



New York City Department of Health and Mental Hygiene

REQUEST FOR APPLICATIONS

NYC Breastfeeding Hospital Collaborative

Cohort 3

New York City Department of Health and Mental Hygiene
Bureau of Maternal, Infant and Reproductive Health (MIRH)

Submission deadline: 11:59PM on Friday, June 2nd, 2017

New York City Breastfeeding Hospital Collaborative Request for Applications (RFA)

Call for Applications

The Bureau of Maternal, Infant and Reproductive Health (MIRH) in the New York City Department of Health and Mental Health (NYC DOHMH) announces an opportunity for New York City maternity hospitals to obtain support and technical assistance to pursue and achieve Baby-Friendly™ designation by implementing the WHO/UNICEF Ten Steps to Successful Breastfeeding and the World Health Organization's (WHO) International Code of Marketing Breast-milk Substitutes via a quality improvement hospital learning collaborative.

Eligible applicants include hospitals located in New York City with maternity services (i.e., births occurring in the hospital) that serve a culturally and socio-economically diverse population. Facilities at various stages of implementation of the Baby-Friendly Hospital Initiative are encouraged to apply. MIRH will strive to select hospitals with demonstrated institutional capacity and support for breastfeeding protection, promotion, and support.

Overview of the Baby-Friendly Hospital Initiative

The Baby-Friendly Hospital Initiative (BFHI) is a global program developed by the WHO and United Nations International Children's Emergency Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer a high standard of service for infant feeding and care. Baby-Friendly hospitals provide evidence-based education and support so that families have the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies and/or feeding formula safely. In the United States, Baby-Friendly USA (BFUSA) is the national authority for the BFHI, and is responsible for assessing and designating facilities that have successfully implemented the program.

Baby-Friendly USA has developed the “4-D Pathway” to aid facilities in reaching this world-class standard of maternity care. This method maintains the high standards set by a team of global experts, while also breaking the process down into manageable tasks. Following the 4-D Pathway will ensure that the Baby-Friendly principles are fully implemented in a logical and efficient manner. Typically, it takes hospitals at least four years to complete the journey toward Baby-Friendly Designation. This timeline is typically accelerated for facilities participating in quality improvement learning collaborative. (Download the [4-D Pathway](#) for more information.)

Importance of Breastfeeding

The importance of breastfeeding for infants, mothers, and society is well-established. Human milk is the optimal substance to satisfy the nutritional, gastrointestinal, immunological, and neurodevelopmental needs of infants and young children. Breastfed babies are less likely to have respiratory problems, ear infections, and diarrhea, and mothers who breastfeed are less likely to develop breast or ovarian cancer and cardiovascular disease.^{1,2}

¹ Ip S, Chung M, Raman G, et al. Breastfeeding and Maternal and Baby Health Outcomes in Developed Countries. Evidence Report/Technology Assessment No. 153. Rockville, MD: Agency for Healthcare Research and Quality; April 2007.

² World Health Organization. Fact File: 10 Facts on Breastfeeding. who.int/features/factfiles/breastfeeding/en. Accessed September 30, 2014.

Women understand the importance of breastfeeding, and most say that they intend to breastfeed. However, mothers who receive adequate education and support for breastfeeding are more likely to meet their goals.

Research has shown that hospital maternity care practices have a significant influence on breastfeeding outcomes. The Baby-Friendly Hospital Initiative has demonstrated effectiveness in increasing breastfeeding initiation, duration, and exclusivity rates in many countries, including the United States, by encouraging hospitals to develop policies to promote, protect, and support breastfeeding.^{3,4,5}

Regardless of feeding method, all couplets benefit from the Baby-Friendly Hospital Initiative. All families benefit from evidence-based education, improved counseling skills, skin-to-skin care, mother-baby rooming-in, and more. Families who start out at Baby-Friendly hospitals go home more prepared to parent with information, confidence, and access to support if needed.

The New York City Breastfeeding Hospital Collaborative (NYC BHC), which began in 2012, aims to increase the number of Baby-Friendly Designated facilities in NYC via a hospital learning collaborative. Currently, there are three cohorts of maternity facilities participating in the NYC BHC, including 26 hospitals and one birthing center. Of the 27 participating facilities:

- 8 have already achieved Baby-Friendly Designation.
- 5 have been assessed by Baby-Friendly USA and await their results in the coming months.
- 1 will schedule a Baby-Friendly assessment in 2017.

In addition, notable, measureable improvements in The 10 Steps have been achieved:

- Average facility rate of exclusive breastfeeding increased by 15% from 34.5% in February 2014 to 39.5% in February 2017.
- Average facility rate of skin-to-skin after cesarean increased by 17% from 60.3% in February 2014 to 70.4% in February 2017.
- 1,884 nurses, 683 pediatric providers, and 679 obstetric providers have been trained to support optimal infant feeding and care as of March 2017.

Overview of the New York City Breastfeeding Hospital Collaborative (NYC BHC)

Starting in July of 2017 and lasting through June 2020, the NYC BHC will be expanded to include 3 new hospitals in Cohort 3. Participants will have the benefit of: expert guidance on the Baby-Friendly Designation Process, the Ten Steps to Successful Breastfeeding and The WHO Code; resources for training; innovative quality improvement support; and a strong learning network of peers that share your commitment to best maternity and infant feeding practices.

Upon notification of acceptance on June 16, 2017, Cohort 3 hospitals who are not already enrolled with Baby-Friendly USA will be required to complete the Discovery Phase of the Baby-Friendly 4-D Pathway. This requires:

- Registering with BFUSA (simple online form)

³ World Health Organization. *Evidence for the Ten Steps to Successful Breastfeeding*. Geneva, Switzerland: World Health Organization; 1998. http://www.who.int/entity/nutrition/publications/evidence_ten_step_eng.pdf. Accessed August 5, 201

⁴ Philipp, B. L., Malone, K. L., Cimo, S., & Merewood, A. Sustained breastfeeding rates at a US baby-friendly hospital. *Pediatrics* 2003; 112(3), e234-e236.

⁵ Merewood, A, Mehta, LB, Chamberlain, BL, Phillip, BL, and H Bauchner. Breastfeeding rates in US Baby-Friendly hospitals: Results of a national survey. *Pediatrics*. 2005; 116(3): 628 – 634.

- Writing and submitting a CEO letter of support (template provided)
- Completing and submitting BFUSA's Self-Appraisal Tool (worksheet)

Technical assistance and guidance on completing these forms will be provided for all participants. More information on these requirements can be found on BFUSA's website: <http://www.babyfriendlyusa.org/>. In order to officially enter the NYC BHC, all hospitals must demonstrate completion of the Discovery Phase activities. Once this has been verified by BFUSA, the facility will submit payment to BFUSA to enter the Development Phase of the 4-D Pathway. (For facilities new to the 4-D Pathway, this fee is \$3,750, per the latest [Baby-Friendly USA fee schedule](#).) **Hospitals will be reimbursed for this fee by NYC DOHMH.**

All Cohort 3 hospitals will convene in July 2017 for a launch event to introduce the collaborative structure and orient the teams to NYC BHC Cohort 3 activities, reporting requirements, and to establish the learning community and facilitate inter-hospital communication.

Similar to hospitals in the current NYC BHC, Cohort 3 will include in-person Learning Sessions, monthly action period webinars, semi-monthly coaching calls (participation as needed), mock assessments and site visits, access to a repository of free tools and resources to support pursuit of a Baby-Friendly designation, and more. More specifically, participants will obtain the following by joining the collaborative:

- Support in completing self-assessments and refining a plan to address ways to improve hospital-based breastfeeding practice and policies.
- Training in quality improvement methodology.
- Technical content and education related to BFHI.
- Customized coaching and site assessment(s) to support progress towards a Baby-Friendly designation.
- A mock assessment to assist in preparation for the Baby-Friendly designation on-site assessment.
- Participation in a diverse learning community where hospitals can share challenges, successes, and best practices with peers.
- Access to an Institute for Healthcare Improvement (IHI) Extranet, a secure web-based application that allows users to collaborate on projects and share information.
- Access to funding, available on a competitive basis, to reimburse hospitals for Baby-Friendly 4-D Pathway fees.
- Access to lactation education and training resources for staff.

By participating in the NYC BHC, participants agree to:

- Select a multidisciplinary team to participate in the full collaborative. This includes a leadership designee from maternal-child care (Service Director or equivalent) who will facilitate implementation of key structural and culture changes needed to accomplish Baby-Friendly designation and representatives from all aspects of mother-child care, including a lactation consultant.
- Designate 6-10 Core Improvement Team members to attend all learning events including in-person Learning Sessions, webinars, conference calls and other BFHI meetings and events.
- Share challenges, successes, and best practices with peer hospitals participating in the collaborative.
- Submit data on key measures and track performance results.

By participating in this exciting opportunity, hospitals will have the chance to work together with other local hospital teams to accelerate breastfeeding initiatives toward the goal of achieving Baby-Friendly designation.

Breastfeeding Hospital Collaborative Faculty

Joslyn Levy & Associates (JLA) specializes in healthcare quality improvement, working with healthcare providers, health plans, foundations and governmental bodies to implement innovative, practical, and evidence-based solutions. Over the course of the project, JLA will provide consultation services to develop and implement a learning collaborative for NYC maternity facilities to assist them in achieving a Baby-Friendly designation. JLA has extensive experience conducting IHI Breakthrough Series quality improvement learning collaboratives, which bring together a diverse collection of people and organizations to accomplish a common goal. A philosophy of “small tests of change” underlies all of JLA’s improvement work. The model has been used successfully by hundreds of healthcare organizations in many countries to improve a multitude of healthcare processes and outcomes.

The firm’s Principal, Ms. Levy, has extensive experience in clinical care, healthcare administration and quality improvement. Ms. Levy spent nearly a decade as Director of the NYC DOHMH’s Clinical Systems Improvement program, where she worked with hospital systems, community health centers, small providers, and large multi-site ambulatory care practices to develop, implement, and evaluate initiatives to improve patient care and outcomes.

JLA has engaged Emily Taylor to serve as the NYC BHC Cohort 3 Improvement Advisor. Ms. Taylor specializes in innovating, implementing, and evaluating initiatives to improve the quality of healthcare for women. Emily provides consultation on applying the IHI Breakthrough Series Model for Improvement, leadership development, curriculum creation and implementation (using adult learning theory), staff development and strengthening, guiding others to use data to drive change, and facilitating quality improvement collaboratives. Emily’s career has focused on reducing socio-ecological constraints to breastfeeding in the United States with particular emphasis on healthcare delivery systems. Emily currently works on Maternity Care quality improvement collaboratives in Louisiana, Mississippi, New York, Texas, Virginia, and beyond. She is nationally-recognized for her leadership in Baby-Friendly healthcare and advancing equity in maternal and child health.

Faculty will also include breastfeeding initiatives staff from the NYC DOHMH’s Maternal and Child Health Unit, medical leadership, as well as experts from across the region.

Application Guidelines and Submission Procedure

The attached application form must be completed by each hospital.

Project period: July 2017 – September 2020

Copies to submit: 1

Email application to: Marta Kowalska, Breastfeeding Initiatives Manager, at mkowalsk@health.nyc.gov AND bfic@health.nyc.gov.

Submission Deadline: **11:59PM on Friday, June 2, 2017**

Requirements for the Application:

Only hospitals in New York City with maternity services (births occurring in the hospital) can apply.

Preference will be given to hospitals serving minority and underserved populations.

Exclusion Criteria:

At this time, maternity facilities that are already designated as Baby-Friendly or are currently in NYC BHC are not eligible to apply.

Required Components & Evaluation Criteria:

Element 1: Facility Demographics / Population Need (24 points)

This section will focus on the organization's mission and vision statement as well as demographic data, including current breastfeeding rates.

Element 2: Institutional Capacity for Quality Improvement in Breastfeeding Support (18 points)

This section will focus on the organization's work to improve health outcomes for vulnerable at-risk populations and strategies to address the issues of cultural competency.

Element 3: Institutional Support for Breastfeeding Promotion (52 points)

This section will focus on the steps and processes used to implement the Baby-Friendly Hospital Initiative, as well as identifying any barriers and the strategies used to overcome these obstacles.

Element 4: Current Status (6 points)

This section will focus on the type of criteria organizations will use to evaluate the success of the project, using measurable goals and objectives.

An application must receive a minimum of 70 points to be eligible for participation in the Breastfeeding Hospital Collaborative. The application review committee will consider individual facility application scores and the overall constitution of the collaborative in making final decisions.

New York City Breastfeeding Hospital Collaborative: Cohort 3 Application Form

Contact Information

Name of Facility [Click here to enter text.](#)

Facility Address [Click here to enter text.](#)

Primary Contact for this Application (Name, Credentials and Title)

[Click here to enter text.](#)

Primary Contact Phone Number

[Click here to enter text.](#)

Primary Contact Email Address

[Click here to enter text.](#)

Please answer all questions (word document; 12 point font). You can either answer the questions in this document or start a new word document, but please be as concise as possible. Limit answers to one paragraph per question. Please do not exceed 10 pages total.

Element 1: Facility Demographics / Population Need

The New York City Breastfeeding Hospital Collaborative aims to improve health services and outcomes for the people at greatest risk. The following variables are significantly associated with breastfeeding outcomes in New York City, and as such, help quantify the level of vulnerability of the population. Please use whatever data sources you deem most representative of your system (accurate, recent, etc.). We suggest you look to Birth Certificate Data and CMS for the information.

1. How many births occurred at your facility in 2014? [Click here to enter text.](#)
2. What % of births are to foreign-born mothers? [Click here to enter text.](#)
Time Period: [Click here to enter text.](#) Data Source: [Click here to enter text.](#)
3. What % of births are to non-English speaking mothers? [Click here to enter text.](#)
Time Period: [Click here to enter text.](#) Data Source: [Click here to enter text.](#)
4. What % of births are to mothers on Medicaid? [Click here to enter text.](#)
Time Period: [Click here to enter text.](#) Data Source: [Click here to enter text.](#)
5. What % of births are to mothers who were not insured? [Click here to enter text.](#)
Time Period: [Click here to enter text.](#) Data Source: [Click here to enter text.](#)
6. What % of births are to WIC-eligible families? [Click here to enter text.](#)
Time Period: [Click here to enter text.](#) Data Source: [Click here to enter text.](#)
7. What is the racial and ethnic distribution of the mothers who gave birth at your facility?
[Click here to enter text.](#) Asian / Pacific Islander
[Click here to enter text.](#) Hispanic, Black
[Click here to enter text.](#) Hispanic, White
[Click here to enter text.](#) Non-Hispanic, Black
[Click here to enter text.](#) Non-Hispanic, White
[Click here to enter text.](#) Other races / ethnicities
If >10% are "Other races / ethnicities," please specify the most common. [Click here to enter text.](#)
Time Period: [Click here to enter text.](#) Data Source: [Click here to enter text.](#)

8. Please list the top three (3) most common zip codes of mothers who give birth at your facility.
 #1: Most Common: [Click here to enter text.](#)
 #2: [Click here to enter text.](#)
 #3: [Click here to enter text.](#)

Element 2: Institutional Capacity for Quality Improvement in Breastfeeding Support

1. Support from Senior Administrative Leaders (SALs) is critical for the success of any quality improvement endeavor. To confirm that there is strong SAL support for your facility’s participation in the BHC Collaborative and that the SAL will assist and facilitate the facility team’s efforts to change practices as needed to ensure that they are consistent with BFUSA standards, we ask that SALs read the Request for Applications and then sign below to indicate their commitment. Please do your best to obtain as many informed signatures as possible.

Senior Leader	Name	Signature
a. Chief Executive Officer		
b. Chief Information Officer		
c. Director of Nursing		
d. Director of Women’s and Children’s Services		
e. Manager, Ambulatory Care / Prenatal Services		
f. Manager, Labor & Delivery		
g. Manager, Post-Partum		
h. Lactation Lead		
i. Chief of Pediatrics		
j. Chief of Obstetrics		
k. Midwifery Director (if applicable)		
l. Quality Improvement Director		

2. The BHC will provide a template for EMR documentation, which enables accurate and comprehensive documentation *and* simple monthly data extraction. Your facility may benefit from some EMR modifications - who is the primary contact who can help with these EMR modifications?
 Name: [Click here to enter text.](#) Title: [Click here to enter text.](#)
3. How many prenatal clinics are affiliated with your facility? (Affiliated is defined as operating under the same license.) [Click here to enter text.](#)
4. What is your maternity unit structure?
LDRP LDR, Separate Post-Partum
5. Is your well-baby nursery staffed on a 24-hour basis?
 Yes No
6. What is your maternity model of care?
Couplet / Mother-Baby Care Separate Nursing Care
7. What is your average RN to patient ratio in post-partum? [Click here to enter text.](#)
8. Please describe current and/or past efforts to increase equity in maternal, infant and child health. Please limit your response to ≤300 words.
[Click here to enter text.](#)

9. Please describe your facility’s approach to Quality Improvement. If applicable, please emphasize work related to maternal and child health. Please limit your response to ≤300 words.
[Click here to enter text.](#)

Element 3: Institutional Support for Breastfeeding Promotion

1. Do you have an active taskforce dedicated to breastfeeding / Baby-Friendly?
 Yes No
- a. If yes, please list the titles of task force members. Place an asterisk by those who expect to serve on the “Core Improvement Team.” (Core Improvement Team members usually attend quarterly learning sessions, participate in monthly webinars, oversee ongoing quality improvement or training efforts, etc.)
[Click here to enter text.](#)
- b. If yes, how frequently do you meet?
[Click here to enter text.](#)
2. Current status on Baby-Friendly USA’s 4-D Pathway
- Will enroll in Discovery within four (4) weeks of BHC acceptance (This is free, and requires the facility to submit the following to Baby-Friendly USA: 1. Signed CEO Support Primary Letter of Intent (from template); 2. Registration; 3. Facility Data Sheet and Self-Appraisal Tool)
 - Discovery Expiration Date: [Click here to enter text.](#)
 - Development Expiration Date: [Click here to enter text.](#)
 - Dissemination Expiration Date: [Click here to enter text.](#)
 - Designation Expiration Date: [Click here to enter text.](#)
3. How many IBCLCs do you have on staff? [Click here to enter text.](#)
4. How many CLCs do you have on staff? [Click here to enter text.](#)
5. How many FTEs of dedicated IBCLC time do you currently have staffed? [Click here to enter text.](#)
6. How many FTEs of dedicated CLC time do you currently have staffed? [Click here to enter text.](#)
7. Does your facility offer prenatal breastfeeding classes?
 Yes No
8. Does your facility distribute gift bags provided by infant formula manufacturers at discharge?
 Yes No
9. Does your facility routinely provide infant formula at discharge?
 Yes No
10. Did your facility complete the CDC 2013 mPINC survey?
 Yes No

11. Does your facility currently receive infant formula free of charge?

Yes No

a. If yes, do you commit to purchasing infant formula no later than six months prior to Designation Assessment visit from BFUSA? Yes No

(Baby-Friendly Designation requires that facilities comply with the [WHO Code of Marketing of Breastmilk Substitutes](#). This means that all infant feeding products must be purchased at fair market value to prevent undue commercial influence on feeding decisions, which decreases the likelihood that consumer prices are raised to subsidize free formula for hospitals. The “fair market” means that the facility receives a similar discount on formula as it receives on other items used in the same unit.)

12. What do you expect will be the greatest barriers and facilitators to implementing the Ten Steps to Successful Breastfeeding?

[Click here to enter text.](#)

13. Please describe past &/current efforts to support breastfeeding in your community, including your relationship with WIC. Please limit your response to ≤300 words.

[Click here to enter text.](#)

14. Please describe why becoming designated as Baby-Friendly is important to your facility team. Please limit your response to ≤300 words.

[Click here to enter text.](#)

15. Please describe how you will ensure that resources are allocated to train all staff within 2 years of project enrollment. NOTE: All nurses in Labor & Delivery, Post-Partum and Nursery are required to complete 15 hours of didactic (online or in-person) and 5 hours of hands-on competency training. All obstetric and pediatric providers are required to complete 3 hours of didactic training (online or in-person). This is Step 2 of the Ten Steps to Successful Breastfeeding. Please limit your response to ≤300 words.

[Click here to enter text.](#)

Element 4: Current Status

In this collaborative, everyone has something to teach and everyone has something to learn. Knowing your current status will help BHC faculty to identify leaders in each area, and highlight areas of need that resonate across all facilities. Participants will NOT be selected based on current status of practice. Some participants may have already done a lot of work in certain practices, and had great success. Other participants will be very new to this work. All are welcome. No one is judged. Data is confidential.

For each of the measures below, please do your best to report your current status. If you are able to gather the information from monthly reports, please select “EMR census.” If you need to review EMR notes to get the information, we suggest that you audit 25+ charts for “EMR Sample.” If you don’t have anything documented, you may wish to conduct “Pt. Interviews” (at least 25). Select “Other” if you estimate. Or, as a last resort, write in “?” if you are unable to gather the information.

For all measures EXCEPT “Exclusive Human Milk Feeding,” please consider the following successful cases:

- the practice occurred to standard, or
- the practice did not occur due to documented clinical indication and/or

- the practice did not occur due to maternal request after documented education and support.

For example, if a mother-baby separation is due to a mother going to surgery that will not count against you. Or, if a mother understands the importance of skin-to-skin, the nurse has tried to support skin-to-skin, but the mother still refuses skin-to-skin, as long as the education and support are documented, it does not count against you and you should not include those in your numerator and denominator.

Data should represent at least two weeks of time. Time Period: [Click here to enter text.](#)

Measure Definition	Num-erator	Denom-inator	Rate	Data Collection Method (Check One)
Prenatal Education: % of pregnant women (attending prenatal care in an affiliated clinic) receiving individual counseling/group education on breastfeeding, including importance of exclusivity and duration and basic management techniques				<input type="checkbox"/> EMR Census <input type="checkbox"/> EMR Sample <input type="checkbox"/> Pt. Interviews <input type="checkbox"/> Other, specify: _____
Skin-to-Skin - Vaginal Births: % of infants born vaginally who are placed skin-to-skin with their mothers immediately after birth, and continue uninterrupted until completion of first feeding (or for at least one hour if exclusively formula-feeding)				<input type="checkbox"/> EMR Census <input type="checkbox"/> EMR Sample <input type="checkbox"/> Pt. Interviews <input type="checkbox"/> Other, specify: _____
Skin-to-Skin - Cesarean Births: % of infants born by cesarean who are placed skin-to-skin with their mothers as soon as mothers are responsive and alert, and continue uninterrupted until completion of first feeding (or for at least one hour if exclusively formula-feeding)				<input type="checkbox"/> EMR Census <input type="checkbox"/> EMR Sample <input type="checkbox"/> Pt. Interviews <input type="checkbox"/> Other, specify: _____
Rooming-in: % of dyads rooming-in \geq 23 hours/24 hour day, throughout the entire hospital stay, from birth through discharge				<input type="checkbox"/> EMR Census <input type="checkbox"/> EMR Sample <input type="checkbox"/> Pt. Interviews <input type="checkbox"/> Other, specify: _____
Breastfeeding Assessment & Instruction: % of breastfeeding mothers who receive breastfeeding assessment and instruction within 6 hours of giving birth, including positioning and attachment, comfort and feeding cues				<input type="checkbox"/> EMR Census <input type="checkbox"/> EMR Sample <input type="checkbox"/> Pt. Interviews <input type="checkbox"/> Other, specify: _____
Manual Milk Expression Instruction: % of breastfeeding mothers taught how to hand express milk				<input type="checkbox"/> EMR Census <input type="checkbox"/> EMR Sample <input type="checkbox"/> Pt. Interviews <input type="checkbox"/> Other, specify: _____

Measure Definition	Num-erator	Denom-inator	Rate	Data Collection Method (Check One)
Expressing for Babies in Special Care: % of mothers whose newborns are in special care who have been offered help to begin expressing milk within six (6) hours of birth				<input type="checkbox"/> EMR Census <input type="checkbox"/> EMR Sample <input type="checkbox"/> Pt. Interviews <input type="checkbox"/> Other, specify: _____
Safe Formula Use: % of mothers who have decided to feed formula who receive counseling regarding risks and benefits of feeding options, and instruction on safe formula preparation and feeding				<input type="checkbox"/> EMR Census <input type="checkbox"/> EMR Sample <input type="checkbox"/> Pt. Interviews <input type="checkbox"/> Other, specify: _____
Feeding Cues: % of breastfeeding mothers who are taught to feed by infant feeding cues, as frequently and as long as the infant wants				<input type="checkbox"/> EMR Census <input type="checkbox"/> EMR Sample <input type="checkbox"/> Pt. Interviews <input type="checkbox"/> Other, specify: _____
Bottle-Top Use: % of breastfeeding infants receiving ≥ 1 feeding from a bottle without counseling on risks to breastfeeding				<input type="checkbox"/> EMR Census <input type="checkbox"/> EMR Sample <input type="checkbox"/> Pt. Interviews <input type="checkbox"/> Other, specify: _____
Pacifier-Use: % of breastfeeding infants using pacifiers without counseling on risks to breastfeeding				<input type="checkbox"/> EMR Census <input type="checkbox"/> EMR Sample <input type="checkbox"/> Pt. Interviews <input type="checkbox"/> Other, specify: _____
Exclusive Human Milk Feeding: % of infants receiving human milk feedings exclusively throughout the hospital stay (from birth to discharge)				<input type="checkbox"/> EMR Census <input type="checkbox"/> EMR Sample <input type="checkbox"/> Pt. Interviews <input type="checkbox"/> Other, specify: _____
Breastfeeding Initiation: % of infants who receive their own mother's milk at least once during the hospital stay (from birth to discharge)				<input type="checkbox"/> EMR Census <input type="checkbox"/> EMR Sample <input type="checkbox"/> Pt. Interviews <input type="checkbox"/> Other, specify: _____
Support Upon Discharge: % of infants whose mothers were given information on how to access breastfeeding / infant feeding support upon discharge				<input type="checkbox"/> EMR Census <input type="checkbox"/> EMR Sample <input type="checkbox"/> Pt. Interviews <input type="checkbox"/> Other, specify: _____