HOSPITAL SELF-ASSESSMENT GUIDELINES:
Ten Steps toward exclusive breastfeeding practices

Evidence shows hospitals with policies supporting exclusive breastfeeding are realizing multiple benefits for patients, themselves and the communities they serve. Take a few minutes to consider the practices that can help your hospital provide evidence-based, optimal care for your patients.

Step 1: Encourage exclusive breastfeeding with a written hospital policy.
- Review and maintain an up-to-date hospital policy that outlines the hospital’s goals and steps toward exclusive breastfeeding.
- Communicate hospital breastfeeding policies to new and current staff.
- Inform the staff of the short-term and long-term advantages of breastfeeding. Refer to the enclosed resource list for free materials.

Step 2: Remain up-to-date in training of exclusive breastfeeding practices.
- Provide regular opportunities for hospital staff to attend trainings and workshops on current breastfeeding practices and medical advances. The Texas Department of State Health Services (DSHS) has a nationally recognized training program for health professionals. Trainings can be arranged onsite for little or no charge. In addition, staff can soon train for free at their own pace via DSHS’ Breastfeeding Module. For all training and educational opportunities, please consult the enclosed resource list.
- Within six months of employment, hospital staff should be trained and knowledgeable on breastfeeding issues and its importance to infant care. Knowledge should be updated annually with continuing education.
- Provide specialized training for staff members directly assisting new moms.

Step 3: Support the mother’s decision to breastfeed and inform all mothers of breastfeeding benefits.
- Inform mothers, pre-delivery, of the benefits of breastfeeding. Materials that can be shared with patients are available at http://www.dshs.state.tx.us/wichd/WICCatalog/breastfeeding.shtml.
- Have moms’ prenatal records on hand during delivery.
- Remind and support moms in their initial decision to breastfeed exclusively by providing encouragement and support during those critical hours after giving birth.

Step 4: After birth, practices to encourage immediate breastfeeding are a top priority.
- Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour.
- Encourage mothers to recognize when their babies are ready to breastfeed.
- Provide support from skilled staff to offer help with breastfeeding if needed.

Step 5: Encourage and support breastfeeding during separations.
- If baby is separated from mom, offer an electric breast pump and provide instruction on expression of breast milk and maintaining lactation.
- Encourage moms to attend prenatal classes, which provide expecting mothers with information about lactation maintenance during temporary separation.
- If baby is unable to breastfeed for medical reasons, encourage and facilitate frequent and regular skin-to-skin contact.
Step 6: Formula should be made available only upon request.
✓ Inform the parents of the disadvantages of introducing infants to formula as a breast milk substitute or supplement.
✓ Refrain from offering or recommending formula except in circumstances where the mother has been educated regarding the benefits of exclusive breastfeeding and still makes the request for formula.
✓ Remove promotional substitutes from hospital supply. This includes formula-sponsored discharge bags and feeding brochures, formula-sponsored nametags, etc. Please consult the resource list for alternative products.

Step 7: Rooming-in should be encouraged.
✓ Keep mom and baby close with supportive, 24-hour rooming-in practices throughout their postpartum stay.
✓ When experiencing resistance to keeping the newborn in the same room, bring the infant to the mother at least every two to three hours to feed.

Step 8: Encourage breastfeeding on demand.
✓ Encourage close and regular contact for moms and babies so they can learn about each other.
✓ No limitations should be set on frequency or length of feeding.
✓ Teach moms how to recognize hunger cues and signs of sufficient feedings, such as wet and dirty diapers.

Step 9: Artificial nipples and other supplements are discouraged.
✓ Discourage the use of artificial nipples, such as pacifiers or bottles, to new moms.
✓ If supplementation is required, alternative supplemental feeding methods that supply baby with mom’s milk should be considered first and highly encouraged.

Step 10: Make community resources available to new moms.
✓ Provide contact information for breastfeeding support or questions after discharge. The DSHS Statewide Lactation Support Hotline can provide information and referrals to community resources in your area. Call 1(800) 514-6667.
✓ Provide information regarding support groups, telephone follow-up, in-home visits and other practices to help support and encourage a mom to continue breastfeeding.
✓ Involve and educate key family members in supportive practices after hospital discharge.

This assessment is to serve as a self-reflection of the progress your hospital is making toward exclusive breastfeeding practices. Even one step in the direction of exclusive breastfeeding is a step toward healthier patients, practices and communities.

This list of resources provides information to assist health professionals who want to move their hospitals closer to evidence-based policies that support exclusive breastfeeding.

**BREASTFEEDING POLICIES AND PRACTICES: INTRODUCTION AND ASSESSMENTS**

*Self-Assessment Guide*
http://www.TexasTenStep.org
The Texas Department of State Health Services (DSHS) offers a brief self-assessment guide describing various hospital practices supportive of exclusive breastfeeding.

*Hospital-Specific Data*
DSHS has collected data demonstrating each hospital’s exclusive breastfeeding rate. This information is not public and is shared privately with individual hospitals. Regional and state-level data are also available. For questions, please contact the DSHS Maternal and Child Health Nurse Consultant at (512) 458-7111 ext. 6917.

**BREASTFEEDING POLICY PROGRAMS AND INITIATIVES**

*Texas Ten Step Program*
http://www.TexasTenStep.org
The Texas Hospital Association and DSHS developed this program in an effort to improve the health of Texas mothers and infants by promoting exclusive breastfeeding.

*Baby-Friendly Hospital Initiative*
http://www.babyfriendlyUSA.org
This global program sponsored by the World Health Organization and UNICEF encourages and recognizes hospitals and birthing centers that offer an optimal level of care for lactation.

*Growing Community: Breastfeeding Video*
http://www.dshs.state.tx.us/obesity/GrowingCommunity.shtm
View an inspirational video to see how breastfeeding is flourishing in El Paso, thanks to a local hospital and the Baby Café.

**STAFF EDUCATION AND TRAINING**

*Breastfeeding Trainings for Health Professionals*
http://www.dshs.state.tx.us/wichd/lactate/courses.shtm
Training descriptions, a schedule and how to register.
- Principles of Lactation Management; Lactation Counseling and Problem Solving;
- Evidence-Based Lactation Management; Breastfeeding Management; Breastfeeding the Compromised Infant; Managing Breastfeeding Complications; Physician’s Breastfeeding Course; Peer Counselor Trainer Workshop.

*Texas Department of State Health Services’ Breastfeeding Training Module*
http://www.dshs.state.tx.us/wichd/lactate/courses.shtm (Coming Soon!)
The breastfeeding training module will be available at no cost and lessons can be completed at an individual pace. This interactive module goes through an extensive breastfeeding curriculum, and will offer continuing education units.
CONTINUING SUPPORT FOR BREASTFEEDING

Videos (Available for only cost of reproduction)
http://www.dshs.state.tx.us/wichd/bf/videos.shtm
Videos cover a variety of topics and are designed to educate patients, but can also be used to help train hospital staff. Videos may be broadcast on hospital closed-circuit TVs, and may be used for any education purposes. All are available for the cost of reproduction, shipping and handling. Examples: Pumping Breast Milk for Your Premature Infant; To Baby With Love/ The Comfortable Latch; etc.

Health Professional Tools
http://www.dshs.state.tx.us/wichd/bf/protocol.shtm
Health professionals can access information regarding breastfeeding, including an extensive list of diagnosis codes often used in lactation counseling. The Physician’s Pocket Guide to Breastfeeding is available, along with other helpful materials.

Breastfeeding Brochures and Posters
http://www.dshs.state.tx.us/wichd/WICCatalog/breastfeeding.shtm
Quick-reference tools that can also be distributed to patients. Examples: Breast Pumping Log; Breastfeeding crib cards; Nursing in Progress door hangers; Breastfeeding Instructional Guide; Mother’s Milk for Premature Babies; Colostrum; How Do I Know if I’m Making Enough Milk?; Dad’s Role in Supporting Breastfeeding; Hand Expression and Storage of Breastmilk; Nursing More than One; Breastfeeding and Returning to Work; Breastfeeding and Family Planning; etc.

Alternative-to-Formula Marketing Materials
Ban the Bag Toolkit
http://banthebags.org/category/tool-kit
Ban the Bag is a national campaign offering alternatives to formula marketing materials for maternity hospitals. This toolkit provides background information, supporting data and educational materials, as well as resources for alternative marketing materials.

Statewide Lactation Support Hotline
1 (800) 514-6667 (MOMS)
Hours of Operation: M-Th, 9 a.m. – 5 p.m.; F, 9 a.m. – 2 p.m. Leave a message after hours. Calls will be returned within 24 hours. This referral hotline is available to anyone in Texas.

Texas Lactation Support Directory
http://www.dshs.state.tx.us/wichd/bf/direct.shtm

Texas Breastfeeding Coalition
http://www.txbfcoalition.org/
A consortium of breastfeeding promotion groups, organizations and individuals from across the state. Through the Web site, visitors can locate a local coalition and find information about local breastfeeding resources and support.

La Leche League
http://www.llli.org//Web/Texas.html
An international, nonprofit, nonsectarian organization dedicated to providing education, information, support and encouragement to women who want to breastfeed. Health professionals can refer their clients to a local chapter for breastfeeding support, and can seek out continuing education opportunities and research.

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Promotion of exclusive breastfeeding provides optimal care across communities.

Benefits for Hospitals
- Evidence-based policies such as the WHO/UNICEF “Baby-Friendly” policies and the Texas Ten Step policies will help hospitals achieve high exclusive breastfeeding rates.
- Adoption of supportive policies will better position hospitals for reporting on Exclusive Breast Milk Feeding during the newborn’s hospitalization in adherence with the new Joint Commission Perinatal Care Core Measure Set (beginning April 2010).
- Infants who are exclusively breastfed have improved short- and long-term health outcomes, with enhanced immunity and lower rates of infectious and chronic disease.
- Adopting evidence-based policies to support exclusive breastfeeding can be integrated into Quality Improvement efforts, and can be an effective recruitment and marketing tool.
- Exclusive breastfeeding policies are evidence-based and provide the optimal care that hospitals strive to provide, improving the health of communities.

Benefits for Baby
- Human milk provides immune protection to help babies fight everyday infections such as influenza and to reduce the frequency and severity of several infectious diseases such as respiratory tract infections, ear infections, bacterial meningitis, pneumonia, urinary tract infections and diarrhea.
- Breastfed infants are at a lower risk for Sudden Infant Death Syndrome, and infant mortality rates after the first month of life are reduced by up to 21%.
- Breastfed babies are less likely to suffer from childhood cancers such as Hodgkin’s disease and leukemia.
- Breastfeeding reduces the risk for obesity, high blood pressure and high cholesterol levels later in life.
- Exclusive breastfeeding reduces risk for asthma, eczema, and of type 1 and type 2 diabetes.

Benefits for High-Risk Infants
- Breast milk stimulates brainstem maturation for premature babies.
- Breast milk protects against necrotizing enterocolitis and other diseases in neonates.
- High-risk infants who receive breast milk have shorter stays in the neonatal intensive care unit and have lower rates of readmission.

Benefits for Mom
- Women who breastfeed have less bleeding and recover from birth more quickly.
- Breastfeeding from birth allows for an intensified bond between mom and baby.
- The longer a mother breastfeeds, the lower her risks are for long-term medical conditions such as ovarian cancer, breast cancer, and cardiovascular disease.
- Breastfeeding moms are less likely to develop type 2 diabetes later in life.
Sources:


American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women and Committee on Obstetric Practice. Special report from ACOG: breastfeeding: maternal and infant aspects. ACOG Clin Rev. 2007;12(1)[suppl]:1S- 16S.


The WIC Program began issuing new food packages in October 2009. The new packages for moms and infants were designed to better promote and support the establishment of successful long-term breastfeeding by encouraging moms to exclusively breastfeed for at least the first month postpartum.

WIC moms now have only two food package options in the first month – either an Exclusively Breastfeeding Package or a Formula Package. The new exclusively breastfeeding food package has far more food for moms and babies with the greatest cash value in the baby’s 2nd 6 months. The availability of free breast pumps and breastfeeding counselor support are also advertised as part of the breastfeeding WIC packages.

WIC prenatal breastfeeding education focuses on the importance of exclusive breastfeeding for at least the first month postpartum. Exclusive breastfeeding in the early days assures the proliferation of prolactin receptors in the mother’s breasts, supporting an abundant milk supply in later weeks and months. Formula supplementation in the early days can interfere with this process.

Pregnant WIC participants are educated on hospital practices that are most supportive of exclusive breastfeeding. However, WIC surveys show that many WIC moms are faced with hospital practices that are not supportive of exclusive breastfeeding and which can result in early weaning.

Early breastfeeding has a critical period during which frequent nipple stimulation and milk removal are necessary for plentiful milk supply in later weeks.

Jan Riordan, author Breastfeeding and Human Lactation

Findings from the 2009 Texas WIC Infant Feeding Practices Survey, a survey of over 5,400 mothers across Texas who received WIC services during pregnancy and during the first year of their infants' lives, indicate that, among women who gave birth in a hospital or birth center:

- 49.9% of mothers who intended to breastfeed reported they did not breastfeed their baby within the first hour after birth
- 68.0% of breastfed babies received something other than breast milk in hospitals
- 82.2% of breastfeeding mothers reported they received a discharge bag containing formula from the hospital

WIC needs your help. The more Ten Steps to Successful Breastfeeding practices adopted by your facility, the more likely WIC recipients are to successfully establish breastfeeding, continue to breastfeed, and maximize their WIC benefits.