

1A

**Professions and Departments
responsible for implementing the
policy are identified**

1B

**Frequency of policy update and
revision are included**

1C

**Effective date
is listed**

1D

Date of last revision is listed

1E

The process for orienting new staff to the policy is addressed

1F

**Timeframe for new staff orientation
to the policy is described**

1G

Philosophy regarding the promotion of breastmilk substitutes, nipples, and bottles is stated

1H

Reference list is provided

2A

**Individuals(s) responsible for
implementing and/or assuring staff
training is identified**

2B

**Required curriculum content is
addressed**

2C

**Required number of training hours is
addressed**

2D

**Required hours of supervised clinical
experience is addressed**

2E

**Verification of staff competency is
addressed**

2F

**Acceptance of training acquired prior
to employment is addressed**

2G

**Documentation of staff education is
addressed**

2H

**Timeframe for training new staff is
described**

3A

**Individual(s) responsible for
implementing patient education is
identified**

3B

Pregnant women are educated on the following topics:

- * Benefits of breastfeeding**
- * The importance of exclusive breastfeeding**

3C

Pregnant women are educated on the following topics:

- 1. Non-pharmacological pain relief methods for labor**
- 2. Early initiation of breastfeeding**
- 3. Early skin-to-skin contact**
- 4. Rooming-in on a 24-hour basis**
- 5. Baby-led feeding**
- 6. Frequency of feeding in relation to establishing a milk supply**
- 7. Effective positioning and latch techniques**
- 8. Exclusivity of breastfeeding for the first 6 months**
- 9. Continuation of breastfeeding after introduction of appropriate complimentary foods**

3D

**Documentation of prenatal education
is addressed**

3E

Philosophy regarding educational materials that contain company logos has been stated

3F

**Avoidance of group talk on the use of
formula and infant feeding bottles
has been addressed**

3G

Fostering the development of community-based programs that make available individual counselling or group education on breastfeeding has been addressed

3H

Efforts to coordinate breastfeeding messages with those offered by community-based programs have been addressed

4A

A definition of skin-to-skin care has been stated, including application to all mothers and infants regardless of infant feeding choice

4B

**Time parameters for skin-to-skin care
have been identified**

- * For vaginal births**
- * For cesarean births**

4C

Staff responsibility regarding breastfeeding assistance during initial skin-to-skin contact has been described

4D

**Implementation of routine newborn
procedures has been addressed**

4E

**Medical contraindications to
immediate skin-to-skin contact have
been addressed**

4F

**Documentation of skin-to-skin care
has been addressed**

4G

**Provision of skin-to-skin care initially
delayed by medical contraindication
has been addressed**

4H

Initiation of skin-to-skin care for infants being cared for in the special care nursery has been addressed

5A

The process for supporting postpartum breastfeeding mothers has been described, including:

- 1. Staff responsible for conducting postpartum breastfeeding assessment**
- 2. Frequency of breastfeeding assessment**
- 3. Documentation of breastfeeding assessment**

5B

The process for supporting postpartum breastfeeding mothers has been described, including:

- 1. Education of mothers regarding proper positioning and latch**
- 2. Education of mothers regarding manual expression**
- 3. Education of mothers regarding effectiveness of feeding**
- 4. Education of mothers regarding maintenance of breastfeeding for the first 6 months**
- 5. Education of mothers regarding sign/symptoms of infant feeding issues requiring referral to qualified health care provider has been addressed**

5C

The process for supporting postpartum breastfeeding mothers who are separated from their infants has been described, including:

- 1. Timeframe within which breastmilk expression should begin**
- 2. Frequency of expression**
- 3. Storage and handling of expressed breastmilk**

5D

The process for supporting mothers who feed their infants breastmilk substitutes has been addressed, and includes verbal and written education.

5E

Education for mothers who feeding their infants breastmilk substitutes has been addressed, and includes:

- 1. appropriate hygiene**
- 2. cleaning utensils and equipment**
- 3. appropriate reconstitution**
- 4. accuracy of measurement of ingredients**
- 5. safe handling**
- 6. proper storage**
- 7. appropriate feeding methods**

5F

Education for mothers who feeding their infants breastmilk substitutes has been addressed, and includes how to document this education.

6A

**The process for supporting mothers who request breastmilk substitutes has been addressed. Including:
exploring and addressing the
mother's concern(s)**

6B

**The process for supporting mothers who request breastmilk substitutes has been addressed. Including:
educating the mother regarding the negative consequences of feeding infants breastmilk substitutes**

6C

**The process for supporting mothers who request breastmilk substitutes has been addressed. Including:
documentation of the education**

6D

The process for supporting mothers who request breastmilk substitutes has been addressed. Including:

- medical indications for supplementation with breastmilk substitutes has been addressed**

6E

Administration of the supplemental feeding has been addressed, including:

- 1. Avoidance of artificial nipples**
- 2. Supplemental feeding devices utilized by facility**
- 3. Education to be conducted with the mother has been addressed regarding feeding options and how to administer supplementation**

6F

The process for supporting mothers who request breastmilk substitutes has been addressed, including medical order for supplementation

6G

The process for supporting mothers who request breastmilk substitutes has been addressed, including: documentation for reason of the supplemental feeding

6H

**Procurement of breastmilk
substitutes, infant feeding bottles,
and artificial nipples has been
addressed**

7A

**There is a description of rooming-in
that includes time parameters**

7B

**There is a description of rooming-in
that includes application of rooming-
in to all mothers and infants
regardless of feeding choice**

7C

There is a description of rooming-in that includes implementation of routine newborn procedures at mother's bedside

7D

Documentation of interruption of rooming-in is described, and includes:

- 1. Reason for interruption**
- 2. Location of infant during interruption**
- 3. Time parameters of interruption**

7E

**Process of supporting mothers who request their infants be taken to the nursery is described. Including:
Exploration of mother's request**

7F

**Process of supporting mothers who request their infants be taken to the nursery is described. Including:
Education of the benefits of keeping infant in close proximity**

7G

Process of supporting mothers who request their infants be taken to the nursery is described. Including:

Documentation of education

7H

Process of supporting mothers who request their infants be taken to the nursery is described. Including:

Support of exclusivity of breastfeeding for those infants being cared for in the well-baby nursery

8A

Mother education regarding feeding infants on cue is addressed, including recognition of feeding cues to initiate feedings

8B

Mother education regarding feeding infants on cue is addressed, including no limits on how often or how long infants should be fed

8C

**Mother education regarding feeding infants on cue is addressed, including:
normal newborn feeding expectations**

9A

Avoidance of the use of artificial nipples, infant feeding bottles, and pacifiers is addressed

9B

The process of educating mothers requesting pacifiers is addressed, including possible negative consequences regarding breastfeeding

9C

The process of educating mothers requesting pacifiers is addressed, including documentation of education

9D

**In facility where pacifiers are utilized,
medical conditions warranting their
use are described**

9E

The process of educating mothers requesting feeding bottles is addressed, including possible negative consequences regarding breastfeeding

9F

**The process of educating mothers
requesting feeding bottles is
addressed, including documentation
of education**

10A

The process for community follow-up for breastfeeding dyads is described, including the facility's role in fostering the establishment of community breastfeeding support services

10B

The process for community follow-up for breastfeeding dyads is described, including the method by which mothers are made aware of community support services

10C

The process for community follow-up for breastfeeding dyads is described, including recommendations for routine follow-up visits

C1

Employees of manufacturers or distributors of breastmilk substitutes, bottles, nipples, and pacifiers have no direct communication with pregnant women and mothers

C2

The facility does not receive free gifts, non-scientific literature, materials, equipment, money, or support for breastfeeding education or events from manufacturers of breastmilk substitutes, bottles, nipples, and pacifiers

C3

No pregnant women, mothers, or families are given marketing materials or samples or gift packs by the facility that consist of breastmilk substitutes, bottles, nipples, pacifiers, or other infant feeding equipment or coupons for the above items

C4

Any educational materials distributed to breastfeeding mothers are free from messages that promote or advertise infant food or drinks other than breastmilk