

**Building a Supportive Structure for Breastfeeding – Agency Checklist**  
(TO ASSESS AREAS OF STRENGTH AND WHERE ADDITIONAL EFFORTS ARE RECOMMENDED)

<b>Breastfeeding Policy</b>	Yes	No	Comments
<p>Agency has a breastfeeding policy that affirms the value of breastfeeding and influences all aspects of clinic operations, including hiring, training, clinic environment, and community relations. Director refers to this policy when evaluating clinic procedures. Agencies that wish to adopt a breastfeeding policy should involve staff in its development.</p> <p>A comprehensive breastfeeding policy will:</p> <ul style="list-style-type: none"> <li>• Promote breastfeeding as the norm</li> <li>• Identify breastfeeding as a priority</li> <li>• Define staff roles in promotion, support, and protection of breastfeeding</li> <li>• State positive outcomes associated with breastfeeding, including health and psychosocial benefits</li> </ul>			

<b>Staff Roles and Competencies</b>	Yes	No	Comments
<p><b>All staff members</b> are competent to discuss basic breastfeeding information found in the Level II Breastfeeding Module, Resource Manual, and the Breastfeeding Education Guide, such as:</p> <ul style="list-style-type: none"> <li>• Routine breastfeeding questions and problems</li> <li>• What to expect in the first 2 weeks after delivery</li> <li>• Signs that breastfeeding is going well</li> <li>• Supporting working mothers</li> </ul>			
<p><b>All staff members</b>, regardless of level of breastfeeding training, exhibit a positive attitude toward breastfeeding (e.g., promote breastfeeding as normal nutrition, congratulate mothers for breastfeeding, invite mothers to feed their babies in the cubicles, encourage development of good milk supply by offering support but not formula).</p>			
<p><b>Staff with lactation management training</b> is competent to assess position and latch, respond to NRF 52 problems and concerns, provide follow up to and/or referral for problems, and determine when to give a pump and which type.</p>			
<p><b>Breastfeeding Coordinator(s):</b> Each agency has at least one breastfeeding coordinator whose responsibility is to oversee breastfeeding activities, be a resource for all staff, and ensure that breastfeeding guidelines are met.</p>			

Clinic Environment	Yes	No	Comments
<p>The clinic environment promotes breastfeeding as the normal and preferred method of infant feeding.</p> <p>Examples of ways clinic environments can promote breastfeeding:</p> <ol style="list-style-type: none"> <li>1. Display photos and first names of staff that are trained as lactation management specialists.</li> <li>2. Materials portray breastfeeding as the normal, preferred infant feeding method.</li> <li>3. All printed (pamphlets, posters) and audiovisual materials are free of formula product names.</li> <li>4. Office supplies (e.g., calendars, pens, and note pads) are free of formula product and sponsor names.</li> <li>5. Formula, if in clinic, is stored out of participants' views.</li> </ol>			

Breastfeeding Education	Yes	No	Comments
<p><b>Prenatal Education and Support:</b></p> <ul style="list-style-type: none"> <li>• <b>Breastfeeding education</b> is offered to all pregnant WIC participants and their family/friends as outlined in the document: Breastfeeding Promotion and Support.</li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Incorporate positive peer influences into the prenatal period.</b> Examples include: a bulletin board showing pictures of breastfeeding mothers and babies, or support groups in which breastfeeding women and/or peer counselors (or WIC staff who may serve as peers) talk to pregnant women.</li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Prepare mothers to communicate effectively with hospital staff regarding the decision to breastfeed and educate on the <i>Colorado Can Do 5!</i></b> (See supporting materials, <i>The What's and Why's of the Colorado Can Do 5!</i>, in the August 2008 World Breastfeeding Week packet)</li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Prepare mothers to communicate effectively with employers about maternity leave</b> (see support materials in the August 2008 World Breastfeeding Week packet or visit <a href="http://www.coloradobreastfeeding.org">http://www.coloradobreastfeeding.org</a>).</li> </ul>			

Postpartum Education and Support	Yes	No	Comments
<ul style="list-style-type: none"> <li>• <b>Breastfeeding education</b> and support are provided throughout the postpartum period in accordance with the document: Breastfeeding Promotion and Support.</li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Compile and distribute to mothers a list of breastfeeding resources and referrals.</b></li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Implement strategies to contact mothers within 1 – 2 weeks after delivery to provide support, and to assess any concerns or problems.</b> Methods might include:               <ol style="list-style-type: none"> <li>1. Call new breastfeeding mothers to provide support.</li> <li>2. Schedule appointments soon after expected delivery date (leave some open slots available to add new babies, and to re-certify mothers).</li> <li>3. Provide a phone number for mothers to call for questions.</li> <li>4. Offer “open” clinic use of a scale to allow mothers to weigh their babies.</li> </ol> </li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Educate for special situations.</b> Identify and provide education and support services for breastfeeding women in special situations, such as working mothers or those returning to school. This can be inside or outside of the agency, and might include providing mothers with phone numbers for La Leche League or other support services (offer a resource list).               <ul style="list-style-type: none"> <li>- Discuss availability of breast pumps when/if appropriate.</li> </ul> </li> </ul>			

Provide Breastfeeding Infants Food Packages Consistent with Their Nutritional Needs.	Yes	No	Comments
All exclusively breastfed infants are enrolled on the program. All mothers of exclusively breastfed infants (i.e. do not receive WIC formula) receive the food package for exclusively breastfeeding women.			
Supplemental formula is provided after the first month of an infant's life <b>only</b> if <ul style="list-style-type: none"> <li>- requested by the mother, and</li> <li>- a dialogue on the mother's plan/goal for breastfeeding occurred, and</li> <li>- a discussion of why the mother is requesting formula has occurred, and</li> <li>- information on the impact formula has on lactation has been provided.</li> </ul>			
Supplemental formula for the infant over 1 month of age is issued based on the mother's plan for breastfeeding, and the amount of formula the infant is consuming at the time of check issuance. Powdered formulas are recommended.			
Exclusively breastfed infants receive baby food meats around 6 months of age to meet normal infant needs for iron and zinc.			

**Network with Breastfeeding Promoters in the Larger Community**

Agency participates in a local breastfeeding coalition or task force, and/or collaborates with other programs/groups that provide breastfeeding education and support in its community. Good resources for coalition building are:

1. Prevention Institute: Developing Effective Coalitions: An 8-Step Guide  
<http://www.preventioninstitute.org/eightstep.html>
2. The Community Tool Box from the University of Kansas  
[http://ctb.ku.edu/tools//sub\\_section\\_main\\_1057.htm](http://ctb.ku.edu/tools//sub_section_main_1057.htm)

Local agency staff members introduce themselves, and meet in person or by phone with the nurse manager at the local hospital(s)' mom/baby units. Staff members discuss with them the new food packages, and how WIC promotes, protects, and supports breastfeeding.

Local agency staff members introduce themselves, and meet in person or by phone with local pediatricians and other health professionals in local health clinics. Staff members discuss with them the new food packages, and how WIC promotes, protects, and supports breastfeeding.

Yes	No	Comments