Lactation Friendly Health Care Offices: A Five-Point Plan

Lactation Friendly Health Care Office Self-Assessment

Health Care Office: Contact Person:

Email: Phone:

**Instructions:**

This tool is intended to assess the current state of your health care office and identify areas for improvement. To achieve recognition, all boxes must be checked in the Lactation-Friendly column for each assessment point. There must be **no** check marks in the “progressing” column (yellow). The intent of the third column (Lactation Advocate) is to highlight additional family-friendly supports that can be implemented above and beyond recognition. Please check all that apply.

**Assessment:**

**Point 1: Policy:** *The health care office has/will:*

|  |  |  |
| --- | --- | --- |
| **Progressing** | **Lactation Friendly**  | **Lactation Advocate** |
| ☐No lactation policy. ☐An informal lactation policy that is not written or communicated regularly.  | ☐A point person to oversee Lactation Friendly Health Care Office details. ☐A written, communicated, implemented lactation policy supporting employees.\*☐A written, communicated, implemented lactation policy supporting patients.☐Formula coupons are out of view of patients. ☐No formula coupons allowed in the health care office. ☐Samples of formula given only when medically necessary, and only after a full breast/chestfeeding assessment by a health care professional. ☐Few or no barriers to staff scheduling breaks and work patterns to express milk.\*☐A prioritized or designated space for employee milk expression.\* | ☐A written lactation policy that is routinely communicated, fully implemented, and displayed in public view. ☐No staff gifts/benefits accepted from formula companies.☐An appointed breast/chestfeeding champion in the office who drives improvement of all Lactation Friendly policies and practices.  |

**Point 2: Provider Training:** *The health care office has/will:*

|  |  |  |
| --- | --- | --- |
| **Progressing** | **Lactation Friendly**  | **Lactation Advocate** |
| ☐No staff lactation training provided or staff training is provided inconsistently.  | ☐Consistent and role-appropriate lactation training for all staff, that follows the requirements outlined in the health care office toolkit.☐Identified cultural considerations related to staff training. ☐A triage protocol in place for patient phone calls about breast/chestfeeding concerns.  | ☐An IBCLC (International Board-Certified Lactation Consultant) on staff or available for direct referral. ☐Another type of lactation counselor on staff or available via direct referral. ☐Opportunities for staff to become lactation management professionals. ☐Cultural competency as part of breast/chestfeeding support and training per recommended guidelines.☐Lactation referral options included in the electronic medical record. |

**Point 3: Patient Education and Continuity of Care:** *The health care office has/will:*

|  |  |  |
| --- | --- | --- |
| **Progressing** | **Lactation Friendly**  | **Lactation Advocate** |
| ☐Little, inconsistent, or no breast/chestfeeding education at any visit. ☐No supportive breast/chestfeeding resource or referral materials available to patients. ☐A greater than 5-day delay of contact with breast/chestfeeding patients by neonatal care providers after delivery discharge from birthing facility.  | ☐Provide specific and clear points to be discussed at each visit during prenatal and early well-child checks. ☐Assurance of a first follow-up check on breast/chestfeeding progress 3-5 days after birth. ☐A readily available list of lactation professionals to refer patients to when necessary. ☐Lactation reference and resource materials are available and utilized.  | ☐Encourage all patients to attend prenatal breast/chestfeeding education classes. ☐Offer guidance and encouragement for partner/family lactation support. ☐ A routine evaluation by an IBCLC to check on breast/chestfeeding progress 3-5 days after birth. ☐Culturally relevant resources are available and utilized. |

**Point 4: Environment:** *The health care office has/will:*

|  |  |  |
| --- | --- | --- |
| **Progressing** | **Lactation Friendly**  | **Lactation Advocate** |
| ☐Little or no consistent display of support for breast/chestfeeding. ☐Formula and formula company information in view of patients.  | ☐Display and convey supportive lactation educational materials and signage. ☐No formula in public view. ☐No formula company messaging on educational materials or free gifts to patients provided by formula companies.☐Welcoming signage to breast/chestfeed in public areas or request a more private space.  | ☐Stock breast/chestfeeding supplies (pads, shells, shields, etc.) ☐Breast/chestfeeding signage and educational materials include family/partners. ☐A private space and accompanying signage for patients to breast/chestfeed.  |

**Point 5: Evaluation and Sustainability:** *The health care office has/will:*

|  |  |  |
| --- | --- | --- |
| **Progressing** | **Lactation Friendly**  | **Lactation Advocate** |
| ☐Limited to no documentation of breast/chestfeeding counseling in medical charts.☐Inconsistent or no billing for lactation services.  | ☐Leadership is in active discussions regarding financial stability through insurance billing for lactation services.  | ☐Document breast/chestfeeding rates and use data to improve outcomes. ☐Evaluate Breastfeeding Friendly policies and practices annually. ☐Breast/chestfeeding services are financially sustainable via reimbursement or other financial sources.  |

*\*Indicates a step in the process to become recognized as a Lactation Friendly Workplace. Visit Colorado Breastfeeding Coalition website: www.COBFC.org for more information and to apply for employer recognition.*