

Pre-Application Assessment Purpose

Pre-Application Assessment for the North Carolina Breastfeeding Coalition's (NCBC) Mother-Baby Friendly Award for Outpatient Healthcare Clinics (referred to now by NCBC as the *Mother-Baby Friendly Clinic Award*)

The purpose of this Pre-Application Assessment is twofold:

- to collect baseline data (at a state and clinic/local level) of interested/potentially applying outpatient healthcare clinics in NC on their current use of evidence-based, high quality **breastfeeding support** practices for pregnant and/or postpartum women, infants, children and families.
- to assist clinic/local level staff who plan to eventually apply for the *NCBC Mother-Baby Friendly Clinic Award* by identifying which award criteria their clinic currently meets and more importantly identifying the criteria they don't meet so that an action plan can be developed . The questions in this Pre-Application Assessment are taken directly from the Application Instructions and Criteria for Successful Designation for the NCBC Mother-Baby Friendly Clinic Award (which was updated in August 2020) which can be found at <https://www.ncbfc.org/mother-baby-friendly-clinics>.

Data entered into this Pre-application are to be used locally by you and your organization to document baseline and process indicators and to assist with developing and implementing an action plan to address needs identified through the Award application review. Essentially after completing this Pre-Application assessment you will know how ready (or not) your organization is to apply for the Award from NCBC and what areas (based on the award criteria) you and your clinic will need to work on before actually completing the online award.

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.

Data entered into this Pre-Application Assessment will be used by the NC Division of Public Health to potentially identify and address technical assistance, training and/or resource needs of interested/applying organizations. If you have questions about this Pre-Application Assessment please email Diane Beth (Diane.Beth2@dhhs.nc.gov).

For more information on the award, please contact the NCBC committee leadership listed under the "What if I need more information?" tab on the Mother-Baby Friendly Clinic Award site: <https://www.ncbfc.org/mother-baby-friendly-clinics> and/or send an email to ncbc.clinicaward@gmail.com. NCBC applications are due February 1 and July 1 each year.

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

Per the NCBC Award Instructions and Criteria for Successful Designation the requirements for each component are written in red beneath each question in the written instructions 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.

A resource that may be useful is the [Making Breastfeeding Work for Medical Offices Toolkit](#) from Colorado (Shared with permission)

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

2. Full Mailing Address of Clinic: *

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

4. Office Phone Number (including area code) for Key Contact (no dashes): *

5. Email Address of Key Contact: *

6. Does your office/organization have a written breastfeeding-friendly office policy that meets all the criteria below?

The general goal of breastfeeding friendly office policies and procedures is to establish and routinely communicate to all clinic staff a written infant feeding policy that promotes, supports and protects breastfeeding and human milk as the normative standards for infant feeding and nutrition.

A written policy is required and it must meet all of the criteria noted below. When completing your online application for the award you will be asked to upload your policy.

*Your policy needs to include sections for:

- patient, provider and staff education,
- a system for annual breastfeeding training of current providers and staff
- new staff/providers completing required breastfeeding training within 3 months of hire
- describing your system for responding to patient concerns about infant feeding within 4 hours (i.e., advice/telephone triage with response time;
- dispensing of formula/breast milk substitutes using the best evidence-based practice (review questions below to review requirements and recommendations)-- see the Colorado Breastfeeding in Medical Offices toolkit

See questions that follow for more guidance on what will be needed to ensure your breastfeeding policy is in line with the Award requirements and best practices. *

Yes

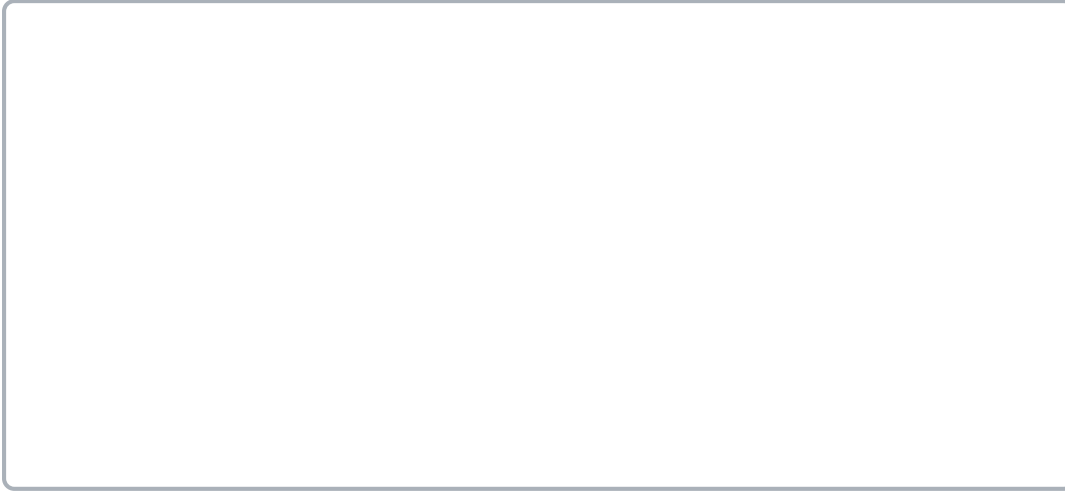
No

Comments

7. Names and Credentials of Providers as well as Staff:

Provider definition: include all physicians (MDs, DO's), Nurse Practitioners, Midwives, Physician Assistants, and Registered Nurses who are serving pregnant/post-partum women, newborns, infants and children by providing clinical supervision, triage, education, assistance, and/or counseling.

Staff definition: Secretarial/Support personal; CMA's, LPN's, and RN's who are NOT providing clinical supervision to clinic staff, performing triage, providing breastfeeding assistance, counseling, or education in the office but will be interacting with families while receiving care in the facility. *



8. How many PROVIDERS in your office have completed ≥ 3 hours of education on breastfeeding, beyond professional school within the past three years? **Requirement for designation: $\geq 80\%$ of providers and $\geq 80\%$ of staff must have completed the educational hours.**

Provider definition: include all physicians (MDs, DO's), Nurse Practitioners, Midwives, Physician Assistants, and Registered Nurses who are serving pregnant/post-partum women, newborns, infants and children by providing clinical supervision, triage, education, assistance, and/or counseling.

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. <https://www.albany.edu/cphce/bfgr.shtml>
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://phpa.dhmh.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 beyond professional school within the past three years

B) Total number of providers in office (note this should equal the number of providers listed in question 7 above)

Comments

9. How many STAFF in your office have completed ≥ 1 hours of education on breastfeeding, beyond professional school within the past three years? **Requirement for designation: $\geq 80\%$ of providers and staff must have completed the educational hours within the past three years.**

Staff Definition: Secretarial/Support personal; CMA's, LPN's, and RN's who are NOT providing clinical supervision to clinic staff, performing triage, providing breastfeeding assistance, counseling, or education in the office but will be interacting with families while receiving care in the facility.

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

1. <https://www.albany.edu/cphce/bfgr.shtml>
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://phpa.dhmh.maryland.gov/mch/Pages/Hospital_Breastfeeding_Resources.aspx (Six, free 1-hour pre-taped webinars on breastfeeding topics)

*

A) Number of staff who have completed ≥ 1 hours of training beyond professional school within the past three years

B) Total number of staff in office (note this should equal the number of staff listed in question 7 above)

Comments

10. Do you currently have in place a system to document the breastfeeding education that has been completed by Providers and Staff (including the requirements for annual training for staff and providers and the requirement that all new staff are oriented on the clinic's breastfeeding policy AND receive the required breastfeeding education for providers/staff)?

For the Award application, uploaded documentation must include:

- What resource(s) did your providers and staff use to meet the education requirement? (list the name of modules or training used to meet the hour requirement(s)) and the date(s) the education was received. This can include an education log, CE credits, etc.
- What are the names of the providers and staff that have met the requirements (please remember that this includes training within the last 3 years and must meet the minimum number of training hours as well as the ≥80% of providers and ≥80% staff must have completed the educational hours requirement)?
- What process/system will you use to keep up with the annual requirements for education as well as the required new employee education?
How will you track/what system will you use to track this annual requirement?

Note: If awarded, **providers** will be required to complete 3 hours of *annual* breastfeeding education. **Staff** are required to complete 1 hour of *annual* breastfeeding education.

The education requirement must be included in the clinics lactation policy: for providers (3 hours annually) and staff (1 hour annually), education should be included in orientation and completed within 3 months of hire for all employees. *

- Yes, our provider and staff education tracking system (and documentation) is already in place and meets all the requirements for the award
- No, our provider and staff education tracking system (and documentation) will have to be developed before we can apply
- Unsure if our clinic has the needed provider and staff education tracking system (and documentation) in place or not
- Comments

11. How does your office offer patients the services of lactation professionals? Please select all that apply from Options A -E below).

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

Select the situation that best describes your services:

- OPTION A: We have a lactation specialist on staff (recommended best practice)
- OPTION B: We have a lactation specialist not on staff who will see clients by

appointment in our office. (acceptable)

- OPTION C: We have a list of community lactation specialists to whom we refer our clients. (acceptable)
- OPTION D: We do not use the services of a lactation specialist in our office at this time. (unacceptable)
- OPTION E: Other, please describe:

*

For Option A, Please specify hours / week that this lactation specialist is employed:

For Option A, is he/she/they an IBCLC? *

- Yes
- No
- Unsure- If you are unsure about lactation specialists available to your clinic or in your community, use this space to write down some places you can check that may employ lactation consultants (or private practice consultants) that could be a resource to your clinic.

For Option A, if not an IBCLC please specify in the text box the kind of lactation specialist he/she/they are?

*e.g. Certified Lactation Counselor (CLC); Certified Lactation Specialist (CLS); Certified Lactation Educator (CLE); Certified Breastfeeding Counselor (CBC); Lactation Educator Counselor (LEC); Unsure of their qualifications *

For Option B, is he/she/they an IBCLC?

- Yes
- No

- Unsure- If you are unsure about lactation specialists available to your clinic or in your community, use this space to write down some places you can check that may employ lactation consultants (or private practice consultants) that could be a resource to your clinic.

For Option B, if not an IBCLC please specify in the text box the kind of lactation specialist he/she/they are?

*e.g. Certified Lactation Counselor (CLC); Certified Lactation Specialist (CLS); Certified Lactation Educator (CLE); Certified Breastfeeding Counselor (CBC); Lactation Educator Counselor (LEC); Unsure of their qualifications

For Option C, is he/she/they an IBCLC?

- Yes
- No
- Unsure- If you are unsure about lactation specialists available to your clinic or in your community, use this space to write down some places you can check that may employ lactation consultants (or private practice consultants) that could be a resource to your clinic.

For Option C, if not an IBCLC please specify in the text box the kind of lactation specialist he/she/they are?

*e.g. Certified Lactation Counselor (CLC); Certified Lactation Specialist (CLS); Certified Lactation Educator (CLE); Certified Breastfeeding Counselor (CBC); Lactation Educator Counselor (LEC); Unsure of their qualifications

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

- a. Obstetric (please proceed to Q13_OB)
- b. Pediatric (please proceed to Q13_Peds)
- c. Family Practice (please proceed to Q13_OB **and** Q13_Peds)
- Other - Please specify (Required)

13_OB. Which of the following are standard components of your patient education curriculum for PRENATAL 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 prenatal care. *

- a) Benefits and importance of breastfeeding/ Breast milk feeding
- b) Risks of supplementation while breastfeeding (supplementation can lower your milk supply, exclusively breastfed babies have lower risks for illnesses and later diseases, etc.)
- 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

13_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

14. 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

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

Requirement: Successful awardees will NOT accept free infant formula samples from formula manufacturers or distributors. Successful awardees will pay market price for any formula used in the office. *

- Yes
- No

Comments

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

Requirement: Successful awardees will NOT display direct marketing or educational materials from formula manufacturers such as formula brochures, magazines, coupons 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.

17. To which educational and/or support resources do you refer or provide for your patients re: infant feeding? Please select all that apply.

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 (La Leche League, etc.)
- d) Breast Pump Rental locations
- e) Outpatient Lactation Specialists
- f) WIC / Health Department breastfeeding support
- h) Other - please specify

Comments

18. Do you welcome and encourage breastfeeding using visual cues? Please select all that apply.*=required

Requirement: Successful awardees are required to upload photos (maximum of 10) of their office environment showcasing breastfeeding with visual cues, i.e. photographs of women breastfeeding, signs that state breastfeeding is welcome, decals signifying breastfeeding is welcome, a list of baby-friendly practices, etc.

Successful awardees will also 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, including signs/posters in the waiting area
- Yes, including signs/posters in the exam room
- Yes, including signs/posters in entryways and exits
- Yes, other (write-in required)

*

- No

Comments

19. Please upload photos of your waiting areas, exam rooms, clinic with your breastfeeding friendly materials and visual cues. **You do not need to do this for this Preapplication Assessment but will need to take photos, save them and then be prepared to upload a maximum of 10 photos when you are ready to apply for this Award on the NCBC site. If you upload photos here, please be sure to not upload any photos that include people or clients in them, unless you have a signed photo consent form for them on file.**

Browse...

20. Does your staff encourage and support breastfeeding during in-person encounters? Please select all that apply.

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

- 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

21. 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 may be eligible for NCBC's Breastfeeding Employers and/or Community Partner's Awards! If interested please visit [here](#) to apply*)
- No, our staff members do NOT have time and private space (which is NOT a bathroom) to breastfeed / express milk.

Comments

22a. Do you track your patients' breastfeeding rates?

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

- Yes
- No. but plan to create a tracking system
- No, we do not have a tracking system and don't plan to create one

Comments

22b. Please describe your process for tracking breastfeeding rates, including which Electronic Health Record (EHR) system you use (if applicable) and identify what initiation, exclusivity and or duration data you are collecting.

If you plan to develop a tracking system but don't have one now, type *Not Available Yet* in the answer box below.

You will also be asked to upload your breastfeeding data file (if applicable) when you apply for the award online (Question 22c) but do not need to do so for this pre-application.

23. How would you like your award recognized when you eventually apply for it with NCBC? Please select all that apply.

- In-person presentation of plaque [This option necessitates coordination of volunteers and travel and may necessitate a significant delay in receipt of award]
- Mailed plaque
- List our clinic name on the NCBC website
- Include our clinic name in all NCBC press releases associated with this award
- Other, please specify:

24. Describe what has motivated this clinic/practice to apply for this award. *

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



Please Review Your Responses

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.

Thank You!

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. As noted earlier, a resource that may be useful is the [Making Breastfeeding Work for Medical Offices Toolkit from Colorado \(Shared with permission\)](#)

Once you are ready to submit your application, please review the most current version of the *Application Instructions and Criteria for Successful Designation* (see the *How and When do I apply* sections) found on the NCBC Mother-Baby Friendly Clinics website and from there you will be able to complete your application online. Please note you will have to have a working gmail account/email to fill out the application.

If you have questions as you are preparing to apply, feel free to reach out to NCBC by emailing the volunteer coordinating this award ncbc.clinicaward@gmail.com.
