

Notification of Baby Friendly Expectations

Name _____

Date of Training _____

Name and Title of Trainer _____

Purpose of notification: The purpose of this notification is to inform you that we are pursuing the Baby Friendly Designation and what the expectations are going to be for our department. Baby Friendly is a global hospital initiative launched by the World Health Organization and UNICEF in 1991. It awards hospitals for providing excellence in maternity care through a trained skilled staff, data collection and audit processes to assure such quality.

You are required to be knowledgeable on the “10 Steps to Successful Breastfeeding”.

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff (Everyone receives a copy and it will be on the intranet.)
2. Train all health care staff the skills necessary to implement this policy (You will complete 20 hours of training. 15 hours didactic learning on either ALC [Advanced Learning Center] or LER [Lactation Education Resource], 5 hours clinical experience with an International Board Certified Lactation Consultant and complete a clinical competency.)
3. Inform all pregnant women about the benefits and management of breastfeeding (Prenatal education will be initiated by the clinic staff during the first prenatal visit to their OB doctor. Hospital staff will also be required to provide education when they are admitted. Both areas will be responsible for documenting this education, assisting with data collection, and interviewing mothers. All staff should be able to list at least 3-4 benefits of breastfeeding for mother and for baby.)
4. Help mothers initiate breastfeeding within one hour of birth (All infants are to be placed skin to skin after birth, dry and stimulate, assess newborn at this time, if stable remain skin to skin, continue to dry, place cap, diaper, pulse ox, cover with warm blankets, leave face exposed, head should be in a sniffing position and turned to one side with straight neck. APGAR, VS, placing ID bands can all be done on mothers chest. Meds and measurements can wait till after first hour. Know benefits of skin to skin: Decreases stress, lowers cortisol levels, jump starts milk production, assists baby with regulating temp, heart rate and breathing.)
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants (Know how to teach mom to hand express and use breastpumps. If in NICU and unable to feed, mom should start pumping within 6 hours of birth and should pump at least 8-10 times in 24 hour period for 15-20 minutes.)
6. Do not offer food or drink other than breastmilk, unless medically indicated. (If an infant is to be supplemented do not use a nipple – you can cup, syringe or finger feed. Obtain order and discuss amount with MD, but remember the size of the infants stomach. If a mother requests supplementing

you will need to document thoroughly why supplementation is needed and the education provided. Most of the time, with education, this can be avoided.)

7. Practice “rooming in” – keep mothers and infants together 24 hours a day (Babies are to be in the mother’s room for all care, most equipment can be taken to mothers room, infants are not to be brought to nsy for shift change, you can do VS and chart in the room.)
8. Encourage unrestricted breastfeeding (We need to be educating mom on feeding cues, Infants should to eat 8-12 times in 24 hour period but initially they may go through a sleepy phase and that is okay. Moms need to know how to stimulate their infants and encourage lots of skin to skin.)
9. Do not offer pacifiers or artificial nipples to breastfeeding infants (We should not be giving pacifiers out to any newborn unless they are in the NICU or having a painful procedure such as a circumison. Then they should be removed before going to mother. Mothers may bring there own pacifiers, but we are not going to provide them. If we do, then there must be documentation about why and education provided.)
10. Foster the establishment of breastfeeding support groups and refer mothers to those groups on discharge from the hospital or clinic (Return appts are made for clinics, give patient handout about WIC programs, Le Leche League meets in surrounding cities, they also have facebook page, Woman’s hospital has an lactation center, and they can also call the OB Educator for questions.)

Key Points of Discussion: We all must be diligent in making these changes. Safety is always first and all of these topics are evidenced based. We want the best for our babies and mothers. We want to give the highest standard of care. Mother’s needs and choices are to be respected, but we must make sure they are able to make an informed decision. Documentation is a must. Every time!! The surveyors will be coming to talk to staff and to our mothers. We will be doing audits with our moms to make sure we are all following the guidelines.

In addition you have been provided a copy of the Feeding Policy and the Hypoglycemia policy that will be implemented on 7/1/2017.

Leader’s Responsibilities: It is our responsibility to provide you with the training material, determine your competency through testing, and provide remediation as needed.

Signature of the Trainer _____

Individual Trained

- I agree
- I disagree

Signature of Individual Trainee _____

Comments: _____