

The New Hampshire Ten Steps to Successful Breastfeeding Survey

Statement and Purpose: This survey aims to identify the current status of perinatal breastfeeding support in NH birthing hospitals. Survey questions are based on the Ten Steps to Successful Breastfeeding. Data will serve as a needs assessment and will be used to inform a quality improvement health care initiative for those NH hospitals that indicate an interest in formally implementing the Ten Steps and/or in becoming Baby-Friendly. All data obtained will be kept confidential and de-identified prior to publication or presentation of results.

Section I. Hospital Information

1. Today's Date _____
2. Name of Hospital _____ Unit/Dept. _____
3. Name of person responding to survey _____
4. Title and contact information of respondent _____
Email _____
Phone (603) _____
5. Have you heard of the Ten Steps to Successful Breastfeeding?
 Yes
 No
6. Have you heard of the Baby-Friendly Hospital Initiative (BFHI)?
 Yes
 No
7. Nurse Manager's (or birthing unit director's) name _____
Nurse Manager's phone (603) _____
Nurse Manager's email _____
8. Does your hospital provide mother-baby couplet care?
Mother-baby couplet care is defined as both mother and baby being cared for by the same nurse.
 Yes
 No
9. Annual number of babies born at your hospital. _____ # babies
10. Annual number (or percent) of babies born at 34-36 weeks (Late Preterm Infants)
 _____ #/% babies
 _____ not tracked

11. Please indicate where Late Preterm Infants are cared for.

- Newborn Nursery
- Intermediate Care Nursery
- Intensive Care Nursery

12. Please indicate the annual number (or percent) of babies transferred to an Intensive Care Nursery (ICN). Please include babies transferred to your ICN or to one in an outside hospital.

- _____#/% babies
- _____Not tracked

13. Discharge data in last calendar month:

- _____ Total number mother/baby pairs (dyads)
- _____ Total number dyads exclusively breast milk feeding in hospital/ at discharge*
- _____ Total number infants discharged who received at least one formula feed during hospital stay
- _____ Total number infants receiving only formula during hospital stay
- Other breastfeeding data kept by hospital (e.g., initiation rates, duration). Please specify.

**Exclusive breast milk feeding is defined as a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines. Exclusive breast milk feeding means that the infant has received no formula (not even one supplement with formula). Exclusive breast milk feeding includes the newborn receiving breast milk via a bottle or other means besides the breast.*

(Adapted from JCHAO Specifications, 2010. Retrieved from <http://manual.jointcommission.org/releases/TJC2010A/DataElem0273.html>).

14. How were the above data obtained?

- Estimated
- Chart review
- Other (Please specify) _____

Section II. Ten Steps to Successful Breastfeeding

Step 1: Have a written breastfeeding policy that is routinely communicated to all health care staff.

1.1 Does your hospital have a written breastfeeding policy?

- Yes
- No

1.2 On what date was the written breastfeeding policy initially implemented?

- Date ___/___/___
- N/A

1.3 On what date was the written breastfeeding policy last updated?

- Date ___/___/___
- In process of being updated
- Has not been updated
- N/A

1.4 Is the breastfeeding policy communicated to all perinatal health care staff?

- Yes
- No

Please specify who has *not* received communication regarding the breastfeeding policy.

- RN/LPN staff
- LNA staff
- Physicians
- Certified Nurse Midwives (CNMs)
- Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Other (Please specify)_____
- N/A

1.5 Is instruction of the breastfeeding policy part of unit staff's orientation at the time of hire?

- Yes
- No
- N/A

1.6 If your hospital does not have a written breastfeeding policy, are there organizational steps in place to develop one?

- Yes
- No
- N/A

Comments _____

Step 2: Train all staff in skills necessary to implement this policy.

2.1 What types of breastfeeding training are currently available to health care staff in your hospital? Check those that apply under each of the subheadings.

Staff (e.g., RN, LPN, LNA) training

- In-house training by International Board Certified Lactation Consultant (IBCLC) such as direct observation of, and supervision and feedback by IBCLC
- Breastfeeding Continuing Education Program (BCEP)
 - Paid for by hospital
 - Paid for by staff
- WHO/UNICEF 20-Hour Lactation Management Course
 - Paid for by hospital
 - Paid for by staff
- Certified Lactation Counselor (CLC) Course
 - Paid for by hospital
 - Paid for by staff

- Other (Please specify) _____

Physician/ Advanced Provider (e.g., CNM, NP, PA) **training**

- Talks for med students and residents
- Grand rounds (OB, FM, Peds)
- Online training (Please specify) _____
- Other (Please specify) _____

Other staff (Please specify) _____

2.2 Is breastfeeding education part of annual mandatory continuing education requirements for health care staff?

- Yes
- No

2.3 Approximately what percent of nursing staff has received a minimum of *18 hours* of training in management and care of the breastfed infant and mother?

_____%

2.4 Does this training include a minimum of *3 hours* of supervised clinical experience by an IBCLC?

- Yes
- No

2.5 How is this breastfeeding education funded?

- Part of an annual allocation per employee
- Shared funding between employee and hospital
- Full responsibility of employee
- Other (Please specify) _____

2.6 What percentage of Obstetrical, Family Medicine, and Pediatric advanced level providers (e.g., MDs, DOs, CNMs, NPs, PAs) who have contact with mother-infant dyads in the prenatal, labor & delivery, and postnatal settings have received *3 hours* of breastfeeding education and training?

_____% Obstetrics

_____% Family Medicine

_____% Pediatrics

Comments _____

2.7 List the total number of lactation support staff that care for mothers and babies in your birthing hospital.

_____ IBCLCs

_____ CLCs

_____ Other (Please specify) _____

2.8 List the total number of advanced level providers (e.g., MDs, CNMs, NPs, PAs) that care for mothers and babies in your Birthing Unit and Newborn Nursery.

_____ Obstetrical providers

_____ Family Medicine providers

_____ Pediatric providers

2.9 List the total number of nursing staff (e.g., RNs, LPNs, LNAs) that care for mothers and babies in your Birthing Unit and Newborn Nursery.

_____ RNs
 _____ LPNs
 _____ LNAs
 _____ Other (Please specify) _____

Step 3: Inform all pregnant women about the benefits and management of breastfeeding.

3.1 What types of prenatal education programs / interventions for pregnant women are currently available in your hospital?

- Prenatal childbirth education class that includes breastfeeding
 Taught by _____
- Separate prenatal breastfeeding class
 Taught by _____
- Handouts/booklets
- Other (Please specify) _____

3.2 Please estimate how many mothers delivering in your hospital have attended prenatal education classes.

- < 25%
- 25-49%
- 50-74%
- ≥ 75%
- Not tracked

3.3 Are all pregnant women informed of the benefits and management of breastfeeding?

- Yes
- No
- Don't know

Comments _____

3.4 Who provides information about the benefits and management of breastfeeding during prenatal visits?

- Obstetrical advanced level provider (e.g., MD, CNM)
- Obstetrical nursing staff
- Other (Please specify) _____
- Information not provided
- Don't know

3.5 When is this prenatal breastfeeding information provided?

- At each prenatal visit
- At specified prenatal visit (Please specify) _____
- In a pre-admission visit or package
- Information not provided
- Don't know

Step 4: Help mothers initiate breastfeeding within one hour of birth.

- 4.1** Are mothers who have had normal vaginal deliveries given their babies to hold skin-to-skin within 30 minutes of birth and allowed to remain with their babies for at least an hour?
- Yes
 - No
- 4.2** Are mothers routinely offered help by the staff to initiate breastfeeding during their first hour together after birth?
- Yes
 - No
- 4.3** Are mothers who have had cesarean deliveries given their babies to hold skin-to-skin within a half hour after they are able to respond to their babies and allowed to stay there for at least an hour?
- Yes
 - No
- 4.4** What barriers to early skin-to-skin contact exist in your hospital for healthy term mother-infant dyads?
Check all that apply.
- Maternal procedures/treatment (e.g., delay following c-section delivery, pain meds, anesthesia)
 - Newborn procedures (e.g., erythromycin eye ointment, vitamin K injection)
 - Newborn assessment (e.g., RN or MD exam, infant weight)
 - Reluctance of nursing/medical staff
 - Reluctance of mother
 - Presence of family/visitors immediately after the birth
 - Other (Please specify)_____
 - None
- 4.5** What barriers to early initiation of breastfeeding exist in your hospital for healthy term mother-infant dyads?
Check all that apply.
- Maternal procedures/treatment (e.g., delay following c-section delivery, pain meds, anesthesia)
 - Newborn procedures (e.g., erythromycin eye ointment, vitamin K injection)
 - Newborn assessment (e.g., RN or MD exam, weight)
 - Reluctance of nursing/medical staff
 - Reluctance of mother
 - Presence of family/visitors immediately after the birth
 - Other (Please specify)_____
 - None
- 4.6** What barriers to staff assistance with breastfeeding after birth currently exist in your hospital?
Check all that apply.
- Limited staff ability
 - Limited staff training
 - Limited number of staff
 - Other (Please specify)_____
 - None

Step 5: Show mothers how to breastfeed and how to maintain lactation even if separated from their infants.

- 5.1 Does the nursing staff offer all mothers further assistance (after the first hour) with breastfeeding within 6 hours of delivery?
- Yes
 - No
- 5.2 Does each mother–infant dyad have an observed breastfeeding session at least once per shift?
- Yes
 - No
- 5.3 Are all breastfeeding mothers shown how to hand express their colostrum and breast milk, regardless of whether or not the mother is separated from her baby?
- Yes
 - No
- 5.4 How many *days* per week is an IBCLC (LC) available in-house to assist mothers and babies?
_____ days
- 5.5 How many *hours* per week is an IBCLC (LC) available in-house to assist mothers and babies?
_____ hours
- 5.6 Are all breastfeeding mothers shown how to express their breast milk (including using an electric breast pump) if they are separated from their infant (e.g., infant transferred to ICN)?
- Yes
 - No
- 5.7 Do health care staff facilitate hand expression and/or electronic expression of breast milk *within 6 hours* of mother-infant separation?
- Yes
 - No

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

- 6.1 Do you need a physician’s order to administer formula to breastfeeding infants?
- Yes
 - No
- 6.2 Are breastfeeding infants ever given formula without a medical indication?
- Yes (Please specify non-medical reasons infant receives formula)_____
 - No
- 6.3 Please indicate your hospital’s accepted indications for administration of formula to breastfeeding infants. *Check all that apply.*
- Separation from mother
 - Hypoglycemia
 - Mother’s request
 - Loss of $\geq 10\%$ from birth weight
 - Preterm infant

- Low birth weight
- Jaundice
- Low milk supply
- Poor feeding
- Other (Please specify)_____

6.4 Please indicate how your hospital obtains formula for distribution to infants.

- Formula is received at no-cost from formula company
- Formula is purchased at low-cost (below 80% of fair market value) from formula company
- Formula is purchased at fair market value

6.5 Please indicate forms of formula marketing present in your hospital. Include materials that have formula company name printed on them.

Check all that apply.

- Formula coupons
- Free formula
- Measuring tapes
- Growth curves
- Crib cards
- Clipboards
- Pens
- Diaper bags
- Posters
- Patient education materials
- Other (Please specify)_____
- None

6.6 If a mother requests supplementation with formula for her infant does she receive education about the potential negative consequences of supplementation when a medical indication *does not* exist?

- Yes - always
- Yes - sometimes
- No

6.7 Are breastfeeding mothers given diaper bags at discharge that include formula samples and/or coupons?

- Yes
- No

Step 7: Practice Rooming-in- allow mothers and babies to remain together 24 hours a day.

7.1 Does your hospital have a rooming-in policy, where infants are encouraged to be with their mothers 24 hours a day (with the exception of one hour for medical procedures), unless there is a medical reason for separation?

- Yes
- No (skip to question 7.3)

7.2 If a formal rooming-in policy is in place:

- a. Does rooming-in start within one hour of birth for healthy vaginal deliveries?
 - Yes
 - No

- b. Does rooming-in start within one hour of when a mother is able to respond to her baby for healthy c-section deliveries?
 - Yes
 - No
- c. Are mothers who request separation from their babies educated about the rationale for rooming-in (e.g., earlier response to feeding cues, more organized feeding behaviors)?
 - Yes
 - No

7.3 If no formal rooming-in policy is present in your hospital, or a policy is in place but its practice is inconsistent - what do you think are your hospital's barriers to rooming-in?

Check *all* that apply and rank order (1 = biggest barrier):

- _____ Lack of portability of scales and other routine equipment
- _____ Nursing staff resistance
- _____ Mother's resistance
- _____ Family's resistance
- _____ Staff's or mother's idea that mother needs time to sleep or will sleep better if infant in Nursery
- _____ Visitors
- _____ Other (Please specify) _____
- N/A

Comments _____

7.4 Are medically stable Late Preterm Infants able to room-in with their mothers?

- Yes, all medically stable Late Preterm Infants are able to room-in
- Yes, but with the following exception(s): _____

- No

Step 8: Encourage breastfeeding on demand.

8.1 Are mothers advised to breastfeed their babies whenever they are hungry and until content, with no restrictions placed on the length or frequency of feedings?

- Yes
- No

8.2 Do staff provide education to the mothers on the following?

Check all that apply.

- Baby's ability to indicate feeding readiness by showing hunger cues (e.g., licking lips, hands to mouth)
- Baby's ability to self-regulate feedings
- Not to expect to feed on a particular schedule
- Expect 8-12 feedings per 24 hour day with no particular pattern or frequency

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

9.1 Are pacifiers routinely given to breastfeeding infants?

- Yes
- No

9.2 If pacifiers are not routinely given, under what circumstances are pacifiers given to breastfeeding infants?

Check all that apply.

- Separation from mother due to infant's or mother's medical condition
- Prematurity
- Neonatal Abstinence Syndrome (NAS)
- Painful procedures
- Medical interventions such as phototherapy or oxygen therapy
- Difficulties with breastfeeding
- Mother's request
- Other (Please specify)_____

9.3 If a breastfeeding mother asks for a pacifier or a bottle to be given to her baby is she given education on how a pacifier or artificial nipple may negatively impact breastfeeding?

- Yes
- No

9.4 Please check *all* supplemental feeding methods that are used for breastfeeding infants and rank order the most frequently used to least frequently used (rank order:1 = indicating most frequently used).

- _____ Bottle with standard nipple
- _____ Bottle with special nipple (Please specify nipple used: _____)
- _____ Cup feeding
- _____ Finger-feeding (Please list method(s) used: _____)
- _____ Supplemental Nursing System (SNS)
- _____ Other (Please specify)_____

Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital.

10.1 Please check *all* types of breastfeeding education provided to mothers and families at discharge.

- Education for key family members on how to support the breastfeeding mother at home
- Contact information for ongoing breastfeeding support after discharge
- Individualized feeding plans when breastfeeding difficulties are present
- Other (Please specify)_____

10.2 What types of breastfeeding support are available to breastfeeding mothers after discharge?

- Visit within a few days of newborn discharge with infant provider (e.g., pediatrician, family medicine provider)
- Outpatient lactation visits in Lactation Clinic
- Follow-up home visits with Visiting Nurse or another health care provider
- Group breastfeeding support meetings at hospital or postnatal clinic
- Group breastfeeding support meetings outside of hospital, but affiliated with hospital
- Phone call follow-up (please indicate who provides phone call)_____
- Phone line where mothers call birthing unit directly and speak to nurse on unit
- Lay organizations not affiliated with hospital (e.g., LaLeche League, other mother-to-mother support groups)
- WIC peer counselors
- Other (Please specify)_____
- None

- 10.3** Are breastfeeding mothers routinely referred to these supports at discharge when available?
- Yes
 - No

Section III.

Your hospital and the Ten Steps to Successful Breastfeeding

And the Baby-Friendly Process

- 1.** How many of the Ten Steps to Successful Breastfeeding do you feel your hospital currently has in place at a level of 80% compliance (i.e., 80% of mother-infant dyads experience the Step consistently)?

_____ # Steps
- 2.** Is your hospital currently taking formal steps towards implementing the Ten Steps to Successful Breastfeeding?

 - Yes - Please describe stage of progress

 - No
- 3.** Would your hospital be interested in learning more about the Ten Steps to Successful Breastfeeding?

 - Yes
 - No
 - Possibly at a later date - comments _____

- 4.** Is your hospital currently taking steps toward becoming Baby-Friendly?

 - Yes
 - No
- 5.** Would your hospital be interested in becoming Baby-Friendly and in receiving help with this process?

 - Yes
 - No
 - Possibly at a later date

comments _____

6. Would you be interested in participating in a collaborative 2-day workshop with other maternal-child colleagues from NH in order to gain practical knowledge about implementing the Ten Steps in your hospital?

- Yes
- No
- Possibly at a later date -

comments _____

7. What concerns do you (or others in your hospital) have about becoming Baby-Friendly? Please list and explain.

8. What do you think will be the biggest barriers in formally implementing the Ten Steps to Successful Breastfeeding and/or in becoming Baby-Friendly? Please list and explain.

9. What kinds of support would you find most helpful towards implementing the Ten Steps to Successful Breastfeeding and in achieving Baby-Friendly certification? Please list and explain.

10. Please list any other questions or comments here. You are also welcome to contact the survey assessor if you have questions for which you would like an answer, particularly if it they pertain to research or evidence to support the Ten Steps to Successful Breastfeeding or the Baby-Friendly Hospital Initiative.

Thank you for your participation in this needs assessment. Your responses will facilitate efforts to improve health outcomes for mothers and babies in our state.

Contact information regarding this assessment:

Joyce Kelly, RN, BSN survey assessor, MPH student

joyce_kelly@ben.edu

Bonny Whalen M.D., IBCLC principal investigator

bonny.whalen@hitchcock.org

Alison Holmes, M.D., MPH principal investigator

aholmes@crhc.org