

**Breastfeeding Friendly Washington Clinics**

**Toolkit**

**Breastfeeding Friendly Washington Clinics Toolkit**

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Breastfeeding Friendly Washington Clinic 10 Steps

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Introduction

Breastfeeding Friendly Washington is a voluntary program recognizing the important role health clinics play in supporting breastfeeding. The Washington State Department of Health acknowledges this effort, and honors the time and dedication it takes to maintain breastfeeding friendly practices. We want to celebrate community health centers that continue improving their maternity practices. Your efforts in supporting breastfeeding make a difference in the health of moms and babies in our state.

The American Academy of Pediatrics recommends infants be exclusively breastfed for at least six months. In Washington, almost 90% of parents start out breastfeeding their babies. However, by six months of age only 28% of babies are exclusively breastfeeding. We want our next generation to be the healthiest ever. Your support of breastfeeding can help all of us reach the goal to support healthy babies and families.

**What clinics can apply?**

Clinics serving women, infants, and families can achieve Breastfeeding Friendly recognition. Types of clinics include: community health, walk-in, hospital outpatient, combination practices, group medical practices, general hospital care centers, tertiary care centers, maternity center-based practices, solo medical practices, independent certified nurse-midwife practices and \*WIC offices.   
  
\*If your WIC Clinic is part of a community clinic, we require that your entire community clinic apply to ensure patients receive consistent messaging and care.

**What does it mean to be Breastfeeding Friendly?**

Breastfeeding Friendly Washington Clinics is based on the [Ten Steps to Successful Breastfeeding](http://www.tensteps.org/) 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). When your clinic is recognized as Breastfeeding Friendly, it shows your commitment to supporting and protecting breastfeeding in your community.

Breastfeeding Friendly Washington has three recognition levels – Bronze, Silver and Gold. A clinic must choose a level and submit documentation showing they are following the steps associated with that level. Each level builds on the previous one. For example, a clinic applying for Silver recognition must also submit the application and documentation for the Bronze level. However, if a clinic is already recognized at the Bronze level, there is no need to resubmit documentation when applying for Silver.

**About the Breastfeeding Friendly Washington Clinic applications and toolkit**

The Breastfeeding Friendly Washington Clinic program is designed to help your clinic implement a quality improvement project that protects and supports breastfeeding. The clinic applications and toolkit assist you in becoming Breastfeeding Friendly by providing training materials, resources, and guidance on how to implement the 10 Steps.

The Breastfeeding Friendly Washington Clinic Applications details the requirements for meeting the 10 Steps.

The Breastfeeding Friendly Washington Clinic Toolkit is a support document that explains each step in depth, providing clarification and definitions. In this document you will find a wealth of resources to assist your clinic in implementing the 10 Steps. We recommend that you read through the toolkit before you begin filling out the Breastfeeding Friendly application.

**For questions about the applications or toolkit, contact us at** [**Breastfeeding.Friendly@doh.wa.gov**](mailto:Breastfeeding.Friendly@doh.wa.gov)

**How to be recognized as Breastfeeding Friendly**

1. Complete the Authorization Form
2. Choose your desired recognition level, and read through the Breastfeeding Friendly Washington Application
   1. Bronze
   2. Silver
   3. Gold
3. Before filling out the application, review this Tool Kit for guidance on each step and sub-step you choose to implement, including resources.
4. Gather the required documentation: policies and protocols, examples of resources given to clients, in-service and orientation records, and Electronic Medical Records. *With each document that is provided, please label the supporting documentation with the correlating sub-step.*

Example:

|  |  |
| --- | --- |
| **Sub-Step:** | **Supporting Document** |
| 1.1 | Step1.1-documentation |
| 1.2 | Step1.2-documentation |

1. Complete the application for designation and submit the authorization form, application, and required documentation to [Breastfeeding.Friendly@doh.wa.gov](mailto:Breastfeeding.Friendly@doh.wa.gov).



Guide to the Ten Steps

Step 1

Make a commitment to the importance of breastfeeding

**Commit to the importance of breastfeeding by having a written policies, procedures, protocols, or written guidance that supports and promotes breastfeeding and addresses all Ten Steps.** This document(s) will be written to ensure commitment and sustainability within the clinic, in the case of staff turnover, and holds staff accountable. If your clinic is part of a larger community clinic, we require that your entire community clinic have a breastfeeding policy. Contact us at [Breastfeeding.Friendly@doh.wa.gov](mailto:Breastfeeding.Friendly@doh.wa.gov) for a sample policy that the greater clinic can use.

**Ensure staff who provide direct patient care know the benefits associated with breastfeeding and endorse breastfeeding as a preventative health strategy.** Committing to the importance of breastfeeding includes ensuring that staff understands why breastfeeding is important.

**Access local community resources, such as people, organizations or educational materials to provide breastfeeding support that is culturally sensitive and meets the needs of your populations.** The policies and procedures should include information that is evidence based and meets the cultural needs of the community you serve. By providing culturally diverse care that all women and infants can benefit from, your clinic will make an equitable commitment to breastfeeding. Learn more in [Step 4](#step4) about culturally sensitive care.

**How to create your breastfeeding policy**

**Identify a workgroup of 2-5 people to write a breastfeeding policy or adapt current written policies to include breastfeeding information.** Developing a breastfeeding policy that has a specific purpose of promoting breastfeeding-friendly practices is ideal. In clinics with multiple specialties or practices, this may not be feasible. Instead, you can adapt your current policies, procedures, guidelines, and written rules to include breastfeeding.

**Choose a breastfeeding champion to promote and encourage Breastfeeding Friendly designation.** This person can be *anyone* in the clinic with a passion for breastfeeding and a willingness to help implement the Ten Steps to support breastfeeding. This person will keep the momentum going as the clinic takes quality improvement steps to better support breastfeeding.

**Develop a plan to regularly communicate and orient all staff to the breastfeeding policy every year and hold them accountable.** Routine methods of communication can include: educate staff upon hire as standard employment procedure, review the breastfeeding policy during annual or biannual employee review, or display the breastfeeding policy in a high traffic of your office. Staff will be held accountable by requiring a signature of agreement each time they review the policy.

**Write the breastfeeding policy, procedure, or protocol.** You can develop your own, amend current policies, procedures or protocols to include breastfeeding, or use a sample as a template (see resources below).

*Additional Resources:*

* [Academy of Breastfeeding Medicine Model Breastfeeding Policy](http://www.bfmed.org/Media/Files/Protocols/English%20Protocol%207%20Model%20Hospital%20Policy.pdf)
* [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.
* [Policy for Supporting Breastfeeding Employees](https://www.womenshealth.gov/files/assets/docs/breastfeeding/business-case/policy-for-supporting-breastfeeding-employees.pdf)  
  A sample policy from WomensHealth.gov.
* [Cultural Sensitivity Resources in Step 4](#step4R)
* [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 women and families about the benefits  
 and management of breastfeeding

**Inform women and families about the benefits and management of breastfeeding.** Providing support and encouragement to expectant parents is the best way to ensure families will continue to breastfeed after they leave the hospital. Remember to meet the parents where they are at. All cultures and communities have different methods in which you should approach the topic of breastfeeding; do not assume the same approach will work for everyone.

**During prenatal or well-child visits, offer one-on-one information about breastfeeding** by exploring what they know about breastfeeding, how breastfeeding is going, and answer any questions or concerns. Have short scripts readily available to talk about breastfeeding and a variety of breastfeeding related topics.

**If you can provide on-site breastfeeding classes,** ensure they are led by a lactation educator, IBCLC, RN or other trained health care staff, or WIC peer counselor. Base the topics or facilitated discussion off of interests and questions of the attendees. Teach mothers about maintaining lactation when separated from their infants and provide linguistically appropriate written educational materials. In addition give parents other options by referring parents to local, off-site breastfeeding classes, or pregnant women to a childbirth class with a substantial breastfeeding component.

**\*Hint:** you can take the list of resources below to identify local information that is most relevant to the populations and communities you serve. Create a structured list of resources from the different links and organize them into a word document or PDF; and print off or email this list to clients. WIC clinics also keep lists of local resources, and can be great partners to reach out to, especially to inform you on unique cultures and languages specific your area.

***Additional Resources*:**

* [Breastfeeding Coalition of WA](http://womenshealth.gov/breastfeeding/learning-to-breastfeed.html)   
  Information regarding community resources for breastfeeding and Washington State laws about breastfeeding.
* [Breastfeeding Pamphlets in English and Spanish](http://www.noodlesoup.com/tentipspamphlets.aspx)
* [Breastfeeding Teaching Guide](http://mydoctor.kaiserpermanente.org/ncal/Images/OB_GYN_Breast%20Feeding%20Teaching%20Guide%20(R)_tcm28-480331.pdf)  
  Prenatal breastfeeding teaching guide by Kaiser Permanente.
* [Detailed Academy of Breastfeeding](http://www.bfmed.org/Media/Files/Protocols/Protocol%2019%20-%20Breastfeeding%20Promotion%20in%20the%20Prenatal%20Setting.pdf) Medicine(ABM) breastfeeding protocols  
  Protocol outlining various strategies for promoting breastfeeding throughout prenatal care.
* [Great Starts Breastfeeding Classes](http://www.parenttrust.org/for-families/classregistration/class-breastfeeding/)   
  Breastfeeding classes to expecting and new parents in King, Snohomish, and Kitsap counties.
* [La Leche League Resources](http://store.llli.org/public/category/5)   
  Various written breastfeeding educational materials available in various languages. Some free and some with small charge.
* [Parent Help 123](http://www.parenthelp123.org/)   
  Community resources for pregnancy, child development, and the nearest available WIC clinic.
* [Washington Department of Health Breastfeeding Resources](http://www.doh.wa.gov/YouandYourFamily/Breastfeeding)   
  Resources including PDFs of Easy Guide to Breastfeeding in English, Chinese, and Spanish.
* [Win 211](http://win211.org/)  
  Dial 211 to call for health and human services information, referrals, and other assistance programs.
* [WithinReach](http://www.withinreachwa.org/)   
  Local community resources across the state to promote healthy families.
* [Women’s Health Breastfeeding Education](http://womenshealth.gov/breastfeeding/learning-to-breastfeed.html)   
  Patient centered breastfeeding education.
* [Women, Infants, and Children (WIC) Program](http://www.parenthelp123.org/resources/wic-family-planning)  
  Find a WIC clinic near you.
* [Woodland Healthcare (CA) Prenatal BF Education](http://www.dignityhealth.org/woodland/services/birthing-center/childbirth-education-and-resource/Documents/breastfeeding-education-packet-english)   
  A very brief .pdf of basic breastfeeding information, including the benefits, breastfeeding only, latching/positioning, effects of medications/anesthesia, skin-to-skin, rooming-in, and feeding cues.

Step 3  
Assess infants during early follow-up visits

**Assess infants during early follow-up visits within 3 to 5 days of life and 48 to 72 hours after discharge.** Provide mothers or babies with a follow-up appointment that includes discussion of breastfeeding specific issues within the first two weeks of life.

**Early visits ensure the best health outcomes for the infant**, as the first few days of life are critical in development and can be an intervention point in the event of health complications. In addition, scheduling early follow-up visits as routine practice helps parents and creates a continuum of care.

**Infant Assessment Guidance**

* This can be a stand-alone appointment or combined with other mother and infant check-ups commonly performed in the first week after birth.
* The breastfeeding “assessment” can be verbal or physical, whichever is consistent with clinic/provider standard of care, and should include:
  + Review of history and delivery record (breastfeeding history, maternal/infant risk factors)
  + Behavior of mother and infant
  + Positioning
  + Attachment
  + Signs of effective feeding (e.g. audible swallow, weight gain)
  + Assess infant’s growth
    - Use the most up to date WHO/CDC growth charts for measuring infant growth Breast health (see resources)
  + Health of the infant (e.g. hydration, jaundice, normal stool and urine patterns)
  + Mothers’ perception of the breastfeeding experience

***Additional Resources*:**

* [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.
* [ABM: Managing Jaundice Protocol](http://www.bfmed.org/Media/Files/Protocols/Protocol%2022%20Jaundice.pdf)   
  Guidelines for management of jaundice in the breastfeeding infant equal to or greater than 35 weeks’ gestation.
* [Breastfeeding Assessment Sheet](https://www2.aap.org/breastfeeding/curriculum/documents/pdf/Hospital%20Breastfeeding%20Policy_FINAL.pdf)   
  Breastfeeding specific assessments in first days of life. Sample documentation sheet for brief breastfeeding assessment. Appropriate for mom or infant provider appointment.
* [Breastfeeding Protocol #13 Overabundant Breast Milk Supply](http://www1.toronto.ca/City%20Of%20Toronto/Toronto%20Public%20Health/Health%20Professionals/Breastfeeding/PDF/BFP_Protocol-13_Manual_eng_2013_aoda.pdf)   
  A guide to assess for overabundant milk supply and other milk supply related issues.
* [Common Breast Problems](http://www.aafp.org/afp/2012/0815/p343.html)   
  Evaluation and management of persistent breast pain.
* [General Measures for Sore Nipples](http://www.llli.org/faq/heal.html)  
  Quick reference for patient teaching, phone or in person.
* [NICE Postnatal Pathway](http://pathways.nice.org.uk/pathways/postnatal-care/postnatal-care-overview)   
  Interactive postnatal guidelines for care of mothers and infants during the first few weeks after birth. Includes breastfeeding assessment.
* [Pediatric Breastfeeding Visit Checklist](http://massbreastfeeding.org/wp-content/uploads/2013/06/ChecklistMBC_MA.pdf)  
  Discussion points regarding breastfeeding for pediatric providers.
* [WHO/UNICEF Supplementation Guidelines](http://whqlibdoc.who.int/hq/2009/WHO_FCH_CAH_09.01_eng.pdf)   
  Acceptable medical reasons for formula supplementation presented simply by infant and maternal indications.
* [WHO Growth Charts](http://www.cdc.gov/growthcharts/who_charts.htm#The%20WHO%20Growth%20Charts) and [Growth Chart Online Training](http://www.cdc.gov/nccdphp/dnpao/growthcharts/who/index.htm):   
  The most up to date growth charts and very brief instruction regarding use of WHO growth chart including rationale.

Step 4

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

**Encourage mothers to breastfeed when infants show readiness or signs of hunger**, by teaching infant cues and emphasizing the importance of frequent feedings. This ensures that the breastfeeding parent establishes a good milk supply, and gives the family confidence that they will be able to respond to their infant’s needs.

**Cultural sensitivity is important**. Each community has different beliefs, practices, and values regarding lactation, colostrum consumption, letdown techniques, and maternal food preferences. The life experiences and life stories of patients directly relate to their health outcomes and breastfeeding success.  Providing services in a respectful and responsible manner, taking into account individual beliefs, practices, cultural or social experiences allows for empathy and trust to be built between the provider and patient.

Reach out to your local Breastfeeding Coalition, local cultural organizational groups, local La Leche League or local WIC clinics to ask about the diverse populations you serve and where and how to gain a better understanding of your communities. Cultural sensitivity is not a specific endpoint with total understanding or competency of another culture; it’s a lifelong process of learning and active engagement to meet the needs of the populations you serve. Avoid implicit bias and forming assumptions about individuals, just because they may share similar cultural backgrounds.

Consider doing the following:

* Discuss breastfeeding specific practices and beliefs for pregnant or breastfeeding individuals at the clinic. Do not assume all individuals with similar cultural backgrounds share the same beliefs.
  + Ask patients what they know about breastfeeding, what they have heard about breastfeeding, what their mothers and families have told them about breastfeeding, and who can support them with breastfeeding. This will give insight into their current knowledge and a better understanding of any cultural beliefs.
* Hiring clinic staff who are representative of the patient population or who speak the language(s) of the patient populations you serve
* Have a cultural specialist/translator who you can utilize for guidance
* Ensure interpreters are available for appointments
* Ensure that materials given to patients are linguistically appropriate for your clientele
* Display culturally diverse images of breastfeeding mothers and infants
* Provide staff with cultural sensitivity training

**\*Hint**: motivational interviewing is a useful technique to gather information from the patient and express acceptance at the same time. Respecting a patient’s current knowledge, cultural beliefs, emotions, and experiences can create a collaborative partnership of trust, so that the parent feels supported and respected. Breastfeeding can be difficult, especially if there are other emotional or social factors creating additional barriers. These additional barriers can be abstract and challenging to quantify in a clinical setting, unless you are paying attention to what the client is *actually* saying or needing.

***Additional Resources:***

* [Breastfeeding Culture Worldwide](http://www.health-e-learning.com/resources/breastfeeding-cultures)  
  Resources on different cultures from around the world.
* [Breastfeeding Protocol # 20 Breastfeeding the Older Child](https://www1.toronto.ca/City%20Of%20Toronto/Toronto%20Public%20Health/Health%20Professionals/Breastfeeding/PDF/BFP-Protocols-1-21_Manual_eng_2013_aoda.pdf#page=179)
* [Cultural Competency Toolkit](https://emscimprovement.center/resources/toolboxes/cultural-competency-toolbox/)

Scroll down to healthcare Provider Resources.

* [Cultural Humility Versus Cultural Competence](https://facweb.northseattle.edu/ccummings/Medical%20Anthropology/cultural%20humility%20versus%20cultural%20competence.pdf)  
  A publication from the Journal of Health Care for the Poor and Underserved, describes the critical distinction in physician training outcomes in multicultural education.
* [Cultural Sensitivity and Awareness Checklist](http://jme.bmj.com/content/28/3/143.full.pdf+html)  
  A checklist to facilitate cultural awareness and sensitivity from the Journal of Medical Ethics. Addresses language barriers, cultural identification, comprehension, beliefs, trust, recovery, diet, health assessments, and health care provider bias.
* [Culturally Specific Breastfeeding Information](http://ethnomed.org/clinical/breastfeeding)  
  General cultural influence on infant feeding practices, and discusses cultural influences for East African populations.
* [Feeding Your Baby: Birth to Six Months](http://here.doh.wa.gov/materials/feeding-your-baby-birth-to-six-months/?searchterm=feeding%20cues)  
  This publication gives information about feeding an infant for the first six months. It explains how much to feed, feeding cues, the benefits of continued breastfeeding, tips and resources to continue breastfeeding, and when and how to start solid foods.
* [Motivational Interviewing](http://www.aafp.org/fpm/2011/0500/p21.html)  
  A resource to learn how to better listen to your patients’ need.
* [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.

**Promote breastfeeding within your clinic.**

Step 5  
Communicate support for breastfeeding in the clinic

**Display signs informing women that breastfeeding is welcome in all spaces**, including public spaces. Show culturally diverse images of mothers and babies breastfeeding in the clinic waiting areas and exam rooms. Remove all formula marketing from the clinic. Items commonly used for formula marketing include pens, lanyards, posters, growth charts, patient binders or bags, charting forms, sticky pads, clipboards, or measuring tapes. Formula marketing also includes sponsorship of staff trainings or other intangible gifts like food and beverages.

**Provide lactation support within the office** with a nursing/pumping room for those who prefer to be nurse/pump in private. This room can be the same nursing/pumping room available for staff. When possible, allow women to remain in the exam room to breastfeed after an appointment, especially following newborn procedures/testing, or extended appointments.

**Do not routinely hand out formula samples unless medically indicated**.

If medically indicated:

* If breastfeeding handle infant formula as prescribed medication, including appropriate charting and medical indication.
* Support the mother’s goals for  breastfeeding by offering:
* A Lactation consult that includes: education and support for expressing, pumping, and feeding her baby with her breastmilk
* Education on how to obtain a safe and reliable source of human milk  if donor milk is indicated
* Education and support on supplementing with infant formula
* Use the least amount of formula necessary to meet the infants needs

There should be no sale or display of breastmilk substitutes on health care premises, including logos attached to free giveaway items. Health care facilities should not display free or subsidized supplies of formula.

**Become a Breastfeeding Friendly Washington worksite** and/or at the very least, create and implement an employee breastfeeding policy. Ensure a comfortable and private place for your staff to breastfeed or pump. This room should be equipped with a comfortable chair, an electrical outlet, a door for privacy, and if possible, a sink for washing hands and/or pumping equipment.

***Additional Resources:***

* [Breastfeeding Artwork](http://fineartamerica.com/art/all/breastfeeding/all?page=2)  
  Available to order, various prices.
* [Breastfeeding Posters and Artwork](http://www.childbirthgraphics.com/index.php/shop-by-subject/breastfeeding.html?limit=all)  
  Posters, hand-outs, and training supplies.
* [Breastfeeding Welcome Here](http://kellymom.com/blog-post/breastfeeding-welcome-here)  
  Ideas for care package items conducive to breastfeeding, rather than handing out formula samples:
  + [I Am a Breastfeeding Baby](http://here.doh.wa.gov/materials/i-am-a-breastfeeding-baby) Crib Card
  + [Nursing Mom Door Hanger](http://here.doh.wa.gov/materials/nursing-mom-door-hanger)
* [Information for Employers about Breastfeeding](http://www.withinreachwa.org/what-we-do/healthy-communities/breastfeeding/work-and-breastfeeding/for-employers/)
* [The International Code of Marketing of Breast-Milk Substitutes](http://www.who.int/nutrition/publications/code_english.pdf)  
  The World Health Organization developed to protect and promote breastfeeding around the world by ensuring appropriate marketing and distribution of breast milk substitutes.
* [United States Breastfeeding Committee Photo Project](http://www.usbreastfeeding.org/photo-project)  
  Over 5000 free breastfeeding images.

Step 6  
Train all staff in the skills necessary to support breastfeeding

**80% or more of all office staff must receive 1 hour or more of breastfeeding training and staff providing direct patient care must have 5 hours of supervised clinical training to receive credit for this step** in the Breastfeeding Friendly Washington recognition program. This training aligns with the requirements for the Baby-Friendly Hospital Initiative and ensures consistent care throughout pregnancy and postpartum from the clinical setting to delivery.

**Definitions**

**Clinic staff** refers to anyone in the clinic with patient contact including: MD, DO, NP, CNM, IBCLC, RD LPN, RN, MA; as well as other non-medical staff who have face-to-face contact with patients or families such as receptionists and schedulers. **Staff providing direct patient care** are medical staff with a variety of patient contact depending on their scope of practice. **Breastfeeding Specialists** need training that is consistent with the International Board Certified Lactation Consultant education.

**Training Criteria**

**Staff providing direct patient care should have training that:**

* Is evidence based and matched to each person’s scope of practice
* Includes training in the Ten Steps and each person’s role in implementing your breastfeeding policy
* Includes information about social and cultural context of breastfeeding and information about strategies to reduce disparities in breastfeeding
* Include general knowledge about breastfeeding management and support, including:
  + Advantages of breastfeeding
  + Risks of artificial feeding
  + Mechanisms of lactation and suckling
  + Infant state behavior
  + Hunger and satiety cues
  + How to initiate and sustain breastfeeding
  + Importance of skin-to-skin contact
  + How to assess breastfeeding
  + How to support normal breastfeeding and how to respond breastfeeding difficulties, etc
* Include information on how to support infant feeding for non-breastfeeding women
* Be based on principles of adult learning and change theory
* Facilitate the development of clinical skills, a systems approach, reflective attitudes and effective interpersonal and counseling skills
* Facilitate reduction in attitudes and practices that hinder breastfeeding
* Facilitate development from novice to expert on breastfeeding
* Why and how to promote exclusive breastfeeding
* The parameters of normal breastfeeding and how to detect and manage common conditions that fall outside of the norm (e.g. mastitis, candida albicans and the causes and management of growth)
* Considerations with prescription and cover-the-counter medications
* How, when, and where to refer for expert and community help with breastfeeding, including interdisciplinary communication to support referral and counter-referral
* How to effectively communicate to facilitate informed decision-making
* Local resources available

**Non-medical staff require training to understand:**

* The importance of breastfeeding
* What clinical practices can support or interfere with breastfeeding
* How and where to refer women for information or assistance with breastfeeding
* The breastfeeding policy
* Community resources

**To receive credit for these trainings**, they must:

* Be conducted by a trainer that specializes in lactation training
* Cover, at a minimum, the topics above
* Have training objectives
* Provide a certificate of attendance or completion

**Training tips:**

**Staff attitude can be a positive influence in training and participation**. Present training as part of a larger strategy to implement cutting edge best practices, rather than as “catch up” in order to best orient staff to breastfeeding basics. Discuss the evidence for breastfeeding support, introduce/reintroduce the breastfeeding policy, and let staff know about your participation in the Breastfeeding Friendly Washington program. Focus on celebrating prior accomplishments and let staff know about the supports in place to assist them through their training and any potential changes from policy updates.

* Target your staff training. One way to do this is to arrange basic breastfeeding education for all and additional targeted training for nurses and providers on lactation management
* Arrange for in-house training versus going to conferences
* Use existing in-person presentations or modules (See resources below)
* Provide a quick resource guide for clinicians to use when supporting breastfeeding during an office visit, including:
  + Suggested scripts or supportive phrases
  + Coding/billing references (see resources)
  + Assessment/treatment guides for common breastfeeding problems
  + Safe medication references for breastfeeding
  + The Provider Reference Card (see resources)

***Additional Resources*:**

* Reach out to your [local WIC agency](https://resources.parenthelp123.org/services/wic-nutrition-program-for-women-infants-children) for breastfeeding education.
* [AAP Breastfeeding Residency Curriculum](http://www2.aap.org/breastfeeding/curriculum/)  
  Three PowerPoint presentations intended to be facilitated by someone experienced in breastfeeding support. These meet the second tier requirements mentioned above, but not the first tier. Can be used without permission from the AAP. (FREE)
* [Breastfeeding Friendly Consortium Breastfeeding Training Course](http://bfconsortium.org/)  
  Self-paced online course offers evidence-based content for physicians, nurses, dietitians and other healthcare professionals who want comprehensive training in breastfeeding and lactation management. Covers the second tier requirements. (Cost $99 per learner)
* [Expanding Pediatricians' Roles in Breastfeeding Support- Continuing Medical Education (CME) Online Tutorial](http://www.northeastern.edu/breastfeedingcme/)This 1.5 hour online continuing education tutorial is designed to meet the educational needs of practicing pediatricians and other pediatric primary care providers. Developed in 2013 through a partnership of Northeastern University, the Massachusetts Department of Public Health, the Massachusetts Chapter of the American Academy of Pediatrics and Hallmark Health System.
* [Evergreen Perinatal Education](http://www.evergreenperinataleducation.com/programs/lactation/)  
  This website is a source for hired breastfeeding education trainings. Several experts in the field of lactation offer various length courses for a fee. Most of these trainings will cover both tier requirements. There are existing trainings in various parts of the state, there are limited on-line trainings, and they can be hired for a fee to give training near you. Several clinics could be trained at once. (All trainings have fees)
* [Grow and Glow WIC](https://lovingsupport.fns.usda.gov/content/grow-and-glow-wic)  
  Training for breastfeeding support and resources in a WIC setting.
* [Increasing Breastfeeding Success- Why It’s Important and What the Research Shows](https://platypusmedia.com/increasing-breastfeeding-success)  
  Developed by the Breastfeeding Coalition of Washington, this customizable, two CD provides health care professionals with all of the resources necessary to give ten PowerPoint presentations on why breastfeeding matters, what the research shows, and what can be done to increase breastfeeding success.
* [Lactation Training](https://www.lactationtraining.com/images/baby_friendly_hospital_training_proposal.pdf)   
  Training that aligns with Baby-Friendly Hospital trainings and contains 15 hours of didactic training, 5 hours of clinical competency training, and three additional hours of training for Physicians, Physician Assistance, Midwives, APRNs, and Nurses.
* [Provider Reference Card](file:///S:\PCH\PCHSHARE\Breastfeeding\BreastfeedingFriendlyWA\2.Clinics\Resources\WAAppendix6-ProviderReferenceCard.pdf)
* [Wellstart International Lactation Management Self-Study Modules, Level 1](http://www.wellstart.org/)Self-study module in .pdf format. Includes pre and post-tests (with and without answers). Module one covers objectives necessary for all clinic staff, and modules 2 and 3 cover additional provider objectives, plus more. FREE, but donations accepted.

**For more resources, contact** [**Breastfeeding.Friendly@doh.wa.gov**](mailto:Breastfeeding.Friendly@doh.wa.gov)

Step 7  
Show mothers how to breastfeed and how to maintain lactation

**Show mothers how to breastfeed and how to maintain lactation**. Expectant parents need comfort and empowerment that they can breastfeed their newborn; some families may feel that breastfeeding is an additional burden to taking care of an infant, which is overwhelming on its own. Remember to take a moment to reassure parents, beyond a clinical scope, to remind them that they *can* incorporate breastfeeding into their daily lives with the right tools.

**Provide culturally appropriate breastfeeding education materials** and prominently display them throughout the clinic. Education materials will include general breastfeeding guidance, pumping/hand expression and breastmilk storage, and breastfeeding at work. Reaching out to your local Breastfeeding Coalition, La Leche League, or WIC clinic can provide you with information on the different populations, languages, and cultures you serve in your community. See [Step 4](#step4) for guidance on cultural sensitivity.

To show mothers how to breastfeed, staff providing direct client care will need to develop skills for teaching and assessing effective position and latch; and will need to learn how to assess breast anatomy during pregnancy, and screen for infection, abnormalities, sort or damaged nipples, and assess for mothers comfort during breastfeeding. These skills should be covered in [Step 6.](#step6)

E**xplain to mothers how to express milk, including hand expression**. Provide resources on pumping, hand expression and how to store breastmilk. Explain to parents that they have a right to pump at work, and share options for how they can create a schedule that suits their lifestyle. In addition, explain that breast pumps are included in the ACA mandated insurance coverage, and that they can contact their insurance providers for more information.

**Teach women about insurance coverage for breastfeeding support** when they have to be away from their babies. Empower them by encouraging new parents to reach out to their insurance providers before their infant arrives, and ask which pumps are covered, what their return policies are, and when to obtain said pump.

The Affordable Care Act covers breastfeeding equipment, including breast pumps, and lactation consultations. Women who receive Medicaid can access a breast pump when there is medical indication for either the mother or infant. Refer low-income women to WIC if they are returning to work or school to obtain a breast pump. Refer women to the Family Health Hotline at 1-800-322-2588 for more information.

***Additional Resources:***

* [ABM 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.
* [Affordable Care Act: Breastfeeding Services Coverage](http://www.hrsa.gov/womensguidelines/)
* [Breastfeeding Assessment Sheet](https://www2.aap.org/breastfeeding/curriculum/documents/pdf/Hospital%20Breastfeeding%20Policy_FINAL.pdf)   
  Breastfeeding specific assessments in first days of life. Sample documentation sheet for brief breastfeeding assessment. Appropriate for mom or infant provider appointment.
* [Breastfeeding Protocol #13 Overabundant Breast Milk Supply](http://www1.toronto.ca/City%20Of%20Toronto/Toronto%20Public%20Health/Health%20Professionals/Breastfeeding/PDF/BFP_Protocol-13_Manual_eng_2013_aoda.pdf)   
  A guide to assess for overabundant milk supply and other milk supply related issues.
* [CDC’s Guidelines for the Expression and Storage of Breastmilk](https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm)
* [Common Breast Problems](http://www.aafp.org/afp/2012/0815/p343.html)   
  Evaluation and management of persistent breast pain.
* [Expressing Breastmilk](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/expressing-storing-breast-milk.aspx#close)   
  NHS website about expressing breast milk (by hand and pump), cup feeding, storing, freezing, warming, and separation from their infant. Includes illustrations and short videos of expressing milk.
* [General Measures for Sore Nipples](http://www.llli.org/faq/heal.html)  
  Quick reference for patient teaching, phone or in person.
* [Health Benefits and Coverage for Breastfeeding](https://www.healthcare.gov/coverage/breast-feeding-benefits/)  
  An article from HealthCare.gov about insurance benefits and breastfeeding.

Step 8

Use anticipatory guidance supporting exclusive breastfeeding until about   
6 months of age, and encourage continued breastfeeding   
as long as mutually desired by mother and infant

**Use anticipatory guidance supporting exclusive breastfeeding until about 6 months of age, and encourage continued breastfeeding as long as mutually desired by mother and infant.** Preparing parents for what to expect sets them up for breastfeeding success. Have an open conversation with parents about sleep and feeding patterns of an infant, vitamin supplements, growth spurts, oral hygiene, and what to expect when an infant gets older and is ready for solid foods. Explore traditional foods and cultural practices related to these topics. (See [Step 4](#step4) for resources on cultural sensitivity)

**Celebrate and applaud breastfeeding mothers** often, and let them know they are working hard and doing a great job feeding their baby. Reassurance and praise supports breastfeeding parents, especially during times when they may feel challenged or discouraged.

***Additional Resources:***

* [ABM Clinical Protocol #19 Breastfeeding Promotion in the Prenatal Setting](http://www.bfmed.org/Media/Files/Protocols/Protocol%2019%20-%20Breastfeeding%20Promotion%20in%20the%20Prenatal%20Setting.pdf)
* [Bright Futures Nutrition Fact Sheet Nutrition Birth to Five Months](https://www.brightfutures.org/nutritionfamfact/pdf/ColorEng/INB5color.pdf)
* [Crib Card: I am a Breastfeeding Baby](http://here.doh.wa.gov/materials/i-am-a-breastfeeding-baby)  
  A publication for pregnant clients to take to the hospital or birth center.
* [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 about feeding an infant for the first six months. It explains how much to feed, feeding cues, the benefits of continued breastfeeding, tips and resources to continue breastfeeding, and when and how to start solid foods.
* [Guideline on Infant Oral Health Care](http://www.aapd.org/media/policies_guidelines/g_infantoralhealthcare.pdf)
* [Infant Sleep Patterns](https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/Infant-Sleep-Patterns-Throughout-the-First-Year.aspx) Throughout the First Year
* [Infant Safe Sleep AAP Recommendations](http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284)
* [Iron Supplement and Vitamin D Recommendations](https://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Vitamin-Iron-Supplements.aspx)  
  Healthy Children.org summarizes the AAP recommendations for iron and vitamin D supplements.
* [Vitamin D Supplementation](https://www.cdc.gov/breastfeeding/recommendations/vitamin_d.htm)  
  Recommendations from the CDC and AAP on Vitamin D.
* [WHO Growth Charts](http://www.cdc.gov/growthcharts/who_charts.htm)

Step 9

Support breastfeeding by providing accurate   
information about maternal health

**Providing education and resources to patients supports and empowers them to make healthy choices.** New mothers may have a difficult time with their changing bodies, emotional well-being, or have questions about breastfeeding. Develop skills in:

* Talking with patients in an inclusive and culturally sensitive manor, relevant to the populations and cultures they serve (See [Step 4 Resources](#step4))
* Evaluating the well-being of the breastfeeding mother
* Discussing, educating, and providing resources on topics related to:
  + Postpartum depression
  + Drugs and medication
  + Nutrition
  + Maternal illness
  + Physical activity
  + Personal safety
* Referring to appropriate care
* Using professional and community resources

**\*Hint**: motivational interviewing is a useful technique to gather information from the patient and express acceptance at the same time. Respecting a patient’s current knowledge, cultural beliefs, emotions, and experiences can create a collaborative partnership of trust, so that the parent feels supported and respected. Breastfeeding can be difficult, especially if there are other emotional or social factors creating additional barriers. These additional barriers can be abstract and challenging to quantify in a clinical setting, unless you are paying attention to what the client is *actually* saying or needing.

***Additional Resources:***

* [ABM Clinical Protocol #15 Analgesia and Anesthesia for the Breastfeeding Mother](http://www.bfmed.org/Media/Files/Protocols/Protocol_15_revised_2012.pdf)
* [ABM Clinical Protocol #18 Use of Antidepressants in Breastfeeding Mothers](http://www.bfmed.org/Media/Files/Protocols/Abm_Clinical_Protocol_18.pdf)
* [Barriers to Breastfeeding in the United States](http://www.ncbi.nlm.nih.gov/books/NBK52688/)

An excerpt from “The Surgeon General’s Call to Action to Support Breastfeeding”.

* [Breastfeeding and Medications](http://www.breastfeedingonline.com/meds.shtml#sthash.r94H381q.dpb)  
  An extensive web page full of resources to support providers and parents.
* [Breastfeeding Policy #16 Drugs and Breastfeeding](https://www1.toronto.ca/City%20Of%20Toronto/Toronto%20Public%20Health/Health%20Professionals/Breastfeeding/PDF/BFP-Protocols-1-21_Manual_eng_2013_aoda.pdf#page=135)
* [Complete Guide to Communication Skills in Clinical Practice](https://www.mdanderson.org/education-and-research/resources-for-professionals/professional-educational-resources/i-care/pocketguide-texttabscombined-oct2014final.pdf)  
  This guide includes how to address emotions, cultural competence, and effective communication skills.
* [Drug Entry Into Human Milk](http://www.infantrisk.com/content/drug-entry-human-milk)
* [Folic Acid Fact Sheet](https://www.womenshealth.gov/files/documents/folic-acid-factsheet.pdf)
* [Health Psychologist and Researcher Dr Kathleen Kendall-Tackett](http://www.postpartum.net/staff/kathleen-kendall/)  
  A well respected provider in the breastfeeding community who specializes in post-partum depression and lactation.
* [LactMed Database](https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm)  
  Toxicology data network of all drugs and their potential impact to breastfeeding.
* [Listening to Shame](https://www.ted.com/talks/brene_brown_listening_to_shame?language=en)  
  A TEDtalk about the power of empathy in supporting others.
* [Nutritional Tips for Breastfeeding Moms](https://wicworks.fns.usda.gov/wicworks/Topics/BreastfeedingFactSheet.pdf)
* [Maternal Nutrition During Breastfeeding](http://www.llli.org/nb/nbmarapr04p44.html/)
* [Screening for Postpartum Depression](http://pediatrics.aappublications.org/content/pediatrics/123/6/e982.full.pdf?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=Screening%20for%20Postpartum%20depression&searchid=1&FIRSTINDEX=0&volume=123&issue=6&resourcetype=HWCIT)
* [Transfer of Drugs and Therapeutics into Human Breast Milk](http://pediatrics.aappublications.org/content/early/2013/08/20/peds.2013-1985)  
  A clinical report from the AAP on the transfer of drugs and therapeutic substances into breastmilk.
* [Travel Recommendation for the Nursing Mother](https://www.cdc.gov/breastfeeding/recommendations/travel_recommendations.htm)
* [Vaccines and Breastfeeding](https://www.cdc.gov/breastfeeding/recommendations/vaccinations.htm)   
  List of vaccines and recommendations during breastfeeding.

Step 10  
Expand the network of breastfeeding support in your community

**Collaborate and share information with local organizations and health care facilities to expand the network of breastfeeding support in your community.**

Building working relationships with other breastfeeding campions in your community sets families up for success, and ensures consistent breastfeeding support messaging. Reach out to other health organizations and groups who work with families in your community, such as:

* Managed care organizations
* Private practice lactation consultants
* Off-site healthcare providers
* La Leche League leaders
* Local health jurisdiction
* Mother-to-mother breastfeeding support groups
* Local breastfeeding coalition or state breastfeeding coalition
* The Women, Infants, and Children (WIC) Nutrition Program
* Maternity Support Services (MSS) Program
* Hospital affiliated outpatient lactation clinic
* Employers
* Child care facilities
* Durable medical equipment vendors.

Many of these organizations have resources to share, can help answer questions, or may have helpful advice to share.

**\*Hint**: WIC clinics in Washington State are required to keep an updated community breastfeeding resource list and are encouraged to work with community providers to support breastfeeding families. Contact your local WIC clinic for a list of breastfeeding resources and other support for families.

**Create a referral protocol for lactation consultants or other referral services**.

* Create and use a referral protocol for IBCLCs when patients are having breastfeeding related issue outside the scope of your practice. Clinicians that you refer to should be aware of the breastfeeding policy in your clinic. This referral protocol should include identification of possible maternal/infant risk factors for breastfeeding difficulties. Create a referral protocol for peer support groups, and other services that can holistically support breastfeeding families in additional to clinical services.

**Offer accessible breastfeeding support to families with home visiting or telephone triages**.

* Postnatal home visits can be mini versions of postnatal checks performed in the clinic. Home breastfeeding assessments/discussions can be less rushed than office visits and allow for a thorough assessment of breastfeeding and milk transfer.
* Provide telephone support calls to breastfeeding mothers. A designated LPN or RN should call all recent postpartum women within one week of discharge at home to answer any postnatal questions or concerns, including breastfeeding. This has the same rationale as the use of a nurse warm line but is more proactive.
* Provide telephone consult services or triage for breastfeeding concerns for patients to call in with questions or concerns about breastfeeding. Many questions and concerns do not warrant an office visit. Providing women the opportunity to get questions answered by a professional as they arise can help troubleshoot common breastfeeding concerns and support the continuation of breastfeeding.

***Additional Resources:***

* [Breastfeeding Friendly Community Strategies](http://www.cdc.gov/breastfeeding/pdf/actionguides/Communities_in_Action.pdf)   
  WIC developed suggestions for building a breastfeeding friendly community.
* [Breastfeeding Telephone Triage Advice](https://www.bookdepository.com/Breastfeeding-Telephone-Triage-Advice-Maya-Bunik/9781581109511)
* [Developing Telephone Triage Procedures](https://www.acponline.org/acp_policy/policies/telephone_triage_diagnostic_techniques_procedures_2000.pdf)
* [International Lactation Consultant Association](http://www.ilca.org/i4a/pages/index.cfm?pageid=3337):   
  Lactation Consultants Directory for Washington State.
* [La Leche League Peer Support Training Information](http://www.llli.org/llleaderweb/lv/lvaugsep99p92.html)
* [WIN 211](http://win211.org/)  
  A statewide database and call center that can help patients access resources in their community, by dialing 2-1-1.