

Step 1: Establish and routinely communicate to all clinic staff a written infant feeding policy that promotes, supports and protects breastfeeding and human milk as the normative standards for infant feeding and nutrition.

| GUIDELINE | DESIRED OUTCOMES | ADVICE FROM THE FIELD | TOOLS & RESOURCES |
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| <p>1A: Develop a written infant feeding policy that addresses:</p> <ol style="list-style-type: none"> Breastfeeding and human milk as the normative standards for infant feeding and nutrition. The American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP) and the <i>International Code of Marketing Breast-milk Substitutes</i> communicate the philosophy that the majority of mothers are capable of breastfeeding their infants and should be protected from the promotion of breastmilk substitutes and other efforts that undermine an informed decision. Support for the non-breastfeeding mother and baby will include: a) pediatric counseling of choice in formula; b) patient education on safe preparation of formula; c) safe bottle feeding guidelines to prevent overfeeding or underfeeding. Evidence-based practices and | <ol style="list-style-type: none"> <i>A written infant feeding policy that addresses breastfeeding and human milk as the normative standards for infant feeding and nutrition, adheres to the International Code of Marketing of Breast-milk Substitutes, and includes evidence-based practices and protocols that support these Guidelines will be available for review.</i> <i>All departments of the clinic that potentially interact with childbearing women and babies will have language in their policies about the promotion, protection and support of breastfeeding and will not interfere with the infant feeding policy and implementation of these Guidelines.</i> <i>All clinical protocols, standards, and educational materials related to infant feeding and nutrition will comply with the infant feeding policy and these Guidelines.</i> <i>Clinic management will identify the staff responsible for assuring implementation and maintenance of the infant</i> | <p>Establish a clinic breastfeeding task force.</p> <ul style="list-style-type: none"> Recruit multidisciplinary members, including management, billing, IT, primary care, obstetrics, pediatrics, human resources and employee wellness Identify a breastfeeding champion, ideally a physician or medical provider Consider championing an issue such as obesity prevention, health outcomes, QI, or social determinants of health Set a regular meeting schedule Have goals and objectives and employ strategies such as Plan, Do, Study, Act (PDSA) Consider how this effort could support other clinic goals such as improved patient experience of care, health care cost savings, and improved health outcomes Consider if this effort can contribute to certifications, such as Patient Centered Medical Homes or Accountable Care Organization | <p><i>Infant Feeding Policy Template</i> – CBC and CDPH/WIC RBLs (2017)</p> <p><i>Sample Clinic Breastfeeding Policy</i> - Wisconsin Department of Health and Family Services</p> <p><i>Clinic Breastfeeding Task Force Form</i> - CDPH COIN Collaborative</p> <p><i>Template for Action Plan</i> - CDPH COIN Collaborative</p> |

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| <p>protocols that support breastfeeding in the outpatient setting, including implementation of Steps 2-9 of these Guidelines.</p> | <p><i>feeding policy.</i></p> | | |
| <p>1B: Communicate the infant feeding policy at new employee orientation and annually thereafter to all clinic staff and ensure its availability as a reference.</p> | <ol style="list-style-type: none"> <i>1. Clinic management will locate the infant feeding policy and describe how all clinic staff members, including new employees, are made aware of the content.</i> <i>2. At least 80% of randomly-selected clinic staff will be able to locate the infant feeding policy, describe its contents and confirm that they received an orientation to the policy.</i> | <p>Use opportunities to solicit staff feedback before the policy is finalized.</p> <p>Use annual policy trainings, in-services, and regularly scheduled meetings to updates staff on the new policy during its development and rollout.</p> | |
| <p>1C: Prominently display a summary of the breastfeeding policy in areas that serve mothers, babies and young children, with information for how to access the full policy. Ensure that this information is verbally explained to persons unable to read and rendered in a culturally and linguistically competent manner and in the primary languages of the clients served.</p> | <ol style="list-style-type: none"> <i>1. A summary of the infant feeding policy and a statement which communicates the institution's policy restricting the promotion of breastmilk substitutes will be prominently displayed in areas that serve mothers, babies and young children.</i> <i>2. This information will be rendered</i> | <p>The policy can be:</p> <ul style="list-style-type: none"> ● kept as a hard copy in work station, where it would be available upon request ● posted on an employee intranet site <p>Information about how to request to view the breastfeeding policy can be posted on the public website.</p> | |

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| | <p><i>in the primary languages of the clients served in accordance with current State and Federal Health and Safety Codes.</i></p> | | |
| <p>1D: Create and implement evidence-based protocols that support breastfeeding and human milk as the standards for infant feeding and nutrition, incorporating current recommendations from the American Academy of Pediatrics (AAP) and other major professional organizations.</p> | <ol style="list-style-type: none"> <i>1. The clinic will have written clinical protocols that support implementation of Steps 2-9. All departments of the clinic that potentially interact with childbearing women and infants will have language in their protocols about the promotion, protection and support of breastfeeding. Review of all clinical protocols, standards, and educational materials related to infant feeding and nutrition will comply with these Guidelines.</i> <i>2. The clinic manager, prenatal/maternity services director, and pediatric services director will all be able to identify the clinical staff member responsible for assuring the implementation and maintenance of these clinical protocols.</i> | | <p><i>Breast Pump Authorization Criteria and Lactation Support</i> - Contra Costa Health Plan</p> |