

Step 3: Provide accurate and evidence-based information about breastfeeding and human milk to all pregnant women, mothers and/or caregivers that is based on current nationally recognized guidelines.

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	TOOLS & RESOURCES
<p>3A: Provide accurate and evidence-based information about breastfeeding and human milk to all women throughout prenatal care, including:</p> <ol style="list-style-type: none"> 1. Education about the differences between breastfeeding, human milk and artificial feeding (formula), providing education materials that highlight the many ways in which breastfeeding is superior to artificial feeding (formula). 2. Education about the health and developmental benefits of breastfeeding and human milk for both infant and mother. 3. Education about the benefits of early skin-to-skin contact, benefits of rooming-in and the risks of formula supplementation while breastfeeding in the first six months. 4. Assessment and assistance with the planning and management of successful breastfeeding, anticipating individual needs in a patient-centered manner. 5. Documentation in the medical record of educational encounters and materials given out in 	<ol style="list-style-type: none"> 1. <i>Written information will be available to clinic staff and pregnant patients and will cover the topics outlined in Guideline 3A.</i> 2. <i>At least 80% of randomly-selected women receiving prenatal services at the clinic in the third trimester will:</i> <ol style="list-style-type: none"> a) <i>Confirm that a staff member has given them information on the topics outlined in Guideline 3A.</i> b) <i>Describe the information that was discussed in two of the topics outlined in Guideline 3A.</i> 3. <i>At least 80% of randomly-selected medical records of pregnant women who received prenatal services in the third trimester at the clinic will provide documentation of educational encounters addressing the topics outlined in Guideline 3A.</i> 	<p>Include written information for home use. Local WIC agencies may be able to provide written breastfeeding education materials.</p> <p>Review the written materials with patients to support what was discussed and confirm the information is useful.</p> <p>Provide information in the languages of patients and consider materials appropriate to the literacy levels of patients.</p> <p>The staff IBCLC should review the materials to ensure they are accurate and evidence-based.</p> <p>Include a visit summary in the EHR notes. This helps ensure that appropriate topics are being addressed, reduces repetition of topics, and identifies key issues of concern for the patient.</p> <p>If a clinic also has a WIC program, exchange information regarding patient education to reduce repetition of information and also enhance team care and collaboration.</p>	<p><i>Patient Education Breastfeeding Checklist</i> - Alameda County</p> <p><i>Prenatal Chart Audit Tool</i> - Alameda County</p> <p><i>New Guidance for Antenatal and Postnatal Conversations</i> - UNICEF</p> <p><i>Your Baby's Feeding Plan IBCLC-to-IBCLC Communication Tool</i> - Sonoma County Breastfeeding Coalition</p>

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<p>regards to the topics above.</p>			
<p>3B: Provide accurate and evidence-based information about breastfeeding and human milk to all women and caregivers during postpartum care and pediatric care, including:</p> <ol style="list-style-type: none"> 1. Encouragement to exclusively breastfeed and/or feed infants only human milk, avoiding supplementation with formula, glucose water or water unless medically indicated, and addressing cultural practices that may interfere with exclusive breastfeeding. 2. Encouragement to continue breastfeeding and/or providing human milk, adding complementary foods at the appropriate time, as reflected by current, nationally-recognized recommendations. 3. Education regarding the benefits of exclusive breastfeeding and/or provision of human milk and the risks of artificial feeding (formula) or supplementation while breastfeeding in the first six months. 4. Education regarding hand expression of breastmilk, skin-to- 	<ol style="list-style-type: none"> 1. <i>Written information will be available to clinic staff and postpartum/pediatric patients and will cover the topics outlined in Guideline 3B.</i> 2. <i>At least 80% of randomly-selected women receiving postpartum services at the clinic will:</i> <ol style="list-style-type: none"> a) <i>Confirm that a staff member has given them information on the topics outlined in Guideline 3B.</i> b) <i>Describe the information that was discussed in two of the topics outlined in Guideline 3B.</i> 3. <i>At least 80% of randomly-selected medical records of postpartum/pediatric patients will provide documentation of educational encounters addressing the topics outlined in Guideline 3B.</i> 		

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<p>skin contact and feeding cues for successful breastfeeding.</p> <p>5. Education regarding adequate infant intake of vitamin D and iron supplementation, the appropriate timing for the introduction of solid foods, the appropriate slow increase of complementary feeding and the consequent gradual reduction of breastmilk.</p> <p>6. Review of normal infant behaviors such as sleep, crying and infant feeding cues.</p>			
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