



Department  
of Health



## Ohio Hospital Recognition Application – Father/Partner Engagement Designation

*NOTE: This is NOT the official application form for submission. This form is meant to be used as a tool to prepare you for submitting your information online. The following information should be entered online using the official Survey Monkey form found at [www.ohiohospitals.org/ohiofirststeps](http://www.ohiohospitals.org/ohiofirststeps).*

### SECTION 1:

#### Hospital & Team Member Information

- Hospital Name
- Complete Mailing Address
- Hospital Breastfeeding Champion (may be different than the person completing this survey)
  - Name
  - Title
  - Email
  - Phone Number

### SECTION 2:

#### Ten Steps to Successful Breastfeeding

Please only complete steps for which your hospital is currently recognized. **Hospitals are eligible only for the Father/Partners steps which they have Ohio First Steps recognition.**

The Ohio First Steps for Healthy Babies program encourages hospitals to support and engage fathers and partners in the breastfeeding process. Providers and staff are urged to use content that includes the father/partner, even when these supporting roles are not specifically mentioned in the steps. While achievement of the partner engagement strategies included in each step is not required for recognition, evidence shows that partner participation and support is valuable in achieving breastfeeding success.

#### Father/Partner Engagement Designation

Please consider your hospital's father/partner engagement practices when completing the final question for each step you are applying or reapplying for this round to achieve Father/Partner Engagement Designation. Your hospital is only eligible for this designation for the steps you have already achieved or are currently applying for. Applicants that answer "yes" to the father/partner questions must also describe methods and submit documentation when applicable in order to be reviewed for designation.

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For each Fatherhood/Partner question answered, you will be asked the methods your hospital uses to achieve that step. Some examples include, but are not limited to, educational handouts, virtual training, prenatal classes, breastfeeding classes, programs such as Breast for Success or Boot Camp for New Dads, or in-person education with both mother and father/partner present. If your hospital has a fatherhood/partner program that either includes or solely focuses on breastfeeding education, please submit the curriculum and any applicable educational materials as documentation. It is understood that not all fathers/partners may be present in the hospital at the time of birth. When this occurs, we encourage hospitals to reach out to them and provide education through any of the previously described methods. Some examples include providing virtual trainings or resources, as well as offering printed materials to family members present in the hospital that are intended for the father/partner.

## STEP 1

### **Have a written breastfeeding policy that is routinely communicated to all health care staff.**

The hospital should have a written breastfeeding or infant feeding policy that addresses all of the [Ten Steps to Successful Breastfeeding](#). The policy should include the protection of breastfeeding through adhering to the [International Code of Marketing of Breastmilk Substitutes](#).

The policy should be available so that all maternity care staff members can refer to it. Summaries of the policy covering, at minimum, the Ten Steps, are visibly posted in all areas of the hospital which serve pregnant women, mothers, infants, fathers, partners, families, and/or children. These areas include the labor and delivery areas, prenatal care in-patient units and clinic/consultation rooms, post-partum wards and clinic/consultation rooms, all infant care areas including well baby observation areas (if there are any), and any special care baby units. The summaries should be displayed and written in the language(s) most commonly understood by mothers, fathers, partners, families, and staff. Hospitals are encouraged to include father/partner engagement when appropriate into their breastfeeding policies.

#### **Required Documentation:**

***Refer to the Application Instructions page for documentation submission guidance.***

- Include policy wording OR submit copy of policy

1.	Does the hospital's breastfeeding/infant feeding policy include a specific plan for including and engaging fathers/partners?  <i>If yes, please submit policy wording below or copy of policy to <a href="mailto:OhioFirstSteps@odh.ohio.gov">OhioFirstSteps@odh.ohio.gov</a>.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet
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## STEP 2

### **Train all health care staff in skills necessary to implement the policy.**

Maternity care staff should receive sufficient orientation on the breastfeeding/infant feeding policy. Documentation of training should indicate that all maternity care nurses who have been on the staff six months or more have received 20 hours of training at the hospital (including at least 5 hours of supervised clinical experience) prior to arrival, through well-supervised self-study or on-line courses, or in-house trainings that cover

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all Ten Steps and The International Code of Marketing of Breastmilk Substitutes. This training should include how to support non-breastfeeding mothers.

All non-clinical staff members should receive sensitization that is adequate, given their roles, to provide them with the skills and knowledge needed to support breastfeeding families. Hospitals are encouraged to include father/partner engagement into staff training.

Documentation of training should indicate that all providers (physicians, midwives, physician assistants and advanced practice registered nurses (APRNs) with privileges for labor, delivery, maternity, and nursery/newborn care) have a minimum of 3 hours of breastfeeding management education pertinent to their role.

## Required Documentation:

- Agenda and training objectives used for staff training for father/partner engagement if different from previously submitted staff training.

1.	Are providers and non-clinical staff trained to include fathers/partners in breastfeeding support and education?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods</i>
2.	Are the methods used to train staff on father/partner inclusive practices the same as the previously submitted methods used to train staff on breastfeeding support and education?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If no and training methods are different, please submit father/partner agenda and training objectives to <a href="mailto:OhioFirstSteps@odh.ohio.gov">OhioFirstSteps@odh.ohio.gov</a></i>

## STEP 3

### Inform all pregnant women about the benefits and management of breastfeeding.

If the hospital has an affiliated prenatal clinic or in-patient prenatal ward, all expectant mothers should receive breastfeeding information in anticipatory guidance and in print materials. If the hospital does not have an affiliated prenatal clinic, it should foster educational programs about breastfeeding. Hospitals are encouraged to include fathers/partners in breastfeeding education. If fathers/partners are not present for in-person and virtual education, hospitals are encouraged to provide printed or other materials intended to be shared with the father/partner that informs them on the benefits and management of breastfeeding.

Prenatal education should include, at a minimum, the importance of breastfeeding, the importance of immediate and sustained skin-to-skin contact, early initiation of breastfeeding, rooming-in on a 24-hour basis, feeding on cue, on demand or baby-led feeding, frequent feeding to help ensure enough milk, good positioning and attachment, exclusive breastfeeding for the first six months, the risks of giving formula or other breast milk substitutes, and the fact that breastfeeding continues to be important after six months when other foods are given. Discussions and feeding intentions should be documented in prenatal records, which should be available at the time of delivery.

Education can be delivered in any modality, with follow up conversation, and documentation.

## Required Documentation:

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- Documentation of communications used to inform fathers/partners about the benefits and management of breastfeeding *if methods are different from those used to inform mothers.*

1.	Are fathers/partners informed about the benefits and management of breastfeeding?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods.</i>
2.	If the father/partner is not able to be present at the hospital, are father/partner-focused resources or handouts provided to the mother/family to share with them?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods.</i>
3.	Are the communications methods used to inform fathers/partners the same methods used to inform mothers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no and different methods are used to inform mothers OR if you would like your resources to be considered for sharing on the First Steps webpage, please submit to <a href="mailto:OhioFirstSteps@odh.ohio.gov">OhioFirstSteps@odh.ohio.gov</a>.</i>

## STEP 4

### Help mothers initiate breastfeeding within one hour of birth.

***This step applies to all infants, regardless of feeding method.***

As part of standard practice, all infants should be placed in skin-to-skin contact with their mothers immediately following birth, uninterrupted and supported for a minimum of one hour, unless there are medically justifiable reasons to separate. After cesarean section, mother-baby dyads should have skin-to-skin contact as soon as possible after the mother is responsive and alert, with the same procedures followed as for vaginal births. In the case of delay, efforts should be made to keep infants and mothers in the same room, ideally with the infant skin-to-skin on another family member. Hospitals are encouraged to educate fathers/partners and families on the importance of skin to skin and initiating breastfeeding in the first hour after birth.

Mothers and fathers/partners should be encouraged to recognize when their infants are ready to breastfeed, offering help if needed. Nurses can support first feedings by encouraging mothers to look for early infant feeding cues displayed during this first period of contact and offer help, if needed. *(Note: The baby should not be forced to breastfeed but, rather, supported to do so when ready. If desired, the staff can assist the mother with placing her baby so he or she can move to her breast and latch when ready.)*

1.	Were fathers/partners taught the importance of skin-to-skin and initiating breastfeeding within one hour of birth?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods.</i>
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## STEP 5

### **Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.**

Maternity care nurses should offer all mother-baby dyads assistance with breastfeeding within six hours of birth. Maternity care nursing staff should support mothers to identify effective position and latch for breastfeeding. Mothers who have never breastfed or who have previously encountered problems with breastfeeding should receive special attention and support at all contact points with the hospital.

Maternity care staff should teach all breastfeeding mothers how to hand express their milk, and how to use a pump when appropriate. Hospitals are encouraged to educate fathers/partners on how to support breastfeeding mothers and maintain lactation.

Maternity care nursing staff should teach all formula-feeding families how to safely prepare and feed breast milk substitutes.

1.	Are partners/fathers taught how they can support mothers to breastfeed and maintain lactation, even if they are separated from their infants?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet <i>If yes, please describe methods.</i>
2.	Are partners/fathers included and actively engaged in discussions about their infant feeding plan as they near hospital discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet <i>If yes, please describe methods.</i>

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## STEP 6

### **Give infants no food or drink other than breast milk, unless medically indicated.**

All full-term infants should be exclusively breastfed or exclusively fed expressed breast milk from birth to discharge or, if not, that there are documented medical reasons.

The Joint Commission defines infants eligible for exclusive breastfeeding and exclusive breast milk to include all liveborn newborns discharged from the hospital, with the exception of those who:

- were discharged from the hospital while in NICU,
- were diagnosed with galactosemia during the hospital stay,
- were fed parenterally during the hospital,
- experienced death,
- had a length of stay >120 days,
- were enrolled in clinical trials, or
- have a documented reason for not exclusively feeding breast milk.

Mothers who decide not to breastfeed and their families should be educated on the risks of not breastfeeding and breastfeeding mothers who request breast milk substitute supplementation should be educated on the risks of such supplementation. Hospitals are encouraged to include fathers/partners in this education on risks of not breastfeeding and using a breastmilk substitute supplementation while breastfeeding.

1.	Are fathers/partners taught how to assist making breastfeeding successful (such as breastmilk storage, cleaning breast pumps, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet <i>If yes, please describe methods.</i>
2.	Are fathers/partners educated on the risks of choosing not to breastfeed?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet <i>If yes, please describe methods.</i>

## STEP 7

### **Practice rooming-in – allow mothers and infants to remain together 24 hours a day. This step applies to all infants, regardless of feeding method.**

All mothers and infants should room together 24 hours per day or, if not, have medically justifiable reasons for being separated. Fathers/partners should be encouraged to room-in with mothers and infants 24 hours a day and should be educated on protecting mother's sleep and breastfeeding. Mothers that request to have the infant cared for out of the room should be educated about the advantages of rooming-in 24 hours a day. If after the education, the family wishes to proceed with the separation, education provided and reason for separation should be documented. In the case of separation, infants should be returned to their mothers for feedings at the earliest hunger cues, unless medically indicated otherwise.

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1.	Are fathers/partners encouraged to room-in with mothers and infants 24 hours a day, when appropriate, and encouraged to protect the mother's rest and breastfeeding?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods.</i>
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## STEP 8

### Encourage feeding on demand.

***This step applies to all infants, regardless of feeding method.***

Maternity care providers should teach all mothers to recognize their infants' early feeding cues (hunger and fullness) and should advise all mothers to feed infants (either by breast or by bottle) as often and for as long as the infant wants to do so, waking them if needed. Hospitals are encouraged to educate all fathers/partners on their infants' early feeding cues.

1.	Are fathers/partners taught to recognize cues that indicate when their infants are hungry and when they are full?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods.</i>
2.	Are fathers/partners taught that newborns usually feed at least 8-12 times in 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods.</i>

## STEP 9

### Give no pacifiers or artificial nipples to breastfeeding infants.

All breastfeeding infants should leave the hospital without ever using bottle nipples or pacifiers or, if they have, their mothers have been informed of the risks. Hospitals are encouraged to educate families, including fathers and partners, on the risks of using bottles nipples and/or pacifiers.

Infants enduring brief painful procedures may be offered pacifiers as clinically appropriate, and infants in special care nurseries and/or being treated for neonatal abstinence syndrome may be offered pacifiers as clinically appropriate.

1.	Are fathers/partners counselled about the risks of giving bottles or pacifiers until	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet
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	breastfeeding is well established at one month of age?	<i>If yes, please describe methods.</i>
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## STEP 10

### **Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital.**

All mothers should be given information on where they can get support if they need help with feeding their infants after returning home, both in verbal discussions and in written materials. In addition, hospitals should foster the establishment of and/or coordinate with mother support groups and other community services that provide breastfeeding/infant feeding support to mothers. Hospitals are encouraged to provide and/or connect fathers/partners with outside support upon discharge, including but not limited to, father/partner support groups, community services, and resources.

1.	Does the hospital encourage the establishment of father/partner inclusive breastfeeding support groups and resources, and connect fathers/partners to resources and groups on discharge from hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet <i>If yes, please describe the methods.</i>
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## SECTION 3:

### **Disclaimers & Consent**

The Ohio First Steps program was adapted from the [North Carolina Division of Public Health Maternity Center Breastfeeding-Friendly Designation](#).

This program is not meant to replace the [Baby-Friendly Hospital Initiative](#), nor will this program prepare hospitals fully for achieving for Baby-Friendly USA designation. It is meant to encourage adoption of environments and policies conducive to breastfeeding in maternity centers, and provide recognition for taking steps toward breastfeeding excellence. For more information on Baby-Friendly USA, please refer to [www.babyfriendlyusa.org](http://www.babyfriendlyusa.org).

At the discretion of the Ohio First Steps Review Committee, additional documentation may be requested.

- I hereby consent to submission of this application for consideration by the Ohio First Steps Review Committee.
- I agree to have the recognition decision listed on the Ohio First Steps website ([www.odh.ohio.gov/ohiofirststeps](http://www.odh.ohio.gov/ohiofirststeps)).
- I do not wish to have the recognition decision listed on the Ohio First Steps website.
- Survey completed by:
  - Name
  - Title
  - Email



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- Phone Number

**Thank you for completing this application.**

Please refer to the application instructions page for submission guidance, deadlines and contact information.

