeding before discharge?	□ Yes □ No □ Don't know
9. Did the staff show you or give you information on how you could express your milk by hand?	□ Yes □ No □ Don't know

Prenatal Education - Infant-Feeding Checklist

As she reaches the 32nd week of her pregnancy, use this checklist to document the information your facility has provided each expectant mother treated.

	Discussed	Signature	Date
Health benefits of breastfeeding			
Benefits for baby Reduced risk of gastro-enteritis; diarrhea; urinary tract, chest and ear infections; obesity and diabetes. Latest evidence suggests reduced risk of Sudden Infant Death Syndrome (SIDS) and childhood leukemia.	☐ Yes ☐ No		
Benefits for the mother Reduced risk of breast cancer, ovarian cancer and osteoporosis	☐ Yes ☐ No		
Exclusive breastfeeding for 6 months (for maximum health benefits)	☐ Yes ☐ No		
***Every Ounce Counts* Educational Activity Kit provided** (for later discussion, see below)	☐ Yes ☐ No		
Getting off to a good start			
Skin-to-skin contact at delivery and beyond (keeps baby warm and calm, promotes bonding, helps with breastfeeding)	☐ Yes ☐ No		
Effective positioning and attachment (to ensure adequate milk intake and pain-free feeding)	☐ Yes ☐ No		
Feeding on demand and infant-feeding cues (may interfere with breastfeeding)	☐ Yes ☐ No		
Rooming-in / keeping baby near (for demand feeding and reduction of risk of SIDS)	☐ Yes ☐ No		
Further discussion			
Handouts provided and discussed:	☐ Yes ☐ No		
***Every Ounce Counts* Educational Activity Kit discussed** (suggest between 28 and 34 weeks)	☐ Yes ☐ No		

Adapted from UNICEF UK, Antenatal Checklist, 2010.

Benefits of Breastfeeding

Good for Moms and Babies

Breastfeeding is the best food for infants and small children. It provides powerful, real health, financial and time benefits for both mothers and babies.

Good for Moms

- Saves money in formula and healthcare costs
- Provides a special bond between mom and baby
- Burns up to 600 calories a day
- Releases hormones that relax mom
- Uses a natural resource
- Makes traveling easier
- Protects mom against cancer and diabetes
- Reduces the time parents spend away from work or at the doctor when the baby is sick

Good for Babies

- Reduces babies' risk of infections and stomach problems
- Reduces babies' risk of allergic reactions and asthma
- Reduces babies' risk of SIDS
- Reduces babies' risk of childhood leukemia
- Provides baby with the most easily digested food
- Promotes babies' healthy growth and development
- Reduces babies' risk of obesity and diabetes
- May give baby a higher I.Q. – especially preemies

It's a Win-Win-Win.

Breastfeeding is good for babies—and for moms. Breastfeeding mothers are half as likely to miss a day of work for a sick child compared to mothers of formula-fed infants. Plus, you'll get more sleep, lose the baby weight faster, and reduce your risk of cancer.

Breastfeeding is good for your employer, too. Businesses that proactively support employees who choose to breastfeed their infants experience reduced health-care costs and increased productivity.

You have a right to pump at work.

Employers are now required by law to provide reasonable break time and a place to express breast milk (Fair Labor Standards Act, Section 7).

You can do this.

For all moms, going back to work is hard. There are steps you can take to make sure that when you're ready to return, you're ready to meet your breastfeeding goals.

Visit www.breastmilkcounts.com for tips and tools to prepare you to go back to work. Learn more about your rights, how to talk to your employer, how to prepare to go back to work and continue breastfeeding, and why supporting working moms who choose to breastfeed benefits everyone.

BREASTMILK
EVERY OUNCE COUNTS

Step 3

UCATS Stepping Up For Utah Babies

Application

In anticipatory guidance, it is expected that at least 90% of expectant mothers at the inquiring health facility receive breastfeeding information verbally and/or in print materials. Educational programs about breastfeeding may be available during the mothers stay.

Discussion and feeding intentions should be documented in the prenatal record, which should be available at the time of delivery. Prenatal education includes a minimum of the benefits and importance of breastfeeding, the importance of immediate and sustained skin-to-skin contact, early initiation of breastfeeding, rooming-in on 24-hours basis, feeding on cue, and demand or baby-led feeding, frequent feeding to help ensure enough milk, good positioning and attachment, exclusive breastfeeding for the first six (6) months and the fact that breastfeeding continues to be important after six months, even when other foods are given.

1. Are feeding instructions documented in the prenatal record and made available at the time of delivery?

   ☐ Yes ☐ No

2. What percentage expectant mothers receive at least the minimum education as described above?

   _____

   Numerator: # of expectant mothers who receive at least the minimum education.

   Denominator: # of expectant mothers

3. Which of the following methods does your facility use to inform pregnant women about the benefits and management of breastfeeding? Include documentation of the content for each method selected (sample form, sample education material, class outline, etc.)

   ☐ Prenatal Care Intake Form
   ☐ Prenatal Care Anticipatory Guidance
   ☐ Childbirth Education With Breastfeeding Component
   ☐ Labor Admission Intake Assessment
   ☐ Other
   ☐ Prenatal Mailing of Education Materials
   ☐ WIC Enrollment

   _____

   _____

   _____

   _____