

**Step 4: Provide clinical services that promote and support breastfeeding for the mother-baby dyad as the norm for infant feeding and nutrition.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	RESOURCES
<p><b>4A:</b> Perform a prenatal breastfeeding history and clinical breast exam to identify concerns and barriers to breastfeeding, and provide appropriate counseling and/or referral if risk for breastfeeding problems is determined.</p>	<p>1. <i>At least 80% of randomly-selected medical records of prenatal/postpartum patients will provide documentation of a breastfeeding history, clinical breast exam and appropriate lactation referrals using current national recommendations.</i></p>		
<p><b>4B:</b> Conduct an infant feeding assessment for all breastfeeding infants within 48 hours of hospital discharge, coordinating with birthing hospitals to be notified of births so appointments can be made prior to discharge. Address breastfeeding concerns at all postpartum and pediatric visits, informing mothers that they can return to clinic for additional breastfeeding support, ensuring that they receive care from appropriate breastfeeding health professionals, and referring patients to an IBCLC or providers with breastfeeding medicine expertise for unresolved breastfeeding issues. Clinic will use accurate scales (+/- 2 g) to measure pre-feeding and post-feeding weights.</p>	<p>1. <i>At least 80% of randomly-selected medical records will describe arrangements made with birthing hospitals to be notified of births.</i></p> <p>2. <i>At least 80% of randomly-selected medical records of breastfed infants will document that an infant feeding assessment was done no more than 5 days after birth.</i></p> <p>3. <i>At least 80% of randomly-selected postpartum women will report that they received breastfeeding support through their obstetric, pediatric or family practice provider that enabled them to address their breastfeeding problems and/or to achieve their infant feeding goals.</i></p> <p>4. <i>All pediatric and lactation staff responsible for conducting infant</i></p>	<p>Coordinate patient scheduling between OB, Peds and Family Practice, to ensure appointments for mother and infant are coordinated.</p> <p>Breastfeeding checks can be provided for both patients: mother and infant.</p> <p>Some clinics have arranged for mom and infant to stay in one exam room while staff rotates through the room for ease of logistics, space considerations and patient experience, especially if the infant is breastfeeding.</p> <p>Ensure the EHR has fields to record infant feeding information and notes.</p> <p>Confirm that the fields are hard stops and all staff who might provide breastfeeding support have authorization to access.</p>	<p><b>Feeding Assessment Protocol</b>- North County Health Services</p> <p><b>Clinical Protocols</b> - Academy of BF Medicine</p> <p>California WIC Program provides a variety of breast pumps meeting designated equipment specifications that are shown to be more effective and appropriate for mothers' breastfeeding needs.</p> <p>Use Staff Training Plan developed in Step 2</p>

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	<p><i>feeding assessments will demonstrate ability to accurately measure and document pre-feeding and post-feeding infant weight. Staff with clinical lactation training and experience in infant feeding plan development shall use these measurements to provide counseling and/or referral for appropriate infant feeding plans.</i></p>		
<p><b>4C:</b> Establish a triage system for breastfeeding-related concerns, including follow-up visits, walk-in visits during regular hours, and response to patient needs when the clinic is closed, incorporating current technology (such as texting) or warm-line services when available.</p>	<ol style="list-style-type: none"> <li>1. <i>Written triage protocols will show that every effort will be made to meet breastfeeding patients' needs during clinic visits, by phone, and when the clinic is closed.</i></li> <li>2. <i>At least 80% of randomly-selected clinic staff will be able to locate the clinic's breastfeeding triage protocols and describe their own role in implementation of the triage system.</i></li> <li>3. <i>At least 80% of randomly-selected medical records will provide documentation consistent with the breastfeeding triage protocols, including review of phone communications by an appropriate health care professional, if relevant.</i></li> </ol>		<p><b>Sample triage protocols:</b> University of North Carolina  <i>Assorted medical management</i>  <i>For pain (phone)</i>  <i>For mastitis (phone)</i>  <i>Outpatient scheduling</i></p> <p><b>Newborn Follow-Up Charting Form-</b>  Alameda County</p> <p><b>Sample job descriptions/duty statements</b> (see Step 2, Guideline 2A)</p>

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<p><b>4D:</b> Employ, contract with, or otherwise provide access to lactation consultants, or physicians with breastfeeding medicine expertise, in a manner that provides accessible, affordable, and appropriate care.</p>	<ol style="list-style-type: none"> <li>1. Documentation will confirm employment and/or referral agreement with a Certified Lactation Counselor (CLC) or Certified Lactation Educator (CLE) with 25 hours of breastfeeding training for routine breastfeeding issues such as positioning, latching on, and breast pump use.</li> <li>2. Documentation will confirm employment and/or referral agreement with an IBCLC, or physician with breastfeeding medicine expertise, for high-risk breastfeeding issues.</li> </ol>		
<p><b>4E:</b> Ensure adequate time and space for breastfeeding management in a private and comfortable setting.</p>	<ol style="list-style-type: none"> <li>1. Observation will show that the clinic has a private and comfortable space for patients to receive breastfeeding assessment and counseling/education from an IBCLC, CLC, CLE, and/or provider with breastfeeding medicine expertise.</li> </ol>	<p>Engage in capital improvement projects to ensure that new construction incorporates appropriate space for breastfeeding assessment &amp; counseling.</p>	<p><b>Supporting Nursing Moms at Work: Employer Solutions</b> Includes photos of clinics and other employer solutions for lactation spaces that could accommodate patients and staff – Office of Women’s Health, USDHHS</p>
<p><b>4F:</b> Follow the CDC guidance on using growth charts that reflect normal growth standards including charts for breastfed babies, currently the World Health Organization (WHO) growth</p>	<ol style="list-style-type: none"> <li>1. A review of randomly-selected medical records of infants and children will show that the appropriate growth charts are being utilized, per CDC guidance.</li> </ol>	<p>Ensure the EHR has the appropriate growth charts for infants and children and including breastfeeding babies.  IT staff may be helpful or needed in</p>	<p><b>CDC Growth Charts-Background</b>  <b>WHO Growth Charts</b>  <b>CDC Growth Charts</b></p>

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standards for infants and children ages 0 to 2 years of age and the CDC growth charts for children age 2 years and older.		<p>ensuring the charts are available and functional in the EHR.</p> <p>IT staff are also key partners for determining how the data can be queried to report on breastfeeding rates.</p> <p>Staff should chart infants growth data and share that information with parents in the context of infant feeding.</p>	
<p><b>4G:</b> Promote participation in breastfeeding peer support programs, especially in the first weeks postpartum, for all breastfeeding women.</p>	<p>1. <i>80% of randomly-selected breastfeeding women receiving services at the clinic postpartum will report that they were encouraged to participate in and received information about available peer support programs.</i></p>	<p>WIC agencies have had good success with breastfeeding peer support groups and may be a source of information or collaboration for this effort.</p> <p>Peer support groups can also be opportunities for patient education and individual care, if they are scheduled and staffed adequately to allow individual mothers to be seen for a few minutes, by a provider during the time slot of the support group.</p>	<p><b><i>Resources for Patient Referral at Discharge-</i></b> CA Dept of Public Health</p>