



High 5 for Mom & Baby Application Form

Kansas Hospitals and Birth Centers: This form is a “paper” sample of the online form to apply for initial recognition as a *High 5 for Mom & Baby* or *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 or the renewal process, please contact High 5 program coordinator Cara Gerhardt coordinator@high5kansas.org. Thank you for your commitment to helping ensure successful breastfeeding for Mom & Baby!

High 5 for Mom & Baby / High 5 for Mom & Baby Premier Agreement

As an applicant for High 5 for Mom & Baby / High 5 for Mom & Baby Premier, I agree to:

1. **Complete the Hospital Self-Assessment of current hospital breastfeeding and infant feeding policies within one month of entry to the program.**
(information gathered from the self-assessment may be used for compiling project data but will not identify the individual hospital or birth facility).
2. **Institute the High 5 / High 5 Premier practices with written policy changes as necessary.** High 5 for Mom & Baby will provide model hospital policies and guide where changes can be made to align policies with the Ten Steps to Successful Breastfeeding as needed.
3. **Participate in an annual follow up by email, completing the Hospital Self-Assessment and updating demographic information as needed.**
4. **Encourage staff to continue lactation education.** High 5 for Mom & Baby will provide resources and keep participating hospitals informed of local and regional education offerings, and will provide educational support for hospitals in the form of webinars and email updates.

Hospital Award

Upon completion of the following, a hospital will have **High 5 for Mom & Baby** or **High 5 for Mom & Baby Premier** Recognition.

1. Have written breastfeeding and infant feeding policies that support the High 5 for Mom & Baby / High 5 for Mom & Baby Premier practices.
2. Complete the Hospital Self-Assessment at 80% or greater on all items.
3. Agree to a phone interview, if necessary, to assure compliance with High 5 for Mom & Baby / High 5 for Mom & Baby Premier practices.

When Recognition is achieved, **High 5 for Mom & Baby / High 5 for Mom & Baby Premier** agrees to provide:

1. Press release for your hospital to distribute to media of your choice.
2. Use of the High 5 for Mom & Baby / High 5 for Mom & Baby Premier logo.
3. A plaque or other recognition item suitable for use on your maternity unit.
4. Recognition on the High 5 for Mom & Baby / High 5 for Mom & Baby Premier website.
5. Possible recognition or mention at state-wide, regional, or local association meetings.



Application Form – Basic Information

Date: _____

Hospital name: _____

Hospital address: _____

City: _____ KS Zip: _____

Contact/application filer name: _____

Contact/application filer email: _____

Contact/application filer phone: _____

Hospital phone: _____

Director or CEO of hospital: _____

Director of Maternity service: _____

Does the hospital have an infant feeding or breastfeeding committee? Yes ____ No ____

Number of maternity beds: _____

Number of total births in the last calendar year: _____

mPINC score from last year: _____



Application Form – Recognition Level

Please select application type:



High 5 for Mom & Baby ____
Hospitals and birth facilities following
at least five practices earn High 5 for
Mom & Baby recognition.



High 5 for Mom & Baby Premier ____
Hospitals and birth facilities which follow
all ten practices earn the High 5 for Mom
& Baby Premier recognition.

If applying for High 5 for Mom & Baby (not Premier), please indicate which 5 (or more) practices you intend to pursue:

✓	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

Choose an application option:

Complete Application and Hospital Self-Assessment now

If you are ready to complete your Hospital Self-Assessment at this time, please continue and answer the questions in the sections below, then enter into the online form.

Submit Application now and complete Hospital Self-Assessment within one month

If you prefer, you may skip the Hospital Self-Assessment sections below and enter only the above information into the online form, then return later to complete the self-assessment within one month of signup.

Note: for either option, along with your Application or Application/Hospital Self-Assessment please have copies of any/all current breastfeeding policies handy for upload in the online form.



Hospital Self-Assessment

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.*

Does policy prohibit the promotion of infant formula within the facility including but not limited to, providing free samples, coupons or using teaching materials from formula manufacturers, for all families? Yes ____ No ____

ALL staff responsible for maternity care, including but not limited to physician, PA, nurse practitioner, nurse, CAN, LPN, dietary, housekeeping, photography, pharmacy and radiology have reviewed the Maternity Care and Infant Feeding policies and are familiar with their content.

____ Always (100%) ____ Most of the time (80-99%) ____ More than half of the time (60-79%)

____ Some of the time (40-59%) ____ Seldom (20-39%) ____ Never (0%)

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: _____



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.)

What percentage of maternity care staff receive lactation support education?

☐ 100% ☐ 80-99% ☐ 60-79% ☐ 40-59% ☐ 20-39% ☐ 0%

What percentage of maternity care staff completed 10 or more of the 15 Kansas Breastfeeding education modules on the KS Train platform, OR have completed similar comparable staff education.

☐ 100% ☐ 80-99% ☐ 60-79% ☐ 40-59% ☐ 20-39% ☐ 0%

What percentage of maternity care staff, if not having the staff education listed above, demonstrate sufficient knowledge, skills, and competence to support breastfeeding. e.g., skills labs, on the job training with certified lactation staff, etc.

☐ 100% ☐ 80-99% ☐ 60-79% ☐ 40-59% ☐ 20-39% ☐ 0%

If your hospital did not use the KS Train education platform, which resource did you use? (e.g., Lactation Education Resources 'LER', EMPower, other)

Have all new staff completed lactation education within 6 months of hire?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

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:

Has at least one person from the facility listened to/participated in 2 or more High 5 for Mom & Baby presentations in the last 12 months? *This includes, but is not limited to, presentations at the Kansas Breastfeeding Conference, Kansas Breastfeeding Coalition meetings, KPQC, and High 5 Webinars.*

Yes ☐ No ☐

Related to the above question, please list the names(s) of staff who participated in High 5 presentations, and a brief description of the sessions attended. e.g., High 5 presentation on [topic] at the Kansas Breastfeeding Conference, High 5 webinar, etc.



Practice 3: All pregnant women will receive information and instruction on breastfeeding.

Have families received information and resources about breastfeeding prior to arrival, through their Health Care Provider (HCP), local health department, WIC clinic or local community-based organization?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

Can the facility demonstrate that they are in collaboration with local breastfeeding coalitions or other groups in their community supporting breastfeeding families through meeting attendance or in-kind support?

Yes ☐ No ☐

Please explain:

Facility supports their breastfeeding employees 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 ☐

Please explain:



Practice 4: Assure immediate and sustained skin-to-skin contact between mother and baby after birth.

Are babies placed skin to skin immediately after vaginal delivery if medically stable?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

Are babies placed skin to skin as soon as both mom and baby are medically stable after a C-section delivery?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

Are babies allowed to breastfeed before any interventions are performed, such as measurements, bath, glucose sticks, footprints and eye treatment?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

If mother and baby are separated after birth due to a medical condition, is the baby placed skin to skin as soon as possible after they are stable?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

In all of the above circumstances, once the baby is placed in skin-to-skin contact, does the baby remain there continuously until after the first feeding?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)



Practice 5: All families will receive individualized infant feeding counseling.

Breastfeeding families receive 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.

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

Formula feeding families receive culturally sensitive, inclusive verbal AND written instructions on proper formula preparation according to the Centers for Disease Control guidelines.

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)



Practice 6: Give newborn infants no food or drink other than breast milk, unless medically indicated.

Are breastfed babies given only breast milk unless ordered for a medical condition?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

When supplement is needed, is an alternative feeding method not requiring an artificial nipple offered first? (such as a cup, spoon, SNS/tube feeder, etc.)

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

Prior to discharge, are parents taught how to use alternative feeding methods?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

When supplement is necessary for a medical condition, are parents instructed on hand expression or other forms of milk expression (such as pumping)?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)



Practice 7: Practice “rooming in” – allow mothers and infants to remain together 24 hours a day.

Is education regarding the benefits of rooming in provided to all mothers?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

Do babies stay in the room with mom 23/24 hours per day?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

Is routing infant care done in the room with mother by all staff, including but not limited to, nurses, doctors and other health care providers?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

Are parents educated that nighttime feeding and cluster feeding are normal healthy patterns?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

If mother chooses not to do nighttime feedings, is she educated about the impact on milk production such as low supply or engorgement and provided with instruction on milk expression including hand expression?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)



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)

Mothers are educated and supported on how to recognize and respond to feeding cues, regardless of feeding method.

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

Babies have documented 8 or more feeds/attempted feeds every 24 hours when baby exhibits feeding cues. There will not be restrictions on feeding length or frequency.

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

All families, regardless of feeding method, have documented teaching of feeding practices and recommendations. (

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

All mothers who plan to breastfeed are taught hand expression.

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

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.

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)



Practice 9: Give no pacifiers or artificial nipples to breastfeeding infants.

Families and mothers are counseled on the use and risks of feeding bottles, artificial nipples and pacifiers

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

Pacifiers are not offered for routine care.

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

If a pacifier is needed for a painful procedure, is it removed from parental view such as placed in a drawer under the bassinet?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

Are mothers educated on the “supply and demand” principle of milk production and encouraged to feed frequently?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

Are all parents educated to identify early hunger cues?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)



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.

Are mothers routinely referred to a support group, outpatient clinic, local lactation specialist or community resource to call for breastfeeding assistance after discharge?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

Does the facility have 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?

☐ Always (100%) ☐ Most of the time (80-99%) ☐ More than half of the time (60-79%)
☐ Some of the time (40-59%) ☐ Seldom (20-39%) ☐ Never (0%)

Comments

Any additional comments about any practices:
