



Core Initiative Form

Hospital Name and Address:

Campaign contact name and email:

Date submitted:

Immediate Postpartum Care		
Objectives	Action Steps	Mark Completed step
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal and cesarean delivery)	Implement a policy that includes delay of bath until after breastfeeding for the first time.	
	Implement a policy that includes delays in measurements and Vitamin K regimen.	
	Skin-to-skin contact is initiated within the first hour after birth and for at least one-hour duration uninterrupted.	
	Educate staff on skin-to-skin contact and the benefits associated between contact and breastfeeding.	
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)	Implement a policy that infants should not be removed from the room unless medical necessity and should room in 24 hours with mom.	
	Educate staff on skin-to-skin contact and the benefits associated between contact and breastfeeding.	
Newborns are monitored continuously for the first 2 hours after birth	Implementation of written policy regarding infant safety.	
	Implementation of written policy regarding frequent newborn assessments immediately after birth.	
	Documentation of assessments to monitor risk indicators in both mom and newborn.	
	Educate staff on infant safety and monitoring.	

Rooming In

Objectives	Action Steps	Mark Completed step
Mother-infant dyads are rooming-in 24 hours/day.	Implementation of written policy regarding 24-hour rooming-in, including completing provider and nursing assessment, screenings, and appropriate medical procedures.	
	Provide education to new parents regarding 24 hour rooming in policy.	
	Infants should not be removed from the mother's room unless medically necessary.	
	Enforce all routine care for infants that occurs within the room when reasonable.	
Routine newborn exams, procedures, and care occur in the mother's room.	Implementation of written policy regarding 24-hour rooming in, including completing provider and nursing assessment, screenings, and appropriate medical procedures.	
	Educate nurses on 24-hour rooming in and associated benefits.	
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads.	Implementation of written policy regarding frequent newborn assessments immediately after birth.	
	Documentation of assessments to monitor risk indicators in both mom and newborn.	
	If either mom or baby has any identified risk, ensuring written protocol regarding continuing consistent nursing assessment is enacted followed by detailed documentation of the current status.	

Feeding Practices

Objectives	Action Steps	Mark Completed step
Few breastfeeding newborns receive infant formula.	Educate mothers on breastfeeding/ formula options	
	Provide donor breast milk to newborns of mothers struggling to feed, due to medical complications making the newborn unable to receive mom's breastmilk, or mother refuses to breastfeed, or mothers request for supplementation	
	Educate parents regarding the use of donor breast milk supplementation	
	Develop and implement a consent form to utilize donor breast milk supplementation	
	Only provide infant formula to the infants of the parents who choose to formula feed or if medically necessary.	
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia.	Implement a policy to ensure unnecessary medical tests are not be done on low-risk newborns.	
	Educate doctors and nurses on the negative impact unnecessary testing has on low-risk newborns.	
When breastfeeding mothers request infant formula, staff counsels them about possible consequences.	Educate mothers on the health benefits of solely breastfeeding and have staff discuss possible consequences of introducing formula for supplementation.	
	Implement written policy on staff counseling regarding consequences breastfeeding mothers face by using formula.	

Feeding Education and Support

Objectives	Action Steps	Mark Completed step
<p>Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula.</p>	<p>Provide new parents requesting formula feed evidence-based education on how to safely prepare and feed their newborn including the amount of formula a newborn needs and the newborn's stomach size at birth.</p>	
	<p>Provide evidence-based education to new parents on feeding cues and how rooming in can help new parents focus on early feeding cues.</p>	
<p>Breastfeeding mothers are taught/shown how to recognize/respond to feeding cues, to breastfeed on-demand, and understand the risks of artificial nipples/pacifiers.</p>	<p>Mothers receive emotional support throughout the breastfeeding process and encouragement of skills and techniques.</p>	
	<p>Promoting extra support for the first-time breastfeeding moms.</p>	
	<p>Provide evidence-based education to new parents on feeding cues and how rooming in can help new parents focus on early feeding cues.</p>	
	<p>Provide evidence based education to new parents on delaying pacifier use until after breastfeeding is well established and not offer artificial pacifiers and nipples to healthy infants.</p>	
<p>Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand expresses milk.</p>	<p>Before first feeding, provide education to new parents on colostrum and its health benefits.</p>	
	<p>Provide evidence-based education to new parents on breastfeeding latch, positions, and practice hand expression prior to discharge.</p>	
	<p>Mothers receive emotional support throughout the breastfeeding process and encouragement of skills and techniques.</p>	
	<p>Provide additional support for the first time breastfeeding moms.</p>	

Discharge Support

Objectives	Action Steps	Mark Completed step
<p>Discharge criteria for breastfeeding newborns requires direct observation of at least 1 effective feeding at the breast within 8 hours of discharge.</p>	<p>Document feedings and ensure hospital staff is present to observe feedings twice a day or more to assist with any difficulties.</p>	
	<p>Observe feeding within an 8-hour time frame prior to discharge.</p>	
<p>Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider.</p>	<p>Staff will assist with scheduling first follow up with primary care provider. Facilities need to provide appropriate referrals to ensure that mothers and babies are seen by a health worker 2–4 days after birth and again in the second week, to assess the feeding situation.</p>	
	<p>Educate new parents on the importance of following up with a health care provider.</p>	
<p>Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers.</p>	<p>Each mother should be linked to lactation-support resources in the community upon discharge.</p>	
	<p>Facilities should provide appropriate referrals to ensure that mothers and babies are seen by a health worker 2–4 days after birth and again in the second week, to assess the feeding situation.</p>	
<p>Hospital does NOT give mothers any of these items as gifts or free samples: infant formula; feeding bottles/nipples, nipple shields, or pacifiers; coupons, discounts, or educational materials from companies that make/sell infant formula/feeding products.</p>	<p>Ensure the <i>International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly</i> resolutions comply with the hospitals.</p>	
	<p>Implement policies prohibiting samples of infant formula; feeding bottles/nipples, nipple shields, or pacifiers; coupons, discounts, or educational materials from companies that make/sell infant formula/feeding products.</p>	
	<p>Educate health care providers on the harmful impact free samples can have on new moms and infants.</p>	

Institutional Management

Objectives	Action Steps	Mark Completed step
<p>Nurses are required to demonstrate competency A91:C115 in assessing breastfeeding (milk transfer & maternal pain), assisting with breastfeeding (positioning & latch), teaching hand expression & safe formula preparation/feeding, and demonstrating safe skin-to-skin practices.</p>	<p>Nurses should know and be able to demonstrate the following:</p> <ul style="list-style-type: none"> a. Use communication skills to counsel a mother, build confidence and give support to counsel a mother about breastfeeding b. Observe a breastfeeding c. Assist a mother to position herself and her baby, latch her baby to the breast and explain to new parents the optimal pattern of breastfeeding d. Show mother to express her breast milk (hand express) e. Encourage a mother to <ul style="list-style-type: none"> i. cup feed her baby ii. Initiate breastfeeding within the first hour after birth iii. breastfeed a low-birth-weight baby or sick baby f. Assist a mother who <ul style="list-style-type: none"> i. thinks she does not have enough milk with a baby who cries frequently ii the baby is refusing to breastfeed iii. has flat or inverted nipples iv. has engorged breasts v. has sore or cracked nipples vi. has mastitis g. Counsel a mother about her own health <p>Nurses should be assessed on their knowledge of these competencies.</p>	

Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management.	<i>See the competencies above</i>	
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization.	Keeping records of each time mother-infant dyad breastfeeds in the infant's chart with notes on the mother's process (any pain or discomfort).	
	Analyzing and reporting any breastfeeding changes in the dyad during hospital stay.	
Hospital pays a fair market price for infant formula.	Ensure the <i>International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions</i> is complied within the hospitals.	
	Implement policies prohibiting samples of infant formula; feeding bottles/nipples, nipple shields, or pacifiers; coupons, discounts, or educational materials from companies that make/sell infant formula/feeding products.	
	Educate health care providers on the harmful impact free samples can have on new moms and infants.	