



High 5 for Mom & Baby Premier Renewal Form

Kansas Hospitals and Birth Centers: This form is a “paper” sample of the streamlined online form to apply for renewal of recognition as a *High 5 for Mom & Baby Premier* facility. You may find it handy for gathering the information to enter into the online form. If you have questions about High 5 for Mom & Baby or the renewal process, please contact High 5 for Mom & Baby program coordinator Cara Gerhardt coordinator@high5kansas.org. Thank you for your continued commitment to helping ensure successful breastfeeding for Mom & Baby!

Basics

Date: _____

Hospital name: _____

Your name: _____

Your email: _____

Number of deliveries last year at your facility: _____

The following Facility Self-Assessment questions relate to the evidence-based High 5 for Mom & Baby practices supporting successful breastfeeding. High 5 for Mom & Baby Premier facilities should answer questions relating to all ten High 5 for Mom & Baby practices. Facilities continuing to follow all ten practices will remain eligible for High 5 for Mom & Baby Premier recognition.

The High 5 for Mom & Baby Practices:

1. Facility will have a written maternity care and infant feeding policy addressing the High 5 for Mom & Baby practices supporting breastfeeding
2. Facility will maintain staff competency in lactation support
3. All pregnant women will receive information and instruction on breastfeeding
4. Assure immediate and sustained skin-to-skin contact between mother and baby after birth
5. All families will receive individualized infant feeding counseling
6. Give newborn infants no food or drink other than breastmilk unless medically indicated
7. Practice "rooming in" - allow mothers and infants to remain together 24 hours a day
8. Families will be encouraged to feed their babies when the baby exhibits feeding cues, regardless of feeding methods
9. Give no pacifiers or artificial nipples to breastfeeding infants
10. Provide mothers options for breastfeeding support in the community (such as a telephone number, walk-in clinic information, support groups, etc.) upon discharge



High 5 for Mom & Baby Premier Annual Renewal Facility Self-Assessment

Instructions for streamlined Premier renewal:

To complete your facility's annual renewal to maintain High 5 for Mom & Baby Premier recognition, please complete the following questions relating to Practice 1 - policy addressing the ten High 5 practices. Then, for the remaining nine practices simply mark Yes or No to indicate whether your facility is continuing to follow the practice, and complete any additional listed questions.

Practice 1: Facility will have a written maternity care and infant feeding policy addressing the High 5 for Mom & Baby practices supporting breastfeeding.

Does policy support all 10 High 5 for Mom & Baby Practices? Yes ___ No ___

Comments: _____

Note: for High 5 for Mom & Baby Premier, policy should support all ten practices; High 5 for Mom & Baby facility policies should support at least 5 practices.

Do all policies from all departments in the facility support the Maternity Care and Infant Feeding policies?

Yes ___ No ___

Name of person responsible for reviewing maternity care and other department policy: _____

Date policy last reviewed: _____

For each of the following High 5 Premier practices, please select Yes or No to indicate whether the practice is currently supported by facility policy and answer any additional per-practice questions.

[Yes | No] Practice 2: Facility will maintain staff competency in lactation support.

How are your staff trained in breastfeeding support practices?

(e.g., competency/skills-based training, skills labs, on-the-job training with certified lactation staff, etc.)

Does the facility employ at least one person with advanced lactation education (IBCLC, CLC or similar) as part of the staff working directly with families?

Yes ___ No ___

If yes, please list those staff names and certifications (IBCLC, CLC, other) here:



[Yes | No] Practice 3: All pregnant women will receive information and instruction on breastfeeding.

Examples include:

- Providing families with information and resources about breastfeeding prior to arrival through their Health Care Provider (HCP), local health department, WIC clinic or local community-based organization.
- Collaborating with local breastfeeding coalitions or other groups in their community supporting breastfeeding families.
- Supporting facility employees who breastfeed by providing reasonable break time and a private, safe, free from intrusion place to express milk close to their workplace. (NOT a bathroom).

[Yes | No] Practice 4: Assure immediate and sustained skin-to-skin contact between mother and baby after birth.

Examples include:

- Placing babies skin to skin immediately after vaginal delivery if medically stable.
- Placing babies skin to skin as soon as both mom and baby are medically stable after a C-section delivery.
- Allowing babies to breastfeed before any interventions are performed, such as measurements, bath, glucose sticks, footprints and eye treatment.
- If mother and baby are separated after birth due to a medical condition, placing the baby skin to skin as soon as possible after they are stable.
- In all of the above circumstances, once the baby is placed in skin-to-skin contact, allowing the baby to remain there continuously until after the first feeding.

[Yes | No] Practice 5: All families will receive individualized infant feeding counseling.

Examples include:

- Providing breastfeeding families culturally sensitive, inclusive instruction on feeding; including but not limited to: hunger cues, satiety cues, positioning and latch, and how to tell if baby is getting enough to eat. Parents' questions will be answered by trained staff.
- Ensuring formula feeding families receive culturally sensitive, inclusive verbal AND written instructions on proper formula preparation according to the Centers for Disease Control guidelines.

[Yes | No] Practice 6: Give newborn infants no food or drink other than breast milk, unless medically indicated.

Examples include:

- Breastfed babies are given only breast milk unless ordered for a medical condition.
- When supplement is needed, an alternative feeding method not requiring an artificial nipple is offered first. (*such as a cup, spoon, SNS/tube feeder, etc.*)
- Prior to discharge, parents are taught how to use alternative feeding methods.
- When supplement is necessary for a medical condition, parents are instructed on hand expression or other forms of milk expression (such as pumping).



[Yes | No] Practice 7: Practice “rooming in” – allow mothers and infants to remain together 24 hours a day.

Examples include:

- Education regarding the benefits of rooming in is provided to all mothers.
- Babies stay in the room with mom 23/24 hours per day.
- Routine infant care is done in the room with mother by all staff, including but not limited to, nurses, doctors and other health care providers.
- Parents are educated that nighttime feeding and cluster feeding are normal healthy patterns.
- If mother chooses not to do nighttime feedings, she is educated about the impact on milk production such as low supply or engorgement and provided with instruction on milk expression including hand expression.

[Yes | No] Practice 8: Families will be encouraged to feed their babies when the baby exhibits feeding cues regardless of feeding method.

Note: the following feeding practice questions apply to all families, regardless of feeding method. (e.g., breastfeeding, donor milk, formula)

Examples include:

- Mothers are educated and supported on how to recognize and respond to feeding cues, regardless of feeding method.
- Babies have documented 8 or more feeds/attempted feeds every 24 hours when baby exhibits feeding cues. There are no restrictions on feeding length or frequency.
- All families, regardless of feeding method, have documented teaching of feeding practices and recommendations.
- All mothers who plan to breastfeed are taught hand expression.
- Mothers who are separated from their infants are assisted and educated to express their milk 8 or more times per 24 hours. Expression should begin at one hour but no later than 6 hours after birth.

[Yes | No] Practice 9: Give no pacifiers or artificial nipples to breastfeeding infants.

Examples include:

- Families and mothers are counseled on the use and risks of feeding bottles, artificial nipples and pacifiers
- Pacifiers are not offered for routine care.
- If a pacifier is needed for a painful procedure, it is removed from parental view - such as placed in a drawer under the bassinet.
- Mothers are educated on the “supply and demand” principle of milk production and encouraged to feed frequently.
- All parents are educated to identify early hunger cues.



[Yes | No] **Practice 10: Provide mothers options for breastfeeding support in the community (such as a telephone number, walk-in clinic information, support groups, etc.) upon discharge.**

Examples include:

- Mothers are routinely referred to a support group, outpatient clinic, local lactation specialist or community resource to call for breastfeeding assistance after discharge.
- The facility has a system of follow-up support for breastfeeding mothers after discharge, such as early post-natal or lactation clinic check-ups, home visits, telephone calls.

Comments

Any additional comments about any practices:

SAMPLE