



Ohio Hospital Recognition Application

NOTE: This is NOT the official application form for submission. This form is meant to be used as a tool to prepare you for submitting your information online. The following information should be entered online using the official Survey Monkey form found at www.odh.ohio.gov/ohiofirststeps.

SECTION 1:

Hospital & Team Member Information

- Hospital Name
- Complete Mailing Address
- Hospital Breastfeeding Champion (may be different than the person completing this survey)
 - Name
 - Title
 - Email
 - Phone Number
- Roles represented on the hospital breastfeeding team currently include (include champion's role at the hospital):
 - Maternity Center Administrator or Manager
 - Obstetrical Provider
 - Pediatric Provider
 - Family Medicine Provider
 - Couplet Care Nurse
 - Nurse from Newborn Care
 - Night Maternity Nurse
 - Labor & Deliver Nurse
 - Lactation Consultant (IBCLC)
 - Quality Department
 - NICU/High Risk Unit
 - Coordinator of Staff Education
 - Nurse Educator
 - Midwife
 - APN
 - Prenatal Clinic Staff
 - Community Liaison
 - Patient(s)
 - Other (please specify)
- Has your hospital received designation as Baby-Friendly by Baby-Friendly USA?
 - If YES, what is the date of the latest official designation? (Please complete Sections 2 and 5)

Ohio Hospital Recognition Application

SECTION 2:

BIRTH, BREASTFEEDING AND IBCLC DATA

- Total number of births in most recent year of data: _____
 - Start date _____ and end date _____ of the data set
- Exclusive breastfeeding rate (percent): _____
(no food or drink other than human milk through discharge)
 - Start date _____ and end date _____ of the data set
- Overall breastfeeding rate (percent): _____
(human milk with formula complement through discharge)
 - Start date _____ and end date _____ of the data set
- How is breastfeeding data collected (for this application)?
 - Chart Review
 - Birth Certificate Data
- How is breastfeeding data shared with maternity staff?
 - Not shared
 - Shared (please specify methods)
- Number of International Board Certified Lactation Consultants (IBCLCs) currently on staff: _____
- Number of IBCLC full time equivalents (FTEs) in the inpatient setting: _____
- Number of IBCLC full time equivalents (FTEs) in the outpatient setting: _____
- Are IBCLCs available:
 - All days of the week?
 - All shifts?

SECTION 3:

Ten Steps to Successful Breastfeeding

Please only complete steps for which your hospital is seeking recognition. Hospitals will receive recognition for every two steps achieved.

Please select below the sections you are completing for this application period.

- STEP 1: Have a written breastfeeding policy that is routinely communicated to all health care staff.
- STEP 2: Train all health care staff in skills necessary to implement the policy.
- STEP 3: Inform all pregnant women about the benefits and management of breastfeeding.
- STEP 4: Help mothers initiate breastfeeding within one hour of birth.
- STEP 5: Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
- STEP 6: Give infants no food or drink other than breast milk, unless medically indicated.
- STEP 7: Practice rooming in – allow mothers and infants to remain together 24 hours a day.
- STEP 8: Encourage breastfeeding on demand.

Ohio Hospital Recognition Application

- STEP 9: Give no pacifiers or artificial nipples to breastfeeding infants.
- STEP 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital.

The Ohio First Steps for Healthy Babies program encourages hospitals to support and engage fathers and partners in the breastfeeding process. Providers and staff are urged to use content that includes the father/partner, even when these supporting roles are not specifically mentioned in the steps. While achievement of the partner engagement strategies included in each step is not required for recognition, evidence shows that partner participation and support is valuable in achieving breastfeeding success.

Ohio Hospital Recognition Application

STEP 1

Have a written breastfeeding policy that is routinely communicated to all health care staff.

The hospital should have a written breastfeeding or infant feeding policy that addresses all of the [Ten Steps to Successful Breastfeeding](#). The policy should include the protection of breastfeeding through adhering to the [International Code of Marketing of Breastmilk Substitutes](#).

The policy should be available so that all maternity care staff members can refer to it. Summaries of the policy covering, at minimum, the Ten Steps, are visibly posted in all areas of the hospital which serve pregnant women, mothers, infants, and/or children. These areas include the labor and delivery areas, prenatal care in-patient units and clinic/consultation rooms, post-partum wards and clinic/consultation rooms, all infant care areas including well baby observation areas (if there are any), and any special care baby units. The summaries should be displayed and written in the language(s) most commonly understood by mothers and staff.

Required Documentation:

Refer to the Application Instructions page for documentation submission guidance.

- Copy of policy/policies.
- Staff communications regarding policy/policies, if applicable.

1.1	Does the hospital have a policy/set of policies for maternity services that address all Ten Steps to Successful Breastfeeding? <i>Copy of the policy required.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	Is the breastfeeding/infant feeding policy actively communicated to all staff within six months of hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3	How is the breastfeeding/infant feeding policy communicated? (select all that apply) <i>Provide written documentation, if applicable.</i>	<input type="checkbox"/> Orientation materials <input type="checkbox"/> Orientation presentation <input type="checkbox"/> Competency assessment <input type="checkbox"/> Newsletters <input type="checkbox"/> Staff meetings <input type="checkbox"/> Other (please specify)
1.4	Are the <i>10 Steps to Successful Breastfeeding</i> posted in your facility? If yes, what locations? (Please note: if you seek Baby Friendly designation, there are requirements to post a policy statement and the <i>10 Steps</i> . Baby Friendly USA will provide a template with the required text to meet this guideline.) (this section is recommended, but not required for recognition)	<input type="checkbox"/> Yes <input type="checkbox"/> Name locations <input type="checkbox"/> No
1.5	Does the hospital's breastfeeding/infant feeding policy include a specific plan for including and engaging fathers/partners? (this section is recommended, but not required for recognition)	<input type="checkbox"/> Yes <input type="checkbox"/> In Progress <input type="checkbox"/> Not Yet

Ohio Hospital Recognition Application

STEP 2

Train all health care staff in skills necessary to implement the policy.

Maternity care staff should receive sufficient orientation on the breastfeeding/infant feeding policy. Documentation of training should indicate that all maternity care nurses who have been on the staff six months or more have received 20 hours of training at the hospital (including at least 5 hours of supervised clinical experience) prior to arrival, through well-supervised self-study or on-line courses, or in-house trainings that cover all Ten Steps and The International Code of Marketing of Breastmilk Substitutes. This training should include how to support non-breastfeeding mothers.

All non-clinical staff members should receive sensitization that is adequate, given their roles, to provide them with the skills and knowledge needed to support breastfeeding families.

Documentation of training should indicate that all providers (physicians, midwives, physician assistants and advanced practice registered nurses (APRNs) with privileges for labor, delivery, maternity, and nursery/newborn care) have a minimum of 3 hours of breastfeeding management education pertinent to their role.

Required Documentation:

- Agenda and training objectives used for staff training.

2.1	What percent of maternity care nurses have had 20 hours of training, including 5 hours of supervised clinical training, on breastfeeding promotion and support within six months of commencing work?	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> personnel record review <input type="checkbox"/> estimate (please describe)
2.2	Does the training cover all Ten Steps to Successful Breastfeeding and The International Code of Marketing of Breastmilk Substitutes? <i>Provide agenda and training objectives of standard training, as well as any other supporting documentation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.3	What percent of providers, as defined above, have had more than 3 hours of breastfeeding management education pertinent to their role?	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> personnel record review <input type="checkbox"/> estimate (please describe)
2.4	How is the education completed?	<input type="checkbox"/> on-line module <input type="checkbox"/> CME Presentation <input type="checkbox"/> standardized training <input type="checkbox"/> other (please describe)	
2.5	What percent of non-clinical staff (including but not limited to maintenance staff, unit secretary, housekeeping staff, dietary staff) in maternity care units receive an introduction to breastfeeding promotion and support?	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> personnel record review <input type="checkbox"/> estimate (please describe)

Ohio Hospital Recognition Application

2.6	<p>Are providers and non-clinical staff trained to include fathers/partners in breastfeeding support and education?</p> <p>(this section is recommended, but not required for recognition)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Yet</p> <p><i>If yes or sometimes, please describe methods.</i></p>
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STEP 3

Inform all pregnant women about the benefits and management of breastfeeding.

If the hospital has an affiliated prenatal clinic or in-patient prenatal ward, all expectant mothers should receive breastfeeding information in anticipatory guidance and in print materials. If the hospital does not have an affiliated prenatal clinic, it should foster educational programs about breastfeeding.

Prenatal education should include, at a minimum, the importance of breastfeeding, the importance of immediate and sustained skin-to-skin contact, early initiation of breastfeeding, rooming-in on a 24-hour basis, feeding on cue, on demand or baby-led feeding, frequent feeding to help ensure enough milk, good positioning and attachment, exclusive breastfeeding for the first six months, the risks of giving formula or other breast milk substitutes, and the fact that breastfeeding continues to be important after six months when other foods are given. Discussions and feeding intentions should be documented in prenatal records, which should be available at the time of delivery.

Required Documentation:

- Documentation of communications used to inform pregnant women about the benefits and management of breastfeeding.
- Copy of the policy that specifically prohibits advertising listed in step 3.4.

3.1	Does your hospital have an affiliated prenatal clinic or in-patient prenatal ward?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.2	What percentage of women attending the affiliated prenatal clinic receives at least the minimum education as described above?	(enter percent) 80% required for recognition N/A	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
3.3	<p>Which methods does your hospital use to inform pregnant women about the benefits and management of breastfeeding?</p> <p><i>Provide documentation for each method selected (sample forms, educational materials)</i></p>	<input type="checkbox"/> Prenatal Care Intake Form <input type="checkbox"/> Prenatal Mailing of Educational Materials <input type="checkbox"/> Prenatal Care Anticipatory Guidance <input type="checkbox"/> WIC Enrollment <input type="checkbox"/> Breastfeeding Classes <input type="checkbox"/> Childbirth Education with Breastfeeding Component <input type="checkbox"/> Labor Admission Intake Assessment <input type="checkbox"/> Other (please describe)	

Ohio Hospital Recognition Application

3.4	<p>Are pregnant women protected from oral or written promotion of and group instruction for artificial feeding in the hospital?</p> <p><i>Provide a copy of the policy that specifically prohibits these forms of advertising.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	<p>Are fathers/partners informed about the benefits and management of breastfeeding?</p> <p>(this section is recommended, but not required for recognition)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Yet <p><i>If yes or sometimes, please describe methods.</i></p>

STEP 4

Help mothers initiate breastfeeding within one hour of birth.
This step applies to all infants, regardless of feeding method.

As part of standard practice, all infants should be placed in skin-to-skin contact with their mothers immediately following birth, uninterrupted and supported for a minimum of one hour, unless there are medically justifiable reasons to separate. After cesarean section, mother-baby dyads should have skin-to-skin contact as soon as possible after the mother is responsive and alert, with the same procedures followed as for vaginal births. In the case of delay, efforts should be made to keep infants and mothers in the same room, ideally with the infant skin-to-skin on another family member.

Mothers should be encouraged to recognize when their infants are ready to breastfeed, offering help if needed. Nurses can support first feedings by encouraging mothers to look for early infant feeding cues displayed during this first period of contact and offer help, if needed. *(Note: The baby should not be forced to breastfeed but, rather, supported to do so when ready. If desired, the staff can assist the mother with placing her baby so he or she can move to her breast and latch when ready.)*

Required Documentation:

- Documentation supporting skin-to-skin initiation and discontinuation in medical record, if applicable.

4.1	<p>For vaginal deliveries, what percent of mother-baby dyads are skin-to-skin immediately after birth (or immediately after mother becomes responsive and alert) uninterrupted and supported for a minimum of one hour, unless there are medically justifiable reasons to separate?</p>	<p>(enter percent) 80% is required for recognition</p>	<p>Percent based on:</p> <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
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Ohio Hospital Recognition Application

4.2	<p>For cesarean deliveries, what percent of mother-baby dyads are skin-to-skin immediately after birth (or immediately after mother becomes responsive and alert) uninterrupted and supported for a minimum of one hour, unless there are medically justifiable reasons to separate?</p>	(enter percent) 80% is required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
4.3	<p>In the first two hours of life, what percent of mothers are helped to recognize the signs that their infants are ready to eat (hunger cues) and offered help, if needed?</p>	(enter percent) 80% is required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
4.4	<p>Is there documentation in the patient medical record when skin-to-skin is initiated and when skin-to-skin is discontinued? <i>(if yes, include documentation to support)</i></p> <p>(this section is recommended, but not required for recognition)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.5	<p>Are fathers/partners taught how to help mothers initiate breastfeeding within one hour of birth?</p> <p>(this section is recommended, but not required for recognition)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Yet <i>If yes or sometimes, please describe methods.</i>	

Ohio Hospital Recognition Application

STEP 5

Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.

Maternity care nurses should offer all mother-baby dyads assistance with breastfeeding within six hours of birth. Maternity care nursing staff should support mothers to identify effective position and latch for breastfeeding. Mothers who have never breastfed or who have previously encountered problems with breastfeeding should receive special attention and support at all contact points with the hospital.

Maternity care staff should teach all breastfeeding mothers how to hand express their milk, and how to use a pump when appropriate.

Maternity care nursing staff should teach all formula-feeding families how to safely prepare and feed breast milk substitutes.

5.1	What percent of breastfeeding mothers are offered further assistance with breastfeeding their infants within six hours of delivery by a clinician who has completed at least 20 hours of breastfeeding training? <i>(please describe method for documenting this practice.)</i>	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
5.2	What percent of partially or fully formula-feeding families receive instruction from maternity care staff on how to safely prepare and feed breast milk substitutes? <i>(please describe method for documenting this practice.)</i>	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
5.3	What percent of breastfeeding mothers receive instruction from maternity care staff on how to hand express their milk or given information on expression and advised of where they can get help, should they need it? <i>(please describe method for documenting this practice.)</i>	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
5.4	Does your hospital ensure that mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support from the maternity care staff? <i>(please describe method for documenting this practice.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Ohio Hospital Recognition Application

5.5	<p>What percent of mothers are actively engaged in a discussion of their infant feeding plans with a maternity care staff member as they near hospital discharge? <i>(please describe method for documenting this practice.)</i></p>	<p>(enter percent) 80% required for recognition</p>	<p>Percent based on:</p> <ul style="list-style-type: none"> <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
5.6	<p>Are mothers who are separated from their infants for medical reasons helped to establish and maintain lactation by frequent expression of milk? <i>(please describe method for documenting this practice.)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	
5.7	<p>Are partners/fathers taught how they can support mothers to breastfeed and maintain lactation, even if they are separated from their infants? (this section is recommended, but not required for recognition)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Yet <p><i>If yes or sometimes, please describe methods.</i></p>	

Ohio Hospital Recognition Application

STEP 6

Give infants no food or drink other than breast milk, unless medically indicated.

All full-term infants should be exclusively breastfed or exclusively fed expressed breast milk from birth to discharge or, if not, that there are documented medical reasons.

The Joint Commission defines infants eligible for exclusive breastfeeding and exclusive breast milk to include all liveborn newborns discharged from the hospital, with the exception of those who:

- were discharged from the hospital while in NICU,
- were diagnosed with galactosemia during the hospital stay,
- were fed parenterally during the hospital,
- experienced death,
- had a length of stay >120 days,
- were enrolled in clinical trials, or
- have a documented reason for not exclusively feeding breast milk.

Mothers who decide not to breastfeed should be educated on the risks of not breastfeeding and breastfeeding mothers who request breast milk substitute supplementation should be educated on the risks of such supplementation.

6.1	What percent of breastfeeding infants receive no food or drink other than breast milk unless medically indicated?	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
6.2	What percent of staff have a clear understanding of what are the acceptable reasons for prescribing food or drink other than breast milk for breastfeeding infants?	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
6.3	What percent of mothers who have decided not to breastfeed are educated on the risks of not breastfeeding?	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
6.4	What percent of breastfeeding mothers who request breast milk substitute supplementation are educated on the risks of such supplementation?	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
6.5	Does the hospital have adequate space away from breastfeeding mothers and the necessary equipment and supplies for teaching mothers who are formula feeding	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Ohio Hospital Recognition Application

	their infants how to properly prepare the formula?	
6.6	<p>Are fathers/partners taught how to hand express breast milk and to take apart, put together and clean a breast pump?</p> <p>(this section is recommended, but not required for recognition)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Yet <i>If yes or sometimes, please describe methods.</i>

STEP 7

Practice rooming-in – allow mothers and infants to remain together 24 hours a day. This step applies to all infants, regardless of feeding method.

All mothers and infants should room together 24 hours per day or, if not, have medically justifiable reasons for being separated. Mothers that request to have the infant cared for out of the room should be educated about the advantages of rooming-in 24 hours a day. If after the education, the mother wishes to proceed with the separation, education provided and reason for separation should be documented. In the case of separation, infants should be returned to their mothers for feedings at the earliest hunger cues, unless medically indicated otherwise.

7.1	<p>What percent of mothers and infants remain together (i.e. start rooming-in) immediately after birth, unless separation is medically indicated?</p> <p><i>(Please describe how separations are documented in charts.)</i></p>	(enter percent) 80% required for recognition	<p>Percent based on:</p> <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
7.2	<p>What percent of healthy mothers and infants remain together (“rooming-in”) 24 hours a day, unless separation is medically indicated?</p>	(enter percent) 80% required for recognition	<p>Percent based on:</p> <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
7.3	<p>Are fathers/partners encouraged to room-in with mothers and infants 24 hours a day, and encouraged to protect the mother’s rest and breastfeeding?</p> <p>(this section is recommended, but not required for recognition)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Yet <i>If yes or sometimes, please describe methods.</i>	

Ohio Hospital Recognition Application

STEP 8

Encourage feeding on demand.

This step applies to all infants, regardless of feeding method.

Maternity care providers should teach all mothers to recognize their infants' early feeding cues (hunger and fullness) and should advise all mothers to feed infants (either by breast or by bottle) as often and for as long as the infant wants to do so, waking them if needed.

8.1	What percent of all mothers, regardless of feeding choice, are taught how to recognize the cues that indicate when their infants are hungry and when they are full?	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
8.2	What percent of breastfeeding mothers are encouraged to feed their infants as often and for as long as the infants want to do so?	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
8.3	What percent of all mothers (regardless of feeding choice) are helped to understand that newborns usually feed <i>at least</i> eight times in 24 hours?	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
8.4	Are fathers/partners taught to recognize cues that indicate when their infants are hungry and when they are full? (this section is recommended, but not required for recognition)	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Yet <i>If yes or sometimes, please describe methods.</i>	

Ohio Hospital Recognition Application

STEP 9

Give no pacifiers or artificial nipples to breastfeeding infants.

All breastfeeding infants should leave the hospital without ever using bottle nipples or pacifiers or, if they have, their mothers have been informed of the risks.

Infants enduring brief painful procedures may be offered pacifiers as clinically appropriate, and infants in special care nurseries and/or being treated for neonatal abstinence syndrome may be offered pacifiers as clinically appropriate.

9.1	What percent of breastfeeding infants are <u>not</u> using pacifiers (except for brief periods of time during painful procedures)?	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
9.2	What percent of breastfeeding mothers are taught that they should not give any bottles or pacifiers to their infants for at least one month until after breastfeeding is fully established?	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
9.3	When healthy, full-term breastfed infants are supplemented (with formula or expressed breast milk), what percent occurs by:	____% spoon ____% cup ____% syringe ____% finger ____% supplemental nursing system ____% bottle ____% other (specify)	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
<i>Note: Percentages should total at least 100%. In some cases the total may exceed 100% if multiple methods are used to feed an infant.</i>			
9.4	Are fathers/partners taught to avoid pacifier use until breastfeeding is well established at one month of age? (this section is recommended, but not required for recognition)	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Yet <i>If yes or sometimes, please describe methods.</i>	

Ohio Hospital Recognition Application

STEP 10

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital.

All mothers should be given information on where they can get support if they need help with feeding their infants after returning home, both in verbal discussions and in written materials. In addition, hospitals should foster the establishment of and/or coordinate with mother support groups and other community services that provide breastfeeding/infant feeding support to mothers.

Discharge planning should include the following:

- Maternity care staff should encourage mothers to bring their infants to be seen after discharge (preferably 1 – 4 days after birth and again the second week) at the hospital or in the community by a skilled breastfeeding support person who can assess feeding and give any support needed.
- Maternity care staff can describe an appropriate referral system and adequate timing for the visits.
- Maternity care staff should counsel mothers on overcoming barriers in access to care, and help to identify community resources.

10.1	What percent of mothers are encouraged to see a health care worker or other skilled breastfeeding support person in the community soon after discharge (preferably 1 – 4 days after birth and again the second week) that can assess how they are doing in feeding their infants and give any support needed?	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
10.2	Does the hospital foster the establishment of and/or coordinate with mother support groups and other community services that provide support to mothers on feeding their infants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.3	What percent of mothers are given information on where they can find support if they need help with feeding their baby after returning home?	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interview <input type="checkbox"/> estimate (please describe)
10.4	Does the hospital have a system of follow-up support for mothers after they are discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply: <input type="checkbox"/> early postnatal checkups <input type="checkbox"/> lactation clinic checkups <input type="checkbox"/> home visits <input type="checkbox"/> telephone calls <input type="checkbox"/> other (please describe)
10.5	Does the hospital encourage the establishment of father/partner inclusive breastfeeding support groups and resources,	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Yet	

Ohio Hospital Recognition Application

	<p>and connect fathers/partners to resources and groups on discharge from hospital?</p> <p>(this section is recommended, but not required for recognition)</p>	<p><i>If yes or sometimes, please describe methods.</i></p>
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SECTION 4: Optional Information

This section pertains to compliance with the International Code of Marketing of Breast-Milk Substitutes and would be required for Baby-Friendly USA Designation (commonly referred to as “the 11th Step”). However, information collected in this section will in no way influence the determination of the hospital’s Ohio First Steps recognition, and is intended to help support your hospital’s preparation for Baby-Friendly USA designation.

11.1	<p>Are promotional materials for breast milk substitutes, bottles and pacifiers absent from the hospital without any materials displayed or distributed to pregnant women and mothers?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
11.2	<p>Does the hospital refrain from giving pregnant women, mothers and their families marketing materials, samples or gift packs that include breast milk substitutes, bottles and pacifiers or other equipment or coupons?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
11.3	<p>Do staff members understand why it is important to eliminate free samples or promotional materials from manufacturers or distributors of breast milk substitutes, bottles and pacifiers?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Ohio Hospital Recognition Application

SECTION 5: Disclaimers & Consent

The Ohio First Steps program was adapted from the [North Carolina Division of Public Health Maternity Center Breastfeeding-Friendly Designation](#).

This program is not meant to replace the [Baby-Friendly Hospital Initiative](#), nor will this program prepare hospitals fully for achieving for Baby-Friendly USA designation. It is meant to encourage adoption of environments and policies conducive to breastfeeding in maternity centers, and provide recognition for taking steps toward breastfeeding excellence. For more information on Baby-Friendly USA, please refer to www.babyfriendlyusa.org.

At the discretion of the Ohio First Steps Review Committee, additional documentation may be requested.

- I hereby consent to submission of this application for consideration by the Ohio First Steps Review Committee.
- I agree to have the recognition decision listed on the Ohio First Steps website (www.odh.ohio.gov/ohiofirststeps).
 - URL to link to hospital from the Ohio First Steps website: _____
- I do not wish to have the recognition decision listed on the Ohio First Steps website.
- Survey completed by:
 - Name
 - Title
 - Email
 - Phone Number

Thank you for completing this application.

Please refer to the application instructions page for submission guidance, deadlines and contact information.