**Breastfeeding Friendly Washington Clinics**

**Bronze Application**



Authorization Form

**Facility Contact Information**

## Let us know who is coordinating the application in case we need more information.

Name: Click here to enter text.

Title: Click here to enter text.

Facility Address: Click here to enter text.

Phone (direct and/or mobile): frsdfasdfasdfasdfasdf

Email: Click here to enter text.

Webpage *(with information and resources from your clinic about breastfeeding – we’ll add a link to your website on the Breastfeeding Friendly Washington webpage)*: Click here to enter text.

**Application Team Members**

We encourage you to put together a team of people to help with this application. Identify staff who are working on this application.

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Credentials** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Signature

[ ]  I (or my designee) have reviewed the information about Breastfeeding Friendly Washington and authorize my facility to submit documentation for recognition as a Breastfeeding Friendly Washington Clinic. I agree that by submitting this application, our facility is implementing the Breastfeeding Friendly Washington Clinic steps of our choice, and agree to receive ongoing feedback for recognition maintenance. I agree to have this recognition listed on the Washington State Department of Health’s website and for the Washington State Department of Health to promote our recognition level in other ways, including social media.

Clinic Name: Click here to enter text.

Clinic Administrator: Click here to enter text.

 Administrator Signature:Click here to enter text Click here to enter text. Date: Click here to enter text.

*(The signature may be handwritten or electronic)*

Application for Recognition

Congratulations and thank you for supporting breastfeeding families.

Breastfeeding Friendly Washington Clinics is based on the Ten Steps to Successful Breastfeeding developed by the World Health Organization, and the American Academy of Pediatrics [Ten Steps to Support Parents’ Choice to Breastfeed Their Baby](https://www2.aap.org/breastfeeding/files/pdf/TenStepsPoster.pdf).

To be recognized at the **Bronze Level** your clinic must implement the first five steps of the Breastfeeding Friendly Washington 10 Steps for Clinics:

Step 1: [Make a commitment to the importance of breastfeeding](#Step1)

Step 2: [Inform mothers and families about the benefits and management of breastfeeding](#Step2)

Step 3: [Assess infants during early follow-up visits](#Step3)

Step 4: [Encourage mothers to breastfeed when infants show readiness and signs of hunger](#Step4)

Step 5: [Communicate support for breastfeeding in the clinic](#Step5)

Step 1

Make a commitment to the importance of breastfeeding

**1****.1 Have a written policy and procedure for your facility that supports breastfeeding.**

|  |  |  |
| --- | --- | --- |
|  | **Y** | **N** |
| Does your organization have written policies, procedures, protocols, or written guidance that includes research-based support for breastfeeding? (please note, these must be in writing) |[ ] [ ]
| Do these written breastfeeding policies, procedures, or written guidance cover all the steps you’re implementing for either the Bronze, Silver, or Gold recognition level? Bronze: Step 1,2,3,4,5 Silver: Step 1, 2, 3, 4, 5, 6 and one more of your choiceGold: All Ten Steps |[ ] [ ]
| *Please attach breastfeeding policy and procedures for your clinic* *with your application* |[ ] [ ]

**1.2 Learn the health benefits associated with breastfeeding, particularly exclusive breastfeeding for about the first 6 months of an infant’s life, and endorse breastfeeding as an important preventive health strategy.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff providing direct patient care know the health benefits associated with breastfeeding exclusively for the first 6 months of an infant’s life? |[ ] [ ] [ ]
| Do staff providing direct patient care promote breastfeeding as preventative health care to clients? |[ ] [ ] [ ]
| *Note: All staff providing direct client care must be able to list the benefits of exclusive breastfeeding. For staff who need to learn the benefits of exclusive breastfeeding for the first 6 months, review the Breastfeeding Friendly Washington Clinic Toolkit with them.* |

**1.3 Access local community resources (people, organizations, educational materials, etc.) in order to gain insight, knowledge, and cultural sensitivity related to breastfeeding for the populations you serve. Make this information available to staff.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff providing direct patient care access community resources to learn how to best support the populations you serve? |[ ] [ ] [ ]
| Does your organization have guidelines or standards ensuring staff provide care to the populations you serve with cultural humility? |[ ] [ ] [ ]

**1.4 Describe how your clinic *makes a commitment to the importance of breastfeeding*. Use the text box below to provide examples, comments, or explanations for this question, or any question in the above section. See the** [**Breastfeeding Friendly Washington Clinic Toolkit**](http://www.doh.wa.gov/Portals/1/Documents/Pubs/140-162-BFWAClinicToolkit.docx) **for how to meet this step.**

Insert text here

**1.5 Staff providing direct patient care have reviewed the following resources:**

|  |  |  |
| --- | --- | --- |
|  | **Y** | **N** |
| [Breastfeeding and Use of Human Milk](http://pediatrics.aappublications.org/content/pediatrics/129/3/e827.full.pdf)A policy statement from the American Academy of Pediatrics about breastfeeding and its health benefits. |[ ] [ ]
|  |  |  |
| The [World Health Organization’s (WHO) Statement on Breastfeeding](http://www.who.int/mediacentre/news/statements/2011/breastfeeding_20110115/en/)A publication from WHO titled “Exclusive Breastfeeding for six months best for babies everywhere”.  |[ ] [ ]

Step 2

Inform mothers and families about the benefits and
management of breastfeeding

**2****.1 Inform parents about the importance of exclusive breastfeeding and the hazards of unnecessary supplementation.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff providing direct patient care educate parents about the importance of exclusive breastfeeding and the risks of unnecessary supplementation? |[ ] [ ] [ ]

**2.2 Provide current, culturally appropriate breastfeeding educational resources to pregnant and breastfeeding parents.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff providing direct patient care provide breastfeeding educational resources that align with current research-based maternity care practices? |[ ] [ ] [ ]

**2.3 Encourage expectant parents to attend prenatal breastfeeding classes or childbirth classes and share relevant breastfeeding information and resources during pregnancy.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff providing direct patient care encourage expectant parents to attend prenatal breastfeeding classes? |[ ] [ ] [ ]
| Do staff providing direct patient care offer a breastfeeding resource list that includes current breastfeeding classes? |[ ] [ ] [ ]
| Do staff providing direct patient care discuss breastfeeding with expectant parents? |[ ] [ ] [ ]

**2.4 Work with local maternity care professionals to develop a referral network for patients who may have challenges with breastfeeding (e.g., past lactation failure, flat or inverted nipples, previous breast surgery, no breast changes during pregnancy). Develop recommendations for appropriate interventions and encourage early follow-up after delivery.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff providing direct patient care work with local maternity care professionals in the area to refer patients with potential problems with breastfeeding?  |[ ] [ ] [ ]
| Do staff providing direct patient care communicate regularly with local maternity care professionals to coordinate the care of their patients who have lactation risk factors? |[ ] [ ] [ ]
| Does your organization maintain an updated referral list of local maternity care professionals? |[ ] [ ] [ ]

**2.5 Describe how your clinic *informs mothers and families about the benefits and management of breastfeeding*. Use the text box below to provide examples, comments, or explanations for this question, or any question in the above section. See the** [**Breastfeeding Friendly Washington Clinic Toolkit**](http://www.doh.wa.gov/Portals/1/Documents/Pubs/140-162-BFWAClinicToolkit.docx) **for how to meet this step.**

Insert text here

Step 3

Assess infants during early follow-up visits

**3.****1 Schedule early follow-up visits for all newborns within 48 to 72 hours after discharge from the hospital and between 3 to 5 days of life. Support clients in scheduling early follow-up appointments with their medical provider if newborn wellness visits are out of your scope of practice.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Does your organization provide newborn wellness visits? |[ ] [ ] [ ]
| Do staff providing direct patient care or office staff coordinate and schedule care for all newborns to ensure they’re seen within 48 to 72 hours after discharge from the hospital and between 3 to 5 days of life? |[ ] [ ] [ ]
| Do staff providing direct patient care support and encourage clients to schedule early follow-up visits with their medical provider? |[ ] [ ] [ ]

**3.2 Evaluate newborn stool and urine patterns, state of hydration and assess for jaundice within your scope of practice. Educate parents about the normal stool and urine patterns of breastfeeding newborns and instruct them to contact the medical provider when the infant isn’t stooling as anticipated?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff providing direct patient care evaluate newborn’s stool and urine patterns? |[ ] [ ] [ ]
| Do staff providing direct patient care evaluate newborn’s state of hydration? |[ ] [ ] [ ]
| Do staff providing direct patient care assess newborns for jaundice? |[ ] [ ] [ ]
| Do staff providing direct patient care educate parents about normal stool and urine patterns of breastfeeding newborns and instruct them to contact the medical provider when the infant isn’t stooling as anticipated?  |[ ] [ ] [ ]

**3.3 Evaluate for effective breast milk transfer and production, when it’s within clinician’s scope of practice. Gather historical information about feeding activity since birth.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff providing direct patient care know how to evaluate for effective breast milk transfer and production if it’s within their scope of practice? |[ ] [ ] [ ]
| Do staff providing direct patient care, whose scope of practice *does*n’t include evaluating effective breast milk transfer and production, know when to refer to specialized care? |[ ] [ ] [ ]

**3.4 Encourage skin-to-skin contact with newborns after delivery and when the family goes home from the hospital.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff providing direct patient care discuss the benefits to have skin-to-skin contact immediately after delivery with expectant parents? |[ ] [ ] [ ]
| Do staff providing direct patient care discuss skin-to-skin contact with their newborn, even after the family goes home from the hospital with new and expectant parents? |[ ] [ ] [ ]

**3.5 Inform expectant and new parents about the need for mothers and newborns to remain together with minimal interruption until mother’s breastfeeding is well established, about 6 weeks.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff providing direct patient care talk about remaining with their newborns in the hospital and after discharge with minimal interruption to develop a good milk production with new and expectant parents? |[ ] [ ] [ ]

**3.6 Have conversations with parents about the use of artificial nipples and pacifiers based on current AAP guidelines.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff providing direct patient care discuss the use of artificial nipple and pacifiers with new and expectant parents? |[ ] [ ] [ ]

**3.7 Breastfeeding mothers should be assessed by staff trained in breastfeeding support before providing infant formula. Encourage continued breastfeeding.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff who specialize in breastfeeding support assess breastfeeding mothers before providing infant formula? |[ ] [ ] [ ]
| Do staff providing direct patient care explore why breastfeeding mothers want to formula feed their infant, if there are no medical indications for needing infant formula? |[ ] [ ] [ ]
| If there are no medical indications for formula supplementation, are mothers encouraged and supported to continue breastfeeding? |[ ] [ ] [ ]

**3.8 If supplements are medically necessary, consider feeding methods that interfere least with establishing successful breastfeeding.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff providing direct patient care understand supplementation methods that interferes the least with breastfeeding? *(See* [*ABM Protocol #3 Guidelines for the Use of Supplementary Feedings as an example)*](http://www.bfmed.org/Media/Files/Protocols/Protocol%203%20Supplementation%20English%20Version.pdf) |[ ] [ ] [ ]
| Do you utilize lactation professionals, such as IBCLCs, to determine if supplementation is medically necessary? |[ ] [ ] [ ]

**3.9 Describe how your clinic *assesses infants during early follow-up visits*. Use the text box below to provide examples, comments, or explanations for this question, or any question in the above section. See the** [**Breastfeeding Friendly Washington Clinic Toolkit**](http://www.doh.wa.gov/Portals/1/Documents/Pubs/140-162-BFWAClinicToolkit.docx) **for how to meet this step.**

Insert text here

**3.10 Staff providing direct patient care have reviewed the following resources:**

|  |  |  |
| --- | --- | --- |
|  | **Y** | **N** |
| [Academy of Breastfeeding Medicine Supplementation Protocol](http://www.bfmed.org/Media/Files/Protocols/Protocol%203%20Supplementation%20English%20Version.pdf) Regarding medical indications for formula supplementation. Also includes examples of when supplementation is *not* indicated. This was created for the hospital setting, but can be generalized to the clinic in most cases. Revised 2017. |[ ] [ ]
| [Postnatal Care Overview](http://pathways.nice.org.uk/pathways/postnatal-care/postnatal-care-overview#path=view%3A/pathways/postnatal-care/postnatal-care-overview.xml&content=view-index)Interactive flowcharts for infant health wellbeing, maternal health, and breastfeeding assessments. |[ ] [ ]
| Breastfeeding Protocols for Health Care Providers21 protocols for providers to support breastfeeding. |[ ] [ ]

Step 4

Encourage mothers to breastfeed when infants
 show readiness or signs of hunger

**4.1 Teach infant feeding cues to expectant and new parents.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff providing direct patient care teach infant feeding cues to expectant and new parents? |[ ] [ ] [ ]

**4.2 Explain to pregnant mothers and new parents the importance of frequent feedings to establish and maintain adequate milk production, especially during growth spurts.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff providing direct patient care explain to new parents the importance of frequent breastfeeding to establish adequate milk production to mothers and about expected timing of growth spurts? |[ ] [ ] [ ]

**4.3 Recognize and honor cultural beliefs, practices, and values regarding lactation, colostrum, letdown techniques, and maternal food preferences.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do staff providing direct patient care partner with community members, or maintain resource(s) that provide understanding of cultural beliefs, practices, and values of the populations served by the clinic? |[ ] [ ] [ ]

**4.4 Post signs in the waiting area and encourage mothers to nurse their babies wherever and whenever they’re comfortable, and provide a private space in the office that is conducive for breastfeeding.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Does your office have signs in the waiting area that welcome breastfeeding and does staff encourage mothers to nurse their babies wherever they’re comfortable and whenever they desire? |[ ] [ ] [ ]
| Does your building have a lactation room or private space for mothers to breastfeed? |[ ] [ ] [ ]

**4.5 Describe how your clinic *encourages mothers to breastfeed when infants show feeding cues*. Use the text box below to provide examples, comments, or explanations for this question, or any question in the above section. See the** [**Breastfeeding Friendly Washington Clinic Toolkit**](http://www.doh.wa.gov/Portals/1/Documents/Pubs/140-162-BFWAClinicToolkit.docx) **for how to meet this step.**

Insert text here

**4.6 Staff providing direct patient care have reviewed the following resources:**

|  |  |  |
| --- | --- | --- |
|  | **Y** | **N** |
| [Cultural Sensitivity and Awareness Checklist](http://jme.bmj.com/content/28/3/143.full.pdf%2Bhtml)A checklist to facilitate cultural humility and sensitivity. |[ ] [ ]
| [Feeding Your Baby: Birth to Six Months](http://here.doh.wa.gov/materials/feeding-your-baby-birth-to-six-months/?searchterm=feeding%20cues)A publication that provides information about feeding an infant for the first six months of life. |[ ] [ ]
| [Tips for my First Six Months](http://here.doh.wa.gov/materials/0-6months-tips)A document that offers health, safety, development, and nutrition information for infants six months and younger. |[ ] [ ]
| [Understanding Your Baby’s Cues](http://here.doh.wa.gov/materials/baby-cues/?searchterm=cues) A document that provides tips to recognize an infant’s cues and needs. |[ ] [ ]

Step 5

Communicate support for breastfeeding in the clinic

**5.1 Promote breastfeeding in the office by displaying posters, and by having handouts and magazines that support breastfeeding with pictures of the cultural and ethnic groups served.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Does your office have breastfeeding posters, handouts and other items that support breastfeeding and are culturally diverse? |[ ] [ ] [ ]

**5.2 Remove commercial logos and other indirect formula endorsements (e.g., notepads and pens, growth charts, calendars) from the office and eliminate the routine distribution of formula to pregnant and breastfeeding women. Ensure educational materials are free from formula advertising.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Has your office staff removed commercial logos and other indirect formula endorsement from the facility, and eliminated the routine distribution of formula and supplies to pregnant and breastfeeding women?  |[ ] [ ] [ ]
| Has your office staff removed educational materials with formula advertising? |[ ] [ ] [ ]

**5.3 Ensure that office practices promote breastfeeding and don’t interrupt or discourage breastfeeding when infants are in the office.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **N/A** |
| Do front office staff support mothers in breastfeeding their infants in the waiting room and ensure minimal disruption? |[ ] [ ] [ ]
| Do staff providing direct patient care let the mother breastfeed during appointments? |[ ] [ ] [ ]

**5.4 Describe how your clinic *communicates support for breastfeeding in the clinic*. Use the text box below to provide examples, comments, or explanations for this question, or any question in the above section. See the** [**Breastfeeding Friendly Washington Clinic Toolkit**](http://www.doh.wa.gov/Portals/1/Documents/Pubs/140-162-BFWAClinicToolkit.docx) **for how to meet this step.**

Insert text here

Optional Best Practices

* **Ensure that a trained professional observes each mother breastfeeding her newborn, when appropriate.**
* **Provide in-kind or financial support for local breastfeeding support groups.**
* **Encourage hospitals to provide care packages that support breastfeeding.**
* **Encourage hospitals to adopt practices consistent with Breastfeeding Friendly Washington and the Ten Steps to Successful Breastfeeding.**
* **Support hospitals in achieving Breastfeeding Friendly Washington Gold recognition or becoming Baby-Friendly®.(doh.wa.gov/BFWAhospitals)**
* **Encourage employers in the community to adopt workplace practices that are supportive of breastfeeding.**
* **Provide a comfortable space for clinic employees to breastfeed or express milk**

**Congratulations!**

**You have completed your application for** **Breastfeeding Friendly Washington!**