

Pre-Application Assessment: NCBC Mother-Baby Breastfeeding-Friendly Award

Pre-Application Assessment Purpose

ID 59

Pre-Application Assessment for the North Carolina Breastfeeding Coalition's (NCBC) Mother-Baby Breastfeeding Friendly Award

The purpose of this Pre-Application Assessment is to collect baseline data of the interested/applying outpatient healthcare clinics in NC on their current use of evidence-based best practices for the care of pregnant and/or postpartum women and children as it pertains to breastfeeding. The questions from this survey are taken directly from the NCBC Mother Baby Award for outpatient healthcare clinics (which was updated in September 2018) which can be found at https://docs.wixstatic.com/ugd/fa37e1_4157965cf5d04e95a866674a2e6c2f89.pdf

Data entered into this Pre-Application Assessment will be used by the NC Division of Public Health to identify and address technical assistance, training and/or resource needs of applying organizations. Data will be used locally to document pre/post process and outcome indicators and to assist with developing and implementing an action plan to address needs identified through the Award application review.

At the end of this Pre-Application Assessment you will be given the option to have the responses you entered into this online form emailed to you for your own use as well as save and/or print a PDF version of your responses.

If you have questions about this survey, please email Diane Beth (Diane.Beth2@dhhs.nc.gov).

For more information on this award, please contact the NCBC committee leadership listed under the Mother-Baby Friendly Clinic Award site: <https://www.ncbfc.org/mother-baby-friendly-clinics>

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You will be able to save and continue this pre-application by clicking the SAVE and CONTINUE bar at the top of the screen for any page hereafter.

Questions

ID 5

Per the NCBC Award **the requirements for each component are written in red beneath the responses in the sample application and within this Pre-Assessment.**

Comment boxes (optional) have been added in this Pre-Assessment online survey to all questions to allow you to:

- **make notes about why you answered a question a certain way;**
- **identify if you are "in progress" towards achieving this step; or**
- **use for your internal use for action planning.**

Useful Tools for Application: [View the Medical Office Toolkit from Colorado \(Shared with permission\)](#)

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1. Name of Clinic/Agency/Organization planning to apply for this award:

*

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2. Address of Clinic: *

ID 8

3. Names and Credentials of Providers: Please include all physicians, nurse practitioners, midwives, physician assistants, etc. serving pregnant / post-partum women, newborns, infants and children. (Example, Laura Sinai, MD; Elaina Lee, MD)

*

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4. Name and Position of Key Contact completing this Pre-Assessment: *

ID 10

5. Phone Number for Key Contact:(XXX) XXX-XXXX *

VALIDATION %s format expected

ID 11

6. Email Address of Key Contact: *

ID 12

7. Does your office/organization have a written breastfeeding-friendly office policy?

[Note: sample policy is available on the NC Breastfeeding Coalition's [website](#)]

A written policy is not required, but is strongly recommended and encouraged to be in process.

*

☐ Yes

☐ No

Comments

VALIDATION Must be numeric

ID 13

8. How many providers in your office have completed ≥ 3 hours of education on breastfeeding, beyond professional school? Requirement for designation: $\geq 80\%$ of providers.

Note: There are free web-based trainings that provide breastfeeding education to providers in your office, some of which offer CME credits. Here are a few links:

1. http://www.albany.edu/sph/cphce/preventionagenda_breastfeeding.shtml (4.0 hours CMEs free until Dec. 2019)
2. <http://www.hriainstitute.org/breastfeedingcme/> (Provides free CME credits)
3. Bella Breastfeeding Provider Training. <https://www.openpediatrics.org/> (Register/Create account first, then course library page will appear. Search for Bella or Breastfeeding to locate the modules. CMEs for a fee)
4. <http://breastfeedinguniversity.com/> (Six free .5 hour segments. CMEs available for small fee upon request)
5. <http://www.wellstart.org/> (Not CME-accredited)
6. http://phpa.dhmdh.maryland.gov/mch/Pages/Hospital_Breastfeeding_Resources.aspx (Six, free 1-hour pre-taped webinars on breastfeeding topics)

*

A) Number of providers who have completed ≥ 3 hours of training

B) Total number of providers in office (note this should equal the number of providers listed in question 3 above)

Comments

9. How does your office offer patients the services of lactation professionals?

Please choose one of the options in the left hand column below, then answer other questions in that row pertaining to your selection.

Requirement: Services of a lactation specialist must be made available (Option A, B or C).

*

	Specify hours per week	S/he is a IBCLC (yes/no)		S/he is another type of lactation specialist (please specify)
		yes	no	
Option A: We have a lactation specialist on staff (recommended best practice)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Option B: We have a lactation specialist not on staff who will see clients by appointment in our office (acceptable)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Option C: We have a list of community lactation specialists to whom we refer our clients (acceptable)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Option D: Other, please describe in comments box below:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Option E: We do not use the services of a lactation specialist in our office at this time (unacceptable)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Comments

LOGIC Show/hide trigger exists.

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10. Please indicate the type of care provided at your clinic: *

- ☐ Obstetric (please proceed to Q10_OB)
- ☐ Pediatric (please proceed to Q10_Peds)
- ☐ Family Practice (please proceed to Q10_OB **and** Q10_Peds)

LOGIC Hidden unless: #10 Question "Please indicate the type of care provided at your clinic:" is one of the following answers ("Obstetric (please proceed to Q10_OB)","Family Practice (please proceed to Q10_OB **and** Q10_Peds)")

ID 48

10_OB. Which of the following are standard components of your patient education curriculum for pregnancy mothers, routinely discussed between providers and/or nurses and patients in your office, during patient visits ? Please select all that apply.

Requirement:

- **A – H are required topics for centers providing pregnancy care.**

*

- ☐ a) Benefits and importance of breastfeeding/ Breast milk feeding
- ☐ b) Risks of supplementation while breastfeeding (exclusively breastfed babies have lower risks for illnesses and later diseases, supplementation can lower your milk supply)
- ☐ c) Importance of exclusive breastfeeding for the first six months of life
- ☐ d) Establishing and maintaining milk supply(frequent feeding)
- ☐ e) Benefits of skin-to-skin, rooming-in 24 hours, early initiation of breastfeeding, baby-led feeding (feeding on demand or responsive feeding)
- ☐ f) Effective positioning and latch
- ☐ g) Non-pharmacologic pain management for labor (focus on early labor is acceptable)
- ☐ h) Importance of breastfeeding beyond six months when complementary foods are provided
- ☐ i) Other - Please specify

Comments

Logic Hidden unless: #10 Question "Please indicate the type of care provided at your clinic:" is one of the following answers ("Pediatric (please proceed to Q10_Peds)","Family Practice (please proceed to Q10_OB **and** Q10_Peds)")

ID 64

10_PEDS. Which of the following are standard components of your patient education curriculum for postpartum mothers, routinely discussed between providers and/or nurses and patients in your office, during patient visits ? Please select all that apply.

Requirement:

- **A – F are required topics for centers providing pediatric care.**

*

- ☐ a) Benefits and importance of breastfeeding/ Breast milk feeding
- ☐ b) Risks of supplementation while breastfeeding (exclusively breastfed babies have lower risks for illnesses and later diseases, supplementation can lower your milk supply)
- ☐ c) Importance of exclusive breastfeeding for the first six months of life
- ☐ d) Establishing and maintaining milk supply(frequent feeding)
- ☐ e) Effective positioning and latch
- ☐ f) Importance of breastfeeding beyond six months when complementary foods are provided
- ☐ g) Other - Please specify

Comments

11. How do you provide education on safe formula feeding?

*

- ☐ a) We do not teach about safe formula feeding to mothers in our care. (acceptable)
- ☐ b) We refer elsewhere for safe formula feeding. (acceptable)
- ☐ c) We provide this education only to mothers in our care who plan to formula feed, and do so on a one-on-one basis. (recommended best practice)
- ☐ d) We provide this education in our group classes. (unacceptable)
- ☐ e) We provide this education to all mothers in our care. (unacceptable)
- ☐ f) Other - Please describe

Comments

ID 50

12. Does your office accept infant formula samples from formula manufacturers or distributors?

Requirement: Successful awardees will NOT accept infant formula samples from formula manufacturers or distributors. *

☐ Yes

☐ No

Comments

ID 61

13. Does your office display promotional or educational materials created by infant formula manufacturers in your office? (Booklets, coupons, brochures, magazines, etc.)

Recommendation: It is strongly recommended that no formula advertisements or promotional materials be made available in the office, including in parenting/women's health magazines that are not explicitly produced by formula manufacturers but still promote formula feeding.

Note: Suggestions for appropriate magazines and other publications that do not contain formula advertisements or promotional materials: Brain, Child; Mothering Magazine; and Kiwi Magazine.

☐ Yes

☐ No

☐ No, nor do we have any print materials available that contain advertisements for formula feeding.

14. To which educational and/or support resources do you refer or provide for your patients re: infant feeding?

Requirement: Successful awardees will refer to at least one source that is NOT associated with infant formula manufacturers.

*

- ☐ a) Breastfeeding classes
- ☐ b) Community Support Group/ Cafe
- ☐ c) List of websites (i.e. Zipmilk.org)
- ☐ d) Breast Pump Rental locations
- ☐ e) Outpatient Lactation Specialists
- ☐ f) WIC / Health Department breastfeeding support
- ☐ h) Other - please specify

Comments

15. Do you welcome and encourage breastfeeding using visual cues?

Requirement: Successful awardees will refer to at least one way that breastfeeding is welcomed and encouraged using visual cues.

Note: Here are examples of free supportive posters:

- [AAFP Breastfeeding Support and Resources Toolkit](#) (Scroll down to poster links)
- [WIC Poster for Dads](#)
- WIC agencies can order USDA materials [here](#)

*

☐ yes

☐ no

Comments

16. Does your staff have a system for addressing patient calls re: infant feeding concerns (Breastfeeding or formula feeding)?

Requirement: Successful awardees will have a system in place for appropriately responding to patient calls about infant feeding concerns. If an office breastfeeding policy exists (or is in development) this information should be included there.

*

☐ Yes

☐ No

Comments

17. Does your staff encourage and support breastfeeding during in-person encounters?

Requirement: Successful awardees will refer to at least one way that breastfeeding is welcomed and encouraged during in-person encounters.

Please select all that apply:

*

- ☐ a) Yes, we commend mothers during each visit for choosing and continuing the best choice for their babies
- ☐ b) Yes, staff trained to never ask women to cover up, move or stop feeding
- ☐ c) Yes, we offer private space for feeding if mothers prefer privacy
- ☐ d) Yes, we provide anticipatory guidance
- ☐ e) Yes, we discuss breastfeeding goals and help mothers plan to achieve them
- ☐ f) Yes, we encourage co-parents (and other family members) to support breastfeeding mothers
- ☐ g) Yes, we offer water to a mother when she is nursing her baby
- ☐ h) Yes, other -- please describe:
- ☐ i) No

Comments

ID 56

18. Does your facility support staff members who choose to breastfeed?

Requirement: Successful awardees will be in compliance with the Affordable Care Act rules on lactation support in the workplace.

*

- ☐ Yes, our staff members have time and private space (which is NOT a bathroom) to breastfeed /express milk ([Congratulations, you are eligible for NCBC's Breastfeeding-Friendly Business & Workplace Award!](#))
- ☐ No, our staff members do NOT have time and private space (which is NOT a bathroom) to breastfeed / express milk.

Comments

VALIDATION Must be numeric

ID 57

19. Do you track your patients' breastfeeding rates? Please select all that apply, and enter the % average over the past 3 - 12 months.

NOT A Requirement: Tracking breastfeeding rates is not required, but is recommended.

*

☐ No

☐ Yes, Breastfeeding intention (%):

☐ Yes, Breastfeeding initiation (%):

☐ Yes, exclusive breastfeeding to 1 month (%):

☐ Yes, exclusive breastfeeding to 3 months (%):

☐ Yes, exclusive breastfeeding to 6 months (%):

☐ Yes, any breastfeeding to 1 month (%):

☐ Yes, any breastfeeding to 6 months (%):

☐ Yes, any breastfeeding to 12 months (%):

Comments

VALIDATION %s format expected

ID 62

20. Please enter the date you have completed this Pre-Assessment. *



Please Review Your Responses

ID 69

If you would like to download a copy of your answers you can do so by clicking the download link at the bottom of this page but you will also be emailed a pdf copy of your report.

Action: Review

Your responses:

Thank You!

ID 1

Thank you for completing your clinic's pre-assessment questions for the NCBC Mother-Baby Breastfeeding Award for Outpatient Healthcare Clinics.

You will be emailed a pdf copy of your answers.

If you do not currently meet all the requirements to successfully apply and win the award based on your responses above, the next step is to develop and begin to implement an action plan to address those needs. The ultimate goal is to win the Award and sustain policies, practices and resources within your clinic and community in support of breastfeeding.

Once you are ready to submit your application, please do so online

at https://docs.google.com/forms/d/e/1FAIpQLSfAHmP2OsQ7AvH9dHC5kaDZaHDZTGNIRS_Rmhn7Uc6A/viewform

New Send Email-DB

To: Diane Beth (Diane.Beth2@dhhs.nc.gov)

From: SurveyGizmo (noreply@surveygizmo.com)

Subject: New Response -Pre Application Assessment for NCBC Mother Baby Clinic Award

New Send Email-respondent

To: [question("value"), id="11"]

From: SurveyGizmo (noreply@surveygizmo.com)

Subject: New Response Notification-Pre Application Assessment for NCBC Mother Baby Clinic Award