

# Missouri “Show-Me 5” Hospital Initiative

## Self-Appraisal Tool to Review Policies and Practices

### Self-Appraisal Tool

Use the Self-Appraisal Tool to review current maternity care policies and practices in optimal infant feeding and help assess where your facility is in becoming a Missouri “Show-Me 5” Taking the First Steps to being “Baby-Friendly” Hospital. The tool will help your facility evaluate your current practices in relation to the 5 maternity care practices of the “Show-Me 5” Initiative.

Completion of the Self-Appraisal Tool is the first task in meeting the requirements of becoming a Missouri “Show-Me 5” Hospital, however it is **not required** that you check **yes** to all question prior to entering. Since completing this tool serves as a needs assessment for mapping out the “Show-Me 5” work plan, facilities are strongly encouraged to conduct an honest and conservative evaluation of their current practices. This tool will serve as a baseline to work from and no matter where your current practices fall, we will support you in your journey toward becoming a Missouri “Show-Me 5” Taking the First Steps to being “Baby-Friendly” Hospital.

Every facility starts at a different place and has different challenges. What is most important is for your facility to build a multi-disciplinary team, consisting of your key management and clinical staff, to complete this tool, take stock of the results and develop a solid plan of action to tackle the challenges.

### Technical assistance

Lisa Schlientz, MPH, IBCLC  
State Breastfeeding Coordinator  
Missouri Department of Health and Senior Services  
WIC and Nutrition Services  
Lisa.Schlientz@health.mo.gov  
573-751-6468

ADAPTED FROM THE BABY-FRIENDLY, USA/ MODEL HOSPITAL SELF APPRAISAL QUESTIONNAIRE

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### Step 1: Help mothers initiate breastfeeding within an hour of birth.

Does your hospital have a policy on skin-to-skin (STS) that contains the following?	Yes	No
All infants born by vaginal delivery are placed STS immediately or within 5 minutes of delivery.		
All infants born by cesarean delivery are placed STS as soon as their mother is able to respond to them.		
All infants are placed STS no matter how the mother decides to feed her infant and until at least the first feeding.		
All mothers shall be taught the importance of STS and encouraged to keep their infants STS throughout the hospital stay.		
Routine procedures, such as Apgar scores, assessments, etc. shall be completed while infant is STS with the mother.		
Staff shall teach mothers how to know signs of hunger and help initiate breastfeeding within one hour of birth.		
In the event that a mother and/or infant are separated for medical reasons, STS contact will be initiated as soon mother and infant are reunited.		
*Length of time infant is held STS should be documented.		
If infant is unable to be placed STS, reasons for this are documented.		

\* Not required.

- 1.1 Are mothers who have had vaginal deliveries given their infants to hold STS within 5 minutes of the delivery and allowed to remain with them in uninterrupted STS contact until completion of the first feed?  Yes  No
- If yes, what percentage of mothers who had normal, vaginal deliveries are given their infants to hold STS within five minutes of delivery and remain uninterrupted STS until completion of the first breastfeed or for at least one hour if not breastfeeding? \_\_\_\_\_*
- 1.2 Are mothers offered help by staff members to recognize signs that their infants is ready to feed and provided assistance with initiating breastfeeding during this first hour?  Yes  No
- 1.3 Are mothers who have had cesarean deliveries given their infants to hold STS within five minutes after they are able to respond to their babies?  Yes  No
- If yes, what percentage of mothers who had cesarean deliveries is given their infants to hold STS within five minutes after they are able to respond to their infants? \_\_\_\_\_*
- 1.4 Do the infants delivered by cesarean stay with their mothers, with uninterrupted STS contact, until completion of the first feed?  Yes  No
- If yes, what percentage of infants delivered by cesarean stay with their mothers, with uninterrupted STS contact, until completion of the first breastfeed or for at least an hour if not breastfeeding? \_\_\_\_\_*

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**Step 2: Practice “rooming in”–allow mothers and infants to remain together 24 hour per day.**

Does your hospital have a policy on “rooming in” that contains the following?	Yes	No
Rooming-in is provided to all mothers and infants regardless of feeding choice.		
All infants stay in the same room as their mother, day and night, except for periods of up to an hour for facility procedures.		
If infants must be separated from their mother for periods longer than one hour per day, the reason must be documented.		
If a mother request that her infant be cared for in the nursery, staff must explore the reasons for the request and educate the mother on the advantages of having her infant stay in the same room as her 24 hours per day. Situation is documented.		
Medical staff shall conduct newborn procedures at the mother’s bedside whenever possible, and frequent separations should be avoided.		
If the infant must be kept in the nursery for medical reasons, the mother shall be provided access to feed her baby at any time.		

2.1 Do mothers and infants stay together and /or start rooming-in immediately after birth?  Yes  No

*If yes, what percentage of mothers and babies start rooming-in immediately after birth? \_\_\_\_\_*

2.2 Do mothers who have had a cesarean delivery and /or other procedures (including those with general anesthesia) stay together with their infants and/or start rooming-in as soon as they are able to respond to their infant’s needs?  Yes  No

*If yes, what percentage of mothers who had caesarean deliveries and/or other procedures stay together with their infants and/or start rooming-in as soon as they are able to respond to their infant’s needs? \_\_\_\_\_*

2.3 Do mothers and infants remain together (rooming-in) 24 hours a day, except for a period of up to one hour for hospital procedures or if separation is medically indicated?  Yes  No

*If yes, what percentage of mothers and infants remain together (rooming-in) 24 hours per day, except for up to one hour per day for hospital procedures or if separation is medically indicated? \_\_\_\_\_*

2.4 Does staff explore reasons and provide education to mothers who request their infants be cared for in the nursery?  Yes  No

2.5 Are routine procedures conducted at the mothers’ bedside whenever possible in order to avoid mother/infant separation?  Yes  No

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#### Step 3: Give newborn infants no food or drink other than breast milk, unless medically indicated.

Does your hospital have a policy on supplementation that contains the following?	Yes	No
No supplemental water, glucose water, or formula unless specifically ordered for medical reasons as outlined by the ABM Clinical Protocol #8: Hospital Guidelines for the Use of Supplementation Feedings in the Healthy Term Breastfed Neonate.		
If a breastfed infant must be supplemented due to medical reasons there must be a written order documenting why the supplement was indicated.		
If a mother specifically requests formula, staff must explore reasons, address concerns and educate mothers on the possible consequences to the success of breastfeeding.		
If formula is given to an infant it must be documented that the mother made an informed decision.		

- 3.1 Do breastfeeding infants receive no food or drink (other than breast milk) unless medically indicated?  Yes  No
- 3.2 Does staff have a clear understanding of what the few acceptable reasons are for prescribing food or drink other than breast milk for breastfeeding infants?  Yes  No
- 3.3 Does staff explore reasons with a mother who has decided not to breastfeed, discuss risks of not breastfeeding, various feeding options and help them decide what is suitable in their situation?  Yes  No
- 3.4 Does staff explore reasons and provide education to breastfeeding mothers who request formula supplementation on the consequences to success of breastfeeding and health of their infant?  Yes  No
- 3.5 Is the education and informed consent for formula supplementation documented?  Yes  No
- 3.6 Does your facility use written orders for evidence-based medical indications for breast milk supplementations?  Yes  No
- 3.7 Does your facility 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 formula?  Yes  No
- 3.8 Are all clinical protocols related to infant feedings current and evidence-based?  Yes  No

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### Self-Appraisal Tool to Review Policies and Practices

#### Step 4: Give no pacifiers or artificial nipples to breastfeeding infants.

Does your hospital have a policy on pacifiers/artificial nipple that contains the following?	Yes	No
Staff must not provide pacifiers with the exception of limited use to decrease pain during procedures when the infant cannot safely be held or breastfed or an infant is being tube fed in the NICU or other rare medical reason.		
If a pacifier must be used for a painful procedure, it must be removed from the crib prior to returning to the room.		
If a mother requests a pacifier staff must counsel and educate the mother about the possible consequences to the success of breastfeeding and is documented.		
Infants who have started to breastfeed should not be bottle fed. If supplementation is medically indicated, supplemental feeds are given by cup, spoon or syringe.		

- 4.1 Are infants who have started to breastfeed cared for without any bottle feedings?  Yes  No  
*If no, what percentages of breastfed infants are supplemented with bottles or artificial nipples?*  
 \_\_\_\_\_
- 4.2 Are infants who have started to breastfeed cared for without using pacifiers, except for short periods of time during painful procedures?  Yes  No
- 4.3 If pacifiers are used during a painful procedure, are they removed from the crib prior to returning to the room?  Yes  No
- 4.4 Does staff educate breastfeeding mothers that they should not give any bottles or pacifiers to their infants for at least one month until after breastfeeding is fully established?  Yes  No

#### Step 5: Foster the establishment of breastfeeding support and refer mothers to them on discharge.

Does your hospital have a breastfeeding support policy that is provided to mothers that contains the following?	Yes	No
Staff must ensure prior to discharge that mothers are provided contact information for breastfeeding support individuals and organizations in the community.		
Staff must discuss with mothers prior to discharge how they plan to feed their infant once they are home from the hospital.		
The facility must foster the establishment of and/or coordinate with mother support groups and other community services that provide support to mothers on feeding their infants.		

- 5.1 Does staff discuss plans with mothers who are close to discharge about how they will feed their infants after they return home?  Yes  No
- 5.2 Does the facility have a system of follow-up support for mothers after they are discharged, such as early postnatal or lactation clinic check-ups, telephone calls, and home visits?  Yes  No

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- 5.3 Does the facility foster the establishment of and /or coordinate with mother support groups and other community services that provide support to mothers on feeding their infants?  Yes  No
- 5.4 Are mothers referred for help with feeding to the facility’s system of follow-up support and to mother support groups, WIC, peer counselors and other community health services, if these are available?  Yes  No
- 5.5 Is printed material made available to mothers before discharge on where to get follow up support?  Yes  No
- 5.6 Are mothers encouraged to see a health care provider or skilled breastfeeding support person in the community soon after discharge (preferably 3-5 days after birth) that can assess how they are doing in feeding their infant and giving needed support?  Yes  No
- 5.7 Does the facility coordinate activities with the WIC program or community services that offer peer support and/or counselors?  Yes  No

The Self-Appraisal Tool for the Missouri “Show Me 5” Hospital Initiative is based on information from Baby Friendly USA. Meeting these guidelines does not guarantee that your birthing facility meets the requirements through the Baby Friendly Hospital Initiative.