



## **Mother-Baby Award for outpatient healthcare clinics**

### **Application Instructions and Criteria for Successful Designation**

**What is it?** North Carolina Breastfeeding Coalition (NCBC) is proud to present the *Mother-Baby Award for outpatient healthcare clinics*. Awardees will represent the best our state has to offer to support the breastfeeding family. Members of our communities can look to NCBC's list of awardees to know to whom they can turn for evidence-based, high-quality breastfeeding support. We hope you will be proud to count yourself among these esteemed providers.

**Who can apply?** The *Mother-Baby Award for outpatient healthcare clinics* is open to any outpatient medical clinic serving pregnant and post-partum women, infants and/or children in North Carolina. Applicants may include Health Departments, Family Medicine, Pediatric, Obstetric, Midwifery, or other types of clinics serving these populations.

**Where do the criteria come from?** Criteria for the award are very closely based on the “Baby-Friendly USA Guidelines and Evaluation Criteria,” and the Academy of Breastfeeding Medicine’s “Clinical Protocol #14: Breastfeeding-Friendly Physician’s Office: Optimizing Care for Infants and Children.” (Both are available online.) As such, the act of reviewing criteria is, in and of itself, an opportunity to identify evidence-based best practices for the care of pregnant and/or post-partum women and children.

**What are the costs and benefits to applicants?** Participation is voluntary, and free of charge. There are no site visits required. Participants benefit from public recognition of mother-baby friendly care, free marketing to the public about your successes, increasing patient satisfaction, and improving support for breastfeeding initiation, duration and exclusivity.

**How do I apply?** The *Mother-Baby Award for outpatient healthcare clinics* application is to be submitted using an online tool. First, we recommend that you work through your responses using the attached instructions. This will help you gather the information you need, learn about the criteria, and give you time to make improvements before submitting your application online so that you can be successful. Applicants are required to answer all questions in the application. Once you are ready to submit your application, please do so online at <http://tinyurl.com/MBFriendlyNC>.

**When do I apply?** Applications are reviewed and designations announced twice annually. Applications are due by February 1 or July 1. Announcements of successful designees will be made at the beginning of March and August. Applicants who do not receive the designation will receive a follow-up email / phone call to discuss needed improvements for future success.

**The requirements for each component are written in red beneath the responses in this sample application.**

- 1) Name of Clinic:
- 2) Address of Clinic:
- 3) Names and Credentials of Providers:  
*Please include all physicians, nurse practitioners, midwives, physician assistants, etc. serving pregnant / post-partum women, newborns, infants and children.  
(Example, Laura Sinai, MD; Elaina Lee, MD)*
- 4) Name and Position of Key Contact:  
*This is the main person with whom NCBC will correspond about this award.*
- 5) Phone Number for Key Contact:
- 6) Email Address of Key Contact:
- 7) Does your office have a written breastfeeding-friendly office policy? If yes, please email the policy to nbcsecretary@gmail.com. [Note: sample policy is available on [our website](#)]
  - a) Yes. **A written policy is not required, but is strongly recommended and encouraged to be in process.**
  - b) No.
- 8) How many providers in your office have completed  $\geq 3$  hours of education on breastfeeding, beyond professional school? **Requirement for designation:  $\geq 80\%$  of providers**
  - a) # providers completed  $\geq 3$  hours of training \_\_\_\_\_
  - b) Total # of providers in office \_\_\_\_\_

Note: There are *free* web-based trainings that provide breastfeeding education to providers in your office, some of which offer CME credits. Here are a few links you can explore:

1. <http://www.northeastern.edu/breastfeedingcme/> (Two free 1.5 hour CMEs)
2. [http://www.albany.edu/sph/cphce/preventionagenda\\_breastfeeding.shtml](http://www.albany.edu/sph/cphce/preventionagenda_breastfeeding.shtml) (4.0 hours CMEs free until Dec. 2019)
3. <http://www.hriainstitute.org/breastfeedingcme/> (Provides free CME credits)
4. <http://breastfeedinguniversity.com/> (Six free .5 hour segments. CMEs available for small fee upon request)
5. <http://www.wellstart.org/> (Not CME-accredited)
6. [http://phpa.dhmm.maryland.gov/mch/Pages/Hospital\\_Breastfeeding\\_Resources.aspx](http://phpa.dhmm.maryland.gov/mch/Pages/Hospital_Breastfeeding_Resources.aspx) (Six, free 1-hour pre-taped webinars on breastfeeding topics)

- 9) How does your office offer patients the services of lactation professionals? **Requirement: Services of a lactation specialist must be made available (A, B, or C).**

OPTION A: We have a lactation specialist on staff \_\_\_\_\_ (please specify) hours / week.  
S/he is a (indicate all that apply) IBCLC / Other, please specify: \_\_\_\_\_  
**(recommended best practice)**

OPTION B: We have a lactation specialist not on staff who will see clients by appointment in our office. S/he is a (indicate all that apply) IBCLC / Other, please specify: \_\_\_\_\_ **(acceptable)**

OPTION C: We have a list of community lactation specialists to whom we refer our clients. S/he is (indicate all that apply): IBCLC /Other, please specify: \_\_\_\_\_  
(acceptable)

OPTION D: Other, please describe:

OPTION E: We do not use the services of a lactation specialist in our office at this time. (unacceptable)

Please indicate the type of care provided at your clinic:

- a) Obstetric (please proceed to Q10\_OB)
- b) Pediatric (please proceed to Q10\_Peds)
- c) Family Practice (please fill out both Q10\_OB and Q10\_Peds)

10\_OB) Which of the following are standard components of your patient education curriculum for prenatal mothers, routinely discussed between providers and/or nurses and patients in your office, during patient visits? Please select all that apply. **Requirement: A – H are required topics for centers providing prenatal care.**

- a) Benefits and importance of breastfeeding/ Breast milk feeding
- b) Risks of supplementation while breastfeeding (supplementation can lower your milk supply, exclusively breastfed babies have lower risks for xyz, etc.)
- c) Importance of exclusive breastfeeding for the first six months of life
- d) Establishing and maintaining milk supply (frequent feeding)
- e) Benefits of skin-to-skin, rooming-in 24-hours, early initiation of breastfeeding, baby-led feeding (feeding on-demand)
- f) Effective positioning and latch
- g) Non-pharmacologic pain management for labor (focus on early labor acceptable)
- h) Importance of breastfeeding beyond six months when complementary foods are provided
- i) Other, please specify: \_\_\_\_\_

10\_PEDS) Which of the following are standard components of your patient education curriculum for postpartum mothers, routinely discussed between providers and/or nurses and patients in your office, during patient visits? Please select all that apply.

**Requirement: A – F are required topics for centers providing pediatric care.**

- a) Benefits of breastfeeding/ Breast milk feeding
- b) Risks of supplementation while breastfeeding (supplementation can lower your milk supply, exclusively breastfed babies have lower risks for xyz, etc.)
- c) Importance of exclusive breastfeeding for the first six months of life
- d) Establishing and maintaining milk supply
- e) Effective positioning and latch
- f) Importance of breastfeeding beyond six months when complementary foods are provided
- g) Other, please specify: \_\_\_\_\_

11) How do you provide education on safe formula feeding?

- a) We do not teach about safe formula feeding to mothers in our care. (acceptable)
- b) We refer elsewhere for safe formula feeding. (acceptable)
- c) We provide this education only to mothers in our care who plan to formula feed, and do so on a one-on-one basis. (recommended best practice)
- d) We provide this education in our group classes. (unacceptable)
- e) We provide this education to all mothers in our care. (unacceptable)
- f) Other, please describe: \_\_\_\_\_

12) Does your office accept infant formula samples from formula manufacturers or distributors? **Requirement: Successful awardees will NOT accept infant formula samples from formula manufacturers or distributors**

- a) Yes
- b) No

13) Does your office display promotional or educational materials created by infant formula manufacturers in your office? (Booklets, coupons, brochures, magazines, etc.) **Requirement: Successful awardees will NOT display direct marketing or educational materials from formula manufacturers such as formula brochures, magazines, coupons etc.**

- a) Yes
- b) No

c) No, nor do we have any print materials available that contain advertisements for formula feeding. **Recommendation: It is strongly recommended that no formula advertisements or promotional materials be made available in the office, including in parenting/women's health magazines that are not explicitly produced by formula manufacturers but still promote formula feeding.**

**Note: Suggestions for appropriate magazines and other publications that do not contain formula advertisements or promotional materials: *Brain, Child; Mothering Magazine; and Kiwi Magazine.***

14) To which educational and/or support resources do you refer or provide for your patients re: infant feeding? **Requirement: Successful awardees will refer to at least one source that is NOT associated with infant formula manufacturers.**

- a) Breastfeeding classes
- b) Community Support Group/ Cafe
- c) List of websites (i.e. Zipmilk.org)
- d) Breast Pump Rental locations
- e) Outpatient Lactation Specialists
- f) WIC / Health Department breastfeeding support
- h) Other, please specify: \_\_\_\_\_

15) Do you welcome and encourage breastfeeding using visual cues? **Requirement: Successful awardees will refer to at least one way that breastfeeding is welcomed and encouraged using visual cues.**

- a) Yes, including (Please select all that apply):
  - i) Signs / posters in the waiting area
  - ii) Signs / posters in exam rooms
  - iii) Signs / posters in entryways and exits
  - iv) Other: \_\_\_\_\_

**Note: Here is an example of a free supportive poster: <http://www.fns.usda.gov/sites/default/files/FathersCanSupportBF-poster.pdf>, it can be ordered here: <http://www.fns.usda.gov/wic/Fathers/orderform.htm>**

16) Does your staff have a system for addressing patient calls re: infant feeding concerns (Breastfeeding or formula feeding)? **Requirement: Successful awardees will have a system in place for appropriately responding to patient calls about infant feeding concerns. If an office breastfeeding policy exists (or is in development) this information should be included there.**

- a) Yes
- b) No

c) No, but we intend to in the near future

17) Does your staff encourage and support breastfeeding during in-person encounters? **Requirement: Successful awardees will refer to at least one way that breastfeeding is welcomed and encouraged during in-person encounters.**

Please select all that apply:

- a) Yes, we commend mothers during each visit for choosing and continuing the best choice for their babies
- b) Yes, staff trained to never ask women to cover up, move or stop feeding
- c) Yes, we offer private space for feeding if mothers prefer privacy
- d) Yes, we provide anticipatory guidance
- e) Yes, we discuss breastfeeding goals, and plans for achieving them at each visit
- f) Yes, we encourage co-parents (and other family members) to support breastfeeding mothers
- g) Yes, we offer water to a mother when she is nursing her baby
- h) Yes, other. Please describe: \_\_\_\_\_
- i) No

18) Does your facility support staff members who choose to breastfeed?

**Requirement: Successful awardees will be in compliance with the Affordable Care Act rules on lactation support in the workplace.**

- a) Yes, our staff members have time and private space (which is NOT a bathroom) to breastfeed /express milk (*Congratulations, you are eligible for NCBC's Breastfeeding-Friendly Workplace Award!*)
- b) No, our staff members do NOT have time and private space (which is NOT a bathroom) to breastfeed / express milk.

19) Do you track your patients' breastfeeding rates? Please select all that apply, and enter the % average over the past 3 - 12 months. **NOT A Requirement: Tracking breastfeeding rates is not required, but is recommended.**

- a) No
- b) Yes, Breastfeeding intention (%): \_\_\_\_\_
- c) Yes, Breastfeeding initiation (%): \_\_\_\_\_
- d) Yes, exclusive breastfeeding to 1 month (%): \_\_\_\_\_
- e) Yes, exclusive breastfeeding to 3 months (%): \_\_\_\_\_
- f) Yes, exclusive breastfeeding to 6 months (%): \_\_\_\_\_
- g) Yes, any breastfeeding to 1 month (%): \_\_\_\_\_
- h) Yes, any breastfeeding to 6 months (%): \_\_\_\_\_
- i) Yes, any breastfeeding to 12 months (%): \_\_\_\_\_

20) How would you like your award recognized? (Please select all that apply.)

- a) In-person presentation of plaque [This option necessitates coordination of volunteers and travel and may necessitate a significant delay in receipt of award]
- b) Mailed plaque
- c) List our clinic name on the NCBC website
- d) Include our clinic name in all NCBC press releases associated with this award
- e) Other, please specify: \_\_\_\_\_

**Thank you for completing NCBC's application for the Mother-Baby Award for outpatient healthcare clinics!**