

## Assessment Tool

### **New York State Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Assessment Tool**

The New York State (NYS) Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Assessment tool was developed to assist health care practices in assessing site level practices supportive of breastfeeding, chestfeeding, and lactation. The tool is based on the NYS Ten Steps listed below. This tool includes criteria that will be used to evaluate eligibility for the NYS Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Award.

To achieve designation status, health care practices must complete and submit a pre assessment of their site level practices compared to the NYS Ten Steps evaluation criteria. When the evaluation criteria are met, health care practices must conduct a post or redesignation assessment to demonstrate implementation of all NYS Ten Steps. When submitting a post or redesignation assessment, health care practices must upload their practice's written policy.

#### NYS Ten Steps to a Breastfeeding, Chestfeeding, and Lactation Friendly Practice

1. Develop, implement, and maintain a written breastfeeding, chestfeeding, and lactation friendly office policy.
2. Train all staff to promote, support, and protect breastfeeding, chestfeeding, and lactation.
3. Stop routinely distributing infant human milk substitutes. Also, remove formula marketing materials and gift packs from your office.
4. Create a breastfeeding, chestfeeding, and lactation friendly office environment.
5. During the prenatal period, talk with your patients about the benefits of infant human milk feeding – especially exclusive breast/chestfeeding or feeding only human milk. Also, talk about initial management of breast/chestfeeding.
6. During the postpartum period, talk with your patients about the benefits of infant human milk feeding – especially exclusive breast/chestfeeding or feeding only human milk. Also, talk about initial management of breast/chestfeeding.
7. Encourage parents and families to feed infants only human milk for the first six months of an infant's life.
8. Teach lactating parents how to maintain their milk supply even when they are separated from their children.
9. Create and promote collaborative working relationships with the local breast/chestfeeding support network and lactation care professionals. Connect your patients with these and other health and mental health resources as needed.
10. Give comprehensive breast/chestfeeding advice and assistance to expectant and new parents and their families.

#### Definition of Health Equity

"Health equity" shall mean achieving the highest level of health for all people and shall entail focused efforts to address avoidable inequalities by equalizing those conditions for health for those that have experienced injustices, socioeconomic disadvantages, and systemic disadvantages. Racism has been declared a public health crisis in NYS and racial justice is a primary focus of the Department of Health's health equity work.

Background Information	
1.	Today's Date:
2.	What type of assessment is this: <input type="checkbox"/> PRE <input type="checkbox"/> POST <input type="checkbox"/> REDESIGNATION
3.	Practice Name:
4.	Practice Mailing Address:
5.	Practice ID#*:
6.	Name of person submitting the assessment for this practice:
7.	Email address of person submitting the assessment for this practice:
*Enter the four-digit number assigned to your practice. You should have received an email from <a href="mailto:promotebreastfeeding@health.ny.gov">promotebreastfeeding@health.ny.gov</a> with a Practice Designation ID# after you submitted this <a href="#">online registration form</a> .	

**Assessment Instructions**

Read each question and record the appropriate response. Check 'YES' if the evaluation criteria described for each step are fully implemented, with no room for improvement. Check 'NO' if the evaluation criteria described for each step are not in place, partially in place, or in progress – in other words, check 'NO' if there is still room for improvement.

**NYS Ten Steps Evaluation Criteria**

Steps 1 and 2: Office Policy and Staff Training		YES	NO
8.	Does this practice have a breastfeeding, chestfeeding, and lactation friendly office policy? [If yes, upload your practice's written policy when submitting a post or redesignation assessment.]		
9.	Does this practice have a designated breastfeeding, chestfeeding, and lactation champion(s) with clearly delineated job responsibilities?		
10.	Does this practice promote health equity in their office policy, staff training, office environment and/or community supports?		
11.	Does this practice train all staff on an ongoing basis in skills necessary to implement and maintain a breastfeeding, chestfeeding, and lactation friendly office policy?		
12.	Does this practice educate all staff on all aspects of providing breastfeeding, chestfeeding, and lactation support upon hire and at least annually?		

<b>Steps 3 and 4: Office Environment</b>		<b>YES</b>	<b>NO</b>	
13.	Does this practice prohibit distribution of marketing materials and/or gift packs that include infant human milk substitutes, bottles, nipples, pacifiers, or coupons for any such items to all parents and their families?			
14.	Does this practice prohibit distribution of human milk substitutes to all pregnant people and people who have chosen to breast/chestfeed unless deemed medically necessary?			
15.	Is formula stored out of patients' view? [Select 'N/A' if this practice does not maintain formula]	<b>YES</b>	<b>NO</b>	<b>N/A</b>
16.	Is there an inventory tracking system to monitor formula expiration dates and lot numbers in case of product recalls? [Select 'N/A' if this practice does not maintain formula]			
17.	Does this practice prohibit items which refer to proprietary product(s) or bear product logos from the office, including memo pads, posters, pens, cups, measuring tapes, educational materials, staff lanyards, name badges, clipboards, etc.?	<b>YES</b>	<b>NO</b>	
18.	Does this practice prohibit images of infants bottle feeding?			
19.	Does this practice display posters and pamphlets in the waiting room and patient areas with images of people breast/chestfeeding? Are the pictures or photographs reflective of the population served?			
20.	Does the practice display signs encouraging people to breast/chestfeed?			
<b>Steps 5 and 6: Pre/Postnatal Discussions</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
21.	Does the practice help pregnant people create a birth plan that includes breast/chestfeeding, skin-to-skin contact, and rooming-in preferences to share with hospital staff at admission? [Select 'N/A' if this practice does not serve patients during the prenatal period]			
22.	Does this practice schedule a first follow-up visit 48-72 hours after hospital discharge to assess breast/chestfeeding status and current infant feeding plan? [Select 'N/A' if this practice does not serve patients during the postnatal period]			
23.	Does this practice have a system in place to automatically prescribe vitamin D to breast/chestfeeding infants per the American Academy of Pediatrics protocol? [Select 'N/A' if this practice does not serve patients during the postnatal period]			
<b>Steps 7 and 8: Exclusive Breastfeeding</b>		<b>YES</b>	<b>NO</b>	
24.	Does this practice promote and support exclusive breast/chestfeeding for the first 6 months of life, with continued breast/chestfeeding as long as mutually desired by the breast/chestfeeding dyad?			
25.	Is this practice knowledgeable about hand expression and the use of breast/chest pumps and when and how to prescribe them?			
26.	Does this practice know when and how to refer breast/chestfeeding people to an International Board Certified Lactation Consultant (IBCLC) when there are lactation difficulties?			

<b>Steps 9 and 10: Community Support</b>		<b>YES</b>	<b>NO</b>
27.	Does this practice maintain a list of community resources for breast/chestfeeding parents including WIC, La Leche League, local lactation support groups, and Baby Cafés/drop-in centers?		
28.	Does this practice engage and develop working relationships with diverse lactation specialists that are reflective of their community and make referrals as needed?		
29.	Does this practice implement an office protocol to promptly address breast/chestfeeding problems and concerns to assist breast/chestfeeding people at home? Examples include establishing a triage system to prioritize breast/chestfeeding problems, pairing breast/chestfeeding parents with peer counselors, or ensuring timely referrals to professional lactation counseling, in office or at a home visit.		
30.	Please describe how this practice promotes or intends to promote health equity and/or racial justice in their office policy, staff training, office environment, and/or their community supports?		

**Submission Instructions**

After you complete this assessment, submit the results to NYS Department of Health using this digital platform. [Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Assessment Tool | Survey Builder \(ny.gov\)](#)

**For Post and Redesignation Assessments Only**

If you are submitting a post-assessment or a redesignation assessment, you should also upload your practice’s current (dated) written policy.