# Making Breastfeeding Work: A Six-Point Plan

## Self-Assessment

Medical Office	Contact Person _		
Email	Phone		
Point 1: Policy: The medical office has/will:			
Progressing	Breastfeeding Friendly	Breastfeeding Advocate	
<ul> <li>□ No lactation policy.</li> <li>□ An informal lactation policy that is not written or communicated regularly.</li> <li>□ Staff interested in breastfeeding promotion.</li> </ul>	<ul> <li>□ A point person to oversee         Breastfeeding Friendly Medical Office details.</li> <li>□ A written, communicated, implemented lactation policy.</li> <li>□ Formula coupons are out of view of patients.</li> <li>□ No formula coupons allowed in the medical office.</li> <li>□ Samples of formula given only when medically necessary, and only after a full breastfeeding assessment by a medical professional.</li> <li>□ Few or no barriers to staff scheduling breaks and work patterns to express breastmilk.</li> <li>□ A prioritized or designated space for employee milk expression.</li> </ul>	<ul> <li>□ A written lactation policy that is routinely communicated, fully implemented, and displayed in public view.</li> <li>□ No staff gifts/benefits accepted from formula companies.</li> <li>□ An appointed breastfeeding champion in the office who drives improvement of all Breastfeeding Friendly policies and practices.</li> </ul>	

#### **Point 2: Provider Training:** *The medical office has/will:*

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Progressing	Breastfeeding Friendly	<b>Breastfeeding Advocate</b>
☐ No staff lactation training, or training is provided inconsistently.	<ul> <li>□ Consistent and role-appropriate lactation training for ALL staff.</li> <li>□ Training that follows guidelines from the Baby-Friendly Hospital Initiative™ the Academy of Breastfeeding. Medicine, and/or the World Health Organization.</li> <li>□ Identified cultural considerations related to staff training.</li> <li>□ A triage protocol in place for patient phone calls about breastfeeding concerns.</li> </ul>	<ul> <li>□ An IBCLC (International Board-Certified Lactation Consultant) on staff or available for direct referral.</li> <li>□ Another type of lactation counselor on staff or available via direct referral.</li> <li>□ Opportunities for staff to become a lactation management professional.</li> <li>□ Cultural competency as part of breastfeeding support and training per recommended guidelines.</li> <li>□ Lactation referral options included in the electronic medical record.</li> </ul>

### **Point 3: Patient Education:** The medical office has/will:

Progressing	<b>Breastfeeding Friendly</b>	<b>Breastfeeding Advocate</b>
☐ Little, inconsistent, or no breastfeeding education at any visit.	☐ Provide specific and clear points to be discussed at each visit during prenatal and early well-child checks.	<ul> <li>□ Encourage all patients to attend prenatal breastfeeding education classes.</li> <li>□ Offer guidance and encouragement for partner/family breastfeeding support.</li> </ul>

## Self-Assessment

**Point 4: Environment:** The medical office has/will:

Progressing	Breastfeeding Friendly	Breastfeeding Advocate
<ul> <li>□ Little or inconsistent display of support for breastfeeding.</li> <li>□ Formula and formula company information in view of patients.</li> </ul>	<ul> <li>□ Display and convey supportive breastfeeding educational materials and signage.</li> <li>□ No formula in public view.</li> <li>□ No formula company messaging on educational materials or free gifts to patients provided by formula companies.</li> <li>□ Welcome signage to breastfeed in public areas or request a more private space.</li> </ul>	<ul> <li>□ Breastfeeding Friendly workplace designation.</li> <li>□ Stock breastfeeding supplies (pads, shells, shields, etc.).</li> <li>□ Breastfeeding signage and educational materials include family/partners.</li> <li>□ A private space and accompanying signage for patients to breastfeed.</li> </ul>

**Point 5: Evaluation and Sustainability:** The medical office has/will:

Progressing	Breastfeeding Friendly	Breastfeeding Advocate
☐ Limited to no documentation of breastfeeding rates.	☐ Documentation of breastfeeding rates among patients.	☐ Track breastfeeding rates and use data to improve breastfeeding outcomes.
☐ Inconsistent or no billing for lactation services.	<ul> <li>Create some financial sustainability through insurance billing for lactation services.</li> </ul>	<ul> <li>Evaluate Breastfeeding Friendly policies and practices annually.</li> <li>Breastfeeding services that are financially sustainable via reimbursement or other financial sources.</li> </ul>

**Point 6: Continuity of Care:** The medical office has/will:

Progressing	Breastfeeding Friendly	Breastfeeding Advocate
<ul> <li>No supportive breastfeeding resource or referral materials available to patients.</li> <li>A greater than 5-day delay of contact with breastfeeding mothers by neonatal care providers after delivery discharge from birthing facility.</li> </ul>	<ul> <li>□ Assurance of a first follow-up visit to check on breastfeeding progress 3-5 days after birth.</li> <li>□ A readily available list of lactation professionals to refer patients to when necessary.</li> <li>□ Lactation reference and resource materials are available and utilized.</li> </ul>	☐ A routine evaluation by an IBCLC to check on breastfeeding progress 3-5 days after birth.