BABY FRIENDLY RECERTIFICATION WORKPLAN - October 2013

	10 Steps	Key points	Action	Expected Outcome	Person/ Group	Timeline
One 1.1.1	Written BFdg policy posted in all areas	BFdg Policy revised including 10 steps and WHO code				
1.2.1		Pledge is posted in all patient areas: - in all rooms and all pt. areas triage, Font. B, ER and website ? lobby				
1.2.2		Pledge translated into commonly understood languages - available and posted in Birthing , 3 OBS and website				
1.3.1		Supporting Policies: Cup/spoon feeding & Finger feeding				
1.3.2		Supplementation policy				
1.4.1		Guidelines regarding co-sleeping/bedding				
Two 2.1.1	Ensure all HCP have the knowledge and skills necessary to implement and BFdg policy	Records of orientation of all HCP, volunteers, and staff to policy				
2.2.1		20 hour BFdg course Documentation of all nursing staff educated and new				

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		hires receive course within 6 mon.of hire				
2.3.1		BFdg Policy orientation Mat Child staff, physicians/midwives & volunteers and students oriented to policy & new staff receive a copy of policy.				
2.4.1		Physician education All physicians educated updated with Bfdg curriculum and WHO code update				
2.5.1		P H Liaison Nurses Knowledgeable of SJH Bfdg policies				
2.6.1		Non clinical staff education Documentation of education				
2.7.1		Fontbonne staff				
2.8.1		Nsg BF educational updates: Documentation of skills/knowledge review of updated LTBF (Learning to Breastfeed) and Formula preparation				

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		booklets				
2.8.2		Specific Skills Manual expression, lactation aid, cup feeding, finger feeding, communication				
2.9.1	Students – nursing/midwife/medical residents	Knowledgeable of BF policy, WHO code, and how to support breastfeeding and non-breastfeeding families.				
Three 3.1.1	Inform pregnant women and their families about the importance and process of breastfeeding	Prior to 32 wk gest. discussed with knowledgeable staff - Infant feeding decisions, importance of exclusive breastfeeding, benefits of skin to skin, risks of non-medical indicated supplementation, cue-based feeding, position and latch, rooming –in, and sustained bfdg.				
3.1.2		Prenatal pkg				
3.2.1		Antenatal web vignettes				

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3.3.1		Breastfeeding displays Fontbonne				
3.4.1		PH Prenatal education curriculum				
Four 4.1.1	Place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes: Encourage mothers to recognize when their babies are ready to feed, offering help as needed	S to S remains unhurried and uninterrupted for at least 60 min or until the completion of first Bfd, unless a recorded medical indication for separation. Routine procedures, monitoring and measurements are delayed until after first breastfeed. Medications for baby are given while the baby is on mothers's chest, preferably near the end of the first bf in order to decrease pain.				
4.2.1		S to S is maintained during transfers to 3 OBS if baby's first feeding is not complete or the mother has not				

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		indicated she wishes to terminate S to S				
4.2.2		Mothers and babies of C-sections – treated same as vaginal birth in regard to S to S care(if GA as soon as mom responsive and alert)				
4.2.3		Mother's designate holds baby s-to-s if mom is ill or unavailable.				
4.3		If baby care in special care nursery: Mothers are given the opportunity to hold their babies skin-to skin unless there are medically justifiable reasons why they could not (these reasons are clearly explained in the baby's chart)				
Five 5.1.1	Assist mothers to breastfeed and maintain lactation should they face challenges including separation from	Skills/tools to assist nursing staff in teaching BF skills				

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	their infants					
5.1.2		a)Initiation and establishment of BF of infants rooming-in with their mothers Manual expression				
5.1.3		b) Initiation and maintenance of lactation if mother and baby are separated Mom's initiate hand expression or pumping within 1 hour post delivery – pumping 8 – 10 X/ day; Hand express >5 X/day Skin to skin asap when baby and mom stable				
5.1.4		c) Anticipatory guidance for mothers in hospital and community. Staff aware of normal breastfeeding expectations in first week and teach				

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		parents prior to d/c .				
5.2.1`	Mothers who made decision not to BF or who elect to supplement for non-medical reasons ensure they have received info to support an informed choice and assisted to choose what is AFASS(acceptable, feasible, affordable, sustainable and safe	Supporting Informed decision making includes provision of: Opportunity of mom to discuss her concerns. Benefits of bf for baby, mom, family and community. Health consequences for baby and mother of not bf. Risks and costs of formula. Difficulty of reversing the decision once bf is stopped. Instructed on correct prep, storage and feeding of supplements.				
Six 6.1	Support mothers to exclusively bf for the first six months, unless supplements are medically indicated.	Data calculated monthly Daily audits of approx ½ dismissals charts, improving rates.				
6.2		Medical indications				

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		for supplementation for infant and maternal conditions Proper documentation of supplementation				
Seven 7.1	Facilitate 24-hour rooming –in for all mother-infant dyads: mothers and infants remain together	No separation of mom and baby unless medically indicated. Support person is welcomed/ encouraged to stay with them day and night.				
7.2		Mom invited to bf or hold and settle baby during blood work or immunizations				
7.3		In facility: Bf is welcomed everywhere. Appropriate facilities for comfortable bfing exist in both public and private areas. Signs welcoming bf are displayed in all public areas				
Eight 8.1.1	Encourage baby-led or cue-based	Exclusive BF X6 months, sustained				

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	bf. Encourage sustained bf beyond six months with appropriate intro. of complementary foods	BF for 2 yrs and beyond is promoted and supported				
8.1.2		BF progress is observed and discussed at appropriate intervals				
8.1.3		Mothers encouraged to feed responsively according to baby's cues, whenever they are hungry or as often as baby wants				
8.1.4		No upper restrictions are placed on the freq. or length of bf. Min # suggested ie 8X, but no max.				

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8.2.1		Timely anticipatory guidance on : 1.Age-appropriate normal feeding behaviours, frequency of feeds, output and infant states and implications for feedings 2. Possible bf problems, their solutions and resources to assist with bf				
8.2.3		All contraception methods compatible with bf, including the Lactation Amenorrhea Method (LAM)				
8.3.1		SJH's staff rights to accommodations to support sustain bf				
Nine 9.1.1	Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers)	When supplements are needed - bf mothers are supported in use of alternate feeding methods (eg. Cups, spoons) or are given information to make an informed				

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		decision on				
9.1.2		Soothers should be discouraged in health bf infants				
Ten 10.1.1	Provide a seamless transition between the services provided by the hospital, community health services and peer support programs. Apply principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve bf outcomes.	Effective and supportive transition between hospital and community. Prior to discharge effectiveness of bf is assessed, variances identified and appropriate discharge feeding plans are in place. Appropriate postnatal follow-up ie: Family Dr. or BANA clinic PH Liaison meets with clients in hospital now and also sets up in-home lactation support visits.				
10.1.2		Parents given written info on signs of successful bfing and where to seek assistance				

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10.1.3		Referrals are routinely made to community resources ie: BANA, PH				
10.1.4		Hospital, PH and other community groups collaborate to promote/support bfing.				
10.1.5		Celebrate World Breastfeeding week October 1 -7				
10.1.6		Outreach to communities who do not routinely use hospital				
WHO Code 11.1	Compliance with the International Code of Marketing of Breast-milk Substitues.	No marketing materials, samples, coupons or gift packs that include formula or infant feeding paraphernalia given to mothers or pregnant women.				
11.2.1		Staff aware of why it is important not to give free samples or promotional materials regarding materials under *The*				

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		Code				
11.2.2		Formula and bottles stored discretely.				
11.3.1		Staff and physician education is not sponsored or provided by companies whose products fall within the scope of the *The WHO code.*				
11.3.2		Hospital foundations and other charitable funding bodies do not accept funds from companies whose products fall within the scope of *The WHO code*				
11.4.1		Records and receipts indicate that any formulas including special formulas and other supplies are purchased by hospital for the wholesale price or more.				

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