



*Upholding the highest standards of infant feeding care*

## Summary of Changes

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# **Interim** *Guidelines and Evaluation Criteria for Facilities Seeking and Sustaining Baby-Friendly Designation*

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**Effective at on-site assessments taking place 2/1/2020-12/31/2022**

The table on page two below summarizes changes and additions from the 2016 version 2 of the U.S. Baby-Friendly *Guidelines and Evaluation Criteria* to the *Interim Guidelines and Evaluation Criteria*.

Baby-Friendly® designated facilities must come into compliance with the *Interim Guidelines and Evaluation Criteria* by February 1, 2020.

The *Interim Guidelines and Evaluation Criteria* will be effective at all on-site assessment taking place from February 1, 2020 - December 31, 2022.

Section	Change	Additional information
<b>Step 2</b>	<p>Added language to criterion 2.1.3:</p> <p><b>2.1.3 Criterion for evaluation:</b> The designated health care professional(s) will provide documentation that training for breastfeeding and parent teaching for formula preparation and feeding is provided for all health care staff caring for mothers, infants and/or young children and that new staff are oriented on arrival and scheduled for the completion of training within 6 months (for example, by providing a list of new staff who are scheduled for training).</p>	Provides clarification that all policy orientation and new staff training are to be completed by 6 months after hire date.
<b>Step 3</b>	<p>Revised criterion 3.2.2 to read:</p> <p><b>3.2.2 Criterion for evaluation:</b> At least 80% of pregnant women will report that a staff member at the affiliated prenatal services entered into a conversation with them on the necessary topics, either one-on-one or in small groups, or by following up to education provided through another learning mode [i.e. videos, podcasts, texts] based on their specific needs.</p>	Provides additional language to use of technologies and follow-up conversations.
<b>Step 7</b>	<p>Revised guideline 7.1 to read:</p> <p><b>7.1 Guideline:</b> Rooming-in 24 hours a day is the expected standard for mother infant care for healthy term infants, regardless of feeding decision. The medical and nursing staff conduct newborn procedures at the mother’s bedside whenever possible and avoid frequent separations or absences of the newborn from the mother for more than a total of one hour in a 24-hour period. When a mother requests that her infant be cared for in the nursery, the health care staff should sensitively engage her in a conversation to learn more about her understanding of the importance of rooming in and the reasons for the request. Staff should work to resolve any medical reasons, safety-related reasons, or maternal concerns. If the mother still requests or if it is determined that the infant is best cared for in the nursery, the process and informed decision should be documented. The mother should be provided access to feed her infant at any time and with a plan that she will be reunited with her infant as soon as her infant displays feeding cues.</p>	<p>Additional language has been added to include medical reasons, safety-related reasons, or maternal concerns for separation.</p> <p>Conversations, support, and planning with mothers are emphasized during any considerations for separations.</p>

Section	Change	Additional information
<b>Step 7</b>	<p>Added language to criterion 7.1.2 to include:</p> <p><b>7.1.2 Criterion for evaluation:</b> Of 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 cesarean birth), their infants have stayed with them in the same room day and night except for up to one hour per 24-hour period, unless they report the following:</p> <ul style="list-style-type: none"> <li>• medically justifiable reason for a longer separation or,</li> <li>• safety-related reason for a longer separation or,</li> <li>• an informed decision (maternal request for separation).</li> </ul>	Aligns the criteria for evaluation with the revised guideline.
<b>Step 7</b>	<p>New criterion 7.1.3 added to clarify the required documentation regarding reasons for separation:</p> <p><b>7.1.3 Criterion for evaluation:</b> Of mothers and infants who have been separated for more than a total of one hour in a 24-hour period, at least 80% will have the medically justifiable, safety-related reasons for the separation, or evidence of parental counseling (in the event of parental choice) clearly documented in the medical record.</p>	Longer separations require clear documentation of reason or parental counseling in EMR.
<b>Step 7</b>	<p>Criterion 7.1.4 renumbered [previously 7.1.3] and language added to read:</p> <p><b>7.1.4 Criterion for evaluation:</b> 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 have documented medically justifiable reasons, safety-related reasons, or informed maternal decision for separation.</p>	Aligns the criteria for evaluation with the revised guideline.

Section	Change	Additional information
<b>Step 9</b>	<p>Step name reinterpreted to read:</p> <p>Counsel mothers on the use and risks of feeding bottle, teats [artificial nipples] and pacifiers.</p>	<p>2018 WHO Implementation Guidance <u>Protecting, promoting and supporting Breastfeeding in facilities providing maternity and newborn services: the revised BABY-FRIENDLY HOSPITAL INITIATIVE</u> states, “Step 9 on the use of feeding bottles, teats [artificial nipples] and pacifiers now focuses on counseling mothers on their use, rather than completely prohibiting them.”</p>
<b>Step 9</b>	<p>Revised guideline 9.1 reads:</p> <p><b>9.1 Guideline:</b> Health care professionals, including nursery staff, should educate all breastfeeding mothers about how the use of bottles and artificial nipples may interfere with the development of optimal breastfeeding. When a mother requests that her breastfeeding infant be given a bottle, the health care staff should engage in a conversation about the reasons for this request, address the concerns raised, educate her on the possible consequences to the success of breastfeeding, and discuss alternative methods for soothing and feeding her infant.</p> <p>If the mother still requests a bottle, the process of counseling and education and the informed decision of the mother should be documented.</p> <p>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.</p>	<p>Added language to encourage conversations that empower mothers to make an informed decision.</p>

Section	Change	Additional information
<p><b>Step 9</b></p>	<p>Revised criterion 9.1.1 to read:</p> <p><b>9.1.1 Criterion for evaluation:</b> At least 80% of breastfeeding mothers that are unable to feed their baby directly at the breast or needed/chose additional supplementation will report:</p> <p>A. Alternative feeding methods were offered and,</p> <p>B. If requesting bottles, mothers can describe one possible impact that bottles and artificial nipples might have on breastfeeding.</p>	<p>Previously criterion 9.1.1 had an emphasis on not utilizing bottles.</p> <p>The revised criterion reflects the 2018 WHO <u>Implementation Guidance Protecting, promoting and supporting Breastfeeding in facilities providing maternity and newborn services: the revised BABY-FRIENDLY HOSPITAL INITIATIVE</u> states:</p> <ul style="list-style-type: none"> <li>• “While WHO guidelines do not call for absolute avoidance of feeding bottles, teats and pacifiers for term infants, there are a number of reasons for caution about their use, including hygiene, oral formation and recognition of feeding cues.”</li> <li>• “If expressed milk or other feeds are medically indicated for term infants, feeding methods such as cups, spoons or feeding bottles and teats can be used during their stay at the facility.”</li> </ul>

Section	Change	Additional information
<b>Step 9</b>	<p><b>Eliminated</b> criterion 9.1.2</p> <p><b>9.1.2 Criterion for evaluation:</b> Observations in the postpartum unit and any well-baby observation areas will indicate that at least 80% of breastfeeding infants are not using bottles, or, if they are, their mothers have been informed of the risks and this education is documented in the medical record.</p>	This criterion has been removed.
<b>Step 9</b>	<p>Criterion 9.1.2 renumbered [previously 9.1.3]</p> <p><b>9.1.2 Criterion for evaluation:</b> The nursing director/manager will confirm that breastfed infants are not routinely given bottles.</p>	No changes made to the language of the criterion.

Section	Change	Additional information
<p><b>Step 9</b></p>	<p>Revised guideline 9.2 reads:</p> <p><b>9.2 Guideline:</b> Health care professionals, including nursery staff, should educate all breastfeeding mothers about how the use of pacifiers may interfere with the development of optimal breastfeeding. Breastfeeding infants should not be given pacifiers by the staff of the facility, with the exception of limited use to decrease pain during procedures when the infant cannot safely be held or breastfed (pacifiers used should be discarded after these procedures), by infants who are being tube-fed in NICU, or for other rare, specific medical reasons.</p> <p>When a mother requests that her breastfeeding infant be given a pacifier, the health care staff should engage in a conversation with her about the reasons for this request, address the concerns raised, educate her on the possible consequences to the success of breastfeeding, help with any breastfeeding problems, discuss alternative methods for soothing her infant and the appropriate time to introduce a pacifier, once breastfeeding is well established.</p> <p>If the breastfeeding mother still requests a pacifier, the process of counseling and education and informed decision should be documented.</p>	<p>Added language to encourage conversations that empower mothers to make an informed decision.</p> <p>Note: BFUSA acknowledges the evidence pertaining to pacifier use related to SIDS risk reduction. This guideline has incorporated education about the appropriate time to introduce a pacifier.</p>

Section	Change	Additional information
<b>Step 9</b>	<p>Revised criterion 9.2.1 to read:</p> <p><b>9.2.1 Criterion for evaluation:</b> At least 80% of breastfeeding mothers will describe one possible impact that pacifiers might have on breastfeeding.</p>	<p>Previously criterion 9.2.1 had an emphasis on not utilizing pacifiers.</p> <p>The revised criterion reflects the 2018 WHO <u>Implementation Guidance Protecting, promoting and supporting Breastfeeding in facilities providing maternity and newborn services: the revised BABY-FRIENDLY HOSPITAL INITIATIVE</u> states:</p> <ul style="list-style-type: none"> <li>• “While WHO guidelines do not call for absolute avoidance of feeding bottles, teats and pacifiers for term infants, there are a number of reasons for caution about their use, including hygiene, oral formation and recognition of feeding cues.”</li> </ul>
<b>Step 9</b>	<p><b>Eliminated</b> criterion 9.2.2</p> <p><b>9.2.2 Criterion for evaluation:</b> Observations in the postpartum unit and any well-baby observation areas will indicate that at least 80% of breastfeeding infants are not using pacifiers, or, if they are, their mothers have been informed of the risks and this education is documented in the medical record.</p>	<p>This criterion has been removed.</p>



Section	Change	Additional information
<p><b>Step 9</b></p>	<p><b>New quality improvement criterion 9.2.2 reads:</b></p> <p><b>9.2.2 Quality improvement criterion for informational purposes (not a designation criterion):</b> At least 80% of breastfeeding mothers can describe when the appropriate time is for introducing a pacifier with a breastfeeding infant.</p>	<p>BFUSA acknowledges the evidence pertaining to pacifier education related to SIDS prevention. Safe sleep and SIDS prevention information is important for parents to receive during the birth hospital stay. This education may be compatibly provided to parents by using safe sleep materials that also promote breastfeeding.</p> <p><b>NOTE: This criterion is NOT a designation criterion.</b></p>

Section	Change	Additional information
<p><b>Step 9</b></p>	<p><b>New quality improvement criterion 9.2.3 reads:</b></p> <p><b>9.2.3 Quality improvement criterion for informational purposes (not a designation criterion):</b> At least 80% of health care professionals can describe when the appropriate time is for introducing a pacifier with a breastfeeding infant.</p>	<p>BFUSA acknowledges the evidence pertaining to pacifier education related to SIDS prevention. Safe sleep and SIDS prevention information is important for parents to receive during the birth hospital stay. This education may be compatibly provided to parents by using safe sleep materials that also promote breastfeeding.</p> <p><b>NOTE: This criterion is NOT a designation criterion.</b></p>
<p><b>Step 9</b></p>	<p>Criterion 9.2.4 renumbered [previously 9.2.3]:</p> <p><b>9.2.4 Criterion for evaluation:</b> The nursing director/manager will confirm that breastfeeding infants are not routinely given pacifiers and that use of pacifiers in term infants is restricted to cases where there is a medical indication.</p>	<p>No changes made to the language of the criterion.</p>

<p><b>Appendix D:</b></p> <p><i>Guidelines and Evaluation Criteria Clarification Statements</i></p>	<p>Clarification of safe formula preparation statement:</p> <div style="border: 1px solid black; background-color: #f0f0f0; padding: 5px; margin-bottom: 10px;"> <p><b>FORMULA: SAFE PREPARATION, STORAGE AND FEEDING</b></p> </div> <p>Mothers that have decided not to breastfeed, decided to “mixed-feed”, or will require supplementation with formula for their infants at the time of discharge must receive written instruction and verbal information about safe preparation, storage and feeding of formula. Staff should document completion of formula preparation instruction and feeding in the medical record. The information should be given on an individual basis only.</p> <p>Safe preparation, feeding, and storage of formula instruction must follow the recommendations of leading national and international authorities and must include:</p> <ol style="list-style-type: none"> <li>1. appropriate hand hygiene</li> <li>2. cleaning infant feeding items [bottles, nipples, rings, caps, syringes, cups, spoons, etc.] and workspace surfaces</li> <li>3. appropriate and safe reconstitution of concentrated and powdered infant formulas</li> <li>4. accuracy of measurement of ingredients</li> <li>5. safe handling of formula</li> <li>6. proper storage of formula</li> <li>7. appropriate feeding methods which may include feeding on cue, frequent low volume feeds, paced bottle techniques, eye-to-eye contact, and holding the infant closely</li> <li>8. powdered infant formula is not sterile and may contain pathogens that can cause serious illness in infants younger than 3 months</li> </ol> <p>National and international authorities include:</p> <ul style="list-style-type: none"> <li>• American Academy of Pediatrics</li> <li>• Centers for Disease Control and Prevention</li> <li>• Food and Drug Administration</li> <li>• United States Department of Agriculture</li> <li>• World Health Organization</li> </ul>	<p>The 2016 Guidelines and Evaluation Criteria <b>required</b> that facilities prepare and teach mothers to reconstitute powdered infant formula using boiled water, cooled to no less than 158° F/70° C. Facilities have expressed some concerns with this requirement and stated that they would like to follow other national authorities regarding safe formula preparation.</p> <p>This clarification has now been revised to allow facilities to evaluate and follow the guidance specific to their patient population.</p> <p>Also, this statement also provides clarification to the topics of instruction.</p>
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