

**Helping all babies get a healthy start to life**

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| **Ten Steps for LIFE Hospitals** |
| 1a | Have a written infant feeding policy that is routinely communicated to staff and parents with a trauma informed, health equity lens. |
| 1b | Comply fully with the [International Code of Marketing of Breastmilk Substitutes](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/international-code-marketing-breastmilk-substitutes-resources/the-code/). |
| 1c | Establish on going monitoring and data-management systems that can be disaggregated for continuous quality improvement. |
| 2 | Ensure that staff have sufficient knowledge, competency, and skills to support lactation. |
| 3 | Discuss the importance and management of lactation with pregnant parents and their families. |
| 4 | Place stable infants, regardless of feeding method, skin-to-skin with their parent for at least 60 minutes immediately after birth. |
| 5 | Show parents how to breastfeed/chestfeed and how to maintain lactation if they’re separated from their infants. |
| 6 | Give infants no food or drink other than human milk unless medically indicated. |
| 7 | Practice rooming-in to allow parents and infants to remain together 24 hours a day. |
| 8 | Support parents to recognize and respond to their infants’ cues for feeding. |
| 9 | Give no artificial nipples or pacifiers to nursing infants unless medically indicated. |
| 10 | Coordinate discharge so that new parents and their infants have timely access to out-patient care, culturally appropriate resources and community support. |

Application for Recognition Level: Bronze

Check the boxes to indicate your answers and submission of required documentation with your application form. Fill in text or numbers where requested.

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| **Steps Required for Bronze LIFE Hospitals** |
| 1a | Have written infant feeding policies with a trauma informed, health equity lens that are routinely communicated to staff and parents. |
| 4 | Place stable infants, regardless of feeding method, skin-to-skin with their parent for at least 60 minutes immediately after birth. |
| 7 | Practice rooming-in to allow parents and infants to remain together 24 hours a day. |
| 10 | Coordinate discharge so that new parents and their infants have timely access to out-patient care, culturally appropriate resources, and community support. |

**Step 1a:** Have written infant feeding policies with a trauma informed, health equity lens that are routinely communicated to staff and parents

 1a.1 Submit your hospital’s written infant feeding policy and perinatal care policies, procedures, or guidelines that address all four steps in the Bronze Recognition Level (Steps 1a, 4, 7, and 10) and describe how staff are oriented to the policy. (see guidance for specific policy requirements). *Please submit along with your application to LIFEprogram@doh.wa.gov*

*Describe how staff are oriented to the policy
Click here to enter text.*

*The Bronze Level infant feeding policy and additional supporting policies, procedures or guidelines will include:*

[ ]  A specific time frame that states when staff is trained, how frequently its updated, and a statement that staff will be oriented to the policy within the first six months of hire. (Step 1a)

[ ]  Guidance for how to practice skin-to-skin for vaginal births and c-section births and that states all stable newborns are placed skin-to-skin with their parent for at least 60 minutes immediately after birth. (Step 4)

[ ]  Guidance for how to support rooming in and states that all families are encouraged to room in with their newborn 24 hours a day, including those with suspected substance abuse disorders, as part of standard care. (Step 7)

[ ]  Guidance for how to provide culturally diverse education resources; referrals to out-patient care, WIC, and community support groups; and the importance of ensuring families are connected to support upon discharge. (Step 10)

[ ]  Guidance for how to screen parents for anxiety and risk for post-partum depression, ask parents about their birth plan and infant feeding goals, and states the importance of giving compassionate care with dignity and cultural humility. (Step 1a)

[ ]  Guidance for how staff are trained to interact with families including asking permission to touch someone’s breasts, chest, or nipples. (Step 1a)

[ ]  Guidance for how staff are trained to understand the community populations they serve (including racial/ethnic and socioeconomic status) and how they will receive regularly occurring implicit bias training as it pertains to perinatal care, the Ten Steps, and breastfeeding/chestfeeding support. (Step 1a)

[ ]  Statements that acknowledge your hospital’s commitment to breastfeeding/chestfeeding support and acknowledges the negative health impacts that implicit bias has on lactation and maternal infant health outcomes. Statements that commit your hospital to providing equitable care to all families with cultural humility and dignity regardless of race, color, gender, disability, body size, veteran, military status, religion, age, creed, national origin, sexual identity or expression, sexual orientation, marital status, genetic information, or any other basis protected by local, state, or federal law. (Step 1a)

1a.3 What is your hospital’s plan to assure the infant feeding policy is updated at least every two years? (If you are a Joint Commission Hospital, please state this as your answer.)

*Click here to enter text.*

1a.4 Do you have evidence-informed processes or policies to support breastfeeding/chestfeeding for individuals who are taking medication to treat opioid use disorder?

[ ]  Yes [ ]  No

These processes or policies should support a person’s choice about whether to breastfeed/chestfeed. They should also integrate a trauma informed approach acknowledging how a person’s life circumstances, or past experiences of sexual abuse or trauma, can impact their ability or desire to nurse.

* [AWHONN Breastfeeding Recommendations for Women Who Receive Medication- Assisted Treatment for Opioid Use Disorders](https://nwhjournal.org/article/S1751-4851%2816%2930207-0/pdf)

**This step qualifies you for the Center of Excellence for Perinatal Substance Use Certification.** [**Learn more here**](https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/CentersofExcellenceforPerinatalSubstanceUse/Certification)

1a.5 Has your hospital discussed the possibility of implementing all or part of *The Code*? Implementing the [*International Code of Marketing of Breastmilk Substitutes*](https://www.cdc.gov/breastfeeding/pdf/BF_guide_7.pdf#:~:text=The%20International%20Code%20aims%20to%20%E2%80%9Ccontribute%20to%20the,adequate%20information%20and%20through%20appropriate%20marketing%20and%20distribution.%E2%80%9D57)  (Step 1b) is only required for Silver and Gold Levels.

[ ]  Yes [ ]  No

1a.6 Has your hospital discussed the possibility of updating Electronic Health Record systems that can assess for race, age and socioeconomic status of parents who deliver babies at the facility? Establishing data-management systems that can be disaggregated for continuous quality improvement (Step 1c) is only required for Silver and Gold Levels.

[ ]  Yes [ ]  No

*If no, what are your barriers in tracking this data?*

*Click here to enter text.*

1a.7 Does your hospital have a system or policy in place to collect feedback if a patient has experienced implicit bias, felt judged, or experienced harm from the perinatal care staff supporting them?

[ ]  Yes [ ]  No

*How are people supported with compassionate, trauma informed care?*

*Click here to enter text.*

1a.8 Please share these resources for your perinatal care staff to read for continuing education and provide documentation of their distribution (such as an email sent to all staff with read receipts).

[A Practitioner’s Guide for Advancing Health Equity](https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/pdf/health-equity-guide/Health-Equity-Guide-sect-3-5.pdf) (CDC)

[Caring for Patients Who Have Experienced Trauma (ACOG](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/04/caring-for-patients-who-have-experienced-trauma#:~:text=A%20trauma-informed%20approach%20to%20care%20has%20been%20defined,rebuild%20a%20sense%20of%20control%20and%20empowerment%E2%80%9D%2031.))

[Trauma-Informed Care Resources Guide](https://institute.crisisprevention.com/Trauma-Informed-Care.html?code=BSIT01TIC&src=PPC&msclkid=2f2480447d9814189626e154aa03aaac&utm_source=bing&utm_medium=cpc&utm_campaign=US%20NCI%20TOFU%20GEN%20(Search)&utm_term=%2Btrauma%20%2Binformed%20%2Bpractice&utm_content=trauma%20informed%20care)

[Racial Bias (ACOG](https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2017/racial-bias))

[Implicit Bias in Pediatrics (AAP)](https://pediatrics.aappublications.org/content/145/5/e20200512)

[Eradicating Racism from Maternity Care- Addressing Implicit Bias](https://nwhjournal.org/article/S1751-4851%2821%2900074-X/fulltext)

**Step 4:** Place stable infants skin-to-skin with their parents for at least 60 minutes immediately after birth and help parents recognize and respond to feeding cues.

4.1 Within the last 12 months, did at least 70% of parents with uncomplicated, vaginal deliveries have their infants placed skin-to-skin uninterrupted until the completion of the first feeding, or for at least 60 minutes?

[ ]  Yes [ ]  No

4.2 Within the last 12 months, did at least 50% of parents who had normal *cesarean sections* have their infants placed skin-to-skin with them as soon as the parent wasresponsive and alert, for at least 60 minutes?

*(Please exclude transportation time from the first 60 minutes. Each time the infant is moved from the Operating Room and Post-anesthesia Care Unit or recovery room, start the 60 minutes of skin-to-skin over. When possible and safe to do so, use a partner or family member to provide skin-to-skin during transfer.)*

[ ]  Yes [ ]  No

4.3 Can you provide documentation from chart audit that at least 70% of parents with uncomplicated, vaginal deliveries and 50% of parents who had cesarean sections held their infants skin-to-skin?

 [ ]  Yes [ ]  No (See below)

If unable to obtain a chart audit, you have a one-time\* option to provide evidence that your facility is doing skin-to-skin.

**IF YOU ANSWERED NO:** Were at least 80% of perinatal nursing staff, Operating Room (OR) nursing staff, and post-cesarean delivery recovery staff (PACU or other) trained to assist uninterrupted skin-to-skin post cesarean section *within the first 6 months of hire and/or within the last* *four years?* *(This includes training on skin-to-skin in the OR and PACU)*

 [ ]  Yes [ ]  No

\*Please note: a chart audit with data is preferred. *Your hospital will only be able to answer with percent of trained staff once* and are expected to establish a system to document skin-to-skin within your five year designation.

*Please provide copies of, or link to, training materials.*

4.4 Do you practice the use of non-pharmacological interventions, such as promoting breastfeeding, chestfeeding, rooming in, or skin-to-skin, as the first line of treatment for withdrawal symptoms in infants?

[ ]  Yes [ ]  No

* [Eating, Sleeping, Consoling Instruction Manual](https://www.cffutures.org/files/QIC_Resources/Learning_with_the_Expert/Eat_Sleep_console_manual_with_tools_Yale_Boston_NNEPQIN.pdf)
* [California Health Care Foundation Webinar, Matthew Grossman Eat/Sleep/Console](https://www.youtube.com/watch?app=desktop&v=8NDXFla_4Ks)

**This step qualifies you for the Center of Excellence for Perinatal Substance Use Certification.** [**Learn more here**](https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/CentersofExcellenceforPerinatalSubstanceUse/Certification)

4.5 Are there unique barriers your hospital experiences that impact your ability to do skin-to-skin within the first 60 minutes?

*Click here to enter text.*

**Step 7:** Practice rooming-in to allow parents and infants to remain together 24 hours a day.

7.1 Within the last 12 months, have at least 80% of parents and infants stayed in the same room immediately after birth, unless there was a medical reason to separate them?

 [ ]  Yes [ ]  No

7.2 Can you provide documentation from chart audit that at least 80% of parents/infants who didn’t have a medical reason for separation stayed in the same room after birth for at least 23 out of 24 hours?

 [ ]  Yes [ ]  No

*If yes, provide copies of or link to documents. If no, provide documentation that your facility does not have a well-baby nursery.*

7.3 Do you allow the birth parent and infant to room together, unless the birth parent is in the ICU or there are medical reasons outside of Neonatal Abstinence Syndrome or routine newborn tests for the infant to be in the NICU?

[ ]  Yes [ ]  No

* [Eating, Sleeping, Consoling Instruction Manual](https://www.cffutures.org/files/QIC_Resources/Learning_with_the_Expert/Eat_Sleep_console_manual_with_tools_Yale_Boston_NNEPQIN.pdf)
* [California Health Care Foundation Webinar, Matthew Grossman Eat/Sleep/Console](https://www.youtube.com/watch?app=desktop&v=8NDXFla_4Ks)

**This step qualifies you for the Center of Excellence for Perinatal Substance Use Certification.** [**Learn more here**](https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/CentersofExcellenceforPerinatalSubstanceUse/Certification)

**Step 10:** Establish a system for referring parents to out-patient and community support.

10.1 Does your hospital provide follow-up lactation support for parents after discharge?

This follow-up support *must* include:

* Hospital education materials (yours or another local facility)
* WIC resources (local or state)
* ParentHelp123 information
* Help Me Grow WA (helpmegrowwa.org)
* A hotline to get lactation support outside of business hours
* Culturally appropriate education resources that represent the community

*As available, include the following resources:*

* Local Lactation Coalitions
* La Leche League (Local and National)
* List of local Lactation Consultants (IBCLCs, RDs, ARNPs, LMs, etc.)
* Phone number for a 24-hour nurse line
* Information on post-partum depression

[ ]  Yes [ ]  No

10.2 Submit a copy of or link to the written information your hospital provides to

parents at discharge about how to get lactation support in their communities.

*Click here to enter text.*

**Is there any additional background information you would like to provide to the Lactation and Infant Feeding-Friendly Hospital program as we review your Bronze application?**

*Click here to enter text.*

Application for Recognition Level:

Silver and Gold

Check the boxes to indicate your answers and submission of required documentation with your application form. Fill in text or numbers where requested.

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| **For Silver recognition level, please select at least one additional steps from the steps below that your hospital will implement** |
|[ ]  Step 3 | Discuss the importance and management of lactation with pregnant parents and their families. |
|[ ]  Step 5 | Show parents how to breastfeed/chestfeed and how to maintain lactation if they’re separated from their infants. |
|[ ]  Step 6 | Give infants no food or drink other than human milk unless medically indicated. |
|[ ]  Step 8 | Support parents to recognize and respond to their infants’ cues for feeding. |
|[ ]  Step 9 | Give no artificial nipples or pacifiers to nursing infants unless medically indicated. |

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| **STEP 1a POLICY FOR SILVER & GOLD***\*Please note, Silver and Gold Levels have different requirements* *for what is included in the Infant Feeding Policies\** |

**Step 1a** Have written infant feeding policies with a trauma informed, health equity that are routinely communicated to staff and parents

**SILVER:** Submit your hospital’s written infant feeding policy and perinatal care policies, procedures, or guidelines that address the six steps in the Silver Recognition Level (Steps: 1a-c, 2, 4, 7, 10, and one of your choice) and describe how staff are oriented to the policy. *Please submit along with your application to LIFEprogram@doh.wa.gov*

(see guidance for specific policy requirements)

**GOLD:** Submit your hospital’s written infant feeding policy and perinatal care

policies, procedures or guidelines that address all 10 steps for the Gold

Recognition Level.

(see guidance for specific policy requirements)

*In addition to the Bronze Level infant feeding policy, the Silver or Gold Level infant feeding policy and additional supporting policies, procedures, or guidelines will include:*

[ ]  Guidance for how to comply with the WHO code and the marketing of infant formula to families, that includes statements committing the hospital to the International Code of Marketing of Breastmilk Substitutes. (Step 1b)

[ ]  Guidance for how to accurately collect patient data in the health record system and that states the importance of regularly assessing data that relates to the Ten Steps for continued quality improvement. (Step 1c)

[ ]  Guidance that states perinatal nursing staff and providers caring for parents and infants are required to have training within their first six months of hire, including at least 15 hours of dialectic lactation training and five hours of didactic lactation training for perinatal care nurses and support staff, three hours of dialectic lactation training for perinatal care providers, and one hour of implicit bias training for all perinatal care staff (including nurses, support staff, and providers). (Step 2)

[ ]  Guidance for how pregnant and lactating parents are taught to manage lactation and explained the importance of breastfeeding/chestfeeding, including its health benefits to the parent and infant. (Step 3)

[ ]  Guidance for how parents are taught how to nurse their infant and how to maintain their milk supply if they must be separated from their infant, such as how to latch, hold, and express their milk. (Step 5)

[ ]  Guidance for how staff are trained to give infants who are exclusively breastfeeding/chestfeeding no food or drink or donor milk unless medically indicated and states breastfeeding/chestfeeding infants are only supplemented when medically indicated. (Step 6) \*Note: Traditional cultural practices that align with the parent’s cultural identity, such as teas and herbs, are exempt from this and should be honored at the parents request while working with the lactation support team.

[ ]  Guidance for how parents are taught to recognize and respond to their infant’s hunger cues and encouraged to feed on demand, including how staff should tailor care and patient education that supports all methods of infant feeding. Parents with contraindications should be offered alternatives that support individual need such as exclusive pumping or combination feeding. (Step 8)

[ ]  Guidance for how staff are trained to only provide artificial nipples for pacifiers when medically indicated to infants who are exclusively breastfeeding/chestfeeding. (Step 9)

**Step 1b** Comply fully with the [International Code of Marketing of Breastmilk Substitutes](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/international-code-marketing-breastmilk-substitutes-resources/the-code/).

1b.1 Does your hospital advertise infant feeding products such as infant formula anywhere within public services?

[ ]  Yes [ ]  No

1b.2 Are free samples of infant feeding products given to health professionals or parents?

[ ]  Yes [ ]  No

1b.3 Are all the educational materials provided to parents free from commercial bias, and do they only include scientific and factual information?

[ ]  Yes [ ]  No

1b.4 Are items bearing infant feeding company logos on public service premises or used by staff? Examples include mugs, stationery, diary covers, key fobs, lanyards, pens, tourniquets, gestational/age in weeks calculators, weight conversion charts, and post-it note pads.

[ ]  Yes [ ]  No

1b.5 Is there contact between infant feeding company personnel and parents who are pregnant or lactating?

[ ]  Yes [ ]  No

**1c.** Establish on going monitoring and data-management systems that can be disaggregated for continuous quality improvement.

1c.1 Does your data management system track the following? (*all required*)

[ ]  Race/ethnicity

[ ]  Socioeconomic status

[ ]  Maternal age

[ ]  Initiation of breastfeeding/chestfeeding

[ ]  Supplementation of non-human milk or donor milk

[ ]  Skin-to-skin

*Please provide documentation showing your facility tracks data for continuous quality improvement*

1c.2 Does your electronic health record system have a third gender option and/or place to include pronouns or preferred titles in chart notes?

[ ]  Yes [ ]  No

1c.3 To whom do you report data? Select all that apply:

[ ]  CDC Maternity Practices in Infant Nutrition and Care (mPINC)

[ ]  Joint Commission (J Co)

[ ]  Det Norske Veritas Healthcare, Inc. (DNV)

[ ]  Healthcare Facilities Accreditation Program (HFAP)

[ ]  Obstetrics Clinical Outcomes Assessment Program (OB COAP)

[ ]  Other: *Click here to enter text.*

[ ]  Our hospital doesn’t report skin-to-skin data

Resource for health services to adhere to the International Code of Marketing of Breastmilk Substitutes can be found [HERE](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/international-code-marketing-breastmilk-substitutes-resources/guide-to-working-within-the-code/).

**Step 2.** Ensure that staff have sufficient knowledge, competency, and skills to support lactation.

2.1 Include name, title, credentials, and contact information for the staff person responsible for assuring perinatal nursing staff and providers have adequate training in lactation management and support.

*Click here to enter text.*

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| Hospitals have two options for dialectic training |
| Option 1:[ ]  | 60%-80% of perinatal care staff and providers complete all the required hours of lactation education training, depending on desired designation level. |
| Option 2:[ ]  | 60%-80% of perinatal care staff and providers take an [NCC lactation assessment test](https://www.nccwebsite.org/Course/Detail/1820) to identify training needs and provide continuing education based on individual, identified education needs (up to 15 hours), depending on desired designation level. |
| Option 3[ ]  | Hybrid of both options. |
| Please note, currently credentialed IBCLCs are exempt from the 20 hours of lactation education but *are* required to do the one hour of implicit bias training. |

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| **Training hours** | **Silver** | **Gold** |
| 15 hours dialectic perinatal care lactation education | 60% | Perinatal care staff | 80% | Perinatal care staff |
| Three hours perinatal provider dialectic lactation education | 60% | Perinatal care providers | 80% | Perinatal care providers |
| Five hours perinatal care didactic lactation training | 60% | Perinatal care staff | 80% | Perinatal care staff |
| One hour bias training | 100% | Perinatal care staff and providers | 100% | Perinatal care staff and providers |

2.2 Are perinatal nursing staff caring for parents and infants required to have lactation training within their first six months of hire?

 [ ]  Yes [ ]  No

**SILVER:** Within the last four years, have at least 60% of your perinatal nursing staff have completed 15 hours of dialectic lactation training and at least five hours of didactic lactation training?

 [ ]  Yes [ ]  No

**GOLD:** Within the last four years, have at least 80% of your perinatal nursing staff completed 15 hours of dialectic lactation training and at least five hours of didactic lactation training?

 [ ]  Yes [ ]  No

*Please attach supporting documentation of completion of staff training and a copy of the curriculum used to train staff with signature (staff names can be redacted).*

OR

**SILVER:** Have at least 60% of perinatal nursing staff completed necessary testing and training for credentialing through [NCC](https://www.nccwebsite.org/Course/Detail/1820) and at least five hours of didactic lactation training?

[ ]  Yes [ ]  No

**GOLD:** Have at 80% of perinatal nursing staff completed necessary testing and training for credentialing through [NCC](https://www.nccwebsite.org/Course/Detail/1820) and at least five hours of didactic lactation training?

[ ]  Yes [ ]  No

*Please attach supporting documentation of completion of staff training, such as copy of training roster with signature (staff names can be redacted).*

2.3 Are Physicians, Physician’s Assistants, Midwives, and Advanced Nurse Practitioners with privileges for labor, delivery, perinatal, and nursery/newborn care required to complete at least three hours of lactation training within their first six months of hire and/or in the last four years? *(Please include health care providers that provide cesarean sections in the Operating Room and attend to parents in the Post-anesthetic Care Unit)*

 [ ]  Yes [ ]  No

**SILVER:** Within the last four years, have at least 60% of perinatal Physicians, Physician’s Assistants, Midwives, and Advanced Nurse Practitioners completed three hours of lactation training?

 [ ]  Yes [ ]  No

**GOLD:** Within the last four years, have at least 80% of perinatal Physicians, Physician’s Assistants, Midwives, and Advanced Nurse Practitioners completed three hours of lactation training?

 [ ]  Yes [ ]  No

*Please attach supporting documentation of completion of staff training and a copy of the curriculum used to train staff with signature (staff names can be redacted).*

OR

**SILVER:** Have at least 60% of perinatal nursing staff completed necessary testing and training for credentialing through [NCC](https://www.nccwebsite.org/Course/Detail/1820) ?

[ ]  Yes [ ]  No

**GOLD:** Have at 80% of perinatal nursing staff completed necessary testing and training for credentialing through [NCC](https://www.nccwebsite.org/Course/Detail/1820) ?

[ ]  Yes [ ]  No

*Please attach supporting documentation of completion of staff training, such as copy of training roster with signature (staff names can be redacted).*

2.4 Are all perinatal nursing staff and providers required to have one hour of bias training within their first six months of hire?

 [ ]  Yes [ ]  No

Have 100% of staff completed one hour of bias training that aligns with [Joint Commission](https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-23-implicit-bias-in-health-care/implicit-bias-in-health-care/)’s recommendations for skills that address and lower implicit bias in health care?

[ ]  Yes [ ]  No

*Please attach supporting documentation of completion of staff training, such as copy of training roster with signature (staff names can be redacted).*

Virtual training options

[ ]  [Dignity in Pregnancy and Childbirth Training](https://www.diversityscience.org/evidence-based-capacity-building/equal-perinatal-care/)  (free)

[ ]  [Racism and Implicit Bias in Breastfeeding](https://register.gotowebinar.com/register/4885216338516377359) (free)

[ ]  [DEI Trainings – United States Lactation Consultant Association](https://uslca.org/dei-learning-series/#!form/DEISeriesRecording) (free)

[ ]  [Variety of lactation and bias focused trainings](https://mibreastfeeding.org/webinars/) (free)

[ ]  [March of Dimes](https://www.marchofdimes.org/professionals/implicit-bias-training-form.aspx) “Breaking Through Implicit Bias in Maternal Healthcare”

[*Joint Commission*](https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-23-implicit-bias-in-health-care/implicit-bias-in-health-care/) *recommends staff providing direct patient care learn skills in:*
Perspective-taking: The cognitive component of empathy, perspective-taking can reduce bias and inhibit unconscious stereotypes and prejudices. Physician empathy positively affects patient satisfaction, self-efficacy perceptions of control, emotional distress, adherence, and health outcomes.

Emotional regulation skills: Clinicians who have good emotional regulation skills and who experience positive emotion during clinical encounters may be less likely to view patients in terms of their individual attributes, and to use more inclusive social categories. It’s easier to empathize with others when people view themselves as being part of a larger group.

Partnership-building skills: Clinicians who create partnerships with patients are more likely to develop a sense that their partner is on the same “team,” working toward a common goal.

[ ]  **Step** **3**. Discuss the importance and management of lactation with pregnant

 parents and their families.

3.1 Does information provided to pregnant parents during pre-registration visits, tours, or childbirth education cover:

* Importance of exclusive breastfeeding/chestfeeding
* Non-pharmacologic pain relief methods for labor
* The importance of skin-to-skin contact and early initiation of breastfeeding/chestfeeding
* 24-hour rooming-in
* Maintaining lactation if separated from their infant
* Frequent feeding and feeding on demand (infant-led feeding)
* Effective latch and position
* The risks associated with the early introduction of formula
* Infant feeding cues

 [ ]  Yes [ ]  No

*\*Educational resources can be found on the* [*Department of Health Webpage*](https://www.doh.wa.gov/Publications)*.*

3.2 Is staff trained on the importance of non-judgmental, culturally appropriate, trauma informed approaches to sharing lactation and infant feeding information to parents? (*required*)

[ ]  Yes [ ]  No

*Please provide documentation for how staff provide education that is non-judgmental culturally appropriate, and trauma informed.*

*Click here to enter text.*

[ ]  **Step 5.** Show parents how to breastfeed/chestfeed and how to maintain lactation if they’re separated from their infants.

5.1Are at least 80% of parents offered additional help with lactation between three and six hours postpartum?

 [ ]  Yes [ ]  No

 *How is this documented?*

 *Click here to enter text.*

5.2Prior to discharge, are lactating parents taught and asked to

demonstrate basic breastfeeding/chestfeeding management and practices, including correct position, latch, and hand expression?

 [ ]  Yes [ ]  No

5.3Are parents taught the importance of maintaining lactation by frequently expressing milk when they are separated from their infants?

 [ ]  Yes [ ]  No

5.4Are parents taught or given resources, prior to discharge, on how to use a breast pump?

 [ ]  Yes [ ]  No

5.5Do hospital staff discuss with parents how to obtain breast pumps (i.e. purchasing, renting, or coordinating with WIC) if they plan on returning to work?

 [ ]  Yes [ ]  No

*Please describe how staff support parents with maintaining their milk supply.*

*Click here to enter text.*

[ ]  **Step** **6.** Give infants no food or drink other than human milk unless medically indicated.

6.1In the last six months, what percent of breastfeeding/chestfeeding infants were exclusively nursing at discharge? *There is no minimum percent requirement for this step*. (see [The Joint Commission definition](http://motherbabysummit.com/the-joint-commissions-perinatal-core-measure-set/)). Use the [United States Breastfeeding Committee toolkit](http://www.usbreastfeeding.org/p/cm/ld/fid%3D169)for guidance.

From chart audit Click or tap here to enter text.%

(*Please use Joint Commission sample size definition*)

6.2 Are staff encouraged to use donor milk as supplementation in order to work-around high supplementation rates reported to quality improvement organizations such as Joint Commission?

[ ]  Yes ☐ No

[ ]  N/A hospital doesn’t use donor milk

6.3 Do staff have non-judgmental conversations with parents who request formula about the risks of decreased milk supply?

 [ ]  Yes ☐ No

6.4Do staff have non-judgmental conversations with parents who want to feed a combination of formula and human milk regarding what supplementation methods best protect their milk supply?

 [ ]  Yes ☐ No

6.5 Do staff have non-judgmental conversations with parents who want to exclusively supplement on the benefits of slow paced feeding their infant and ways to feed that mimic the benefits of nursing such as skin-to-skin, eye contact, and holding their infant while feeding them?

[ ]  Yes ☐ No

6.6Is lactation education documented in the parent’s medical chart?

 [ ]  Yes ☐ No

[ ]  **Step 8.** Encourage breastfeeding/chestfeeding on demand. Teach parents cue-based feeding regardless of feeding method.

8.1 Please provide documentation of how all parents are taught feeding cues and helped with lactation by hospital staff during the first hour after birth (Examples: Electronic Medical Records (EMR), policy, procedures, Care Path)?

 *Click here to enter title of attached documentation or link.*

8.2Are all parents encouraged to nurse when their infant shows early feeding cues and to nurse as long as their infant wants?

 [ ]  Yes [ ]  No

*Attach policies, sample patient education materials or supporting documentation.*

 *Click here to enter title of attached documentation.*

Are parents taught why feeding their infant on demand and when the infant shows signs of early feeding cues is important?

 [ ]  Yes [ ]  No

8.3Are parents counseled and given anticipatory guidance on the options available to them if exclusively feeding at the breast/chest is contraindicated by previous trauma, physical ability, or gender dysphoria such as exclusively pumping and bottle-feeding expressed milk?

 [ ]  Yes [ ]  No

*Please describe or share examples of how staff support parents with navigating contraindications*

*Click here to enter text.*

[ ]  **Step 9.** Give no artificial nipples or pacifiers to nursing infants unless medically indicated**.**

9.1Are pacifiers given freely to healthy newborns who are nursing?

 [ ]  Yes [ ]  No

*To receive credit for this step, hospitals must not provide pacifier to healthy newborns that are establishing breastfeeding/chestfeeding. If pacifiers are provided by the hospital, what percentage of infants are given pacifiers and what plans does you facility have in reducing handing out pacifies to this population?*

Click here to enter chart audit percent and describe your hospitals plan to reduce distribution of pacifiers to infants

9.2Are parents informed that the early use of artificial nipples and pacifiers may interfere with lactation?

 [ ]  Yes [ ]  No

[*American Academy of Pediatrics statement on pacifier use in hospitals*](http://pediatrics.aappublications.org/content/pediatrics/early/2012/02/22/peds.2011-3552.full.pdf)

*Attach sample policies, patient education materials or supporting documentation.*

Optional Assessment Questions

These questions are intended to help us better understand the practices and procedures of hospitals in our state. Answers to these questions will have no impact on your application.

1. Does your hospital implement the [Eat, Sleep, Console](https://www.aappublications.org/news/2017/05/04/PASNAS050417) model for supporting infants with Neonatal Abstinence Syndrome?

 [ ]  Yes [ ]  No

What unique barriers created by the Opioid Crisis are impacting your breastfeeding/chestfeeding rates and NICU admissions? How is your facility documenting NAS in infants?

*Click here to enter text.*

1. Does your hospital offer lactation support to employees by providing time and a private, non-bathroom place to pump?

 [ ]  Yes [ ]  No

1. Does your hospital use donor human milk for infants needing supplementation other than parent’s own milk?

 [ ]  Yes [ ]  No

If yes, what is your source?

 *Click here to enter text.*

1. Does your hospital participate in local lactation coalition meetings or Le Leche League meetings?

 [ ]  Yes [ ]  No

1. Do your perinatal nurse staff interact with diverse populations? If so, how are staff prepared (i.e.: training, in person conversations, community liaisons) to better understand the population, listen with empathy, and asses any potential implicit bias?

*Click here to enter text.*

1. Do your staff have nonjudgmental conversations with pregnant or postpartum families regarding nutrition (i.e.: healthy weight gain during pregnancy or essential vitamins)?

[ ]  Yes [ ]  No

1. Does your hospital allow birth workers and midwives to attend their client’s births?

[ ]  Yes [ ]  No