

**Step 1: Establish and routinely communicate to all clinic staff a written infant feeding policy that promotes, supports and protects breastfeeding and human milk as the normative standards for infant feeding and nutrition.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	TOOLS & RESOURCES
<p><b>1A:</b> Develop a written infant feeding policy that addresses:</p> <ol style="list-style-type: none"> <li>Breastfeeding and human milk as the normative standards for infant feeding and nutrition. The American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP) and the <i>International Code of Marketing Breast-milk Substitutes</i> communicate the philosophy that the majority of mothers are capable of breastfeeding their infants and should be protected from the promotion of breastmilk substitutes and other efforts that undermine an informed decision.</li> <li>Support for the non-breastfeeding mother and baby will include: a) pediatric counseling of choice in formula; b) patient education on safe preparation of formula; c) safe bottle feeding guidelines to prevent overfeeding or underfeeding.</li> <li>Evidence-based practices and</li> </ol>	<ol style="list-style-type: none"> <li><i>A written infant feeding policy that addresses breastfeeding and human milk as the normative standards for infant feeding and nutrition, adheres to the International Code of Marketing of Breast-milk Substitutes, and includes evidence-based practices and protocols that support these Guidelines will be available for review.</i></li> <li><i>All departments of the clinic that potentially interact with childbearing women and babies will have language in their policies about the promotion, protection and support of breastfeeding and will not interfere with the infant feeding policy and implementation of these Guidelines.</i></li> <li><i>All clinical protocols, standards, and educational materials related to infant feeding and nutrition will comply with the infant feeding policy and these Guidelines.</i></li> <li><i>Clinic management will identify the staff responsible for assuring implementation and maintenance of the infant</i></li> </ol>	<p>Establish a clinic breastfeeding task force.</p> <ul style="list-style-type: none"> <li>Recruit multidisciplinary members, including management, billing, IT, primary care, obstetrics, pediatrics, human resources and employee wellness</li> <li>Identify a breastfeeding champion, ideally a physician or medical provider</li> <li>Consider championing an issue such as obesity prevention, health outcomes, QI, or social determinants of health</li> <li>Set a regular meeting schedule</li> <li>Have goals and objectives and employ strategies such as Plan, Do, Study, Act (PDSA)</li> <li>Consider how this effort could support other clinic goals such as improved patient experience of care, health care cost savings, and improved health outcomes</li> <li>Consider if this effort can contribute to certifications, such as Patient Centered Medical Homes or Accountable Care Organization</li> </ul>	<p><b><i>Sample Clinic Breastfeeding Policy</i></b> - Wisconsin Department of Health and Family Services</p> <p><b><i>Clinic Breastfeeding Task Force Form</i></b> - CDPH COIN Collaborative</p> <p><b><i>Template for Action Plan</i></b> - CDPH COIN Collaborative</p>

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<p>protocols that support breastfeeding in the outpatient setting, including implementation of Steps 2-9 of these Guidelines.</p>	<p><i>feeding policy.</i></p>		
<p><b>1B:</b> Communicate the infant feeding policy at new employee orientation and annually thereafter to all clinic staff and ensure its availability as a reference.</p>	<ol style="list-style-type: none"> <li><i>Clinic management will locate the infant feeding policy and describe how all clinic staff members, including new employees, are made aware of the content.</i></li> <li><i>At least 80% of randomly-selected clinic staff will be able to locate the infant feeding policy, describe its contents and confirm that they received an orientation to the policy.</i></li> </ol>	<p>Use opportunities to solicit staff feedback before the policy is finalized.</p> <p>Use annual policy trainings, in-services, and regularly scheduled meetings to updates staff on the new policy during its development and rollout.</p>	
<p><b>1C:</b> Prominently display a summary of the breastfeeding policy in areas that serve mothers, babies and young children, with information for how to access the full policy. Ensure that this information is verbally explained to persons unable to read and rendered in a culturally and linguistically competent manner and in the primary languages of the clients served.</p>	<ol style="list-style-type: none"> <li><i>A summary of the infant feeding policy and a statement which communicates the institution's policy restricting the promotion of breastmilk substitutes will be prominently displayed in areas that serve mothers, babies and young children.</i></li> <li><i>This information will be rendered</i></li> </ol>	<p>The policy can be:</p> <ul style="list-style-type: none"> <li>kept as a hard copy in work station, where it would be available upon request</li> <li>posted on an employee intranet site</li> </ul> <p>Information about how to request to view the breastfeeding policy can be posted on the public website.</p>	

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	<p><i>in the primary languages of the clients served in accordance with current State and Federal Health and Safety Codes.</i></p>		
<p><b>1D:</b> Create and implement evidence-based protocols that support breastfeeding and human milk as the standards for infant feeding and nutrition, incorporating current recommendations from the American Academy of Pediatrics (AAP) and other major professional organizations.</p>	<ol style="list-style-type: none"> <li>1. <i>The clinic will have written clinical protocols that support implementation of Steps 2-9. All departments of the clinic that potentially interact with childbearing women and infants will have language in their protocols about the promotion, protection and support of breastfeeding. Review of all clinical protocols, standards, and educational materials related to infant feeding and nutrition will comply with these Guidelines.</i></li> <li>2. <i>The clinic manager, prenatal/maternity services director, and pediatric services director will all be able to identify the clinical staff member responsible for assuring the implementation and maintenance of these clinical protocols.</i></li> </ol>		<p><b><i>Breast Pump Authorization Criteria and Lactation Support</i></b> - Contra Costa Health Plan</p>

**Step 2: Provide initial and ongoing competency-based education and training for all clinic staff on topics necessary to establish and maintain the infant feeding policy and protocols that support delivery of comprehensive breastfeeding education and clinical services.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	TOOLS & RESOURCES
<p><b>2A:</b> Assess staff learning needs and resources to implement the infant feeding policy. During employee orientation, introduce the infant feeding policy, including worksite lactation accommodation. Within three months of hire, or within the clinic’s scheduled evaluations, conduct a competency-based evaluation on infant feeding and breastfeeding support for each clinic employee, based on her/his area of practice.</p>	<ol style="list-style-type: none"> <li>1. <i>New employee handbook or manual will show that infant feeding policy, including worksite lactation accommodation, is part of the orientation process.</i></li> <li>2. <i>Of randomly-selected employee charts, 80% will show that a competency-based evaluation on infant feeding and breastfeeding support was performed within 3 months of hire.</i></li> </ol>	<p>Review with new employees their lactation training, including documentation of professional units.</p> <p>Employees may view lactation training as a welcome professional development opportunity. The field of lactation includes several levels of expertise, and opportunities for all staff. Medical assistants have a role to play in breastfeeding support and should be offered lactation education. Health educators, nutritionists, social workers and allied health professionals can use lactation expertise in their practice, or at least have enough training to recognize a need address lactation in patient care, and in appropriate cases arrange for a referral to lactation staff.</p>	<p><b>Core Competencies in Breastfeeding Care and Services for All Health Professionals</b> - US Breastfeeding Committee</p> <p><b>Breastfeeding Promotion and Support</b> - California WIC Program Manual (Policy/Procedure)</p> <p><i>Job Descriptions:</i>  <b>IBCLC Job Description</b> - Communicare Health Centers  <b>Certified Lactation Consultant</b> - Contra Costa County  <b>Outpatient Lactation Program Coordinator</b> - Contra Costa County  <b>Sample Job Descriptions</b> - International Lactation Consultant Association  <b>IBCLC Duty Statement</b> - Solano County WIC  <b>Contract IBCLC Scope of Work</b> - Solano County  <b>Breastfeeding Peer Counselor Supervisor IBCLC</b> - Solano County WIC</p>
<p><b>2B:</b> Develop appropriate individual and departmental training plans. Maintain a written plan for assessing, planning, implementing, evaluating, and updating the education and</p>	<ol style="list-style-type: none"> <li>1. <i>Clinic manager/director or human resource staff will provide access to the written training plan for assessing,</i></li> </ol>	<p>Survey staff for lactation training background, include topics, record of professional units, certificates of completion and dates.</p>	<p><b>Lactation Support Education for Nurses</b> - Miller Children’s/Long Beach Memorial Hospital</p>



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<p>training curriculum. Use or adapt standardized curriculum based on training materials available from American Academy of Pediatrics (AAP), International Lactation Consultant Association (ILCA) or the Centers for Disease Control and Prevention (CDC). A qualified clinic staff member will maintain and coordinate education and training curriculum records. A staff or consultant IBCLC (see Guideline 2E), or physician with breastfeeding medicine expertise, will evaluate the infant feeding education and training curriculum.</p>	<p><i>planning, implementing, evaluating, and updating the infant feeding education and training curriculum.</i></p> <ol style="list-style-type: none"> <li>2. <i>The clinic staff member in charge of maintaining and coordinating the education and training curriculum records will provide access to such records, which will show they have been kept current.</i></li> <li>3. <i>A copy of the curricula or course outlines for competency-based training in breastfeeding will be available for review.</i></li> <li>4. <i>A review of the curricula for breastfeeding education will clearly identify the staff or consultant IBCLC or physician with breastfeeding medicine expertise who has evaluated and signed off on the training curricula.</i></li> </ol>		<p><b>Information for Professionals</b> (resources for training) - CDPH Children &amp; Families</p> <p><b>Breastfeeding Curriculum - AltaMed:</b></p> <ul style="list-style-type: none"> <li>● <b>Chapter 1: Introduction</b></li> <li>● <b>Chapter 2: Why Breastfeed</b></li> <li>● <b>Chapter 3: Talking with Patients</b></li> <li>● <b>Chapter 4: Anatomy &amp; Physiology</b></li> <li>● <b>Chapter 5: Early Breastfeeding</b></li> <li>● <b>Chapter 6: Latching On</b></li> <li>● <b>Chapter 7: Pumping &amp; Storage</b></li> <li>● <b>Chapter 8: Assessing Milk Supply</b></li> <li>● <b>Chapter 9: Troubleshooting</b></li> </ul> <p><b>Breastfeeding Training Course for Health Professionals - The Breastfeeding Friendly Consortium (Virginia)</b></p> <p><b>Curriculum Guidance - UNICEF UK</b></p> <p><b>Breastfeeding Promotion and Support in WIC - USDA/FNS, including: Using Loving Support® to Grow and Glow in WIC (Breastfeeding Competency Training)</b></p>

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<p><b>2C:</b> Deliver competency-based education and training regarding breastfeeding to all clinic staff based on each employee’s function, responsibility, and previously-acquired training, as follows:</p> <ol style="list-style-type: none"> <li>1. Within six months of hire, deliver competency-based training in infant feeding including breastfeeding support to all providers and staff, appropriate to their areas of practice and according to a training matrix.</li> <li>2. Provide access to accurate and evidence-based infant feeding and breastfeeding reference materials, including on-line and print resources.</li> <li>3. Include in training: how to use clinical decision support tools specific to the clinic (such as pre-formatted progress notes, checklists, and electronic medical record reminders); clinical care protocols; and appropriate lactation aids (such as hand expression, electric and manual pumps, supplemental feeders,</li> </ol>	<ol style="list-style-type: none"> <li>1. <i>The designated health care professional(s) will provide documentation that clearly shows competency-based training for breastfeeding is provided for all employees caring for mothers, infants and/or young children and that new employees are oriented upon hire and scheduled for training within six months.</i></li> <li>2. <i>The designated health care professional will provide access to reference materials, including on-line and print resources, which are available for staff members.</i></li> <li>3. <i>A review of the training material will clearly identify the clinical decision support tools and clinical care protocols that clinic staff and providers are encouraged to use.</i></li> <li>4. <i>A review of the training material will clearly identify the sections that provide appropriate guidance on the use of lactation</i></li> </ol>	<p>Reach out to community organizations, particularly WIC and local breastfeeding coalitions, hospitals, other community health centers, or community organizations to explore shared trainings and expertise.</p> <p>Clinics have found that including short lactation in-services, provided as part of regularly scheduled meetings, can provide consistent and ongoing training, have a broad reach across staff, and help build and maintain a culture of breastfeeding awareness as part of clinical care and the clinic environment.</p>	

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<p>breast shells, nipple shields, breast pads and hydrogels, and any other accepted tools and aids).</p>	<p><i>aids as identified.</i></p> <p>5. <i>At least 80% of randomly-selected clinic staff members serving women and infants will confirm that they have completed the described training and competency verification or, if they have been hired within six months, have at least been oriented.</i></p> <p>6. <i>At least 80% of randomly-selected clinic staff members serving women and infants will be able to answer questions on breastfeeding management correctly.</i></p> <p>7. <i>At least 80% of randomly-selected clinic staff members serving women and infants will be able to identify two appropriate topics to discuss with women who are considering feeding their babies something other than human milk.</i></p>		
<p><b>2D:</b> Evaluate the clinical-based skills related to infant feeding and breastfeeding support of all</p>	<p>1. <i>Training records will clearly show that clinic staff is given a</i></p>		

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<p>employees who deliver clinical care upon completion of training, within six months of hire and every three years thereafter. Ensure that evaluations are appropriate to each employee’s area of practice, per a clinical skills matrix.</p>	<p><i>skills evaluation on infant feeding and breastfeeding support within six months of hire and every three years thereafter.</i></p> <p>2. <i>A review of the evaluations to be given to different clinic staff will show that they are appropriate to each employee’s area of practice per the clinical skills matrix.</i></p>		
<p><b>2E:</b> Employ, contract with, or develop a memorandum of understanding (MOU) with one or more IBCLC, or providers with expertise in breastfeeding medicine, to oversee the education and training of providers and staff delivering clinical care.</p>	<p>1. <i>Clinic records will show that one or more IBCLCs, or provider with expertise in breastfeeding medicine, are employed, contracted with, or have an MOU with the organization, and that said individual(s) oversee the education and training of clinic staff delivering clinical care.</i></p>	<p>Consider collaborating with other community organizations to:</p> <ul style="list-style-type: none"> <li>● co-plan training where staff from the clinic and community organization can participate together</li> <li>● explore if another local organization is planning a training in which clinic staff could participate</li> </ul>	<p><b>Article about pay ranges for IBCLCs - Journal of Human Lactation</b></p>
<p><b>Suggestion:</b> Consider hosting clinical students and residents for training rotations in lactation.</p>		<p>This could include students, interns or residents of various disciplines: medical, dental, nursing, nutrition &amp; dietetics, social work, health education, and medical assistance.</p>	



**Step 3: Provide accurate and evidence-based information about breastfeeding and human milk to all pregnant women, mothers and/or caregivers that is based on current nationally recognized guidelines.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	TOOLS & RESOURCES
<p><b>3A:</b> Provide accurate and evidence-based information about breastfeeding and human milk to all women throughout <b>prenatal care</b>, including:</p> <ol style="list-style-type: none"> <li>1. Education about the differences between breastfeeding, human milk and artificial feeding (formula), providing education materials that highlight the many ways in which breastfeeding is superior to artificial feeding (formula).</li> <li>2. Education about the health and developmental benefits of breastfeeding and human milk for both infant and mother.</li> <li>3. Education about the benefits of early skin-to-skin contact, benefits of rooming-in and the risks of formula supplementation while breastfeeding in the first six months.</li> <li>4. Assessment and assistance with the planning and management of successful breastfeeding, anticipating individual needs in a patient-centered manner.</li> <li>5. Documentation in the medical record of educational encounters and materials given out in</li> </ol>	<ol style="list-style-type: none"> <li>1. <i>Written information will be available to clinic staff and pregnant patients and will cover the topics outlined in Guideline 3A.</i></li> <li>2. <i>At least 80% of randomly-selected women receiving prenatal services at the clinic in the third trimester will:</i> <ol style="list-style-type: none"> <li>a) <i>Confirm that a staff member has given them information on the topics outlined in Guideline 3A.</i></li> <li>b) <i>Describe the information that was discussed in two of the topics outlined in Guideline 3A.</i></li> </ol> </li> <li>3. <i>At least 80% of randomly-selected medical records of pregnant women who received prenatal services in the third trimester at the clinic will provide documentation of educational encounters addressing the topics outlined in Guideline 3A.</i></li> </ol>	<p>Include written information for home use. Local WIC agencies may be able to provide written breastfeeding education materials.</p> <p>Review the written materials with patients to support what was discussed and confirm the information is useful.</p> <p>Provide information in the languages of patients and consider materials appropriate to the literacy levels of patients.</p> <p>The staff IBCLC should review the materials to ensure they are accurate and evidence-based.</p> <p>Include a visit summary in the EHR notes. This helps ensure that appropriate topics are being addressed, reduces repetition of topics, and identifies key issues of concern for the patient.</p> <p>If a clinic also has a WIC program, exchange information regarding patient education to reduce repetition of information and also enhance team care and collaboration.</p>	<p><b><i>Patient Education Breastfeeding Checklist</i></b> - Alameda County</p> <p><b><i>Prenatal Chart Audit Tool</i></b> - Alameda County</p> <p><b><i>New Guidance for Antenatal and Postnatal Conversations</i></b> - UNICEF</p> <p><b><i>Your Baby's Feeding Plan IBCLC-to-IBCLC Communication Tool</i></b> - Sonoma County Breastfeeding Coalition</p>

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<p>regards to the topics above.</p>			
<p><b>3B:</b> Provide accurate and evidence-based information about breastfeeding and human milk to all women and caregivers during <b>postpartum care and pediatric care</b>, including:</p> <ol style="list-style-type: none"> <li>1. Encouragement to exclusively breastfeed and/or feed infants only human milk, avoiding supplementation with formula, glucose water or water unless medically indicated, and addressing cultural practices that may interfere with exclusive breastfeeding.</li> <li>2. Encouragement to continue breastfeeding and/or providing human milk, adding complementary foods at the appropriate time, as reflected by current, nationally-recognized recommendations.</li> <li>3. Education regarding the benefits of exclusive breastfeeding and/or provision of human milk and the risks of artificial feeding (formula) or supplementation while breastfeeding in the first six months.</li> <li>4. Education regarding hand expression of breastmilk, skin-to-</li> </ol>	<ol style="list-style-type: none"> <li>1. <i>Written information will be available to clinic staff and postpartum/pediatric patients and will cover the topics outlined in Guideline 3B.</i></li> <li>2. <i>At least 80% of randomly-selected women receiving postpartum services at the clinic will:</i> <ol style="list-style-type: none"> <li>a) <i>Confirm that a staff member has given them information on the topics outlined in Guideline 3B.</i></li> <li>b) <i>Describe the information that was discussed in two of the topics outlined in Guideline 3B.</i></li> </ol> </li> <li>3. <i>At least 80% of randomly-selected medical records of postpartum/pediatric patients will provide documentation of educational encounters addressing the topics outlined in Guideline 3B.</i></li> </ol>		

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<p>skin contact and feeding cues for successful breastfeeding.</p> <p>5. Education regarding adequate infant intake of vitamin D and iron supplementation, the appropriate timing for the introduction of solid foods, the appropriate slow increase of complementary feeding and the consequent gradual reduction of breastmilk.</p> <p>6. Review of normal infant behaviors such as sleep, crying and infant feeding cues.</p>			
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**Step 4: Provide clinical services that promote and support breastfeeding for the mother-baby dyad as the norm for infant feeding and nutrition.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	RESOURCES
<p><b>4A:</b> Perform a prenatal breastfeeding history and clinical breast exam to identify concerns and barriers to breastfeeding, and provide appropriate counseling and/or referral if risk for breastfeeding problems is determined.</p>	<p>1. <i>At least 80% of randomly-selected medical records of prenatal/postpartum patients will provide documentation of a breastfeeding history, clinical breast exam and appropriate lactation referrals using current national recommendations.</i></p>		
<p><b>4B:</b> Conduct an infant feeding assessment for all breastfeeding infants within 48 hours of hospital discharge, coordinating with birthing hospitals to be notified of births so appointments can be made prior to discharge. Address breastfeeding concerns at all postpartum and pediatric visits, informing mothers that they can return to clinic for additional breastfeeding support, ensuring that they receive care from appropriate breastfeeding health professionals, and referring patients to an IBCLC or providers with breastfeeding medicine expertise for unresolved breastfeeding issues. Clinic will use accurate scales (+/- 2 g) to measure pre-feeding and post-feeding weights.</p>	<p>1. <i>At least 80% of randomly-selected medical records will describe arrangements made with birthing hospitals to be notified of births.</i></p> <p>2. <i>At least 80% of randomly-selected medical records of breastfed infants will document that an infant feeding assessment was done no more than 5 days after birth.</i></p> <p>3. <i>At least 80% of randomly-selected postpartum women will report that they received breastfeeding support through their obstetric, pediatric or family practice provider that enabled them to address their breastfeeding problems and/or to achieve their infant feeding goals.</i></p> <p>4. <i>All pediatric and lactation staff responsible for conducting infant</i></p>	<p>Coordinate patient scheduling between OB, Peds and Family Practice, to ensure appointments for mother and infant are coordinated.</p> <p>Breastfeeding checks can be provided for both patients: mother and infant.</p> <p>Some clinics have arranged for mom and infant to stay in one exam room while staff rotates through the room for ease of logistics, space considerations and patient experience, especially if the infant is breastfeeding.</p> <p>Ensure the EHR has fields to record infant feeding information and notes.</p> <p>Confirm that the fields are hard stops and all staff who might provide breastfeeding support have authorization to access.</p>	<p><b>Feeding Assessment Protocol</b>- North County Health Services</p> <p><b>Clinical Protocols</b> - Academy of BF Medicine</p> <p>California WIC Program provides a variety of breast pumps meeting designated equipment specifications that are shown to be more effective and appropriate for mothers' breastfeeding needs.</p> <p>Use Staff Training Plan developed in Step 2</p>

**Step 4: Provide clinical services that promote and support breastfeeding for the mother-baby dyad as the norm for infant feeding and nutrition.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	RESOURCES
	<p><i>feeding assessments will demonstrate ability to accurately measure and document pre-feeding and post-feeding infant weight. Staff with clinical lactation training and experience in infant feeding plan development shall use these measurements to provide counseling and/or referral for appropriate infant feeding plans.</i></p>		
<p><b>4C:</b> Establish a triage system for breastfeeding-related concerns, including follow-up visits, walk-in visits during regular hours, and response to patient needs when the clinic is closed, incorporating current technology (such as texting) or warm-line services when available.</p>	<ol style="list-style-type: none"> <li>1. <i>Written triage protocols will show that every effort will be made to meet breastfeeding patients' needs during clinic visits, by phone, and when the clinic is closed.</i></li> <li>2. <i>At least 80% of randomly-selected clinic staff will be able to locate the clinic's breastfeeding triage protocols and describe their own role in implementation of the triage system.</i></li> <li>3. <i>At least 80% of randomly-selected medical records will provide documentation consistent with the breastfeeding triage protocols, including review of phone communications by an appropriate health care professional, if relevant.</i></li> </ol>		<p><b>Sample triage protocols:</b> University of North Carolina  <i>Assorted medical management</i>  <i>For pain (phone)</i>  <i>For mastitis (phone)</i>  <i>Outpatient scheduling</i></p> <p><b>Newborn Follow-Up Charting Form-</b>  Alameda County</p> <p><b>Sample job descriptions/duty statements</b> (see Step 2, Guideline 2A)</p>

**Step 4: Provide clinical services that promote and support breastfeeding for the mother-baby dyad as the norm for infant feeding and nutrition.**

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<p><b>4D:</b> Employ, contract with, or otherwise provide access to lactation consultants, or physicians with breastfeeding medicine expertise, in a manner that provides accessible, affordable, and appropriate care.</p>	<ol style="list-style-type: none"> <li>1. Documentation will confirm employment and/or referral agreement with a Certified Lactation Counselor (CLC) or Certified Lactation Educator (CLE) with 25 hours of breastfeeding training for routine breastfeeding issues such as positioning, latching on, and breast pump use.</li> <li>2. Documentation will confirm employment and/or referral agreement with an IBCLC, or physician with breastfeeding medicine expertise, for high-risk breastfeeding issues.</li> </ol>		
<p><b>4E:</b> Ensure adequate time and space for breastfeeding management in a private and comfortable setting.</p>	<ol style="list-style-type: none"> <li>1. Observation will show that the clinic has a private and comfortable space for patients to receive breastfeeding assessment and counseling/education from an IBCLC, CLC, CLE, and/or provider with breastfeeding medicine expertise.</li> </ol>	<p>Engage in capital improvement projects to ensure that new construction incorporates appropriate space for breastfeeding assessment &amp; counseling.</p>	<p><b>Supporting Nursing Moms at Work: Employer Solutions</b> Includes photos of clinics and other employer solutions for lactation spaces that could accommodate patients and staff – Office of Women’s Health, USDHHS</p>
<p><b>4F:</b> Follow the CDC guidance on using growth charts that reflect normal growth standards including charts for breastfed babies, currently the World Health Organization (WHO) growth</p>	<ol style="list-style-type: none"> <li>1. A review of randomly-selected medical records of infants and children will show that the appropriate growth charts are being utilized, per CDC guidance.</li> </ol>	<p>Ensure the EHR has the appropriate growth charts for infants and children and including breastfeeding babies.  IT staff may be helpful or needed in</p>	<p><b>CDC Growth Charts-Background</b>  <b>WHO Growth Charts</b>  <b>CDC Growth Charts</b></p>

**Step 4: Provide clinical services that promote and support breastfeeding for the mother-baby dyad as the norm for infant feeding and nutrition.**

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standards for infants and children ages 0 to 2 years of age and the CDC growth charts for children age 2 years and older.		<p>ensuring the charts are available and functional in the EHR.</p> <p>IT staff are also key partners for determining how the data can be queried to report on breastfeeding rates.</p> <p>Staff should chart infants growth data and share that information with parents in the context of infant feeding.</p>	
<p><b>4G:</b> Promote participation in breastfeeding peer support programs, especially in the first weeks postpartum, for all breastfeeding women.</p>	<p>1. <i>80% of randomly-selected breastfeeding women receiving services at the clinic postpartum will report that they were encouraged to participate in and received information about available peer support programs.</i></p>	<p>WIC agencies have had good success with breastfeeding peer support groups and may be a source of information or collaboration for this effort.</p> <p>Peer support groups can also be opportunities for patient education and individual care, if they are scheduled and staffed adequately to allow individual mothers to be seen for a few minutes, by a provider during the time slot of the support group.</p>	<p><b><i>Resources for Patient Referral at Discharge-</i></b> CA Dept of Public Health</p>

**Step 5: Establish, provide, and maintain a breastfeeding-friendly clinic environment.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	TOOLS & RESOURCES
<p><b>5A:</b> Establish written procedures and a quality assurance plan that ensures a breastfeeding-friendly clinic environment, defined as follows:</p> <ol style="list-style-type: none"> <li>Clearly define storage location for formula supplies, keeping them out of view of patients and their families.</li> <li>Distribute any medically-necessary formula supplies in a private exam room, following privacy procedures appropriate for the administration of medication and other treatments.</li> <li>Neither accept nor distribute free gifts and materials (e.g., writing pads, gift bags, storage bags, diaper bags, pens, calendars, etc.) or personal samples from companies manufacturing infant formula.</li> <li>Use and display noncommercial, evidence-based materials that promote breastfeeding in the clinic(s) and waiting areas, such as: posters, pamphlets, educational materials, signs welcoming breastfeeding, pictures and photographs of breastfeeding mothers. Include materials specifically for populations with low breastfeeding rates served in</li> </ol>	<ol style="list-style-type: none"> <li><i>A written quality assurance plan will clearly define: the criteria and procedures for a breastfeeding-friendly environment; staff roles and responsibilities for implementing the procedures; elements of the routine quality checks; and the employee responsible for reporting on the routine environmental audits, results and corrective actions taken.</i></li> <li><i>Clinic self-assessment and observation show 100% compliance with all elements of Guideline 5A.</i></li> <li><i>At least 80% of randomly-selected breastfeeding mothers will report that they are always allowed to continue feeding uninterrupted in the waiting room or other area.</i></li> </ol>	<p>Hospitals that become designated Baby Friendly, or adopt comprehensive breastfeeding policies and practices, have increased breastfeeding rates and decreased need for formula. When the cost of purchasing formula is calculated at ‘fair market value’, the costs are not prohibitive.</p> <p>Caveat: determining the fair market value is usually obtained by means other than through the manufacturers. Collaborating with local hospital staff on this process is likely the most effective way to obtain the cost factors.</p> <p>Specifically target educational materials to populations served by your clinic that tend to have low breastfeeding rates.</p> <p>In some cases mothers will be more comfortable with a private area to breastfeed. Be sure to provide this for patients. It need not be a space dedicated solely to lactation; consider a flexible work space.</p>	<p><b><i>Breastfeeding-Friendly Physician’s Office Protocol</i></b> - Academy of Breastfeeding Medicine</p> <p><b><i>Breastfeeding Friendly Physician Offices</i></b> - Riverside County WIC</p> <p><b><i>How to Determine Fair Market Value for Purchasing Formula</i></b> - National Institute for Children’s Health Quality</p> <p><b><i>Compliance with the WHO International Code of Marketing of Breastmilk Substitutes</i></b>, - Northeastern University Includes a guide for calculating Fair Market Price (FMP) for formula and feeding accessories to accompany the FMP tool</p> <p><b><i>Supporting Nursing Moms at Work: Employer Solutions</i></b>- Office of Women’s Health, USDHHS Includes photos of clinics and other employer solutions for lactation space.</p> <p>Non-commercial breastfeeding promotion, early feeding, baby behavior and development materials such as posters and magazines – ask your local WIC agencies or the <b><i>National WIC Association</i></b></p>





**Step 5: Establish, provide, and maintain a breastfeeding-friendly clinic environment.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	TOOLS & RESOURCES
<p>the clinic.</p> <p>5. Prohibit use of any printed material (e.g., magazines, handouts, and posters) and visual material (e.g., videos) that market breastmilk substitutes, bottles, nipples, pacifiers, or other formula supplies or coupons for any of the above items.</p> <p>6. Set up clinic design and furniture to support a comfortable environment for breastfeeding mothers.</p> <p>7. Support and allow breastfeeding mothers to continue feeding uninterrupted in the waiting room or other area, per clinic rooming policies.</p>		<p>For mothers who may need to pump while at a clinic appointment, be prepared with a private place for her to sit, a surface for her to set her pump and access to electricity.</p>	
<p><b>5B:</b> Communicate the breastfeeding-friendly environment quality assurance plan at new employee orientation and annually thereafter to all clinic staff, and ensure its availability as a reference. Include the following elements:</p> <p>1. Define and assign staff roles and responsibilities for tasks related to the implementation of the breastfeeding-friendly environment, incorporating staff duties into job descriptions and daily activity logs. Tasks should</p>	<p>1. <i>Office management will be able to describe how all clinic staff, including new employees, are made aware of the breastfeeding-friendly environment quality assurance plan and their roles and responsibilities.</i></p> <p>2. <i>All clinic staff job descriptions (especially those of front clinic staff), daily activity logs, and job performance documentation will</i></p>	<p>Ensure that employees are supported to breastfeed or pump their milk at work. See Step 7.</p> <p>Some clinics find that the Human Resources Dept. can provide the expertise and support needed for the lactation spaces for employees as well as patients.</p>	

**Step 5: Establish, provide, and maintain a breastfeeding-friendly clinic environment.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	TOOLS & RESOURCES
<p>include removal of inappropriate materials that promote formula supplies and routine ordering/copying and distribution of breastfeeding-friendly materials in waiting areas and exam rooms.</p> <p>2. Train and designate clinic staff to preview and evaluate educational materials for the clinic environment.</p> <p>3. Train all staff to recognize and avoid formula marketing techniques, to refuse materials that contain formula branding, and to avoid distribution of free gifts and materials as described in Guideline 5A.</p> <p>4. Train all staff in strategies to support and allow breastfeeding mothers to continue feeding uninterrupted in the waiting room or other area, per clinic rooming policies.</p>	<p><i>include elements relating to roles, responsibilities and compliance with the breastfeeding-friendly environment quality assurance plan.</i></p> <p>3. <i>At least 80% of randomly-selected clinic staff will confirm that they received training on all elements of a breastfeeding-friendly environment, as outlined in Guideline 5B, and can identify the designated staff member responsible for previewing and evaluating educational materials.</i></p> <p>4. <i>Staff training records will show that all employees, within one year of employment, are trained on all elements of a breastfeeding-friendly environment, as outlined in Guideline 5B.</i></p>		

**Step 6: Collaborate with local agencies and health professionals to ensure continuity of care and breastfeeding support in the community.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	TOOLS & RESOURCES
<p><b>6A:</b> Identify and collaborate with local agencies and professionals to improve breastfeeding support, as follows:</p> <ol style="list-style-type: none"> <li>1. Designate an employee to develop, maintain, and update a list of local agencies, health professionals and other resources that support breastfeeding.</li> <li>2. Establish collaborative agreements and a referral system with written communication protocols and tools in order to interact with local agencies and health care professionals, such as the following: perinatal clinics, birthing hospitals, pediatric clinics, WIC programs, Comprehensive Perinatal Services Program (CPSP) in California, the local health department, telephone help lines, home health services, durable medical equipment (DME) providers, La Leche League and other community support groups that promote breastfeeding.</li> <li>3. Collaborate with Medi-Cal (Medicaid outside of California), health insurance plans and other payers of breastfeeding benefits to clarify reimbursable</li> </ol>	<ol style="list-style-type: none"> <li>1. <i>Clinic documents will include a list of local agencies and health professionals that support breastfeeding and that is reviewed and updated annually by the designated staff member.</i></li> <li>2. <i>Clinic documents will indicate the development and implementation of communication protocols and collaboration agreements with local agencies and health professionals, as described in Guideline 6A.</i></li> </ol>	<p>In addition to using current referral lists, effective breastfeeding support involves establishing relationships with community organizations. Communities that have succeeded with this have used simple strategies such as including community partners in regularly-scheduled meetings and arranging for staff to visit and observe services across programs. Over time, a continuum of care is established that provides an effective safety net for breastfeeding support.</p> <p>Health care reform should provide new opportunities for the provision of breastfeeding support, as part of ACA requirements. In many cases, health plan benefit details are not defined regarding lactation support, including breast pumps and supplies. Clinics can use their business relationship with health plans to play a critical role in negotiating for effective breastfeeding support. These efforts can also support other initiatives that relate to the Triple Aim or certifications such as Patient Centered Medical Homes efforts for quality of care.</p>	<p><b>Early Notification Referral Form</b> - Sacramento County WIC/Sutter Medical Center</p> <p><b>Hospital-Clinic-WIC-DME Referral Form</b> - California WIC Association</p> <p><b>WIC Referral Form for Pregnant/Postpartum/Breastfeeding Women</b> - California State WIC Program/CDPH</p> <p><b>Establishing a Community Breastfeeding Support Consortium</b> - CDPH COIN Collaborative</p> <p><b>Breastfeeding Peer Counselor Program Community Assessment with External Partners</b> - California WIC Program (CDPH)</p> <p><b>Which WIC? Meeting Flyer, Tour Schedule, and Agency List</b> - San Joaquin County</p> <p><b>Community Breastfeeding Support Contact List</b> - CDPH COIN Collaborative</p> <p><b>First Steps: Breastfeeding Continuum of Care</b>-California WIC Association</p>



**Step 6: Collaborate with local agencies and health professionals to ensure continuity of care and breastfeeding support in the community.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	TOOLS & RESOURCES
breastfeeding services and equipment.			<b><i>Sample WIC Health Plan MOU</i></b>
<b>6B:</b> Communicate the established collaboration agreements and communication protocols at new employee orientation and annually thereafter to all appropriate clinic staff.	<ol style="list-style-type: none"> <li>1. <i>At least 80% of randomly-selected appropriate clinic staff will be able to locate the list of local breastfeeding resources, communication protocols and collaboration agreements.</i></li> <li>2. <i>At least 80% of randomly-selected medical records show that breastfeeding mothers were appropriately referred and received specialized breastfeeding support services.</i></li> <li>3. <i>At least 80% of randomly-selected mothers who reported having difficulty breastfeeding will indicate that they received services from a trained lactation professional at the facility or were given a referral to see a lactation specialist at another agency.</i></li> </ol>		
<b>6C:</b> Communicate with local agencies, professionals and birthing hospitals regarding the content of breastfeeding education materials and counseling to ensure consistent, accurate and evidence-based information about breastfeeding and human milk across all venues in the	<ol style="list-style-type: none"> <li>1. <i>Written collaboration agreements and communication protocols will address provision of consistent, accurate and evidence-based information about breastfeeding and human milk across all venues of the community.</i></li> </ol>	Hospitals across California and the nation, in an effort to improve breastfeeding policies and practices, have established local hospital breastfeeding consortia, where hospital staff meet to share their practices, challenges and successes in improving breastfeeding support.	<p><b><i>Best Fed Beginnings</i></b> - National Institute for Children’s Health Quality</p> <p><b><i>Sample Meeting Schedule and Resources</i></b> - Regional Hospital Consortium of Los Angeles</p>

**Step 6: Collaborate with local agencies and health professionals to ensure continuity of care and breastfeeding support in the community.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	TOOLS & RESOURCES
community.		Community health centers could participate in their local consortium and/or collaborate between community health centers.	

**Step 7: Provide and maintain effective lactation accommodation for all employees within the organization.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	TOOLS & RESOURCES
<p><b>7A:</b> Develop an organizational policy that complies with state and federal law and outlines lactation support practices for employees and their supervisors, including the following components:</p> <ol style="list-style-type: none"> <li>1. Purpose/Policy: Start with an affirmative statement that demonstrates support for breastfeeding women in your workplace.</li> <li>2. Training: Specify how managers and supervisors will be trained to ensure implementation of the policy.</li> <li>3. Communication: Communicate policies that describe employee rights prior to and upon returning from maternity leave and the process to request reasonable lactation accommodation.</li> <li>4. Break time: Explain how lactation break time is scheduled and how additional lactation time will be accommodated.</li> <li>5. Reasonable Space/Location: Define the space options and designated locations for lactation that are private and free from intrusion.</li> <li>6. Equipment: Explain the process to acquire a breast pump</li> </ol>	<ol style="list-style-type: none"> <li>1. <i>The organization's lactation accommodation policy will comply with all elements described in Guideline 7A.</i></li> </ol>	<p>Worksite lactation support for employees, including quality breast pumps and supplies, should be part of employee health plan benefits.</p> <p>Community health centers have found flexible ways to accommodate worksite lactation, including temporary or shared space, depending on employee needs.</p> <p>When employers, especially health care providers, support patients and employees with breastfeeding, a culture of support and acceptance can be established.</p>	<p><b><i>Supporting Nursing Moms at Work: Employer Solutions</i></b> - USDHHS Office of Women's Health</p> <p><b><i>Business Case for Breastfeeding</i></b> - HRSA Maternal &amp; Child Health</p> <p><b><i>Break Time for Nursing Mothers Requirement</i></b> - US Dept. of Labor</p> <p><b><i>Breastfeeding &amp; Healthy Living: Going Back to Work or School</i></b> - CDPH Children &amp; Families</p> <p><b><i>FAQs about Affordable Care Act Implementation (Part XXIX) and Mental Health Parity Implementation</i></b> - US Department of Labor</p> <p><b><i>State of Breastfeeding Coverage: Health Plan Violations of the Affordable Care Act</i></b> - National Women's Law Center</p>

**Step 7: Provide and maintain effective lactation accommodation for all employees within the organization.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	TOOLS & RESOURCES
<p>(company provided and/or reimbursed by health insurance) and to safely store breastmilk.</p> <p>7. Education: Describe how pregnant and postpartum women will be offered breastfeeding education, information and access to lactation consultants to be successful in their return to employment while breastfeeding. Include information about successful pumping tips, sample pumping schedule, breastmilk storage and talking with the childcare provider about breastmilk.</p> <p>8. Atmosphere of Support: Ensure that breastfeeding does not constitute a source of discrimination or harassment in employment or in access to employment and ensure that procedures for reporting such actions are provided.</p>			
<p><b>7B:</b> Train all employees on all aspects of the lactation accommodation policy developed under Guideline 7A.</p>	<p>1. <i>At least 80% of employee training records will show that staff is trained upon hire and updated periodically on the lactation accommodation policy.</i></p>	<p>Training for supervisors and staff greatly reduces miscommunication and challenges for clinic staffing and operations.</p> <p>Employees and their supervisor should discuss worksite lactation needs prior to maternity leave and</p>	

**Step 7: Provide and maintain effective lactation accommodation for all employees within the organization.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	TOOLS & RESOURCES
		again before return to work.	
<p><b>7C:</b> Conduct an annual review of the lactation accommodation policy, with special attention to changes in state and federal laws/regulations, as well as updates to lactation best practices and community lactation resources.</p>	<p>1. <i>Documentation will show that the lactation accommodation policy is reviewed annually and updated as outlined in Guideline 7C.</i></p>		



**Step 8: Develop a financial plan that guides provision of breastfeeding services in a way that maximizes sustainability in the context of overall clinic health services and resources.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	RESOURCES
<p><b>8A:</b> Develop a financial plan for breastfeeding services that establishes clinic policies and protocols that support implementation. Incorporate the financial plan into the clinic’s standard billing and financial evaluation procedures. Suggested elements to include:</p> <ol style="list-style-type: none"> <li>1. Staff capacity to provide billable services</li> <li>2. Job description(s) to ensure that personnel hired have the minimum certification to provide billable services</li> <li>3. Existing clinical services</li> <li>4. Opportunities for community collaboration and referrals</li> <li>5. Billing codes and payment services</li> <li>6. Expected time to payment for each payment source</li> <li>7. Expected expenditures, investments, and revenue</li> <li>8. Process for identifying and addressing unexpected discrepancies</li> <li>9. Rationale for breastfeeding services provided</li> <li>10. Alignment with overall financial plan and mission of the clinic or</li> </ol>	<ol style="list-style-type: none"> <li>1. <i>Review of the financial plan shows that it complies with all elements of the agency's ongoing financial analysis and supports the activities suggested under Guideline 8A.</i></li> <li>2. <i>At least 80% of randomly-selected clinic invoices will show that billable services for both women of childbearing age and pediatric patients were provided by a clinician with the recommended qualifications.</i></li> <li>3. <i>At least 80% of randomly-selected clinic invoices will show that billing codes, payment sources, and expected reimbursement were accurate for the services provided.</i></li> </ol>	<p>Lactation staff can be added on a part-time basis, depending on the clinic’s birth rate.</p> <p>Clinics have found several strategies effective in building a stronger practice for lactation, contributing to the value of the lactation consultant as part of the health care team and increasing referrals for lactation.</p> <p>Involving the lactation consultant in providing staff lactation training on an ongoing basis builds professional rapport among staff and the value of lactation care.</p> <p>Health care professionals are more likely to make referrals once they view lactation consultants as valuable team members. More referrals help counterbalance no-show appointments.</p> <p>California’s Coordinated Perinatal Services Program (CPSP) has a team approach to care that includes strong breastfeeding support, relying on varying levels of lactation expertise, including lactation educators and consultants.</p>	<p><b><i>Breastfeeding and Health Care Reform Opportunities</i></b> - CWA Policy Brief</p> <p><b><i>Medi-Cal Breastfeeding Toolkit</i></b> - CWA</p> <p><b><i>Pregnancy: Comprehensive Perinatal Services Program reimbursement guidelines</i></b> - Medi-Cal</p> <p><b><i>CPSP Provider Overview/Steps to Take Training (online or in-person)</i></b> - CDPH</p> <p><b><i>Article about pay ranges for IBCLCs</i></b> - Journal of Human Lactation</p>

**Step 8: Develop a financial plan that guides provision of breastfeeding services in a way that maximizes sustainability in the context of overall clinic health services and resources.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	RESOURCES
larger organization.			
<p><b>8B:</b> Use clinical care and billing tools that support implementation of the financial plan by reminding providers and/or administrative staff of a patient's reimbursable benefits, supporting clinical care decisions, providing appropriate billing codes, and incorporating financial aspects of care into the medical record system.</p>	<p>1. <i>A point-of-care clinical decision support system, when available, will remind providers when a patient needs breastfeeding support, identify the patient's insurance/payer, and outline their reimbursable benefits and appropriate billing code(s) for breastfeeding support services provided.</i></p>	<p>The lactation staff should have access to the EHR for documenting lactation care that is visible to other providers, including OB, Peds and Family Practice.</p> <p>Lactation care involves 2 patients, mother and infant. Both patients should be billable.</p>	<p><b><i>Lactation Service Charge Form</i></b> - Alameda County</p> <p><b><i>CPSP Billing for Lactation Services conf call notes</i></b> - Sonoma County</p> <p><b><i>Billing for Lactation Services in CPSP</i></b> - Sonoma County</p> <p><b><i>Billing for Lactation Services in FQHC</i></b> - Sonoma County</p> <p><b><i>CPSP Billing Codes</i></b> - North County Health Services</p> <p><b><i>CPSP Lactation Manual</i></b> - Santa Barbara County</p> <p><b><i>CPSP Billing Presentation: Slideshow and Handout</i></b> - Santa Barbara County</p> <p><b><i>CPSP Billing Sheet: Page 1 and Page 2</i></b> - Santa Barbara County</p> <p><b><i>CPSP-FQHC-Outpatient Billing Scenarios</i></b> - COIN-DHCS Call Notes</p>

**Step 9: Establish systems of data tracking, quality assurance, continuous quality improvement and impact evaluation.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	RESOURCES
<p><b>9A:</b> Perform quality assurance and develop quality of care measures for patient education (Step 3), clinical services (Step 4) and community resources (Step 6), integrating these quality measures into continuous quality improvement systems.</p>	<ol style="list-style-type: none"> <li>1. <i>Quality assurance and quality improvement reports will address the quantity and content of patient education, as described in Step 3.</i></li> <li>2. <i>Quality assurance and quality improvement reports will address the quantity and content of clinical services, as described in Step 4.</i></li> <li>3. <i>Quality assurance and quality improvement reports will address referrals made and completed, as described in Step 6.</i></li> </ol>		<p><b><i>Assessing Progress toward Breastfeeding Friendly Best Practices in Community Clinics &amp; Health Centers</i></b> - Sonoma County Indian Health Project</p> <p><b><i>Assessing Progress toward Breastfeeding Peer Counseling Best Practices in WIC Programs</i></b> - California WIC Program (CDPH)</p>
<p><b>9B:</b> Develop a system to monitor breastfeeding data from patient visits and patient surveys, using data to identify quality improvement needs and effective breastfeeding support services.</p>	<ol style="list-style-type: none"> <li>1. <i>Clinic medical records will be able to provide the following data:</i> <ol style="list-style-type: none"> <li>a. <i>Lactation outcomes, including breastfeeding initiation rates and exclusive breastfeeding duration rates</i></li> <li>b. <i>Infant feeding outcomes, including timing of introduction of formula and/or solid foods</i></li> <li>c. <i>Clinic-specific impact evaluation, correlating health outcomes (e.g.,</i></li> </ol> </li> </ol>	<p>Hospitals collect breastfeeding data that reflects initiation and exclusivity, while WIC clinics collect data regarding initiation, duration and exclusivity.</p> <p>The biggest gap in breastfeeding data is postpartum data. Community health centers and health plans have an opportunity using EHR to collect breastfeeding and infant feeding data.</p> <p>Working with a task force of clinic staff, including IT staff, will ensure</p>	<p><b><i>EMR Data Development for Breastfeeding Surveillance and Program Evaluation</i></b> - CHLA &amp; AltaMed</p> <p><b><i>Breastfeeding Query Logic</i></b> - CHLA &amp; AltaMed</p>

**Step 9: Establish systems of data tracking, quality assurance, continuous quality improvement and impact evaluation.**

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	RESOURCES
	<p><i>infant growth measurements) to and infant feeding data</i></p> <ol style="list-style-type: none"> <li>2. <i>Clinic-specific lactation barriers and successes for specific time intervals, differentiating between medical indication and mother's choice to introduce formula and/or solid foods</i></li> <li>3. <i>A review of the BF data monitoring system will identify effective breastfeeding support services and quality improvement priorities to inform program improvement planning</i></li> </ol>	<p>the best process and outcomes for establishing data collection, tracking and QI.</p> <p>Collection of breastfeeding data could be useful for aspects of patient care and health outcomes beyond infant feeding. For example, pediatric issues, such as ear or respiratory infections or weight gain, could be studied in relation to breastfeeding.</p>	
<p><b>9C:</b> Partner with local agencies such as WIC, the local health department, breastfeeding coalitions and others to share breastfeeding outcomes data for community health assessments. Compare clinic breastfeeding rates with community/county, state and national rates.</p>	<ol style="list-style-type: none"> <li>1. <i>Clinic documents will show how clinic evaluation was shared with local agencies.</i></li> <li>2. <i>Clinic evaluation will compare clinic breastfeeding rates with community/county, state and national rates.</i></li> </ol>		<p><b>Breastfeeding Data</b> - CDPH, Maternal, Child &amp; Adolescent Health</p> <p><b>Breastfeeding Data &amp; Resources</b> - Centers for Disease Control and Prevention (CDC)</p>