

# BFUSA NICU Resources

## Introduction

Also see Videos:

[BFUSA NICU Resources 1 Introduction](#)  
[BFUSA NICU Resources 2 Orientation Tour](#)

2021



**Baby-  
Friendly  
USA**

# Welcome to the BFUSA NICU Resources



## NEONATAL INTENSIVE CARE (NICU) RESOURCES 2021



Appearance and availability of sidebar thumbnails will vary depending on whether opened with Adobe Acrobat Reader, Preview or a browser (Chrome, Edge, Firefox, Safari). To use fillable fields and save data, make sure you know how to download and save on your device.

# Navigation

The screenshot shows a PDF viewer interface with a sidebar on the left containing page thumbnails numbered 1 through 4. The main content area displays the 'TABLE OF CONTENTS' for the 'Baby-Friendly USA' document. The table lists sections such as 'Introduction', 'Authorship, Acknowledgments, Citing this Work', 'Ten Steps for Successful Breastfeeding, adapted for NICU Settings', 'SECTION 1: Overview of Recommended Practices for the NICU Ten Steps, Guiding Principles and The International Code', 'SECTION 2: Practices Review', 'General Instructions for Use of the Practices Review Tool', and 'BFUSA NICU Practices Review Tool'. A purple arrow points from a callout bubble to the first thumbnail in the sidebar.

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*Use sidebar  
thumbnails or scroll  
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# Introduction to the BFUSA NICU Resources

The next slides include

- Introductory pages
- Section 1: Overview
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You may want to look at each section to become familiar with the contents and layout.

# Introductory pages: Table of Contents



## TABLE OF CONTENTS

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## INTRODUCTION

Baby-Friendly USA, Inc.  
125 Wolf Road, Suite 402  
Albany, New York 12206  
[babyfriendlyusa.org](http://babyfriendlyusa.org)

**BABY-FRIENDLY USA, INC. (BFUSA)**, the national authority for the WHO/UNICEF Baby Friendly Hospital Initiative (BFHI) in the US, has been providing guidance to US maternity facilities and assessing their adherence to the WHO/UNICEF Ten Steps to Successful Breastfeeding since 1997. While the BFHI provides some guidance that is useful for neonatal intensive care units (NICUs), its focus is primarily on improving the infant feeding policies and practices of well-baby maternity services. Several years ago, the BFUSA Board of Directors decided it was important to develop specific "Baby-Friendly" infant feeding guidance for NICUs in the US and appointed a Task Force with expertise in neonatal infant feeding and care to assist in this process.

**At this time, BFUSA DOES NOT plan to develop a separate NICU certification process or to expand current Baby Friendly certification into neonatal intensive care units beyond what is now included. However, BFUSA has recognized the potential benefit of supporting NICUs to incorporate Baby Friendly principles into neonatal intensive care. To meet that goal, these resources are offered to assist NICUs with the process of comparing their practices with evidence-based recommendations. Then NICUs can conduct gap analysis and embark on change processes to align with and incorporate useful, evidence-based policies and practices related to the use of human milk and breastfeeding for premature or sick infants and their families.**

**Several sections are included in these NICU Resources:**

- SECTION 1:**  
OVERVIEW OF BABY-FRIENDLY PRACTICES FOR THE NICU  
with recommended practices for the Ten Steps, the Guiding Principles and The International Code
- SECTION 2:**  
PRACTICES REVIEW  
for analyzing how well a NICU is applying the recommended practices, including  
for reviewing practices
- SECTION 3:**  
CLINICAL GUIDANCE WITH REFERENCES  
consisting of rationale summaries and suggested strategies for implementing the recommendations; includes references and Bibliography
- SECTION 4:**  
SUPPORT DOCUMENTS AND APPENDICES  
providing additional resources for use in the review and planning process

<sup>1</sup>World Health Organization, "International Code of Marketing of Breast-milk Substitutes," 1981.  
Available: [http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf). [Accessed 26 September 2020].

BFUSA NICU Resources | Introduction | 2021

*The Introduction  
includes links to  
each of the 4 main  
sections of the NICU  
Resources.*



# Introductory pages: Authorship, Acknowledgments, Citing this Work

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## AUTHORSHIP, ACKNOWLEDGMENTS, and CITING THIS WORK

### AUTHORSHIP

This work reflects the culmination of the BFUSA NICU Task Force which included neonatologists (MDs), nurses (RNs), lactation consultants or counselors (IBCLCs, LCs), dietitians (RDs), speech therapists (SLPs), occupational therapists (OTs), and assessment specialists, some of whom were parents of children who had required NICU care. A concerted effort was made to include individuals with perspectives that included expertise in clinical care in different disciplines, research, academia, education, administration, as well as from a variety of geographical areas and NICUs of varying sizes in hospitals with and without maternity services. A full list of the Task Force, including the Chair and all the members and their affiliations, can be found in [Appendix F](#).

During the second phase of the development of the "NICU Resources", Phyllis Kombol, MSN, RNC-NIC, IBCLC, played the key role in designing the "Overview" and "Support" sections, preparing the "Clinical Guidance with References" section, updating the references in the Bibliography, and streamlining and finalizing all the NICU Resource materials. Ann Brownlee, MA, PhD, BFUSA board member and consultant with WHO and UNICEF on BFHI, worked on finalizing the "Practices Review Tool", following the guidance of the NICU Task Force, and edited and provided feedback on all the "NICU Resources" drafts. Lawrence Gartner, MD, neonatologist and BFUSA board member, played a valuable role as medical expert and in reviewing and editing the documents as well.

### ACKNOWLEDGMENTS

BFUSA would like to express its appreciation to Kathleen Marinelli, MD, IBCLC, FABM, FAAP, who chaired our NICU Task Force from 2013–2017. BFUSA acknowledges the Neo-BFHI consortium, whose pioneering work found in the "Neo-BFHI Core Document"<sup>2</sup> was studied by our working group and helped inform the initial efforts of the BFUSA NICU Task Force. Gratitude is offered for the reviews by clinical experts from a number of professional associations including the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), the United States Lactation Consultant Association (USLCA), the National Association of Pediatric Nurse Practitioners (NAPNP) and by staff of the Carolina Global Breastfeeding Institute of Jane Morton, MD, pediatrician (Stanford University Medical Center) and Mary Birch Hospital for Women and Newborns) are also gratefully acknowledged.

### CITING THIS WORK

Baby-Friendly USA, Inc. "BFUSA Neonatal Intensive Care (NICU) Resources". 2021.

Use this to cite  
the NICU  
Resources.

<sup>2</sup>K. Nyqvist, R. Mastrup, M. Hansen, et al., "Neo-BFHI: The Baby-friendly Hospital Initiative for Neonatal Wards," Nordic Quebec Working Group, 2015.

BFUSA NICU Resources | Authorship, Acknowledgments and Citing this Work | 2021

# Introductory pages: The 10 Steps...adapted for NICU

## 10 STEPS FOR SUCCESSFUL BREASTFEEDING, ADAPTED FOR NICU SETTINGS

These Steps were adapted from the original  
Ten Steps to Successful Breastfeeding.

Changes reflect the NICU environment and  
care priorities, while retaining the core principles  
of The Baby-Friendly Hospital Initiative.

- STEP 1** Have a written infant feeding policy and protocols for the NICU that include the use of human milk and breastfeeding that are routinely communicated to all health care staff involved in the care of NICU parents and infants.
- STEP 2** Educate and train all staff working with NICU infants and their families in the knowledge, competence and skills necessary to implement the NICU-related infant feeding policy and protocols.
- STEP 3** As early as possible, discuss with families whose infants are at risk for admission to the NICU the initiation and management of lactation, and the benefits of human milk and breastfeeding.
- STEP 4** Place stable infants skin-to-skin on their mothers as soon as feasible. Facilitate support extended, ongoing skin-to-skin care by parents or support persons without unnecessary restrictions.
- STEP 5** Show parents how to initiate and maintain lactation at the earliest possible time and initiate breastfeeding with infant readiness and stability as the only criteria.
- STEP 6** Give infants no food or drink other than human milk, unless medically indicated.
- STEP 7** Allow and encourage parents and support persons to be with their infants and participate in their feeding and care, with unrestricted access, 24 hours a day, unless there are justifiable reasons for separation.
- STEP 8** Encourage cue-based infant-driven oral feeding with breastfeeding as early as possible, with no weight or gestational age restrictions.
- STEP 9** For infants who are expected to breastfeed, use alternatives to bottle feeding whenever possible until the infants have been given the opportunity to develop some breastfeeding skills. Use nipple shields and pacifiers only for therapeutic reasons.
- STEP 10** Prepare parents for continued lactation and breastfeeding after NICU discharge by having written follow-up plans and ensuring access to specialized clinical lactation support services and groups knowledgeable about the needs of post-NICU infants.

BFUSA NICU Resources | Ten Steps for Successful Breastfeeding, adapted for NICU settings | 2021

*Notice the similarities and differences compared to the 10 Steps used for infants cared for in maternity settings.*

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# Section 1: Overview

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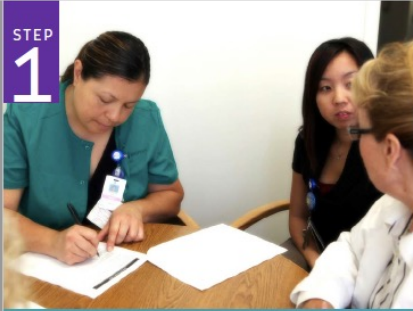
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**STEP 1**



Have a written infant feeding policy and protocols for the NICU that include the use of human milk and breastfeeding that are routinely communicated to all health care staff involved in the care of NICU parents and infants.

**STEP 1 | RECOMMENDED PRACTICES:**

- 1.1** The NICU's infant feeding policy and protocols incorporate practices for the NICU Steps 1 through 10 and the International Code of Marketing of Breast-milk Substitutes, as specified in the BFUSA NICU Preliminary Policy Review [\[Appendix A\]](#)
- 1.2** The NICU has developed and implemented a data gathering and monitoring system to give appropriate feedback on adherence to the policy and essential data. Refer to [Appendix A](#) for key data to include.
- 1.3** All NICU staff members and health providers with patient care responsibilities have orientation regarding the policy and the NICU Ten Steps and a statement indicating the facility's adherence to the International Code of Marketing of Breast-milk Substitutes displayed in the patient care areas where families are likely to see the staff.
- 1.5** All written policies are displayed in the language(s) most commonly understood by infants in the NICU.

[For Step 1: Practice Review, click here](#)

[For Step 1: Clinical Guidance, click here](#)

BFUSA NICU Resources | Section 1: Overview of Recommended Practices

*Each Step will be in the left column. The Recommended Practices are on the right.*

*Here are links to Practices Review and Clinical Guidance for each Step.*

# Section 2: Instructions for use of the Practices Review Tool

## GENERAL INSTRUCTIONS FOR USE OF THE PRACTICES REVIEW TOOL

Using this tool for reviewing practices begins a multi-step process that may occur over an extended period of time.

1. Assemble a small multi-disciplinary team selected for their experience and knowledge of the NICU's infant feeding policies and practices. Include a range of team member perspectives.
2. Establish overall objectives and scope. Determine if the group will concentrate on certain steps for a limited time (months) or conduct an overall review of practices. Culture change involving all 10 steps may be a complex and multi-year process.
3. Agree on a working timeframe. The group may want to identify two or three steps to focus on initially for a few months. These could be priority targets, steps that fit with other concurrent quality improvement projects, weak points, or "low hanging fruit" where successful changes will encourage future improvement activities.
4. Gather data. Use actual data from internal administrative or quality improvement activities where possible (comprehensive/ongoing data collection or sampling), or data reported to external agencies such as the Joint Commission or Vermont Oxford Network. Where data is unavailable, make realistic estimates in order to accurately portray the current situation.
5. Analyze the data to highlight strengths and recognize challenges present in current policies and practices.
6. Record the Precise Percentage, if available, for each of the Recommended Practices. Click the area of the rating scale that best indicates the range currently achieved on each of the Recommended Practices, based on available data or estimates.
7. Use the Additional Information column of the rating table to note how the data was gathered or estimated and to make comments about prioritizing practices needing improvement as well as to suggest possible strategies that could be implemented.
8. The **"ACTION PLAN TEMPLATE" FOUND IN APPENDIX E** may be used to organize a plan of action that includes objectives and rationale, specific tasks, time frames and evaluation strategies needed to achieve desired improvements.

*Additional video and slide deck are available for using this Tool.*

# Section 2: Practices Review Tool

*The rating scale may look slightly different, depending on what is used to open the pdf.*

*Use this fillable form to record and save data for later comparison. Make sure you know how to save on your device. Save often!*

## BFUSA NICU PRACTICE REVIEW TOOL

Facility Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Name of the NICU Conducting Review: \_\_\_\_\_

Reviewers: \_\_\_\_\_

THIS TOOL HAS A RATING SCALE which may be used

THE ADDITIONAL INFORMATION COLUMN allows reviewers to list what data sources have been used, how estimates were made if precise percentages were not available, and/or suggestions concerning what actions can be considered to improve the practices. A sample "ACTION PLAN" IS AVAILABLE IN APPENDIX E.

protocols for the NICU that include the use of human milk and care staff involved in the care of NICU parents and infants.

### BFUSA NICU PRACTICE REVIEW TOOL

Facility Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Name of the NICU Conducting Review: \_\_\_\_\_

Reviewers: \_\_\_\_\_

THIS TOOL HAS A RATING SCALE which may be used to indicate the percentage range achieved (estimated) on each of the RECOMMENDED PRACTICES. Since this is a "self-appraisal tool", these percentages may be estimates, based on whatever evidence the reviewers have available at the time.

THIS PDF TOOL MAY BE SAVED on unit- or facility-specific electronic devices with a self-defined file name. Save often while entering data. When all information has been entered, the completed form can be saved with the current date and compared when used again at a later time.

STEP 1

Have a written infant feeding policy that are routinely communicated to all healthcare providers.

that include the use of human milk and breastfeeding that in the care of NICU parents and infants.

#### NO. RECOMMENDED PRACTICES

1.1 The NICU's infant feeding policy and protocols incorporate practices for the NICU Steps 1 through 10 and the International Code of Marketing of Breast-milk Substitutes, as specified in the BFUSA NICU Preliminary Policy Review (Appendix B).



#### ADDITIONAL INFORMATION

DATA SOURCE: VoON  
COMMENTS: This was accomplished with our latest QI project

1.2 The NICU has developed and implemented a data gathering and monitoring system to give appropriate feedback on adherence to the policy and essential infant feeding data. Refer to Appendix A for key data to include.



DATA SOURCE:  
COMMENTS:

#### RATING

PRECISE % if available:



PRECISE % if available:



#### ADDITIONAL INFORMATION

DATA SOURCE:  
COMMENTS:

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# Section 2: Practices Review Tool (links)

## STEP 1: *continued from last page*

NO.	RECOMMENDED PRACTICES	RATING	ADDITIONAL INFORMATION
1.3	NICU staff members and health providers with hospital privileges have received orientation regarding the policy's content.	<p>PRECISE % if available:</p> <p>0% 20% 40% 60% 80% 100%</p> <p>NOT AT ALL FULLY</p> <p>Click to self appraise</p>	<p>DATA SOURCE:</p> <p>COMMENTS:</p>
1.4	The NICU Ten Steps and a statement indicating the facility's compliance with the International Code of Marketing of Breast-milk Substitutes are displayed in NICU patient care areas where families are likely to see them.	<p>PRECISE % if available:</p> <p>0% 20% 40% 60% 80% 100%</p> <p>NONE ALL</p> <p>Click to self appraise</p>	<p>DATA SOURCE:</p> <p>COMMENTS:</p>
1.5	The posters are displayed in the language(s) most commonly understood by parents of infants in the NICU.	<p>PRECISE % if available:</p> <p>0% 20% 40% 60% 80% 100%</p> <p>NONE ALL</p> <p>Click to self appraise</p>	<p>DATA SOURCE:</p> <p>COMMENTS:</p>

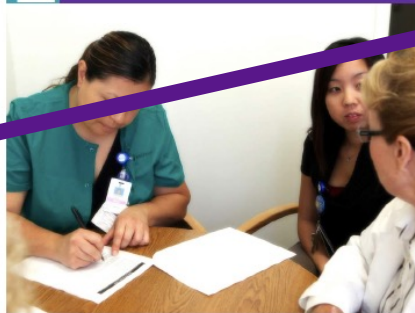
*At the end of each Step in the Practice Review Tool is a link to Clinical Guidance for that Step.*

# Section 3: Clinical Guidance

## CLINICAL GUIDANCE FOR THE NICU 10 STEPS

STEP  
1

Have a written infant feeding policy and protocols for the NICU that include the use of human milk and breastfeeding that are routinely communicated to all health care staff involved in the care of NICU parents and infants.



### RATIONALE SUMMARY

The policy and protocols of each NICU set the stage for how daily practices demonstrate the value and importance of breastfeeding and the use of human milk (mothers' own and donor milk [2]) in the unit whenever medically appropriate [3]. These elements can be incorporated into general policies regarding infant feeding in the NICU and should be aligned with policies and protocols related to infant feeding and breastfeeding throughout the facility [2, 4]. Elements within the policy should indicate what kinds of monitoring and documentation will be conducted to ensure consistent application of the policy and protocols into routine practice [5]. Because the policy should include all topics of the NICU 10 Steps [6], and will address multidisciplinary practices, its development, implementation and monitoring should all be the collaborative work of a broadly defined multidisciplinary team [7].

*Each Step in the Clinical Guidance section begins with a Rationale Summary.*



# Section 3: Clinical Guidance

*Clinical Guidance suggests strategies for a variety of ways the recommended practices might be implemented. Options for application of The Guiding Principles and Code are included.*

*A link at the end of each Step goes to the Practices Review Tool for that Step.*

STEP 1		RECOMMENDED PRACTICES	CLINICAL GUIDANCE: SUGGESTED STRATEGIES
1.1	NICU staff members and health providers with hospital privileges have received orientation regarding the policy's content.	<ul style="list-style-type: none"><li>There may be a single overarching infant feeding policy or multiple policies/protocols that collectively include these elements.</li><li>Multidisciplinary teams developed for leadership and general guidance on clinical practices (e.g., shared governance structures) may already exist in the facility. They can be used to assist with development or improvement of infant feeding policies and protocols, to address barriers to effective implementation and ensure consistency and sustainability of recommended changes [9].</li><li>If the facility where the NICU is located has a birthing unit or service or has arrangements with other facilities that transfer high-risk infants to the unit, collaboration among managers from these entities can ensure compatible policies.</li><li>The NICU team working on policy development can review recent studies related to policy recommendations to ensure that they are evidence based [9] and reflect the 10 Steps [6].</li></ul>	
1.2	The NICU has developed and implemented a data gathering and monitoring system to give appropriate feedback on adherence to the policy and essential infant feeding data. Refer to Appendix A for key data to include.	<ul style="list-style-type: none"><li>Evaluate current data collection systems related to feedings for usefulness to drive and monitor change.</li><li>Data collected for other purposes such as internal or collaborative quality improvement projects, Vermont Oxford Network (VON) or other monitoring/reporting requirements may be used [10].</li></ul>	
1.3	All NICU staff members and health providers with hospital privileges have received orientation regarding the policy's content.	<ul style="list-style-type: none"><li>Staff who are in the unit regularly would need to be most familiar with the policy and its implementation.</li><li>All staff who rotate through the unit even for short periods of time (per diem, travel staff) would need a working knowledge of the key aspects of the policy that give guidance on how they should perform their duties.</li><li>Depending on the individual's role, orientation to the content of the policy could include a variety of educational strategies [See Appendix C].</li></ul>	
1.4	NICU staff members and health providers with hospital privileges have received orientation regarding the policy's content.	<ul style="list-style-type: none"><li>There may be a single overarching infant feeding policy or multiple policies/protocols that collectively include these elements.</li><li>Multidisciplinary teams developed for leadership and general guidance on clinical practices (e.g., shared governance structures) may already exist in the facility. They can be used to assist with development or improvement of infant feeding policies and protocols, to address barriers to effective implementation and ensure consistency and sustainability of recommended changes [9].</li><li>If the facility where the NICU is located has a birthing unit or service or has arrangements with other facilities that transfer high-risk infants to the unit, collaboration among managers from these entities can ensure compatible policies.</li><li>The NICU team working on policy development can review recent studies related to policy recommendations to ensure that they are evidence based [9] and reflect the 10 Steps [6].</li></ul>	
1.5	The NICU has developed and implemented a data gathering and monitoring system to give appropriate feedback on adherence to the policy and essential infant feeding data. Refer to Appendix A for key data to include.	<ul style="list-style-type: none"><li>Evaluate current data collection systems related to feedings for usefulness to drive and monitor change.</li><li>Data collected for other purposes such as internal or collaborative quality improvement projects, Vermont Oxford Network (VON) or other monitoring/reporting requirements may be used [10].</li></ul>	

BFUSA NICU Resources | Section 3: Clinical Guidance with References | 2021

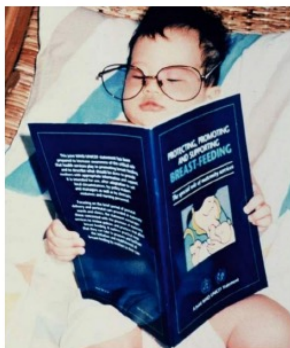
For Step 1: Practice Review, click here

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# Section 3: Clinical Guidance Bibliography

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The Bibliography lists the references cited throughout the Clinical Guidance section; links within the document connect to the appropriate page of the Bibliography.

# Section 4: Support Documents and Appendices

## Abbreviations

*These Abbreviations are used throughout the NICU Resources.*

### ABBREVIATIONS *Those from Neo-BFHI Core Document are designated in italics.*<sup>5</sup>

<b>AAP</b>	American Academy of Pediatrics	<b>NICU</b>	Neonatal Intensive Care Unit
<b>ACOG</b>	American College of Obstetricians and Gynecologists	<b>NIDCAP</b>	Newborn Individualized Developmental Care and Assessment Program
<b>BFHI</b>	Baby-Friendly Hospital Initiative	<b>NNP</b>	Neonatal Nurse Practitioner
<b>BFUSA</b>	Baby-Friendly USA, Inc.; the national authority for the BFHI in the United States of America	<b>OB</b>	Obstetrician
<b>BFUSA NICU</b>	Baby-Friendly USA's Neonatal Intensive Care Unit Resources	<b>OT</b>	Occupational Therapist
<b>CGA</b>	Corrected Gestational Age	<b>PC</b>	Peer Counselor (See LC above)
<b>ELBW</b>	Extremely Low Birth Weight (<1000 grams)	<b>PDHM</b>	Pasteurized donor human milk
<i>International Code</i>	<i>International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions</i>	<b>RD</b>	Registered Dietitian
<b>IBCLC</b>	International Board Certified Lactation Consultant <sup>6</sup>	<b>RN</b>	Registered Nurse
<b>KC</b>	Kangaroo Care	<b>SLP</b>	Speech and Language Pathologist
<b>KMC</b>	Kangaroo Mother Care	<b>STS</b>	Skin-to-Skin
<b>LBW</b>	Low Birth Weight (>2500 grams)	<b>UAC</b>	Umbilical Artery Catheter
<b>LC</b>	Lactation counselor or consultant (depending on setting, may be peer counselor, breastfeeding counselor/specialist/educator with varying levels of education/experience or IBCLC)	<b>UNICEF</b>	The United Nations Children's Fund
<b>MD</b>	Medical Doctor; physician	<b>USLCA</b>	United States Lactation Consultant Association
<b>NAPNAP</b>	National Association of Pediatric Nurse Practitioners	<b>VLBW</b>	Very Low Birth Weight (<1500 grams)
<b>Neo-BFHI</b>	The Baby-Friendly Hospital Initiative for Neonatal Wards (outside of USA)	<b>WHO</b>	World Health Organization
		<b>WIC</b>	Special Supplemental Nutrition Program for Women, Infants and Children
		<b>1:1</b>	One to one; one-to-one

<sup>5</sup> From Neo-BFHI Core Document, 2015 Edition, p. 6.

<sup>6</sup> IBCLC.org

# Section 4: Support Documents and Appendices

## Abbreviations and Definitions

These Definitions are used throughout the NICU Resources.

### DEFINITIONS *Terms adapted from Neo-BFHI Core Document are designated in italics<sup>7</sup>*

#### **Breastfeeding**

Feeding or suckling directly at the breast; may include comfort nursing or non-nutritive suckling at the parent's breast/chest; includes chest-feeding (e.g., nursing by transgender men).

#### **Infant feeding policy or Breastfeeding policy**

Overall policy for feeding, breastfeeding and nutrition. The policy may address the implementation of the BFUSA NICU Possible Practices (including the Guiding Principles, the BFUSA NICU 10 Steps and the International Code) alone or in combination with standards related to infant nutrition that the NICU already has in place.

#### **Breast milk feeding**

Providing infants with human milk by other feeding methods than directly from the breast (see also human milk feeding).

#### **Breastfeeding protocols**

Guides for the implementation of specific breastfeeding-related practices in the NICU.

#### **Clinical staff**

Includes staff members providing clinical care for mothers/families and their preterm or sick infants who are being cared for in the NICU or related areas and for those who are pregnant and at risk of giving birth to preterm or sick infants. Clinical staff may include nursing personnel (RNs and other nursing staff), midwives, doctors and any other staff members providing health care for these families and infants.

#### **Cue-based feeding**

Feeding practices that are based on infant readiness indicators such as alertness, rooting, orienting toward own or caregivers' hands, pacifier, breast or bottle nipple; sucking on own hands or other objects; pacing as well as pausing when an infant's stress cues are observed.

<sup>7</sup> From Neo-BFHI Core Document, 2015 Edition, pp. 6–8.

<sup>8</sup> World Health Organization. Indicators for assessing infant and young child feeding practices – Part 1. Definitions. Conclusions of a consensus meeting held 6–8 November 2007 in Washington, DC, USA, 2008.

<sup>9</sup> Preterm birth <http://www.who.int/mediacentre/factsheets/fs363/en/> accessed June 7, 2017

<sup>10</sup> Spang, CY; Mercer, BM. Timing of Indicated Late–Preterm and Early–Term Birth. *Obstetrics & Gynecology*. 2011; 118:323–333.

#### **Direct clinical or hands-on care providers**

Staff members who actually perform feedings, assist with feedings, make feeding decisions and/or give feeding advice.

#### **Education**

Information about what to do and why; didactic knowledge; may be provided in classroom or electronically, individually or in group settings.

#### **Exclusive breast (milk) feeding**

For statistical purposes, as proposed by WHO to define infant feeding practices, the infant receives human milk (including expressed milk or donor milk) and allows infants to receive oral rehydration solutions, drops, syrups (vitamins, minerals, medicines), but nothing else.<sup>8</sup> Within BFUSA NICU, this may include the feeding of human milk as the base, with appropriate fortification as clinically indicated for some classifications of preterm/medically complex infants with increased nutrient needs.

#### **Family**

Is defined by the parent(s) and may include significant others and other support persons, not necessarily limited to grandparents, blood relatives, etc.

#### **Father**

Mother's (Birthing parent's) partner or significant other (person in "paternal" role, for simplicity here referred to using he, him, his).

#### **Gestational age (including definitions of preterm and term infants, Corrected Gestational Age)**

Time elapsed between the first day of the last menstrual period and the day of delivery. Preterm infants are defined as born alive before 37 weeks of pregnancy are completed. There are sub-categories of preterm birth defined by the WHO.<sup>9</sup> Related groups of infants defined by ACOG<sup>10</sup> may be admitted to the NICU based on gestational age:

- Extremely preterm (<28 weeks)
- Very preterm (28 to <32 weeks)
- Moderate preterm (32 to <34 weeks)
- Late preterm (34 to <37 weeks)

Subgroups of term infants who may be admitted to the NICU:

- Early term = 37–38 6/7 week
- Full term 39–40 6/7 week
- Late Term 41–41 6/7 week
- Post-term = or > 42 weeks



# Section 4: Support Documents and Appendices

## APPENDIX A: KEY INFANT FEEDING DATA TO COLLECT AND MONITOR IN THE NICU

Data specifically collected and monitored for these steps may be combined with data from internal administrative or quality improvement activities or data reported to external agencies such as the Joint Commission or Vermont's Infant Network.

**STEP 1** FACILITY P  
• See "Prelim  
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• assure ad  
NICU inclu

## APPENDIX B: PRELIMINARY POLICY REVIEW

**STEP 2** STAFF TRA  
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• Document

### ADMINISTRATIVE INFORMATION:

**STEP 3** INFORMATI  
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NICU (see

**STEP 4** SKIN-TO-S  
• Document  
contact th

**STEP 5** SUPPORT W  
• Document  
families cc  
evaluation  
mothers/f

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BFUSA NICU Resource

BFUSA NICU Resources | Sec

## APPENDIX C: A BRIEF GUIDE FOR DEVELOPING EDUCATION AND TRAINING PLANS FOR NICU STAFF

### NICU STAFF WHO SHOULD RECEIVE EDUCATION AND TRAINING

Full- or part-time staff members (including per diem staff) from all disciplines who are

involved in providing care in education and training. This decision-making should have Manager/Director should identify nurses, other health care personnel and their families who will be involved in the decision-making process. For example, it could specify in the NICU or related areas, the NICU will receive training.

### MULTIDISCIPLINARY TEAM EDUCATION AND TRAINING

Staff members from a variety of disciplines could be brought together for at least some

## APPENDIX D: A BRIEF GUIDE FOR DEVELOPING PLANS FOR NICU PARENT EDUCATION FOCUSED ON INFANT FEEDING ISSUES

### RATIONALE FOR PARENTAL EDUCATION

Parental education is one of the most important components of successful breastfeeding and optimal infant outcomes. Educating the parents and families on breastfeeding yields enormous benefits to infants and mothers and should be considered a valuable investment.

### TIMING OF EDUCATION

Education sessions, in some cases, may be focused on what the parents need to know regarding infant feeding at a specific stage in the continuum of care (antenatally, on admission to the NICU, or discharged). In other cases, education sessions may be focused

## APPENDIX E: ACTION PLAN TEMPLATE FOR IMPROVING NICU INFANT FEEDING POLICIES AND PRACTICES

Name of the NICU and Facility: \_\_\_\_\_  
Date Prepared: \_\_\_\_\_ Prepared by: \_\_\_\_\_

## APPENDIX F: BABY-FRIENDLY USA NICU TASK FORCE (2013-2017)

NICU STEP AND RECOMMENDED PRACTICES	OBJ	Task
KATHLEEN MARINELLI, MD, IBCLC, FAAP, FAAP — CHAIR Connecticut Human Milk Research Center Connecticut Children's Medical Center Associate Professor of Pediatrics University of Connecticut School of Medicine Connecticut Children's Medical Center Hartford, CT	SARAH COULTER DANNER, RN, MSN, CHM, CPNP Assistant Professor of Nursing Crestline State College Crestline, VT	NANCY MAY HURST, PhD, RN, IBCLC Director, Women's Support Services Texas Children's Hospital / Pavilion for Women Assistant Professor Baylor College of Medicine University of Texas Health Science Center, School of Nursing Houston, TX
DEBORAH DEE, PhD, MPH Senior Scientist — at Centers for Disease Control & Prevention Division of Reproductive Health Applied Sciences Branch Atlanta, GA	JEREMY GARRETT, PhD Children's Mercy Bioethics Center The Children's Mercy Hospital Assistant Professor of Pediatrics Adjunct Assistant Professor of Philosophy University of Missouri-Kansas City Kansas City, MO	PHYLLIS KOMBOL, SNC, MSN, IBCLC, RLC Lactation Consultant, including NICU Chief Mentor for Lactation Clinical Internship Program Carolina Medical Center — North East Concord, NC
DENISE BARBER, OT/RL, MOT, CKC, CLC, CIMI Developmental Care Therapist NICU Kangaroo Care Coordinator at the Center for Women and Infants University of Louisville Hospital Center for Women and Infants Louisville, KY	ELIZABETH ANN BROWNELL, PhD, (IMM 2014) Director, Connecticut Human Milk Research Center, Division of Neonatology Connecticut Children's Medical Center Hartford, CT	LISA LA MADRIZ, RN, BS, MPH, IBCLC Lactation Services Coordinator Dartmouth Hitchcock Medical Center Lebanon, NH
ANNE BROWNLEE, MA, PhD Medical Sociologist Former Consultant to WHO and UNICEF for the WHO/UNICEF Baby Friendly Hospital Initiative Former Senior Technical Advisor for Program Development, Evaluation and Research at World Bank International La Jolla, CA	MONA LIZA HANLIN, MSN, RN, IBCLC Lactation Consultant Clinical Nurse Educator Manager, Postpartum Units and Perinatal Resources Christiana Care Health System Newark, DE	KIMBERLY LEE, MD, MSC, IBCLC, FAAP, FAAP Attending Neonatologist Associate Professor of Pediatrics Medical University of South Carolina Charleston, SC
	GEORGIA MORROW, RN, IBCLC Milk Bank Consultant Cincinnati Children's Hospital Medical Center, Center for Interdisciplinary Research in Human Milk & Lactation Cincinnati, OH	LOUI NOTOWITZ, BSN, MEd, RN Director of Patient Safety University of Vermont Medical Center Burlington, VT
	PATRICIA PERKINS, MS, RD, CNSC Neonatal Nutrition Support Specialist, NICU Dietitian University of Virginia Children's Hospital Charlottesville, VA	RAYLENE M. PHILLIPS, MS, MA, FAAP, FAAP, IBCLC Attending Neonatologist Loma Linda University Children's Hospital Assistant Professor of Pediatrics Loma Linda University School of Medicine Loma Linda, CA
	DIANE L. SPATZ, PhD, RN-BC, FAAN (IMM 2014) University of Pennsylvania School of Nursing Nurse Researcher and Director of the Lactation Program The Children's Hospital of Philadelphia Philadelphia, PA	MICHAEL YOUNG, MD, FAAP Associate Professor and Director NICU and Neonatal Nurses Chairman, Department of Pediatrics and Child Health Howard University College of Medicine Washington, D.C.

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Appendices A-F are referred to throughout the NICU Resources, with links connecting to the appropriate Appendix.