

Missouri “Show Me 5” Hospital Practices Guidelines and Evaluation Criteria

1. Help mothers initiate breastfeeding within the first hour of birth.

- Place infants in skin-to-skin (STS) contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their infants are ready to breastfeed, offering help if needed.
- This step applies to all infants, regardless of feeding method.

Guideline: All mothers, who had a vaginal delivery, should be given their infants to hold with continuous, uninterrupted STS contact immediately after birth and until the completion of the first feeding, unless there are medically justifiable reasons for delayed contact: Routine procedures (e.g. assessments, APGAR scores, etc) should be done with the infant STS with the mother. Procedures requiring separation of the mother and infant should be delayed until after this initial period of STS contact and should be conducted, whenever feasible, at the mother’s bedside.

Evaluation: Of the randomly selected mothers in the postpartum unit who have had a normal vaginal birth:

- At least 80% will confirm that their infants were placed in STS contact with them immediately after birth and that STS contact continued uninterrupted until the completion of the first feeding (or at least one hour if not breastfeeding) unless there were medically justifiable reasons for delayed contact.
- At least 80% will confirm that they were encouraged to look for signs of when their babies were ready to feed during this period of contact and were offered help, when necessary. (The infant should not be forced to feed but, rather, supported to do so when ready.)

Guideline: All mothers, who had a cesarean birth, should be given their babies to hold with continuous, uninterrupted STS contact with them as soon as the mother is responsive and alert, with the same staff support identified above regarding feeding cues, unless separation was medically indicated.

Evaluation: Of randomly selected mothers in the postpartum unit who have had a cesarean birth of a healthy baby:

- At least 80% will confirm that their babies were placed in continuous, uninterrupted STS contact with them as soon as the mother was responsive and alert and that STS contact continued uninterrupted until the completion of the first feeding (or at least one hour if not breastfeeding) unless there were medically justifiable reasons for delayed contact.
- At least 80% will confirm that they were encouraged to look for signs of when their infants were ready to feed during this initial contact and were offered help, if needed. (The infant should not be forced to feed but, rather, supported to do so when ready.)

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Guideline: In the event that a mother and/or infant are separated for medical reasons, STS contact should be initiated as soon as the mother and infant are reunited.

Evaluation: Of randomly selected mothers who gave birth either vaginally or via cesarean, at least 80% will confirm that in the event of medically-indicated separation, STS contact was initiated when they were reunited with their infants.

2. Practice “rooming-in”- allowing infants to stay in the same room as their mothers.

Guideline: The facility should provide rooming-in twenty-four hours a day as the standard for mother-infant care for healthy, full term infants, regardless of feeding choice. If a mother requests that her infant be cared for in the nursery, the health care staff should explore the reasons for the request and should encourage and educate the mother about the advantages of having her infant stay with her in the same room 24 hours a day. If the mother still requests that the infant be cared for in the nursery, the process and informed decision should be documented. In addition, the medical and nursing staff should conduct newborn procedures at the mother's bedside whenever possible, and should avoid frequent separations and/or absences of the newborn from the mother for more than an hour. If the infant is kept in the nursery for medical reasons, the mother should be provided access to feed her infant at any time.

Evaluation:

- Of randomly selected mothers with vaginal births, at least 80% will report that their infants were not separated from them before starting rooming-in, unless there are medical reasons for separation.
- Of all randomly selected mothers with healthy term infants, at least 80% will report that since they came to their room after birth (or since they were able to respond to their infants in the case of a cesarean birth), their infants have stayed with them in the same room day and night except for periods of up to an hour per day for facility procedures, unless there are justifiable reasons for a longer separation.
- Observations in the postpartum unit and any well-baby observation areas and discussions with mothers and staff confirm that at least 80% of the mothers and infants are rooming-in or, if not the justifiable reason for being separated is documented.

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

Guideline: Exclusive breast milk feedings shall be the breastfeeding method expected from birth to discharge. If a mother specifically states that she has no plans to breastfeed or requests that her breastfeeding infant be given formula, the healthcare staff should first explore the reasons for the request, address the concerns raised and educate the mother about the possible consequences of her decision. If the mother still requests formula, her request should be granted and the process

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and the informed decision should be documented. Any other decisions to give breastfeeding infants food or drink other than breast milk should be for acceptable medical reasons and require a written order documenting when and why the supplement is indicated.

For guidance on acceptable reasons to supplement use the “Academy of Breastfeeding Medicine Clinical Protocol #3: Hospital Guidelines for the use of Supplementary Feedings in the Healthy Term Breastfed Neonate.”

Evaluation:

- Of the randomly selected mothers in the postpartum unit at least 80% of those who are breastfeeding will report that:
 - to the best of their knowledge, their infants have received no food or drink other than breast milk while in the facility, or
 - that formula has been given for medically acceptable reason, or
 - that formula has been given in response to parental request.
- For any breastfeeding mothers interviewed whose infants are being given food or drink other than breast milk:
 - at least 80% of those who have no acceptable medical reason will report that the health care staff explored the reasons for the request and the possible negative consequences of the mothers’ decision.
 - the reasons for supplementation and evidence of parental counseling will be clearly documented in the patient’s record.
- At least 80% of randomly selected mothers who decided to formula feed report that the staff discussed with them the various feeding options and helped them to make an informed decision.
- At least 80% randomly selected mothers with infants in the special care unit who have decided to feed formula report that staff have talked with them about the risks and benefits of the various feeding options, including feeding expressed breast milk.
- Observations in the postpartum unit and any well-baby observation areas show that at least 80% of the breastfed infants are being fed only breast milk, or documentation indicates that there are acceptable medical reasons or fully informed choices for formula-feeding.

4. Do not give pacifiers or artificial nipples to breastfeeding infants.

Guideline: Breastfeeding infants should not be given pacifiers by the staff, with the exception of limited use to decrease pain during procedures when the infant cannot safely be held or breastfed, by infants who are being tube-fed in the NICU, or for other rare specific medical

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reasons. Pacifiers used during procedures when the infant cannot safely be held or breastfed should be discarded after these procedures.

If a mother requests that her breastfeeding infant be given a pacifier, the health care staff should explore the reasons for the request, address concerns, educate her on the possible consequences to the success of breastfeeding, and discuss alternative methods for soothing her infant. If the breastfeeding mother still requests a pacifier, the process of counseling and education should be documented.

Evaluation:

- At least 80% of randomly selected mothers will confirm that their breastfed infants have not sucked on a pacifier (unless such use was limited to painful procedures or, if chosen by parents after receipt of appropriate education and counseling from staff).
- Observations in the postpartum unit and any well-baby observation areas will indicate that at least 80% of the breastfeeding infants are not using pacifiers, or if they are, their mothers have been informed of the risks and it is documented.
- The manager of the postpartum unit will confirm that breastfed infants are not routinely given pacifiers, and that use of pacifiers in term infants is restricted to painful procedures.

Guideline: Healthcare professionals, including nursery staff, should educate all breastfeeding mothers about how the use of bottles may interfere with the development of optimal breastfeeding. If a mother requests that her breastfeeding infant be given a bottle, the healthcare staff should explore the reasons for this request, address the concerns, educate her on the possible consequences to the success of breastfeeding, and discuss alternative methods of feeding her infant. The process of counseling and education, and the informed decision of the mother should be documented.

Any fluid supplementation (whether medically indicated or following informed decision of the mother) should be given by tube, syringe, spoon or cup in preference to an artificial nipple or bottle.

Evaluation:

- At least 80% of randomly selected breastfeeding mothers will report that their breastfed infants have not been fed using bottles.
- Observations in the postpartum unit and any well-baby observation areas will indicate that at least 80% of the breastfeeding infants are not using bottles, or if they are, that their mothers have been informed of the risks and it is documented.
- The manager of the postpartum unit will confirm that breastfed infants are not routinely given bottles.

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5. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge.

Guideline: Discharge planning for breastfeeding mothers and infants should include information on the importance of exclusive breastfeeding for about 6 months and available and culturally specific breastfeeding support services without ties to commercial interests. Examples of the information and/or support to be provided include giving the name and phone numbers of LeLeche League or other community based support groups, WIC Program breastfeeding support services, telephone help lines, etc. The facility should establish in-house breastfeeding support services if no adequate source is available for a referral.

Evaluation: The manager of the maternity unit will confirm that:

- mothers are given information on where they can find support if they need help with feeding their infants after returning home.
- the facility fosters the establishment of and/or coordinates with mother support groups and other community services that provide breastfeeding support to mothers.
- the staff assures that mothers and infants receive a breastfeeding assessment and support after discharge (within 2-4 days after birth and again at week 2) at the facility or in the community by a skilled breastfeeding support person who can assess feeding and give support as needed.

The Guidelines and Evaluation Criteria for the Missouri “Show Me 5” Hospital Initiative are 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.