



Department  
of Health



## Ohio Hospital Recognition Application

*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
- Roles represented on the hospital breastfeeding team currently include (include champion's role at the hospital):
  - Maternity Center Administrator or Manager
  - Obstetrical Provider
  - Pediatric Provider
  - Family Medicine Provider
  - Couplet Care Nurse
  - Nurse from Newborn Care
  - Night Maternity Nurse
  - Labor & Deliver Nurse
  - Lactation Consultant (IBCLC)
  - Quality Department
  - NICU/High Risk Unit
  - Coordinator of Staff Education
  - Nurse Educator
  - Midwife
  - APN
  - Prenatal Clinic Staff
  - Community Liaison
  - Patient(s)
  - Other (please specify)
- Has your hospital received designation as Baby-Friendly by Baby-Friendly USA?
  - If YES, what is the date of the latest official designation? (Please complete Sections 2 and 5)

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## **SECTION 2: BIRTH, BREASTFEEDING AND IBCLC DATA**

- Total number of births in most recent year of data: \_\_\_\_\_
  - Start date \_\_\_\_\_ and end date \_\_\_\_\_ of the data set
  
- Overall breastfeeding rate (percent): \_\_\_\_\_  
(*human milk with formula complement through discharge*)
  - Start date \_\_\_\_\_ and end date \_\_\_\_\_ of the data setPlease indicate how you obtained this data.
  - IPHIS Birth Certificate Registry
  - Joint Commission Reporting
  - Chart audits
  - Sampling of charts
  
- Number of International Board Certified Lactation Consultants (IBCLCs) currently on staff: \_\_\_\_\_
  
- Number of IBCLC full time equivalents (FTEs) in the inpatient setting: \_\_\_\_\_
  
- Are IBCLCs available:
  - For outpatient services?
  - All days of the week?
  - All shifts?

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## **SECTION 3: Ten Steps to Successful Breastfeeding**

Please only complete steps for which your hospital is seeking recognition. Hospitals will receive recognition for every two steps achieved.

Please select below the sections you are completing for this application period.

- STEP 1: Have a written breastfeeding policy that is routinely communicated to all health care staff.
- STEP 2: Train all health care staff in skills necessary to implement the policy.
- STEP 3: Inform all pregnant women about the benefits and management of breastfeeding.
- STEP 4: Help mothers initiate breastfeeding within one hour of birth.
- STEP 5: Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
- STEP 6: Give infants no food or drink other than breast milk, unless medically indicated.
- STEP 7: Practice rooming in – allow mothers and infants to remain together 24 hours a day.
- STEP 8: Encourage breastfeeding on demand.
- STEP 9: Give no pacifiers or artificial nipples to breastfeeding infants.
- STEP 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital.

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.

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.

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## 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.**

- Copy of policy/policies.
- Staff communications regarding policy/policies, if applicable.

1.1	Does the hospital have a policy/set of policies for maternity services that address all Ten Steps to Successful Breastfeeding? <i>Copy of the policy required.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	Is the breastfeeding/infant feeding policy actively communicated to all staff within six months of hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3	How is the breastfeeding/infant feeding policy communicated? (select all that apply) <i>Provide written documentation, if applicable.</i>	<input type="checkbox"/> Orientation materials <input type="checkbox"/> Orientation presentation <input type="checkbox"/> Competency assessment <input type="checkbox"/> Newsletters <input type="checkbox"/> Staff meetings <input type="checkbox"/> Other (please specify)
1.4	Are the <i>10 Steps to Successful Breastfeeding</i> posted in your facility? If yes, what locations?  (Please note: if you seek Baby Friendly designation, there are requirements to post a policy statement and the <i>10 Steps</i> . Baby Friendly USA will provide a template with the required text to meet this guideline.) (this section is recommended, but not required for recognition)	<input type="checkbox"/> Yes <input type="checkbox"/> Name locations <input type="checkbox"/> No
1.5	Does the hospital's breastfeeding/infant feeding policy include a specific plan for including and engaging fathers/partners?	<input type="checkbox"/> Yes

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(This section is required only for the Father/Partner Engagement Designation.)	<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 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.
- Agenda and training objectives used for staff training for father/partner engagement *if training methods regarding fathers/partners are different from submitted staff training.*

2.1	What percent of maternity care nurses have had 20 hours of training, including 5 hours of supervised clinical training, on breastfeeding promotion and support within six months of commencing work?	(enter percent) 80% required for recognition	(enter numerator)/ (enter denominator)
2.2	Does the training cover all Ten Steps to Successful Breastfeeding and The International Code of Marketing of Breastmilk Substitutes? <i>Provide agenda and training objectives of standard training, as well as any other supporting documentation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.3	What percent of providers, as defined above, have had more than 3 hours of breastfeeding management education pertinent to their role?	(enter percent) 80% required for recognition	(enter numerator)/ (enter denominator)
2.4	How is the education completed?	<input type="checkbox"/> on-line module <input type="checkbox"/> CME Presentation <input type="checkbox"/> standardized training <input type="checkbox"/> First Steps online modules	

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		<input type="checkbox"/> other (please describe)	
2.5	What percent of non-clinical staff (including but not limited to maintenance staff, unit secretary, housekeeping staff, dietary staff) in maternity care units receive an introduction to breastfeeding promotion and support?	(enter percent) 80% required for recognition	(enter numerator)/ (enter denominator)
2.6	Are providers and non-clinical staff trained to include fathers/partners in breastfeeding support and education?  (This section is required only for the Father/Partner Engagement Designation.)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods.</i>	
2.7	Are the methods used to train staff on father/partner inclusive practices the same as the methods used to train staff on breastfeeding support and education?  (This section is required only for Father/Partner Designation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If no and training methods are different, please submit agenda and training objectives related to fathers/partners to OhioFirstSteps@odh.ohio.gov</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:

- Documentation of communications used to inform pregnant women about the benefits and management of breastfeeding.
- Copy of the policy that specifically prohibits advertising listed in step 3.4.
- Documentation of communications used to inform fathers/partners about the benefits and management of breastfeeding *if applying for Father/Partner designation and if methods are different from those used to inform mothers.*

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3.1	Does your hospital have an affiliated prenatal clinic or in-patient prenatal ward?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.2	What percentage of women attending the affiliated prenatal clinic receives at least the minimum education as described above?	(enter percent) 80% required for recognition  *Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews <input type="checkbox"/> both
3.3	Which methods does your hospital use to inform pregnant women about the benefits and management of breastfeeding?  <i>Provide documentation for each method selected (sample forms, educational materials)</i>	<input type="checkbox"/> Prenatal Care Intake Form <input type="checkbox"/> Prenatal Mailing of Educational Materials <input type="checkbox"/> Prenatal Care Anticipatory Guidance <input type="checkbox"/> WIC Enrollment <input type="checkbox"/> Breastfeeding Classes <input type="checkbox"/> Childbirth Education with Breastfeeding Component <input type="checkbox"/> Labor Admission Intake Assessment <input type="checkbox"/> Virtual learning (video, podcasts, texts) with follow-up conversation <input type="checkbox"/> Other (please describe)	
3.4	Are pregnant women protected from oral or written promotion of and group instruction for artificial feeding in the hospital?  <i>Provide a copy of the policy that specifically prohibits these forms of advertising.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.5	Are fathers/partners informed about the benefits and management of breastfeeding?  (This section is required only for the Father/Partner Engagement Designation.)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods.</i>	
3.6	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?  (This section is required only for the Father/Partner Engagement Designation.)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods.</i>	
3.7	Are the communication methods used to inform fathers/partners on breastfeeding the same methods used to inform mothers?  (This section is required only for Father/Partner Designation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If no and different methods are used 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>	

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## 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.)*

#### Required Documentation:

- Documentation supporting skin-to-skin initiation and discontinuation in medical record, if applicable.

4.1	<p><b>For vaginal deliveries</b>, what percent of mother-baby dyads are skin-to-skin immediately after birth (or immediately after mother becomes responsive and alert) uninterrupted and supported for a minimum of one hour, unless there are medically justifiable reasons to separate?</p>	<p>(enter percent) 80% is required for recognition</p> <p>*Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews</p>	<p>Percent based on:</p> <p><input type="checkbox"/> chart review</p> <p><input type="checkbox"/> maternal interviews</p> <p><input type="checkbox"/> both</p>
4.2	<p><b>For cesarean deliveries</b>, what percent of mother-baby dyads are skin-to-skin immediately after birth (or immediately after mother becomes responsive and alert) uninterrupted and supported for a minimum of one hour, unless there are medically justifiable reasons to separate?</p>	<p>(enter percent) 80% is required for recognition</p> <p>*Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews</p>	<p>Percent based on:</p> <p><input type="checkbox"/> chart review</p> <p><input type="checkbox"/> maternal interviews</p> <p><input type="checkbox"/> both</p>



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4.3	<p>In the first two hours of life, what percent of mothers are helped to recognize the signs that their infants are ready to eat (hunger cues) and offered help, if needed?</p>	<p>(enter percent) 80% is required for recognition</p> <p>*Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews</p>	<p>Percent based on:</p> <p><input type="checkbox"/> chart review</p> <p><input type="checkbox"/> maternal interviews</p> <p><input type="checkbox"/> both</p>
4.4	<p>Is there documentation in the patient medical record when skin-to-skin is initiated and when skin-to-skin is discontinued?</p> <p>(this section is recommended, but not required for recognition)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.5	<p>Were fathers/partners taught the importance of skin-to-skin and initiating breastfeeding within one hour of birth?</p> <p>(This section is required only for the Father/Partner Engagement Designation.)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Not Yet</p> <p><i>If yes, please describe methods.</i></p>	
4.6	<p>If fathers/partners are not present at the time of birth, are they educated on the importance of skin-to-skin and initiating breastfeeding within one hour of birth?</p> <p>(This section is required only for the Father/Partner Engagement Designation.)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Not Yet</p> <p><i>If yes, please describe methods.</i></p>	
4.7	<p>If the mother is unable to do skin-to-skin in the first hour after birth, is the father/partner encouraged to do skin-to-skin with the infant?</p> <p>(Recommended but not required for Father/Partner Engagement Designation.)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Not Yet</p> <p><i>If yes, please describe methods.</i></p>	

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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.

5.1	What percent of breastfeeding mothers are offered further assistance with breastfeeding their infants within six hours of delivery?	(enter percent) 80% required for recognition  *Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews <input type="checkbox"/> both
5.2	What percent of partially or fully formula-feeding families receive instruction from maternity care staff on how to safely prepare and feed breast milk substitutes?	(enter percent) 80% required for recognition  *Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews <input type="checkbox"/> both
5.3	What percent of breastfeeding mothers receive instruction from maternity care staff on how to hand express their milk or given information on expression and advised of where they can get help, should they need it?	(enter percent) 80% required for recognition  *Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews <input type="checkbox"/> both

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5.4	Does your hospital ensure that mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support from the maternity care staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.5	What percent of mothers are actively engaged in a discussion of their infant feeding plans with a maternity care staff member as they near hospital discharge?	(enter percent) <b>80% required for recognition</b>  *Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews <input type="checkbox"/> both
5.6	Are mothers who are separated from their infants for medical reasons helped to establish and maintain lactation by frequent expression of milk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.7	Are partners/fathers taught how they can support mothers to breastfeed and maintain lactation, even if they are separated from their infants?  (This section is required only for the Father/Partner Engagement Designation.)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods.</i>	
5.8	Are partners/fathers included and actively engaged in discussions about their infant feeding plan as they near hospital discharge?  (This section is required only for the Father/Partner Engagement Designation.)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods.</i>	
5.9	If fathers/partners are not present at the hospital, are discussions about their involvement included in the feeding plan?  (This section is required only for Father/Partner Engagement Designation.)	<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.

6.1	What percent of full-term infants receive no food or drink other than breast milk?	(enter percent) No requirement for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews <input type="checkbox"/> both
6.2	What percent of full-term infants were supplemented for medical indications?	(enter percent) No requirement for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews <input type="checkbox"/> both
6.3	What percent of breastfeeding infants were exclusively breastfed (excluding medical indications and informed parental consent)?	(enter percent) 80% required for recognition  *Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews <input type="checkbox"/> both
6.4	What percent of mothers eligible to breastfeed who have chosen to supplement	(enter percent) 80% required for recognition	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews

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	with formula or are fully formula feeding are educated on the risks of formula use?	*Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews	<input type="checkbox"/> both
6.5	Does the hospital have adequate space away from breastfeeding mothers and the necessary equipment and supplies for teaching mothers who are formula feeding their infants how to properly prepare the formula?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.6	Are fathers/partners taught how to assist making breastfeeding successful (such as breastmilk storage, cleaning breast pumps, etc)?  (This section is required only for the Father/Partner Engagement Designation.)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods.</i>	
6.7	Are fathers/partners educated on the risks of choosing not to breastfeed?  (This section is required only for the Father/Partner Engagement Designation.)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods.</i>	
6.8	If fathers/partners are not present at the hospital, are they educated on assisting with making breastfeeding successful and the risks of choosing not to breastfeed?  (This section is required only for Father/Partner Engagement Designation).	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe father/partner outreach methods.</i>	

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## 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.

7.1	<p>What percent of healthy mothers and infants remain together (“rooming-in”) for all but one hour in 24 hours, OR have <u>one</u> of the following:</p> <ul style="list-style-type: none"> <li>• a medical reason for a longer separation</li> <li>• a safety-related reason for a longer separation</li> <li>• maternal request/choice for a longer separation with parental counselling documented in the medical record?</li> </ul> <p><i>(Please describe how separations are documented in charts.)</i></p>	<p>(enter percent) 80% required for recognition</p> <p>*Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews</p>	<p>Percent based on:</p> <p><input type="checkbox"/> chart review</p> <p><input type="checkbox"/> maternal interviews</p> <p><input type="checkbox"/> both</p>
7.2	<p>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?</p> <p><i>(This section is required only for the Father/Partner Engagement Designation.)</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Not Yet</p> <p><i>If yes, please describe methods.</i></p>	

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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.

8.1	What percent of all mothers, regardless of feeding choice, are taught how to recognize the cues that indicate when their infants are hungry and when they are full?	(enter percent) 80% required for recognition  *Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews <input type="checkbox"/> both
8.2	What percent of breastfeeding mothers are encouraged to feed their infants as often and for as long as the infants want to do so?	(enter percent) 80% required for recognition  *Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews <input type="checkbox"/> both
8.3	What percent of all mothers (regardless of feeding choice) are helped to understand that newborns usually feed <i>at least</i> 8-12 times in 24 hours?	(enter percent) 80% required for recognition  *Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews <input type="checkbox"/> both

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8.4	<p>Are fathers/partners taught to recognize cues that indicate when their infants are hungry and when they are full?</p> <p>(This section is required only for the Father/Partner Engagement Designation.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Not Yet</p> <p><i>If yes, please describe methods.</i></p>
8.5	<p>Are fathers/partners taught that newborns usually feed at least 8-12 times in 24 hours?</p> <p>(This section is required only for the Father/Partner Engagement Designation.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Not Yet</p> <p><i>If yes, please describe methods.</i></p>
8.6	<p>If fathers/partners are not present at the hospital, are they taught infant feeding cues and frequency?</p> <p>(This section is required only for the Father/Partner Engagement Designation.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Not Yet</p> <p><i>If yes, please describe father/partner outreach methods.</i></p>

## 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.

9.1	<p>What percent of breastfeeding infants have <u>not</u> been offered a pacifier (except for brief periods of time during painful procedures) or a bottle?</p>	<p>(enter percent) 80% required for recognition</p> <p>*Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews</p>	<p>Percent based on:</p> <p><input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews <input type="checkbox"/> both</p>
9.2	<p>What percent of breastfeeding mothers are counselled about the risks of giving any bottles or pacifiers to their infants until after breastfeeding is fully established (approximately 3-4 weeks)?</p>	<p>(enter percent) 80% required for recognition</p>	<p>Percent based on:</p> <p><input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews <input type="checkbox"/> both</p>



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		*Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews	
9.3	When healthy, full-term breastfed infants are supplemented (with formula or expressed breast milk), what percent occurs by:	___% spoon ___% cup ___% syringe ___% finger ___% supplemental nursing system ___% bottle ___% other (specify)	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> other (please explain)
<i>Note: Percentages should total at least 100%. In some cases the total may exceed 100% if multiple methods are used to feed an infant.</i>			
9.4	Are fathers/partners counselled about the risks of giving bottles or pacifiers until breastfeeding is well established at one month of age?  (This section is required only for the Father/Partner Engagement Designation.)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods.</i>	
9.5	If fathers/partners are not present at the hospital, are they educated on the risks of giving bottles or pacifiers until breastfeeding is well established at one month of age?  (This section is required only for the Father/Partner Engagement Designation).	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet  <i>If yes, please describe methods.</i>	

## 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.

Discharge planning should include the following:

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- Maternity care staff should encourage mothers to bring their infants to be seen after discharge (preferably 1 – 4 days after birth and again the second week) at the hospital or in the community by a skilled breastfeeding support person who can assess feeding and give any support needed.
- Maternity care staff can describe an appropriate referral system and adequate timing for the visits.
- Maternity care staff should counsel mothers on overcoming barriers in access to care, and help to identify community resources.

10.1	What percent of mothers are encouraged to see a health care worker or other skilled breastfeeding support person in the community soon after discharge (preferably 1 – 4 days after birth and again the second week) that can assess how they are doing in feeding their infants and give any support needed?	(enter percent) 80% required for recognition  *Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews <input type="checkbox"/> both
10.2	Does the hospital foster the establishment of and/or coordinate with mother support groups and other community services that provide support to mothers on feeding their infants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.3	What percent of mothers are given information on where they can find support if they need help with feeding their baby after returning home?	(enter percent) 80% required for recognition  *Percentage needs to be based on at least 15 chart audits AND/OR at least 5 maternal interviews	Percent based on: <input type="checkbox"/> chart review <input type="checkbox"/> maternal interviews <input type="checkbox"/> both
10.4	Does the hospital have a system of follow-up support for mothers after they are discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply: <input type="checkbox"/> early postnatal checkups <input type="checkbox"/> lactation clinic checkups <input type="checkbox"/> home visits <input type="checkbox"/> telephone calls <input type="checkbox"/> other (please describe)
10.5	Does the hospital encourage the establishment of father/partner inclusive	<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet	

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	breastfeeding support groups and resources, and connect fathers/partners to resources and groups on discharge from hospital?  (This section is required only for the Father/Partner Engagement Designation.)	<i>If yes, please describe the methods.</i>
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## SECTION 4: Optional Information

This section pertains to compliance with the International Code of Marketing of Breast-Milk Substitutes and would be required for Baby-Friendly USA Designation (commonly referred to as “the 11<sup>th</sup> Step”). However, information collected in this section will in no way influence the determination of the hospital’s Ohio First Steps recognition, and is intended to help support your hospital’s preparation for Baby-Friendly USA designation.

11.1	Do you want to apply for “Bag Free” recognition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
11.2	Do you display or distribute promotional materials for breast milk substitutes, including bottles and pacifiers, to pregnant women and mothers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.3	Do staff members understand why it is important to eliminate free samples or promotional materials from manufacturers or distributors of breast milk substitutes, bottles and pacifiers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.4	During the last year, have you given pregnant women, mothers and their families any marketing materials, samples or gift packs that include breast milk substitutes, bottles, pacifiers or other equipment or coupons from formula companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 5:

### Disclaimers & Consent

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

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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
  - Phone Number

## **Thank you for completing this application.**

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

