Program Guidance and Application

Summer 2016

KENTUCKY INFANTS SAFE & STRONG

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KENTUCKY INFANTS SAFE & STRONG

Building better futures for Kentucky babies

KISS Program Overview

The Kentucky Infants Safe and Strong (KISS) Program is a recognition program for hospitals that are taking steps to implement evidence-based practices that will increase infant safety and reduce the risk of Infant Mortality and Morbidity and move towards implementation of the Ten Steps for Successful Breastfeeding. A hospital will be awarded one (1) star by implementing one (1) infant safety step and two (2) steps towards successful breastfeeding. The KISS Program will award up to five (5) stars to hospitals; a five (5) star hospital will have implemented at least five (5) of the infant safety steps and completed all Ten (10) Steps To Successful Breastfeeding.

In Kentucky, too many newborns die in the first year of life or are re admitted to the hospital for problems that are potentially preventable. These include unsafe sleep practices, abusive head trauma, improper use of car seats, excessive jaundice, dehydration, prenatal smoking, second-hand smoke exposure, etc. By implementing the below Kentucky Infant Safety Steps developed from evidence-based pratices and national guidelines, birthing hospitals can impact these adverse outcomes.

In addition to decreasing Infant Mortality and Morbidity the KISS Program promotes breastfeeding as the best source of nutrition. The American Academy of Pediatrics (AAP) recommends breastfeeding as the preferred feeding method of all babies. Breastfeeding protects against a host of childhood illnesses and diseases including ear infections, upper respiratory illnesses, childhood cancers, and allergies. Research has shown that hospitals that implement the Ten (10) Steps to Successful Breastfeeding have a significant impact on the initiation and duration of breastfeeding. Breastfeeding USA utilized the Ten (10) Steps to Successful Breastfeeding to develop the requirements for Baby Friendly Designation. Hospitals that implemented at least six (6) of the Baby Friendly steps had 96.8% of their breastfeeding mothers continuing to breastfeed at six (6) weeks after discharge.

KY Infant Safety Goal 1: Reduce Infant Mortality and Morbidity (choose at least one)	KY Successful Breastfeeding Goal 2: Increase Breastfeeding Rates (choose at least two)
1.1 Instruct parents and caregivers on Infant Safe Sleep practices based on current American Academy of Pediatrics guidelines.	2.1 Train all healthcare staff on breastfeeding support.
1.2 Model Infant Safe Sleep practices in the newborn nursery and NICU, based on current American Academy of Pediatrics recommendations.	2.2 Inform all pregnant women about breastfeeding.
1.3 Follow the evidence-based practice for educating all parents and caregivers of newborns on prevention of Abusive Head Trauma (AHT) prior to discharge.	2.3 Place babies in skin-to-skin contact (Kangaroo Care) immediately after birth.
1.4 Establish a system to prevent readmissions of breastfeeding and high risk newborns, including, at a minimum, those with jaundice, prematurity, or neonatal abstinence.	2.4 Establish a system to ensure that breastfeeding infants will have follow-up with Physicians and referrals to breastfeeding support groups.
1.5 Assist birth mother in writing down an infant safety plan to have available in case of a future emergency situation.	2.5 Show mothers how to breastfeed.
1.6 Establish policies to follow AAP guidelines for screening and follow-up of jaundice.	2.6 Give no food or drink to breastfeeding infants and purchase formula at fair market value.
1.7 Document counseling mothers and families on avoidance of exposure to second hand smoke and refer to smoking cessation services.	2.7 Practice rooming in.
1.8 Educate all parents regarding the signs of postpartum depression and where to seek help if signs appear.	2.8 Encourage breastfeeding on demand.
1.9 Establish a "hard stop" policy to prevent early (<39 weeks) elective deliveries without medical indications at your facility.	2.9 Give no pacifier or artificial nipples to breastfeeding infants.
1.10 Instruct parents/caregivers on the law and appropriate use of infant car seats, and verify its installation in the back seat of the vehicle at discharge.	2.10 Have a written breastfeeding policy.

The Kentucky Infants Safe and Strong (KISS) Program is a hospital recognition that is sponsored jointly by:

Kentucky Public Health Prevent. Promote. Protect. | March of Dimes 75 years marchofdimes.com/75 | KPA | Division of Maternal and Child Health | WIC Growing Healthy Families | Shape the Future Breastfeed

Summer 2016

APPLICATION PROCESS:

Hospitals can seek recognition by completing the application. Recognition will be given for each one (1) infant safety step and two (2) successful breastfeeding steps that have been implemented. Stars will be awarded quarterly and will be valid for five (5) years after the award has been received. At the end of the five (5) years, hospitals will need to re-apply for continued recognition. These steps are based on the current national standards as of January 1, 2015 and may be updated as standards change. Awarded hospitals may be monitored to verify that policies and procedures are followed to meet the KISS Program standards. If, at any time, there is significant evidence that the steps are not being followed, recognition can be revoked.

How to Apply

1. Read through the Guidance Document and Application. Then fill out the Intent to Apply. The Intent to Apply allows hospitals to receive technical assistance on those steps they are working to implement.
2. The Guidance Document and Application provides information, resources and sample policies for each step. The Guidance Document and Application will provide hospitals with the necessary criteria that will need to be submitted with the Application. The Guidance Document and Application also provides hospitals with a checklist of necessary items that must be attached to the application.
3. Hospitals can apply for multiple Stars with each submission.
4. Once the hospital submits the Intent to Apply, KISS Program staff will contact the birthing hospital to offer technical assistance.
5. Once the hospital has implemented their selected steps, submit the Application and necessary documents to the KISS Program by the deadlines listed below.

Application Due	KISS Awards Review Committee Meeting	Notification of STARS Awards
January 1st	January 15th	Feburary 15th
April 1st	April 15th	May 15th
July 1st	July 15th	August 15th
October 1st	October 15th	November 15th

Submitting the Intent to Apply and Application:

Send all completed forms and attachments to:

By Mail	**Email**	**Fax**
KISS Program 275 East Main Street HS2W-D Frankfort, KY 40621	KISS.Program@ky.gov	(502) 564-4217 Include a fax cover page with the total number of pages clearly listed.

NEXT STEPS

Each hospital that applies will be notified by the dates listed above. If the application meets qualifications as determined by the KISS Program review team, the hospital will receive:

1. An award letter;
2. A KISS Program Certificate to be displayed in the perinatal care area; and
3. A template for a press release for local media.

The Department for Public Health will issue a press release to acknowledge the accomplishment by the hospital. Hospitals who have achieved stars will be recognized publicly at the March of Dimes Prematurity Summit, Annual Breastfeeding Summit and the Kentucky Perinatal Association Annual Meeting

KENTUCKY INFANTS SAFE & STRONG

Building better futures for Kentucky babies

GOAL # 1

Steps to Reduce Infant Mortality And Morbidity

In Kentucky each year, there are over 300 infants who die before reaching their first birthday. Many others are re admitted to the hospital in the first weeks of life. Studies suggest that many of these deaths and readmissions are preventable. The infant safety steps are evidence-based practices, recommended nationally by the American Academy of Pediatrics, and drawn from studies in literature. Despite the agreement on these national recommendations, they are rarely completely followed in day-to-day practice.

While we encourage hospitals to implement all of these steps, only one (1) is required for each recognition star in KISS, along with two of the steps toward successful breastfeeding. Steps must be implemented in both the Newborn Nursery and the Neonatal Intensive Care Unit (NICU) if applicable. Hospital must have a 90% minimum compliance rate for trainings and documentation as listed in the application forms. Chart review will consist of a minimum of 15 charts per month for hospitals with <2000 births/year and 30 charts per month for hospitals with >2000 births/ year, for the 3 months prior to application.

RESOURCES:

- Hospital Stay for Healthy Term Newborns: American Academy of Pediatrics, Committee on Fetus and Newborn, Hospital Stay for Healthy Term Newborns, Pediatrics 2010; 125:2 405-409; published ahead of print January 25, 2010, doi:10.1542/peds.2009-3119.
- Bright Futures: http://brightfutures.aap.org/index.html
- Guidelines for Perinatal Care: American Academy of Pediatrics, ACOG Committee on Obstetrics: Maternal and Fetal Medicine., & March of Dimes Birth Defects Foundation. (6th edition, 2007). Guidelines for perinatal care. Elk Grove Village, Ill: American Academy of Pediatrics
- AAP Safe and Healthy Beginnings Program & Resource Toolkit: http://www.aap.org/en-us/professional-resources

KENTUCKY INFANTS SAFE & STRONG

GOAL # 1
Reduce Infant Mortality and Morbidity

STEP 1.1
Safe sleep education for all births

In Kentucky, Sudden Unexplained Infant Death (SUID) is the #3 cause of Infant Mortality, after congenital anomalies and prematurity. It is also the most potentially preventable cause of infant death. Kentucky statistics show that 85% of SUID deaths had at least one unsafe sleep risk factor. Assuring that families know and are able to carry out safe sleep practices for their infant is critical to reducing these deaths. Yet, anecdotal reports from new mothers would indicate that instruction in safe sleep before discharge from the hospital is often an afterthought, if done at all. By implementing consistent safe sleep education, hospitals can help parents understand the need for a safe sleep environment and lower the risk of infant deaths for all Kentucky families.

CRITERIA:

- ✓ Implement an Infant Safe Sleep policy that is consistent with current AAP Guidelines and the National Safe to Sleep Campaign(see below). The policy must include staff training and parent education. This policy will be applicable on all inpatient hospital units who care for infants under 1 year of age.
- ✓ Breastfeeding policies do not contraindicate Safe Sleep. The AAP recommends room sharing but not bed sharing for infants, even when mothers breastfeed.
- ✓ Implement a policy that includes not allowing parents of newborns to hold the infant if the adult is falling asleep.
- ✓ Staff will provide education on SIDS/SUID/Infant Safe Sleep to parents/caregivers of all newborns and NICU patients. In addititon to the National recommendations on safe sleep, parents will be educated on proper swaddling and that it should not continue past 8 weeks of age; safe sleep in winter is discussed with all parents. Completion of parent education is documented in the patient's chart prior to discharge, including the method of education, type and location of infant's bed at home, and potential exposures to second hand smoke in the home. *(Notify the hospital social worker if the family does not have an appropriate sleep space for the infant at home)*
- ✓ Parents and potential caregivers of all newborns and NICU patients are provided with copies of approved safe sleep information to take home.
- ✓ Safe Sleep Education must also be provided in the pediatric inpatient unit, hospital's childbirth classes, and to families of infants presenting to the Emergency Department, when applicable.

RESOURCES:

- American Academy of Pediatrics (AAP): Task Force on Sudden Infant Death Syndrome. (2011). SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. Technical Report: *Pediatrics 128(5), e1341-e1367*, and Policy Statement: *Pediatrics 128(5): 1030-1039*.
- Charlies Kids Foundation: Educating and Informing about SIDS: http://charlieskids.org/ Includes a book " Sleep Baby, Safe and Snug" that can be purchased and given to families.

VIDEOS:

- Safe to Sleep Campaign: http://www.nichd.nih.gov/sts/materials/Pages/default.aspx
- First Candle: http://www.firstcandle.org/new-moms-dads/bedtime-basics-for-babies/video/
- Healthy Children (AAP): http://www.healthychildren.org/English/Safe-Sleep-for-Babies.aspx

PATIENT EDUCATION:

- Kentucky Safe Sleep Campaign: www.safesleepky.gov
- National Safe to Sleep® Public Education Campaign: http://www.nichd.nih.gov/sts/Pages/default.aspx Includes FREE, customizable, nationally recommended patient education material in English and Spanish, such as door hangers, information for grandparents, and other free resources. FREE, on-line nursing and pharmacist continuing education are available.
- Keeping Baby Warm in Winter – http://chfs.ky.gov/dph/mch/ns/kiss.htm

GOAL # 1
Reduce Infant Mortality and Morbidity

STEP 1.1
Application Page

Documentation Requirements:

- ❑ Attach a copy of the Infant Safe Sleep policy, or policies, if separate policy for L&D, Postpartum/Mother-Baby, Newborn Nursery, NICU and Pediatric Unit.
- ❑ Attach a copy of the infant feeding (breastfeeding) policy that does not conflict with Safe Sleep Guidelines.
- ❑ Attach copies of educational resources provided to parents upon hospital discharge, or a list of materials if using the materials on the previous page.
- ❑ Submit a copy of the training or certify by initialing below that the staff training includes, at a minimum:
  - Definitions and Epidemiology of SIDS/SUID/Accidental suffocation _____
  - Responses to common questions about safe sleep, consistent with the National Safe to Sleep Campaign _____
  - Modeling safe sleep in hospital settings _____
  - The National Safe to Sleep Campaign and the AAP recommendations for safe sleep _____
    NICHD has a free online training for nurses which ocovers the above at https://www.nichd.nih.gov/cbt/sids/nursecoecourse/Welcome.aspx

Complete the following:

1.1.1 Percent of staff who have been trained on Infant Safe Sleep:
Mother/Baby or Postpartum Staff _____% NICU staff _____%
Newborn Nursery Staff _____% L&D staff _____%
Childbirth class instructors/Perinatal educators _____%

1.1.2 What percent of parents of newborns and NICU patients receive Infant Safe Sleep education prior to discharge?
Newborns_____% NICU patients _____%

a. How was this percentage determined?
___ Chart review ___ Alternative system *(may be a log or other tracking method)* (specify): _____

1.1.3 Based on chart review, what percentage of patients have the Baby's home sleep surface documented?
- Document data on attached collection sheet

1.1.4 Based on chart review, what percentage of patients have the presence or absence of 2nd hand smoke in the home documented?
- Document data on attached collection sheet

1.1.5 Identify the methods used to educate parents and caregivers on safe sleep practices.

___ Video/DVD ___ Discussion (staff & parents)
___ Handouts ___ Demonstration/return demonstration

I verify that the information in this application contains accurate information that reflects the implemented policy and practice at _____.
(hospital)

Printed Name:_____ Signature:_____

Position: _____ Date:_____

Submit the application package by email to KISS.Program@ky.gov, fax at 502-564-4217, or mail to KISS Committee 275 E. Main Street HS2W-D, Frankfort, KY 40621. Packages should include the Application Cover sheet and signed application page from one infant safety step and two breastfeeding steps.

KENTUCKY INFANTS SAFE & STRONG

GOAL # 1
Reduce Infant Mortality and Morbidity

STEP 1.2
Modeling safe sleep on hospital units

The 2011 AAP reports on safe infant sleeping environments emphasize that practitioners in the hospital setting should not only endorse, but model safe sleep recommendations. Parents who observe health care professionals placing infants in prone or side positions often assume that supine positioning is not important. The AAP recommends that all infants in the hospital be placed in a supine position as soon as they are medically stable and ready to be placed in an open crib; for premature infants this generally occurs after they are 32 weeks total gestation. A NICU policy and algorithm for when to start safe sleep/supine sleeping practices was tested by Gelfer et al (2013). They found that when safe sleep was modeled in the NICU, parental compliance with safe sleep practices after going home improved from 23% to 82% -- a huge reduction in risk for this population.

CRITERIA:

- ✓ Written policies and procedures for Newborn Nursery, NICU and pediatric inpatient units will model safe sleep practices, as recommended by the AAP into the care of all infants who are stable enough to be cared for in an open crib, including those rooming in with their mothers.
- ✓ The Infant Safe Sleep policy must include modeling of Safe Sleep practices of all eligible infants and be consistent with current National Safe to Sleep Campaign (see below). This includes: infants sleep alone, on their backs, and in their own crib. The crib will not contain contain any items other than a firm mattress with a snug fitted sheet. This includes eliminating positioners, pillows, blankets and stuffed toys, and items to elevate the head of the bed. If swaddling is done by the hospital staff, parents must be educated on safe swaddling, dangers of incorrect swaddling and ceasing to swaddle the infant after 8 weeks of age. The policy must cover all inpatient areas of the facility for children under 1 year of age.
- ✓ The policy must include documentation of where baby will sleep at home and documentation of the presence or absence of any smoking in the home.
- ✓ Staff training must include all Labor and Delivery, Postpartum, Newborn Nursery, NICU and pediatric inpatient unit staff, and shall include documentation of competencies and skills in safe sleep modeling.
- ✓ Safe sleep education including instruction on implementing safe sleep practices at home shall be given to all parents/caregivers of newborns, NICU and pediatric inpatients under 1 year of age.

RESOURCES:

- American Academy of Pediatrics (AAP): Task Force on Sudden Infant Death Syndrome. (2011). SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. Technical Report: *Pediatrics 128(5), e1341-e1367*, and Policy Statement: *Pediatrics 128(5): 1030-1039*.
- Gelfer P et al. 2013. Integrating Back to Sleep Recommendations into Neonatal ICU Practice. *Pediatrics 131(4): e1264-e1270*. http://pediatrics.aappublications.org/content/early/2013/02/26/peds.2012-1857
- First Candle Safe Sleep Practices for Well Baby Nursery and NICU (includes model hospital policies for implementing safe sleep practices) http://www.firstcandle.org/professionalsnurses-ce-program/materials/
- National Safe to Sleep® Public Education Campaign: http://www.nichd.nih.gov/sts/Pages/default.aspx Includes FREE, on-line nursing continuing education (used by Gelfer et al), and FREE, customizable, nationally recommended patient materials.
- Mason B, Ahlers-Schmidt CR, Schunn C. (2013). Improving Safe Sleep Environments for Well Newborns in the Hospital Setting. Clinical Pediatrics, 52, 969-975.
- National Hospital Certification: http://www.cribsforkids./org/hosptial-initiative-toolkit

GOAL # 1
Reduce Infant Mortality and Morbidity
STEP 1.2
Application Page

Documentation Requirements:

- ❑ Attach a copy of the policy and procedures for modeling Infant Safe Sleep procedures in L&D, postpartum, Newborn Nursery, NICU and pediatric units including the hospitals operational definition of medically stable for safe sleep practices.
- ❑ Attach a copy of the training or certify by initialing below that the staff training includes, at a minimum:
  - Definitions and Epidemiology of SIDS/SUID/Accidental suffocation _____
  - Responses to common questions about safe sleep, consistent with the National Safe to Sleep Campaign and the AAP recommendations for safe sleep from the 2011 AAP Policy Statement _____
  - Policy/procedure for the staff requirement to model safe sleep in hospital settings _____

Complete the following:

1.2.1 Percent of staff who have been trained on the policy for modeling Infant Safe Sleep:
Mother/Baby or Postpartum Staff _____% NICU staff _____%
Newborn Nursery Staff _____% L&D staff _____%
Childbirth class instructors/Perinatal educators _____%

1.2.2 Were these practices implemented as a Quality Improvement project? __NO __YES (Specify, attach a separate page if necessary.)

1.2.3 What percent of infants in open cribs, in both the Newborn Nursery and the NICU are placed by hospital staff supine in beds, on a firm sleep surface and without other items, modeling Safe Sleep as soon as eligible? (Use an observed sampling of at least 8 observations each month, with 4 observations being on day shift and 4 on night shift for the 3 months prior to applying in each unit)
Newborn Nursery/ Mother Baby Unit_____% NICU_____%

I verify that the information in this application contains accurate information that reflects the implemented policy and practice at _____.
(hospital)

Printed Name:_____ Signature:_____
Position: _____ Date:_____

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GOAL # 1
Reduce Infant Mortality and Morbidity
STEP 1.3
Implement parent education on preventing Abusive Head Trauma

Not a month passes in Kentucky without another news story about an infant who experiences fatal or near-fatal injuries from being violently shaken, typically triggered by a caregiver's inability to stop the infant's crying. Hospital-based parent education immediately after the infant's birth has shown promise in several studies as a prevention strategy. These studies have consistently shown a decrease in abusive head trauma of 47%-75% after implementation of the parent education program, a dramatic effect that will save infant lives.

CRITERIA:

- ✓ Implement a parent education program for prevention of Abusive Head Trauma that is consistent with established evidence-based practice. This includes:
  1. Showing parents of newborns an evidence based video designed for the prevention of Abusive Head Trauma (see options below).
  2. Having the parent sign a commitment statement (template available on KISS web site), and providing the family and caregivers materials on prevention of abusive head trauma.
  3. Educating parents on at least four (4) techniques for soothing a crying baby, with return demonstration by the parent and a plan for what to do for those times when an infant cannot be soothed.
  4. Documentation of completion of parent education in steps 1-3 as described in the newborn's chart prior to discharge.
- ✓ All staff in Labor and Delivery (L&D), postpartum, newborn nursery, NICU, pediatric inpatient units, and emergency departments must provide documentation of the abusive head trauma prevention education as required by Kentucky law and must review this training at least annually.

RESOURCES:

VIDEOS:

- The Period of Purple Crying: cost is $3.50 per DVD packet and can be sent home with families, 10 languages available, discounts available in large quantities. http://dontshake.org/lms/lms_information/lms_course.php?purple
- Portrait of a Promise: Available to purchase in English for $26. Or a multi-lingual DVD for $50. http://www.childrensmn.org/services/midwest-childrens-resource-center/resources
- Hope for Tomorrow video link: Available from Kosair Children's Hospital http://www.kosairchildrenshospital.com/hopefortomorrow

PATIENT EDUCATION:

- The Period of Purple Crying: http://purplecrying.info/
- Don't Shake.org: http://www.dontshake.org/sbs.php?topNavID=3&subNavID=317
- CDC: http://www.cdc.gov/concussion/HeadsUp/sbs.html

STAFF EDUCATION:

- The Period of Purple Crying: http://dontshake.org/sbs.php?topNavID=4&subNavID=32&navID=664.
- Abusive Head Trauma for Nurses: http://www.kbn.ky.gov/ce/cecourses.htm#paht
- Abusive Head Trauma for Physicians: http://www.nortonhealthcare.com/pediatric-abusive-head-trauma

GOAL # 1
Reduce Infant Mortality and Morbidity
STEP 1.3
Application Page

Documentation Requirements:

- ❑ Attach a copy of the training or certify by initialing that the staff training includes, at a minimum each of the following :
  - Definitions and Epidemiology of Pediatric Abusive Head Trauma _____
  - Responses to common questions about strategies to prevent abusive head trauma _____
  - How to teach soothing techniques to new parents/caregivers _____
  - Instructing parents on normal and abnormal crying and what to do when frustrate: _____
- ❑ Attach a copy of the policy and procedures on educating the family regarding prevention of Abusive Head Trauma.

Complete the following:

1.3.1 Percent of staff who have been trained on Pediatric Abusive Head trauma:
Mother/Baby or Postpartum Staff _____% NICU staff _____%
Newborn Nursery Staff _____% L&D staff _____%
Childbirth class instructors/Perinatal educators _____%

1.3.2 Based on chart review, what percent of parents of newborns and NICU patients who receive evidence based Pediatric Abusive Head Trauma education (steps 1-4) prior to discharge from your facility?
- Document on attached data collection sheet

1.3.3 Of those parents who received the education, what percentage of parents sign a commitment statement that AHT education was received prior to discharge?
- Document on attached data collection sheet

1.3.4 What percentage of newborn and NICU charts by discharge have documented return demonstration from the parents/caregiver on four (4) ways to calm a crying baby and what to do if they are frustrated and the infant continues to cry?
- Document on attached data collection sheet

I verify that the information in this application contains accurate information that reflects the implemented policy and practice at _____.
(hospital)

Printed Name:_____ Signature:_____
Position: _____ Date:_____

Submit the application package by email to KISS.Program@ky.gov, fax at 502-564-4217, or mail to KISS Committee 275 E. Main Street HS2W-D, Frankfort, KY 40621. Packages should include the Application Cover sheet and signed application page from one infant safety step and two breastfeeding steps.

KENTUCKY INFANTS SAFE & STRONG

GOAL # 1
Reduce Infant Mortality and Morbidity

STEP 1.4
Promote successful transition to home and preventing readmissions

The AAP recommends all newborns have a follow-up visit by a health care professional within 48-72 hours post-discharge. Many readmissions to the hospital can be prevented by these visits. Breastfed infants should be seen to assure breastfeeding is established and the infant is not dehydrated. In addition, for infants identified as high risk for transition problems or at risk during the hospital stay, the visit should be scheduled with the infant's medical home prior to discharge, information transmitted to the medical home by the hospital, and a mechanism in place to know if the at-risk infant was seen. These high-risk newborns include those exposed to drugs in utero, those with Neonatal Abstinence Syndrome (NAS), those with jaundice or feeding problems, family social instability, or other conditions identified during the hospital stay.

CRITERIA:

- ✓ Implement a policy that includes procedures to ensure the medical home is identified and follow-up appointments are made by the hospital staff prior to parent/baby discharge. Procedure must include communication to the medical provider of the infant's risks, recent labs and weight, and status on discharge.
- ✓ The policy will include providing education to parents on the importance of keeping the 48-hour appointment and signs to watch for in the infant. Parents need to understand the necessity of the appointment to increase compliance with keeping appointments.
- ✓ Procedures must include determining the newborn's insurance or Managed Care Organization (MCO) assignment. In Medicaid, newborns are automatically assigned to the same MCO as the mother; if this does not happen, hospital staff should contact the Department of Community Based Service (DCBS) Medical Card Hotline at 1-855-306-8959 to get the newborn assigned correctly (the number is for hospitals only).
- ✓ Staff at discharge must document in the infant's medical record: 1. The name of the Primary Care Provider (PCP), 2. The date and time of the scheduled follow-up visit (within 2 days of discharge), 3. The infants risk information has been transmitted to the Primary Care provider (PCP).
- ✓ The hospital staff must discuss the importance of follow-up and the infants risk, and identify and address any barriers for the family in attending the appointment.
- ✓ Facilitate the transition of newborns/infants to their medical home by establishing a communication plan with physician's offices. This is necessary for prompt follow up for high-risk infants that do not keep their 48-hour appointment. The procedure will include an agreement with the provider of the follow-up visit to notify the hospital social worker/case worker or designated hospital staff person in the event the patient does not keep the appointment. The designated hospital staff will attempt to contact the infant's parent/caregiver to determine the well being of the infant, if assistance is needed, and reschedule the appointment as soon as possible.

RESOURCES:

- American Academy of Pediatrics. Safe and Healthy Beginnings Toolkit: Safe and Healthy Beginnings Newborn Discharge: A Readiness Checklist (SAMPLE)

GOAL # 1
Reduce Infant Mortality and Morbidity
STEP 1.4
Application Page

Documentation Requirements:

- ❑ Attach a copy of the hospital policy outlining how at risk infants are determined, what information on infants at risk is transmitted to the medical home, when appointments are made, and education of parent on necessity of visit.
- ❑ Attach a copy of the procedure for tracking patients not keeping follow-up appointments and the follow-up process.

Complete the following questions:

1.4.1 Percent of staff who have been trained on the policy for high risk infants:
Mother/Baby or Postpartum Staff _____% NICU staff _____%
Newborn Nursery Staff _____% L&D staff _____%
Childbirth class instructors/Perinatal educators _____%

a. How was this percentage determined?
___ Training roster ___ Alternative system (specify): _____

1.4.3 Record the number of newborns and NICU babies in the chart below. (Please use the 3 months prior to application.)

Month:			
Total Discharges NBN			
Follow-up Appt. scheduled with PCP			
Referral to PCP prior to discharge			
Calls from PCP for missed appt.			
Total Discharges NICU			
Follow-up appt. scheduled with PCP			
Referral to PCP prior to discharge			
Calls from PCP for missed appt.			

1.4.4 What percentage of these families are educated on the necessity of keeping follow up appointment?
- Document on attached data collection sheet

1.4.5 Does the hospital have a way of notifying the NICU or newborn nursery of readmissions within 30 days of discharge?
___ NO ___YES

1.4.6 Does the hospital have a way of notifying the NICU or Newborn Nursery of infant deaths?
___ NO ___YES

I verify that the information in this application contains accurate information that reflects the implemented policy and practice at _____.
(hospital)

Printed Name:_____ Signature:_____
Position: _____ Date:_____

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GOAL # 1
Reduce Infant Mortality and Morbidity

STEP 1.5
Assist all parents in developing a safety plan for their infant prior to discharge

Any family can experience an unexpected crisis, and infants can be put at risk if their normal caregiver is absent or impaired. In addition to emergency numbers such as doctor's office, crisis lines, and 911, all parents should have a plan for someone to keep their infant on short notice in case of an accident or emergency. Parents should also identify where they would go in case of emergency, such as a house fire, or violence in the home or neighborhood. Hospital staff should assist all parents in thinking through a safety plan for the infant. In addition, staff should assess the family for risks of violence, mental health or substance abuse issues, inadequate housing or other stressors, and engage social services in helping these families develop additional resources before discharge.

CRITERIA:

- ✓ The Infant Safety Plan will include parents identifying someone who can keep their baby on short notice; parents need to have a safe place for both themselves and the baby if their home becomes dangerous due to fire,flood, violence etc.; parents need to have an escape plan. Please use the template provided, or include the information from the template on a hospital specific form. See Appendix for template.
- ✓ Staff will assist families in completing the forms and specifically discuss choices for a Designated Dependable Adult. Document who the Designated Dependable Adult is in patients chart.
- ✓ Staff must assess families of newborns for adequate housing, transportation, access to services, domestic violence, mental health/depression by history or signs, and substance abuse and document these issues in the chart. Staff will routinely notify hospital social services to address these issues and access to treatment, and set up services prior to discharge of the newborn.

RESOURCES:

- Bright Futures: http://brightfutures.aap.org/pdfs/Other%203/PSQ_screen.pdf
- The National Domestic Violence Hotline: http://www.thehotline.org/2013/04/safety-planning-with-children/
- The American Congress of Obstetricians and Gynecologists Domestic Violence Webtreats: http://www.acog.org/About_ACOG/ACOG_Departments/Resource_Center/WEBTREATS_Domestic_Violence
- The American Congress of Obstetricians and Gynecologists Leaving the Violence: http://www.acog.org/About_ACOG/ACOG_Departments/Violence_Against_Women/Leaving_the_Violence
- Kentucky DV services areas: http://www.kdva.org/victim_services/kydvcenter.html
- Child Saftey Network: http://www.childrenssafetynetwork.org/injurytopics/home-safety

PATIENT EDCUATION:

- Children's Safety Network: http://www.childrenssafetynetwork.org/injurytopics/home-safety
- Emergency Preparedness: http://emergency.cdc.gov/preparedness/plan/index.asp
- Domestic Violence: http://acog.org/-/media/For-Patients/faq083.pdf?dmc=1&ts=20141201T0841018591
- Domestic Violence: http://www.thecenteronline.org/wp-content/uploads/2009/04/what_is_dv.pdf
- Crib Safety: http://www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/cribs/
- Child Safety: http://www.cpsc.gov/Safety-Education/Neighborhood-Safety-Network/Toolkits/Child-Safety/

GOAL # 1
Reduce Infant Mortality and Morbidity
STEP 1.5
Application Page

Documentation Requirements:

- ❑ Attach a copy of the policy regarding the training of staff on family assessment, completion of assessment form, procedures for referrals, and assisting parents on creating an infant safety plan.
- ❑ Attach a copy of the assessment form checking for: adequate housing, transportation, domestic violence, mental health, substance abuse, etc., for which a family may need assistance.
- ❑ Attach a copy of the Infant Safety Plan being used.

Complete the following questions:

1.5.1 Percent of staff who have been trained on the development of Infant Safety Plan development and assessment policy.

Mother/Baby or Postpartum Staff _____% NICU staff _____%
Newborn Nursery Staff _____% L&D staff _____%
Childbirth class instructors/Perinatal educators _____%

a. How was this percentage determined?
___ Training Roster ___ Alternative system (specify): _____

1.5.2 Based on chart review, what percent of parents of newborns and NICU parents complete an Infant Safety Plan prior to discharge?

- Document on attached data collection sheet

1.5.3 Based on chart review, what percentage of charts have a Designated Dependable Adult documented?
Newborn Nursery _____% NICU_____%

I verify that the information in this application contains accurate information that reflects the implemented policy and practice at _____.
(hospital)

Printed Name:_____ Signature:_____
Position: _____ Date:_____

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KENTUCKY INFANTS SAFE & STRONG

GOAL # 1
Reduce Infant Mortality and Morbidity

STEP 1.6
Screen all newborn infants for jaundice prior to discharge and arrange follow-up according to risk for age

Newborn jaundice is very common but can also have devastating consequences if it becomes excessive and untreated. Because jaundice does not peak until 4-6 days of age, after the newborn's discharge, it is one of the most frequent causes of newborn readmission to the hospital. Because of the risk of encephalopathy from high bilirubin, the American Academy of Pediatrics recommends that all newborns be screened for jaundice prior to discharge and plotted on the Bhutani Nomogram to determine risk. A follow up visit must be scheduled with a health care professional according to the risk level. A recent study of newborn care in Kentucky Medicaid patients showed that only 16% of a sample of newborns had care consistent with the AAP guidelines.

CRITERIA:

- ✓ All newborn infants will have ongoing assessment to determine their risk of jaundice during the hospital stay.
- ✓ Hospital will have a policy to screen all newborns prior to discharge by measuring bilirubin and graphing the results on the Bhutani Nomogram specific to their hour of age at testing to determine their risk zone, and arrange follow-up accordingly.
- ✓ Hospital will provide written and verbal information to parents/caregivers at the time of discharge that explains jaundice and the need to monitor infants for jaundice and feeding problems, and when to notify the physician.
- ✓ All infants in the intermediate or high risk zones should have an appointment prior to discharge, to be examined by a qualified health professional in the first few days after discharge, (timing to depend on the zone from the graph) to assess infant well-being and the extent of jaundice. The appointment date and time will be documented in the chart and barriers to attending the appointment be addressed with the family.
- ✓ Information on the infant's risk and bilirubin level must be transmitted by the hospital to the health care provider on the day of discharge.
- ✓ Hospital will have a protocol in place with the follow-up provider to assure the infant attends for follow-up.

RESOURCES:

- American Academy of Pediatrics Subcommittee on Hyperbilirubinemia. Clinical Practice Guideline: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation. Pediatrics 2004; (114): 297-316.
- CDC, downloadable Patient Handouts on jaundice: www.cdc.gov/ncbddd/jaundice
- Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation, Bhutani et al. Pediatrics, 1999; 103:6-14 http://pediatrics.aappublications.org/content/114/1/297/F2.expansion

GOAL # 1
Reduce Infant Mortality and Morbidity

STEP 1.6
Application Page

Documentation Requirements:

- ❑ Attach a copy of the policy to screen all newborns bilirubin level pre discharge and plot on the Bhutani nomogram specific to their hour of age at testing to determine their risk and the follow up needed.
- ❑ Attach a copy of the materials used to educate new parents/caregivers on monitoring infants for jaundice.

Complete the following questions:

1.6.1 What percent staff are educated on the Newborn Jaundice Monitoring policy?
Mother/Baby or Postpartum Staff _____% NICU staff _____%
Newborn Nursery Staff _____% L&D staff _____%

a. How was this percentage determined?
___ Training Roster ___ Alternative system (specify): _____

1.6.2 What percentage of newborn infants, discharged before 4 days of age, are screened for jaundice prior to discharge?
- Document on attached data collection sheet

1.6.3 Based on chart review, what percentage of pre-discharge bilirubin levels are plotted on the Bhutani Nomogram to determine the risk and follow up needed?
- Document on attached data collection sheet

a. What percentage of these infants had an appropriate appointment scheduled for follow up documented in the chart?
- Document on attached data collection sheet

1.6.4 Based on chart review, what percent of newborn parents are provided education on newborn jaundice and the need for follow-up?
- Document on attached data collection sheet

I verify that the information in this application contains accurate information that reflects the implemented policy and practice at _____.
(hospital)

Printed Name:_____ Signature:_____
Position: _____ Date:_____

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GOAL # 1
Reduce Infant Mortality and Morbidity
STEP 1.7
Counseling mothers and families on avoidance of exposure to second hand smoke and referral to smoking cessation services where appropriate

Second hand smoke is a mixture of gases and fine particles from a burning tobacco product or smoke exhaled or breathed out by a person smoking. Second-hand and even third-hand smoke exposure occurs with children more often than non-smoking adults. According the U. S. Surgeon General, infants and young children are especially vulnerable to the poisons in secondhand smoke because their bodies are developing. Infants born to mothers who smoke while pregnant are more susceptible to respiratory infections and other health problems that may persist into adulthood. Additionally, results of studies provide evidence that exposure of infants to secondhand smoke is associated with increased rates of sudden infant death syndrome or SIDS. Hospital staff should educate pregnant and postpartum women and families on how second and third-hand smoke exposure occurs, the dangers to the unborn and newborn infant, and that the only way to protect infants from exposure is through 100% smoke free environments. Parental smoking is the main source of children's secondhand smoke exposure and parental counseling increases rates of parents' attempts to quit.

CRITERIA:

- ✓ Implement a 100% smoke free campus including e-cigarettes.
- ✓ Develop a policy that educates all parent of newborns, NICU parents and other family members on secondhand smoke and the dangers to infants, including the increased risk for SUID/SIDS. Information must also be available in outpatient prenatal testing or monitoring areas and where possible in the emergency room for any visits by pregnant mothers and families of infants.
- ✓ All families will receive information about secondhand smoke including e-cigarettes and the health risks for the infant. Smoking cessation resources will be offered to all smokers in the infants household. The hospital will document in the chart anyone in the home that smokes and the families plan to protect the infant from 2nd hand smoke.
- ✓ All smokers in the infants household will be referred to the Kentucky Tobacco Quit line.
- ✓ Identify smoking cessation resources in your county and provide that information to families with smoking in the

RESOURCES:

- American Academy of Pediatrics, Committee on Environmental Health, Environmental Tobacco smoke: A Hazard to Children", Pediatrics, Vol. 99, No. 4, April 1997: http://pediatrics.aappublications.org/content/99/4/639.full
- Tobacco Free Kids; Secondhand Smoke, Kids and Cars flier: http://www.tobaccofreekids.org/research/factsheets/pdf/0334.pdf
- Harm to Kids from Secondhand Smoke flier;:http://www.tobaccofreekids.org/research/factsheets/pdf/0104.pdf
- Cabinet for Health and Family Services; Quit Now Kentucky; fax referral form or online referral: http://chfs.ky.gov/dph/mch/hp/quitline.htm
- Kentucky Tobacco Quit Line: 1-800-QUIT NOW (1-800-784-8669) offers free counseling to all tobacco users.

PATIENT EDUCATION:

- What's in a cigarette? http://chfs.ky.gov/dph/mch/ns/kiss.htm
- Second Hand Smoke and Childhood Illness: http://chfs.ky.gov/dph/mch/ns/kiss.htm
- Sudden Infant Death Syndrome: http://chfs.ky.gov/dph/mch/ns/kiss.htm

GOAL # 1
Reduce Infant Mortality and Morbidity
STEP 1.7
Application Page

Documentation Requirements:

- ❑ Attach a copy of the hospital's policy to educate all prenatal class participants, postpartum patients, NICU parents and other family members on secondhand smoke and the dangers to infants. Educational materials must be made available in all areas where pregnant women or parents might be including strategies for keeping a baby's home smoke free if living with smokers.
- ❑ Attach a copy of all education materials.
- ❑ Attach documentation of or certify by initialing that the staff training includes, at a minimum each of the following:
    - Effects on baby of mother smoking while pregnant _____
    - Effects of secondhand smoke on infants _____
    - Increased risk of SUID/SIDS _____
    - Need for documentation _____
    - Dangers of e-cigarettes _____

Complete the following:

1.7.1 Percent of staff who have been trained on smoking during pregnancy, effects of secondhand smoke and documentation:
Mother/Baby or Postpartum Staff _____% NICU staff _____%
Newborn Nursery Staff _____% L&D staff _____%
Childbirth class instructors/Perinatal educators _____%

1.7.2 Based on chart review, what percentage of L&D patients are assessed for smoking status and provided information on how to stop?
- Document on attached data collection sheet

1.7.3 Based on chart review, what percent of parents of newborns and NICU patients have documentation in the chart if there is smoking in the infant's home?
- Document on attached data collection sheet

1.7.4 Based on chart review, what percent of parents of newborns, and NICU patients have a plan to protect the infant from smoke documented?
- Document on attached data collection sheet

1.7.5 Do prenatal classes include a discussion of smoking, secondhand smoke and a plan to protect baby from from the effects? ___NO ___YES

I verify that the information in this application contains accurate information that reflects the implemented policy and practice at _____.
(hospital)

Printed Name:_____ Signature:_____
Position: _____ Date:_____

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GOAL # 1
Reduce Infant Mortality and Morbidity

STEP 1.8
Educate all postpartum parents regarding signs of postpartum depression

As many as 14% of new mothers in the United States suffer from major depression and nearly 80% experience some form of 'baby blues'. This can impact the mothers health, functioning, and ability to bond with and care for her infant and herself. It is important that mothers understand the symptoms they will likely experience and know when and how to get help if the symptoms interfere with daily functioning.

CRITERIA:

- ✓ A policy to assess mothers on admission for a history of mental health issues and provide education to all postpartum parents on postpartum depression.
- ✓ Education must include description of "baby blues" as a mild depressive mood and lability with onset within 2-3 days postpartum and lasting up to 2 weeks. (ACOG Committee Opinion #343, August 2006). Signs and symptoms include: crying for no clear reason, trouble sleeping, eating, and making choices, and feelings of doubt about being able to care for a baby (ACOG; FAQ091; Labor, Delivery, and Postpartum Care)
- ✓ Education on postpartum depression will include description as intense feelings of sadness, anxiety, or despair after childbirth that makes mother unable to function and does not resolve. (ACOG Committee Opinion #343, August 2006)
- ✓ Concerns about mother's mental status will be referred to unit social services or appropriate department for the facility.
- ✓ Identify resources in the community a woman can use if they need to be screened for postpartum depression, domestic violence or other mental health issues.
- ✓ Staff will assure postpartum women know how and when to get help. This should include the obstetrician's number, the local mental health crisis number and the domestic violence crisis line and what to do if they are feeling depressed or overstressed. Patients will be instructed to call the obstetrician as soon as possible. The local mental health crisis number will be given for the mother's county of residence.
- ✓ Screening of all NICU and pediatric inpatient unit moms being 2-8 weeks postpartum, asking if they have been screened for postpartum depression and putting a mechanism in place for getting these women screened.

RESOURCES:

- Community Health Centers in Kentucky: http://dbhdid.ky.gov/cmhc/default.aspx
- ACOG patient handout on Postpartum Depression: http://acog.org/-/media/For-Patients/faq091.pdf?dmc=1&ts=20141023T1637282745
- Postpartum Support Kentuckiana – directory of care providers: http://www.postpartumsupportkentuckiana.com/Getting_Help___Referrals.html

GOAL # 1
Reduce Infant Mortality and Morbidity
STEP 1.8
Application Page

Documentation Requirements:

- ❑ Attach a copy of the policy to assess for mental health history and educate prenatal, postpartum and NICU patients and families on postpartum depression, and what to do if they experience this or are unsure. This education should also be included in all prenatal classes.
- ❑ Attach a copy of all educational materials used.

Complete the following questions:

1.8.1 What percent of staff receive education on postpartum depression, and the need to document patient education?

Mother/Baby or Postpartum Staff _____% NICU staff _____%
Newborn Nursery Staff _____% L&D staff _____%
Childbirth class instructors/Perinatal educators _____%

a. How was this percentage determined?
___Training Roster ___Alternative system (specify): _____

1.8.2 Based on chart review, what percentage of mothers are documented to have a history of mental health issues on the admission assessment?

- Document on attached data collection sheet

1.8.3 Based on chart review, what percent of women are provided education by staff on postpartum depression documented?

- Document on attached data collection sheet

I verify that the information in this application contains accurate information that reflects the implemented policy and practice at _____.
(hospital)

Printed Name:_____ Signature:_____
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GOAL # 1
Reduce Infant Mortality and Morbidity

STEP 1.9
Prevent non-medically indicated
Early Elective Deliveries (EED)

The recent rise in premature births across the country has been linked to rising rates of deliveries done prior to 39 weeks with no medical indications. This practice is contrary to the ACOG practice guidelines of 30 years that no deliveries should occur before 39 weeks gestation without medical indications. The Joint Commission now has a required perinatal indicator on early elective delivery. The Center for Medicaid services (CMS) will begin public reporting of this measure from all hospitals in January 2015. Both March of Dimes and the Kentucky Hospital Association have assisted Kentucky hospitals in developing policies to eliminate early elective deliveries. However, Kentucky's rates of EED remain some of the highest in the nation, and 2nd highest in the southern states. A proxy measure is the % of overall deliveries that are "early term", delivered at 37 or 38 weeks, and the target is <5%.

CRITERIA:

- ✓ A written policy on early elective deliveries (EED) consistent with American College of Obstetricians and Gynecologists (ACOG) recommendations. A full-term pregnancy lasts 40 weeks. The policy must provide a "hard stop" for any non-medically indicated deliveries before 39 weeks, with procedures for documenting the medical indication for any deliveries done prior to 39 weeks of gestation.
- ✓ Education for staff and patients/families must include the message that elective births prior to 39 weeks gestation will not be scheduled unless there is a valid medical indication. This is due to increased risk of neonatal complications including increased NICU admissions, increased transient tachypnea of the newborn, increased respiratory distress syndrome, increased ventilator support, increase suspected or proven sepsis, increased newborn feeding problems and other transition issues.

RESOURCES:

- Playbook for the Successful Elimination Early Elective Deliveries: http://www.qualityforum.org/Publications/2014/08/Early_Elective_Delivery_Playbook_-Maternity_Action_Team.aspx
- Non-Medically Indicated Early-Term Deliveries ACOG Bulletin 561: www.acog.org/bulletin561
- Prematurity Prevention Resource Center (PPRC) provides teaching tools and resources to use with patients. It's also home for the Healthy Babies are Worth the Wait® Program, the Prematurity Prevention Network, the Preterm Labor Assessment Toolkit, the Less than 39 Weeks Toolkit and related toolkit slide decks: www.prematurityprevention.org
- Sample Hard stop policy: http://midwesthealthinitiative.org/upload/media/FINAL_TOOLKIT5.pdf

PATIENT EDUCATION:

- Elective Delivery Before 39 Weeks: http://acog.org//media/ForPatients/faq181.pdf?dmc=1&ts=20141201T0940454443
- Why the last weeks count: https://www.marchofdimes.org/catalog
- Brain Card: https://www.marchofdimes.org/catalog/ShowImg.
- AWHONN; 40 Reasons to go the full 40: http://www.39weeksfl.com/40-reasons-to-go-the-full-40/

GOAL # 1
Reduce Infant Mortality and Morbidity
STEP 1.9
Application Page

Documentation Requirements:

- ❑ Attach a copy of the hard stop policy for physicians, midwives and other labor/delivery staff that there are to be no early elective deliveries (EED) prior to 39 weeks gestation unless there is a valid medical indication per ACOG guidelines.
- ❑ Attach documentation that this policy has been approved by the OB Medical Staff committee.
- ❑ Attach a copy of the patient education materials).

Complete the following questions:

1.9.1 What percent of staff are educated on the no EED policy?
Delivering Physicians_____% Midwives_____%
Labor/Delivery Staff_____%

a. How was this percentage determined?
___Training Roster ___ Alternative system (specify): _____

1.9.2 What is the total number of deliveries at the hospital over the last 3 months before submitting the application for KISS? (Please complete the table below)

Month:			
Total Deliveries			
Late Preterm (34 0/7- 36 6/7 weeks)			
Early term (37 0/7- 38 6/7 weeks)			
Term (39 0/7 – 40 6/7 weeks)			

1.9.3 Of the late preterm and early term deliveries:
a. How many had no medical indication for early delivery?_____
b. How many of the infants from these births needed more than normal newborn care (oxygen, IV, antibiotics, IV's or transfer)?_____

1.9.4 Does your hospital report this measure to Center for Medicaid/Medicare Services (CMS)?
___NO ___YES

1.9.5 Does your hospital report this measure to Joint Commision?
___NO ___YES

I verify that the information in this application contains accurate information that reflects the implemented policy and practice at _____.
(hospital)

Printed Name:_____ Signature:_____

Position: _____ Date:_____

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KENTUCKY INFANTS SAFE & STRONG

GOAL # 1
Reduce Infant Mortality and Morbidity

STEP 1.10
Provide education and checks on infant car seat installation

The AAP recommends that all infants should ride in a rear-facing car seat starting with their first ride home from the hospital and KRS 189.123 requires it for all Kentuckians. Still in Kentucky infants die each year in motor vehicle accidents. Often, the problem is that the car seats have not been properly installed. Hospitals should assure parents have an infant car seat for their newborn, have had the installation checked by a certified technician, and make sure infant is in an appropriately placed car seat at the time of discharge.

CRITERIA:

- ✓ Educate new parents/caregivers on the need to have an infant car seat, properly installed and be able to provide resources for the car seat to be checked by a Certified Car Seat Technician. This information will be provided at all prenatal classes as well.
- ✓ Have a policy in place to check that infant car seats are present, in the back seat and rear-facing prior to transporting the infant home from the hospital for the first time.
- ✓ Remind new parents/caregivers that infants should be in properly installed infant car seat for every ride.
- ✓ A policy assuring that infants who are premature or low birth weight should undergo an Infant Car Seat Challenge in their own car seat to assure their safety riding in the car. This policy must include procedures for infants that fail the Infant Car Seat Challenge, if applicable. See the resources below.
- ✓ Determine resources locally for parents to have a car seat installed, checked by a certified car seat technician. Provide this information in waiting rooms of the Emergency Room, Radiology, Lab and in the Lobby as well as to Obstetricians, Pediatricians and others who work with Pregnant and new moms.

RESOURCES:

- Resources to find certified car seat technicians:
  - State Safe Kids Coalition/Kentucky Injury Prevention & Resource Center: 859-257-4954
  - Kentucky State Police Dispatch (will provide contact for KSP post nearest caller): 502-564-0838
- Car Safety Seats: A Guide for Families 2014 Safety Information(Copyright © 2014 American Academy of Pediatrics): http://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx
- Child Safety Seat Inspection Station Locator: www.seatcheck.org. Toll-free Number: 866-SEATCHECK (866-732-8243)
- Parents Central: From Car Seats to Car Keys: Keeping Kids Safe; National Highway Traffic Safety Administration: http://www.safercar.gov/parents/#
- Resources for information on child safety seats laws: http://www.kentuckystatepolice.org/hsp/child_safety.htm
- Infant Car Seat Challenge: Safe Transportation of Preterm and Low Birth Weight Infants at Hospital Discharge DOI: 10.1542/peds.2009-0559 Pediatrics 2009;123;1424 Marilyn J. Bull and William A. Engle: http://pediatrics.aappublications.org/content/123/5/1424.full.html

GOAL # 1
Reduce Infant Mortality and Morbidity
STEP 1.10
Application Page

Documentation Requirements:

- ❑ Attach a copy of the policy to check for infant car seats, installed in the back seat and rear facing for the first ride home.
- ❑ Attach the policy on providing an Infant Car Seat Challenge for premature, low bith weight and other high risk infants before discharge including procedures for infants that fail the Infant Car Seat Challenge.

Complete the following questions:

1.10.1 What percent of staff are educated on the Infant Car Seat Policy?
Mother/Baby or Postpartum Staff _____% NICU staff _____%
Newborn Nursery Staff _____% L&D staff _____%

a. How was this percentage determined?
___Training Roster ___Alternative system (specify): _____

1.10.2 Based on chart reviews, what percent of infant discharges had infant car seats were present and secure, in the back seat, and rear facing?
- Document on attached data collection sheet

1.10.3 Based on chart reviews, what percentage of families had the car seat checked for proper installation by a certified car seat technician?
- Document on attached data collection sheet

1.10.4 Based on chart reviews, what percentage of premature infants (<37 weeks) in the newborn nursery and NICU were given an Infant Car Seat Challenge in their own carseat before discharge?
- Document on attached data collection sheet

1.10.5 Do you have resources in your community to obtain car beds, if applicable?
___NO ___YES (Please specify _____)

1.10.6 Has information on Infant Car Seat Challenge been provided to Obstetricians, Pediatricians and hospital departments? ___NO ___YES

I verify that the information in this application contains accurate information that reflects the implemented policy and practice at _____.
(hospital)

Printed Name:_____ Signature:_____
Position: _____ Date:_____

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KENTUCKY INFANTS SAFE & STRONG

Building better futures for Kentucky babies

GOAL # 2

Steps to Successful Breastfeeding

The Surgeon General's Call to Action to Support Breastfeeding emphasizes hospitals should ensure maternity practices are fully supportive of breastfeeding. In addition to decreasing Infant Mortality and Mobility the KISS Program promotes breastfeeding as the best source of nutrition. The American Academy of Pediatrics (AAP) recommends breastfeeding as the preferred feeding method of all babies. Breastfeeding protects against a host of childhood illnesses and diseases including ear infections, upper respiratory illnesses, childhood cancers, and allergies. Research has shown hospitals that implement the Ten (10) Steps to Successful Breastfeeding have a significant impact on the initiation and duration of breastfeeding. Breastfeeding USA utilized the 10 Steps to Successful Breastfeeding to develop their requirements for the Baby Friendly Hospital Designation. Hospitals implementing at least six (6) of the Baby Friendly steps had a 96.8% of their breastfeeding mothers continuing to breastfed at least six (6) weeks. The steps to Successful Breastfeeding Guidance and Application has been modified from the North Carolilna Maternity Center Breastfeeding-Friendly Designation Program.

While we encourage hospitals to implement all of these steps, only two (2) is required for each recognition star in KISS, along with one (1) of the steps for infant saftey. Steps must be implemented in both the Newborn Nursery and the NICU if applicable. Hospital must have a 90% minimum compliance rate for trainings and documentation as listed in the application forms. Chart review will consist of a minimum of 15 charts per month for hospitals with <2000 births/year and 30 charts per month for hospitals with >2000 births/ year, for the 3 months prior to application.

GOAL # 2
Increase Breastfeeding Rates

STEP 2.1
Train all health care staff in the skills necessary to provide comprehensive breastfeeding support and the Ten Steps to Successful Breastfeeding

All staff that has contact with a breastfeeding or pregnant women should have a basic understanding of the importance of breastfeeding including exclusive breastfeeding. Staff should also know what their role will be in supporting the breastfeeding couplet. All staff should make the mother feel comfortable when breastfeeding and should support her in her decision to breastfed. Staff should know who to contact if the mother has a concern or a question with breastfeeding. It is important that this training highlight key breastfeeding education including importance of exclusive breastfeeding, basic breastfeeding management (early skin-to-skin, rooming-in, position and latch, etc.) and education of the documented contraindications of breastfeeding and special medical conditions.

CRITERIA:

- ✓ Competency-based training in breastfeeding and patient teaching for formula preparation/feeding will be provided to all staff that care for mothers, infants and/or young children.
- ✓ Documentation of this training will indicate staff that works on maternity, labor/delivery, NICU, newborn nursery, etc. has received at least 20 hours of training at the hospital on breastfeeding and lactation management.
- ✓ Non-clinical staff and providers will also receive training on lactation management. Non-clinical staff will receive education about how to support breastfeeding families. Providers that have hospital privileges will receive at least three (3) hours of breastfeeding education.
- ✓ At least 90% of staff that works in maternity, labor/delivery, newborn nursery, etc. has received at least 20 hours of training at the hospital on breastfeeding and lactation management and non-clinical staff and providers have received at least three (3) hours of breastfeeding education.

RESOURCES:

- Baby Friendly USA: http://www.babyfriendlyusa.org
- Lactation Education Resources: http://www.lactationtraining.com/
- Breastfeeding Friendly Consortium: http://bfconsortium.org/
- Academy of Breastfeeding Medicine: http://www.bfmed.org/Media/Files/Documents/pdf/ABM%20Position%20Statement%20%2812-2008%29.pdf

GOAL # 2
Increase Breastfeeding Rates
STEP 2.1
Application Page

Documentation Requirements:

- ❑ Attach copy of curricula or course outlines for competency based training in breastfeeding, lactation management and parent teaching of formula usage.
- ❑ Attach copy of course roster verifying at least 90% of the staff that works in maternity, labor/delivery, newborn nursery, etc. has received at least 20 hours of training at the hospital on breastfeeding and lactation management and non-clinical staff and providers have received at least three (3) hours of breastfeeding education.

Complete the following questions:

2.1.1 What percent of maternity staff have had 20 hours training on breastfeeding promotion and support that includes supervised clinical training? _____ %

a. How was this percentage determined?
___Employee record review ___Alternative system (specify): _____

b. Does training cover all Ten Steps of Successful Breastfeeding and The International Code of Marketing of Breast milk Substitutes (if a standardized training is offered, provide agenda and training objectives)? ___NO ___YES

2.1.2 Is the three (3) hours of breastfeeding education applicable to each staff's role? ___NO ___YES

a. How is the training completed?
___On-line module ___CME Presentation
___Standardized training ___Other (specify): _____

2.1.3 What percent of non-clinical staff working in maternity have received breastfeeding support and promotion training? _____%

a. How was this percentage determined?
___Employee record review ___Alternative system (specify): _____

I verify that the information in this application contains accurate information that reflects the implemented policy and practice at _____.
(hospital)

Printed Name:_____ Signature:_____
Position: _____ Date:_____

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KENTUCKY INFANTS SAFE & STRONG

GOAL # 2
Increase Breastfeeding Rates

STEP 2.2
Inform all pregnant women about the benefits and management of breastfeeding

Breastfeeding education should begin during pregnancy. The ideal time to begin discussing the benefits and management of breastfeeding is during the woman's first trimester. Many moms make their infant feeding decisions while they are pregnant. Educating a woman about breastfeeding will allow her to make an informed decision about feeding her baby.

CRITERIA:

- ✓ Education about breastfeeding will be made available to pregnant women during prenatal care. This education will include the importance of exclusive breastfeeding, early skin-to-skin (Kangaroo Care) contact, early initiation of breastfeeding, rooming in, on demand feeding and continued breastfeeding.
- ✓ If the facility does not have an affiliated prenatal clinic or services, develop programs to provide education to pregnant women during their prenatal care.
- ✓ At least 90% of women will receive prenatal education about breastfeeding.

RESOURCES:

- Baby Friendly USA: http://www.babyfriendlyusa.org
- Academy of Breastfeeding Medicine: http://www.bfmed.org/Media/Files/Documents/pdf/ABM%20Position%20Statement%20%2812-2008%29.pdf

GOAL # 2
Increase Breastfeeding Rates

STEP 2.2
Application Page

Documentation Requirements:

- ❑ Attach copy of courses or education materials that are provided to prenatal clients.
- ❑ Attach a listing of all locations that are distributing materials and the estimated amount of materials that is being provided to patients.

Complete the following questions:

2.2.1 Does the facility have affiliated prenatal clinic or in-patient prenatal care?
___NO (Continue to 2.2.3) ___YES (Continue to 2.2.2)

2.2.2 Based on chart review, what percent of women attending the prenatal or in-patient prenatal care clinic receive breastfeeding education prenatally?
- Document on attached data collection sheet

2.2.3 Which method is used to educate pregnant women on breastfeeding? Include copies of course materials or patient education.

___Prenatal Intake Form
___Prenatal Anticipatory Guidance
___Breastfeeding Classes
___Labor Admission Intake Assessment
___Mailing of Patient Education
___WIC Enrollment
___Childbirth Education with Breastfeeding
___Other (Specify): _____

2.2.4 How are patients receiving prenatal education tracked? Attach a separate page, if necessary.
_____

2.2.5 Are pregnant women provided education on formula supplementation (artificial feedings) in the hospital?
___NO ___YES

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(hospital)

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GOAL # 2
Increase Breastfeeding Rates

STEP 2.3

Place babies in skin-to-skin contact (Kangaroo Care) with their mothers immediately following birth for at least one hour and encourage mothers to recognize when their babies are ready to breastfeed. Offer help, if needed.

Placing babies in immediate Birth Kangaroo Care (skin-to-skin) helps the baby transition from the uterus to the outside world. Kangaroo Care has been shown to increase breastfeeding initiation and duration. When babies are placed in Kangaroo Care they are more stable with regulated temperatures and heart rates. Babies should remain in Kangaroo Care for the first hour or until the first feeding is complete.

CRITERIA:

- ✓ All mothers will be allowed to hold their babies in uninterrupted and continuous skin-to-skin until the first feeding is complete unless there is a medically justifiable reason.
- ✓ Babies in the NICU will be allowed to be held in Kangaroo Care as soon as the baby is medically able to do so.
- ✓ If a mother has a cesarean birth, allow mother to hold babies in continuous skin-to-skin contact as soon as mother is responsive and alert.
- ✓ If there must be separation of mother and/or baby for medical reasons, skin-to-skin contact will be initiated as soon as the mother and baby are reunited.
- ✓ At least 80% of infants will receive immediate uninterrupted skin-to-skin contact.
- ✓ Kangaroo Care policy will address Newborn Nursery and NICU infants.

RESOURCES:

- Baby Friendly USA: http://www.babyfriendlyusa.org
- United States Kangaroo Care Institute: http://www.kangaroocareusa.org/
- Academy of Breastfeeding Medicine: http://www.bfmed.org/Media/Files/Documents/pdf/ABM%20Position%20Statement%20%2812-2008%29.pdf

GOAL # 2
Increase Breastfeeding Rates

STEP 2.3
Application Page

Documentation Requirements:

❑ Attach copy of Kangaroo Care (skin-to-skin) policy.

Complete the following questions:

2.3.1 Based on chart review of vaginal deliveries, what percent of mother-baby dyads are placed in skin-to-skin (Kangaroo Care) immediately after birth and are encouraged to continue for at least one hour?

- Document on attached data collection sheet

2.3.2 Based on chart review, of caesarian deliveries, what percent of mother-baby dyads are placed in skin to skin immediately after mom becomes responsive and alert and encouraged continuing for one hour?

- Document on attached data collection sheet
-

2.3.3 Based on chart review, in the first two (2) hours, what percent of moms are educated on the signs the baby is ready to eat and offered help?

- Document on attached data collection sheet

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(hospital)

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Position: _____ Date:_____

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KENTUCKY INFANTS SAFE & STRONG

GOAL # 2
Increase Breastfeeding Rates

STEP 2.4
Foster the establishment of breastfeeding support groups and refer mothers on discharge from the hospital or clinic. Ensure all breastfeeding infants have an appointment with their Physician within 48-72 hours after discharge.

Breastfeeding infants need a follow-up with their Physician after discharge to ensure that breastfeeding is going well. This would allow breastfeeding interventions to occur if there was a breastfeeding problem. Identifying a breastfeeding problem early on can increase a woman's breastfeeding duration and success. Mothers should be informed of where to go and whom to call for breastfeeding help. Breastfeeding mothers need to feel supported in order to make breastfeeding work.

CRITERIA:

- ✓ Staff ensures that, prior to discharge, mothers and family members will know the plans for infant feeding upon discharge.
- ✓ All breastfeeding patients will receive information about support groups and outpatient clinics (when available). If no patient support exists, the facility will create in house support.
- ✓ All breastfeeding babies must have an appointment to see their physician within 48-72 hours after discharge.
- ✓ Staff will ensure adequate discharge planning, including 48-72 hours physician appointment; explain community resources and support groups/clinics and counsel mothers on overcoming barriers in access to care.
- ✓ Hospital will have a protocol in place with the follow-up provider to assure the infant attends the follow-up.
- ✓ Policies and procedures should address Newborn Nursery and NICU infants discharge planning.

RESOURCES:

- Baby Friendly USA: http://www.babyfriendlyusa.org
- Academy of Breastfeeding Medicine: http://www.bfmed.org/Media/Files/Documents/pdf/ABM%20Position%20Statement%20%2812-2008%29.pdf
- Kentucky Breastfeeding Resource Guide: http://kybreastfeeding.com/ResourceGuide.html

GOAL # 2
Increase Breastfeeding Rates

STEP 2.4
Application Page

Documentation Requirements:

- ❑ Attach copy of infant feeding (breastfeeding) policy that addresses discharge planning and follow-up.
- ❑ Attach copy of polices/procedures of how physician appointment is made and how it is communicated to the newborn's family.
- ❑ Attach a copy of the policies and procedures that assures infants have attended the follow-up appointment.
- ❑ Attach copy of promotional and educational materials of support groups and outpatient breastfeeding services provided to mothers on hospital discharge.

Complete the following questions:

2.4.1 Based on chart review, what percent of infants receive an appointment with their Pediatrician within 48-72 hours after discharge?

- Document on attached data collection sheet

2.4.2 Does the facility coordinate support groups, outpatient lactation services or outpatient clinics?

___NO ___YES

a. List resources available in community. Attach a separate page, if necessary.

_____

2.4.3 Based on chart review, what percent of mothers are provided community resources on breastfeeding support?

- Document on attached data collection sheet

2.4.4 Does the facility have follow-up support for mothers who are discharged? This support would include lactation clinics, home visits or telephone calls? ___NO ___YES

a. List any promotional materials and educational handouts that are given to patients at discharge. Attach a separate page, if necessary. _____

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(hospital)

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KENTUCKY INFANTS SAFE & STRONG

GOAL # 2
Increase Breastfeeding Rates

STEP 2.5
Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.

Breastfeeding should be started as soon as possible, ideally within the first hour during Kangaroo Care (skin-to-skin). Mothers should be shown how to hold and latch the baby and appropriate breastfeeding position. If mother and baby are separated, the mother should be provided a breast pump and shown how to pump within six hours after birth. Baby should be allowed to breastfeed as soon as mother and baby are able. All mothers should be instructed on appropriate infant feeding.

CRITERIA:

- ✓ Staff will assess mother's technique and demonstrate appropriate breastfeeding positioning and attachment with mother and baby within three (3) to six (6) hours at birth with at least 90% of mothers.
- ✓ Staff will educate at least 90% of formula feeding mothers on safe preparation, handling, storage and feeding of infant formula and provide written instructions.
- ✓ Staff will also offer assistance to high risk mothers and babies. If separated, assure milk expression is begun within six (6) hours of birth and provide infant expressed milk as soon as medically ready before any supplementation with breast milk substitutes when medically appropriate.
- ✓ Infant Feeding policies will address maintaining lactation for the Newborn Nursery and the NICU.

RESOURCES:

- Baby Friendly USA: http://www.babyfriendlyusa.org
- Academy of Breastfeeding Medicine: http://www.bfmed.org/Media/Files/Documents/pdf/ABM%20Position%20Statement%20%2812-2008%29.pdf

GOAL # 2
Increase Breastfeeding Rates
STEP 2.5
Application Page

Documentation Requirements:

- ❑ Attach copy of infant feeding (breastfeeding) policy that addresses formula feeding and infant/mother separation.
- ❑ Attach copies of patient education for formula feeding.

Complete the following questions:

2.5.1 Based on chart review, what percent of breastfeeding mothers are provided with assistance with nursing their babies within at least six hours after birth?
- Document on attached data collection sheet

2.5.2 Based on chart review, what percent of families of infants receiving formula (partially breastfeeding and fully formula feeding) are provided instruction on mixing formula?
- Document on attached data collection sheet

a. How was this percentage determined?
___Chart review ___Alternative system (specify): _____

2.5.3 Based on chart review, what percent of breastfeeding mothers receive instruction on hand expression or use of pump and where to get help, if needed?
- Document on attached data collection sheet

2.5.4 Does the facility ensure women who have experienced breastfeeding problems with previous infants receive additional support? ___NO ___YES

a. If YES, how are they identified and is this documented? _____

b. What system is in place for ensuring these mothers receive additional support? Attach a separate page, if necessary. _____

2.5.5 Based on chart review, what percent of mothers receive discharge planning related to their infant feeding decision?
- Document on attached data collection sheet

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(hospital)

Printed Name:_____ Signature:_____

Position: _____ Date:_____

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KENTUCKY INFANTS SAFE & STRONG

GOAL # 2
Increase Breastfeeding Rates

STEP 2.6
Give infants no food or drink other than breastmilk unless medically indicated. Formula must be purchased at fair market value.

Exclusive breast milk feeding should be expected for all babies until discharge. Exclusive breastfeeding provides the most health benefits to mothers and babies. Exclusively breastfed babies have a decreased risk of respiratory infections, allergies, and obesity. Mothers who exclusively breastfed, have an increased protection against breast and ovarian cancer. If the baby is unable to latch to the breast, the mother should be allowed to pump milk to provide for her baby.

CRITERIA:

- ✓ No more than 20% of breastfeeding newborns will receive formula supplementation without being medically indicated.
- ✓ No discharge bags with formula samples will be provided to breastfeeding infants.
- ✓ Staff will not offer formula to breastfeeding infants, unless medically indicated.
- ✓ If a mother requests a breast milk substitute (formula), healthcare staff will explore reasons for request, address concerns, educate about choice and consequences to the health of her baby and/or success of breastfeeding. If the mother still chooses formula, informed decision will be documented.
- ✓ At least 90% of formula feeding mothers will receive feeding information.
- ✓ Hospitals will pay fair market value for formula and will not receive formula samples from formula companies.
- ✓ Infant feeding policy should address formula supplementation for both Newborn Nursery and NICU infants.

RESOURCES:

- Baby Friendly USA: http://www.babyfriendlyusa.org
- American Academy of Pediatrics- Statement on Breastfeeding and the Use of Human Milk: http://pediatrics.aappublications.org/content/129/3/e827.full
- American Academy of Family Physicians-Hospital Use of Infant Formula in Breastfed Infants: http://www.aafp.org/about/policies/all/formula-hospital.html.
- Academy of Breastfeeding Medicine: http://www.bfmed.org/Media/Files/Documents/pdf/ABM%20Position%20Statement%20%2812-2008%29.pdf

GOAL # 2
Increase Breastfeeding Rates
STEP 2.6
Application Page

Documentation Requirements:

- ❑ Attach copy of infant feeding (breastfeeding) policy that addresses supplementing with infant formula.
- ❑ Attach copy of policy that prohibits the distribution of formula discharge bags.

Complete the following questions:

2.6.1 Does the facility **prohibit** the distribution of discharge bags with formula samples, as well as free gifts from formula industry?

___NO ___YES-Submit copy of policy.

2.6.2 Based on chart review, what percent of mothers who choose to formula feed are provided education and assisted with making an informed decision?

- Document on attached data collection sheet

2.6.3 Does the facility receive free formula or infant feeding supplies from formula companies or their representatives?

___NO __YES

a. If the facility purchases formula and infant feeding supplies, how was fair market price determined?

___Community Cost Assessment ___Formulary Pricing
___Internal Cost Analysis ___Quotes from Companies
___Cooperative Agreement ___Other (please specify): _____

I verify that the information in this application contains accurate information that reflects the implemented policy and practice at _____.
(hospital)

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Position: _____ Date:_____

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KENTUCKY INFANTS SAFE & STRONG

GOAL # 2
Increase Breastfeeding Rates

STEP 2.7
Practice rooming in, allow mothers and infants to remain together for 24 hours a day.

Rooming-in allows the mother to care for her baby and increases breastfeeding success because the mother is able to feed the baby on demand. Breastfeeding on demand increases a mother's milk supply and increases milk production. The act of rooming-in also creates an increase in maternal-infant attachment which can lead to a decrease in child abuse rates.

CRITERIA:

- ✓ Rooming-in 24 hours a day will be the standard for healthy baby care. When a request is made to take the infant to nursery, staff will evaluate reason and educate parents on advantages of rooming-in.
- ✓ Infants will remain with their mother beginning immediately after birth, unless separation is medically indicated.
- ✓ It is expected that infants will remain in mother's room for at least 22 hours a day.
- ✓ When possible, medical and nursing staff will conduct all procedures at mother's bedside.
- ✓ At least 80% of infants will remain with their mothers beginning immediately after birth, unless separation is medically indicated.

RESOURCES:

- Baby Friendly USA: http://www.babyfriendlyusa.org
- Academy of Breastfeeding Medicine: http://www.bfmed.org/Media/Files/Documents/pdf/ABM%20Position%20Statement%20%2812-2008%29.pdf

GOAL # 2
Increase Breastfeeding Rates

STEP 2.7
Application Page

Documentation Requirements:

❑ Attach copy of rooming-in policy.

Complete the following questions:

2.7.1 Based on chart review, what percent of mothers remain together immediately after birth, unless medically indicated?

- Document on attached data collection sheet

How are separations documented? Attach a separate page, if necessary. _____
_____

2.7.2 Based on chart review, what percent of healthy mothers and babies remain together for at least 22 hours a day, Unless medically indicated?

- Document on attached data collection sheet

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(hospital)

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KENTUCKY INFANTS SAFE & STRONG

GOAL # 2
Increase Breastfeeding Rates

STEP 2.8
Encourage breastfeeding on demand.

Babies that are fed on demand have better growth and weight gains than those who are fed based on the clock. Babies show hunger and feeding cues which indicate when they are hungry and when they are ready to stop eating. Mothers that are instructed to feed on demand often see an increased milk supply. Formula feeding mothers should also feed their babies on demand. Mothers need to be instructed on hunger and feeding cues.

CRITERIA:

- ✓ At least 90% of mothers will receive information on recognizing feeding and fullness cues and understand physical contact and nourishment are both important.
- ✓ Staff will encourage all mothers (regardless of feeding choice) to understand frequency and length of feedings.
- ✓ Infant feeding policy will address encouraging breastfeeding on demand for Newborn Nursery and NICU infants.

RESOURCES:

- Baby Friendly USA: http://www.babyfriendlyusa.org
- Academy of Breastfeeding Medicine: http://www.bfmed.org/Media/Files/Documents/pdf/ABM%20Position%20Statement%20%2812-2008%29.pdf

GOAL # 2
Increase Breastfeeding Rates

STEP 2.8
Application Page

Documentation Requirements:

- ❑ Attach copy of infant feeding (breastfeeding) policy that addresses breastfeeding on demand.
- ❑ Attach education materials on infant feeding.

Complete the following questions:

2.8.1 Based on chart review, what percent of mothers are taught to recognized cures to indicate hunger?
- Document on attached data collection sheet

2.8.2 Based on chart review, what percent of mothers are encouraged feed their babies as often and as long as the baby indicates hunger?
- Document on attached data collection sheet

2.8.3 Based on chart review, what percent of mothers are advised if their babies sleep too long to wake them for feedings?
- Document on attached data collection sheet

a. How was this percentage determined?
___Chart review ___Alternative system (specify): _____

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(hospital)

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Position: _____ Date:_____

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KENTUCKY INFANTS SAFE & STRONG

GOAL # 2
Increase Breastfeeding Rates

STEP 2.9
Give no pacifiers or artificial nipples to breastfeeding infants until breastfeeding is fully established

Any artificial nipple or pacifier that is introduced to breastfeeding babies can impact their breastfeeding success. Babies who are breastfed nurse from the breast differently than those are bottle fed. Bottles tend to have a faster flow and cause the baby to drink more quickly. Babies who are given pacifiers before breastfeeding is established will many times have breastfeeding difficulties. Pacifiers and artificial nipples can decrease a mother's milk supply due to babies being soothed by the pacifier instead of nursing.

CRITERIA:

- ✓ At least 80% of breastfeeding infants will be discharged without ever using a pacifier or artificial nipple.
- ✓ Staff will educate all breastfeeding mothers regarding the use of artificial nipples and pacifiers and the impact on breastfeeding until breastfeeding is established. If a mother requests a pacifier or bottle, staff will evaluate and educate on the impact on breastfeeding.
- ✓ Infant feeding policy will address the use of artificial nipples and pacifiers in the Newborn Nursery and NICU infants.

RESOURCES:

- Baby Friendly USA: http://www.babyfriendlyusa.org
- Academy of Breastfeeding Medicine: http://www.bfmed.org/Media/Files/Documents/pdf/ABM%20Position%20Statement%20%2812-2008%29.pdf

GOAL # 2
Increase Breastfeeding Rates

STEP 2.9
Application Page

Documentation Requirements:

❑ Attach copy of infant feeding (breastfeeding) policy that addresses the use of pacifiers and artificial nipples.

Complete the following questions:

2.9.1 Based on chart review, what percent of mothers are given information on the risks of:
Providing newborns pacifiers
- Document on attached data collection sheet

Feeding newborns from bottles
- Document on attached data collection sheet

2.9.2 Based on chart review, when healthy full term breastfeed babies are supplemented, what percent occurs with:

Spoon _____%
Cup _____%
Syringe _____%
Finger _____%
Supplemental Nursing System _____%
Bottle with nipple _____%
Other (please specify) _____

I verify that the information in this application contains accurate information that reflects the implemented policy and practice at _____.
(hospital)

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Position: _____ Date:_____

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GOAL # 2
Increase Breastfeeding Rates

STEP 2.10
Have a written breastfeeding policy that is routinely communicated to all healthcare staff

Breastfeeding policies are designed to promote and establish a philosophy on breastfeeding. Hospital practices are dictated by policies and procedures. Written breastfeeding policies should be developed and communicated to all staff. All staff working in labor and delivery, infant care, prenatal, etc. should be educated on the breastfeeding policy. This policy must be posted to inform pregnant women, and mothers of this policy.

CRITERIA:

- ✓ All current maternity staff must be trained on the written infant feeding (breastfeeding) policy.
- ✓ Infant feeding policies will address Newborn Nursery and NICU infants.
- ✓ Breast milk will be the normal method for infant feeding. All infants in the facility will be considered breastfeeding, unless after giving birth and being offered help to breastfeed, the mother specifically states that she has no plans to breastfeed.
- ✓ The written policy will address steps 2-10 of the Ten Steps to Successful Breastfeeding, *International Code of Marketing of Breast Milk Substitutes* and communicates the Baby Friendly philosophy that mothers share a room with, feed and care for their own infants.
- ✓ This policy will be posted in all areas of the healthcare facility which serve pregnant women, mothers, infants, and/or young children. This would include labor/delivery, infant care, prenatal clinic, postpartum wards, clinic/consultation rooms, including well baby observation. The posted policy will be written in language(s) most commonly understood by mothers and staff.

RESOURCES:

- Baby Friendly USA: http://www.babyfriendlyusa.org
- American Academy of Pediatrics Breastfeeding Policy; http://www2.aap.org/breastfeeding/curriculum/documents/pdf/Hospital%20Breastfeeding%20Policy_FINAL.pdf
- Academy of Breastfeeding Medicine: http://www.bfmed.org/Media/Files/Documents/pdf/ABM%20Position%20Statement%20%2812-2008%29.pdf

GOAL # 2
Increase Breastfeeding Rates

STEP 2.10
Application Page

Documentation Requirements:

- ❑ Attach copy of hospital infant feeding (breastfeeding) policy.

Complete the following questions:

2.10.1 Does the facility have a policy/set of policies for maternity services that address all Ten Steps to Successful Breastfeeding?

___NO ___YES

2.10.2 Is the breastfeeding/infant feeding policy:

a. Actively communicated to all staff within six (6) months of hire?

___NO ___YES

b. How is it communicated? (Select all that apply, and attach written documentation)

___Orientation Materials
___Orientation Presentation
___Competency Assessment
___Newsletters
___Staff Meetings
___Other:_____

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(hospital)

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