

Making Breastfeeding Work for Medical Offices

A Six-Point Plan



This toolkit was developed and guided by an advisory team of subject matter experts from across Colorado. A special note of gratitude goes to Kathleen Seckinger, PNP, for providing extensive research and editorial support as part of her doctoral studies at Regis University in Denver.

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Appendices F, G, M, and N were obtained with permission from University of North Carolina Medical School and Lactation Services and may be used or altered according to your medical office's needs.

“Health care providers who interact with mothers and babies are in a unique position to contribute to the initial and ongoing support of the breastfeeding dyad.”

~Academy of Breastfeeding Medicine, vol. 8, no. 2, 2013

The Importance of Supporting Breastfeeding

The positive, lifelong impact and protections that breastfeeding provides for children and mothers are well-documented in scientific literature, yet families still experience roadblocks to reaching their breastfeeding goals. More and more maternity hospitals are seeking Baby-Friendly™ designation, and employers and child care professionals are increasingly supportive of employees returning to work and continuing to breastfeed.

With roughly 90% of Colorado mothers choosing to breastfeed, this is an issue that the medical community must support more readily. Medical offices and health care providers hold a special place in the education and support of breastfeeding. Regular interactions between the medical community and families can be the conduit for supportive breastfeeding messages, resources, and support.

About This Toolkit

This guide for the Breastfeeding Friendly Medical Office was created to optimize interactions between patients and the medical community, with the goal of increasing education and support to enable each and every family to reach or surpass their own breastfeeding goals.

Health care providers can and should encourage patients to create breastfeeding goals. Goals will vary for each family, and many will start with small, achievable goals that they can surpass. The guidelines in this toolkit will help health care providers in supporting families to set, reach, and even breastfeed beyond their goals.



Becoming a Breastfeeding Friendly Medical Office

The criteria and content for the Breastfeeding Friendly Medical Office are aligned with recommendations from the American Academy of Pediatrics (AAP), the Academy of Breastfeeding Medicine (ABM), and the World Health Organization (WHO). The recommendations from these organizations have been grouped into six points, the “Six-Point Plan,” summarized in the self-assessment on the next page and discussed in more detail in the guidelines for the Six-Point Plan.

The phrase “Breastfeeding Friendly” refers to an adherence to certain criteria that optimize conditions at the workplace, in a child care setting, or within a medical office to help families to reach their breastfeeding goals. For purposes of this toolkit, it means adherence to the Six-Point Plan for medical office staff and health care providers.

The steps below outline the process for becoming designated as Breastfeeding Friendly:

- 1. Complete the self-assessment.** Determine your office’s strengths and areas for improvement. Each medical office is different and will start improving lactation policies and practices at a different point. Identify which areas will need more support from your local public health agency or breastfeeding coalition.
- 2. Use this guidance.** Follow the Six-Point Plan on the following pages to move towards becoming Breastfeeding Friendly, which is neither linear nor sequential. Your office will likely work on different points at varying rates, with some points being easier to achieve than others.
- 3. Use the resources in the appendices.** These are samples and suggestions of tools you could use, rather than mandates. Your office may have similar tools that work better for your staff and your needs. For example, the triage flowcharts are designed for nurses or those with specific medical training, so they may not work well for your office. Instead, your office may design a similar triage flowchart for medical assistants or front desk staff to use.
- 4. Review your self-assessment.** After your medical office has addressed the items in the “Progressing” column of the self-assessment and completed the items in the “Breastfeeding Friendly” column, your office can be designated as a Breastfeeding Friendly Medical Office.

Definitions and Acronyms

AAP	American Academy of Pediatrics
ABM	Academy of Breastfeeding Medicine
BFHI	Baby-Friendly™ Hospital Initiative
Breast milk Substitutes	Any food marketed or otherwise presented as a partial or total replacement for breast milk, whether or not suitable for that purpose; this is most commonly formula.
CLC	Certified Lactation Counselor
CNM	Certified Nurse Midwife
FQHC	Federally Qualified Health Centers
IBCLC	International Board-Certified Lactation Consultant
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
NFP	Nurse-Family Partnership
WHO	World Health Organization
WIC	The Special Supplemental Nutrition Program for Women, Infants, and Children, United States Department of Agriculture (USDA)

Making Breastfeeding Work: A Six-Point Plan

Self-Assessment

Medical Office _____

Contact Person _____

Email _____

Phone _____

Point 1: Policy: *The medical office has/will:*

Progressing	Breastfeeding Friendly	Breastfeeding Advocate
<ul style="list-style-type: none"> <input type="checkbox"/> No lactation policy. <input type="checkbox"/> An informal lactation policy that is not written or communicated regularly. <input type="checkbox"/> Staff interested in breastfeeding promotion. 	<ul style="list-style-type: none"> <input type="checkbox"/> A point person to oversee Breastfeeding Friendly Medical Office details. <input type="checkbox"/> A written, communicated, implemented lactation policy. <input type="checkbox"/> Formula out of view of patients. <input type="checkbox"/> No formula coupons allowed in the medical office. <input type="checkbox"/> Samples of formula given only when medically necessary, and only after a full breastfeeding assessment by a medical professional. <input type="checkbox"/> Few or no barriers to staff scheduling breaks and work patterns to express breast milk. <input type="checkbox"/> A prioritized or designated space for employee milk expression. 	<ul style="list-style-type: none"> <input type="checkbox"/> A written lactation policy that is routinely communicated, fully implemented, and displayed in public view. <input type="checkbox"/> No staff gifts/benefits accepted from formula companies. <input type="checkbox"/> An appointed breastfeeding champion in the office who drives improvement of all Breastfeeding Friendly policies and practices.

Point 2: Provider Training: *The medical office has/will:*

Progressing	Breastfeeding Friendly	Breastfeeding Advocate
<ul style="list-style-type: none"> <input type="checkbox"/> No staff lactation training, or training is provided inconsistently. 	<ul style="list-style-type: none"> <input type="checkbox"/> Consistent and role-appropriate lactation training for ALL staff. <input type="checkbox"/> Training that follows guidelines from the Baby-Friendly Hospital Initiative™ the Academy of Breastfeeding Medicine, and/or the World Health Organization. <input type="checkbox"/> Identified cultural considerations related to staff training. <input type="checkbox"/> A triage protocol in place for patient phone calls about breastfeeding concerns. 	<ul style="list-style-type: none"> <input type="checkbox"/> An IBCLC (International Board-Certified Lactation Consultant) on staff or available for direct referral. <input type="checkbox"/> Another type of lactation counselor on staff or available via direct referral. <input type="checkbox"/> Opportunities for staff to become a lactation management professional. <input type="checkbox"/> Cultural competency as part of breastfeeding support and training per recommended guidelines. <input type="checkbox"/> Lactation referral options included in the electronic medical record.

Point 3: Patient Education: *The medical office has/will:*

Progressing	Breastfeeding Friendly	Breastfeeding Advocate
<ul style="list-style-type: none"> <input type="checkbox"/> Little, inconsistent, or no breastfeeding education at any visit. 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide specific and clear points to be discussed at each visit during prenatal and early well-child checks. 	<ul style="list-style-type: none"> <input type="checkbox"/> Encourage all patients to attend prenatal breastfeeding education classes. <input type="checkbox"/> Offer guidance and encouragement for partner/family breastfeeding support.

Self-Assessment

Point 4: Environment: *The medical office has/will:*

Progressing	Breastfeeding Friendly	Breastfeeding Advocate
<ul style="list-style-type: none"> <input type="checkbox"/> Little or inconsistent display of support for breastfeeding. <input type="checkbox"/> Formula and formula company information in view of patients. 	<ul style="list-style-type: none"> <input type="checkbox"/> Display and convey supportive breastfeeding educational materials and signage. <input type="checkbox"/> No formula in public view. <input type="checkbox"/> No formula company messaging on educational materials or free gifts to patients provided by formula companies. <input type="checkbox"/> Welcome signage to breastfeed in public areas or request a more private space. 	<ul style="list-style-type: none"> <input type="checkbox"/> Breastfeeding Friendly workplace designation. <input type="checkbox"/> Stock breastfeeding supplies (pads, shells, shields, etc.). <input type="checkbox"/> Breastfeeding signage and educational materials include family/partners. <input type="checkbox"/> A private space and accompanying signage for patients to breastfeed.

Point 5: Evaluation and Sustainability: *The medical office has/will:*

Progressing	Breastfeeding Friendly	Breastfeeding Advocate
<ul style="list-style-type: none"> <input type="checkbox"/> Limited to no documentation of breastfeeding rates. <input type="checkbox"/> Inconsistent or no billing for lactation services. 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of breastfeeding rates among patients. <input type="checkbox"/> Create some financial sustainability through insurance billing for lactation services. 	<ul style="list-style-type: none"> <input type="checkbox"/> Track breastfeeding rates and use data to improve breastfeeding outcomes. <input type="checkbox"/> Evaluate Breastfeeding Friendly policies and practices annually. <input type="checkbox"/> Breastfeeding services that are financially sustainable via reimbursement or other financial sources.

Point 6: Continuity of Care: *The medical office has/will:*

Progressing	Breastfeeding Friendly	Breastfeeding Advocate
<ul style="list-style-type: none"> <input type="checkbox"/> No supportive breastfeeding resource or referral materials available to patients. <input type="checkbox"/> A greater than 5-day delay of contact with breastfeeding mothers by neonatal care providers after delivery discharge from birthing facility. 	<ul style="list-style-type: none"> <input type="checkbox"/> Assurance of a first follow-up visit to check on breastfeeding progress 3-5 days after birth. <input type="checkbox"/> A readily available list of lactation professionals to refer patients to when necessary. <input type="checkbox"/> Lactation reference and resource materials are available and utilized. 	<ul style="list-style-type: none"> <input type="checkbox"/> A routine evaluation by an IBCLC to check on breastfeeding progress 3-5 days after birth.

Point 1: Lactation Policy

To be a Breastfeeding Friendly Medical Office you should have a written lactation policy that is routinely communicated to all staff and volunteers.

Aligns with Step 1 of the Baby-Friendly™ Hospital Initiative (BFHI) Ten Steps to Successful Breastfeeding.

Policy Components

A lactation policy for your medical office must include:

- The components of the Six-Point Plan to promote, support, and protect breastfeeding and the use of human milk.
- Guidance for the use of breast milk substitutes (e.g. formula).
- Identification of a point person to oversee Breastfeeding Friendly policies and practices, or even to serve as a champion to drive quality improvement.

The policy must be available to all staff and reviewed regularly (e.g. annually). Many methods can be used to communicate the policy, including verbally, electronically, or in print. Particular attention should be paid to language and wording so the policy is easily understood by all staff and the public.

See Appendix A: Sample medical office lactation policy, Appendix B: Sample policy for patient view, and Appendix C: BFHI Summary.

Use of Breast milk Substitutes

The use of breast milk substitutes within the medical office should be in compliance with the WHO *International Code of Marketing Breast-milk Substitutes* and in accordance with sound clinical indications. Use of breast milk substitutes should be accompanied by counseling and guidance suitable to each situation. Any breast milk substitutes or items from infant-formula companies should be kept out of view of patients. No formula coupons or marketing should be allowed in the office.

See Appendix D: What is the WHO Code?



Breastfeeding Friendly

To achieve Breastfeeding Friendly status, the following must be in place regarding a lactation policy:

- A point person to oversee Breastfeeding Friendly Medical Office details.
- A written, communicated, implemented lactation policy.
- Formula out of view of patients.
- No formula coupons are allowed in the medical office.
- Samples of formula given only when medically necessary and only by a trained health care provider.
- Few or no barriers to staff scheduling breaks and work patterns to express breast milk.
- A prioritized or designated space for employee milk expression.

Breastfeeding Advocate

To become a Breastfeeding Advocate, medical offices may consider any of the following regarding a lactation policy:

- A written lactation policy that is routinely communicated, fully implemented, and displayed in public view.
- No staff gifts/benefits accepted from formula companies.
- An appointed breastfeeding champion in the office who drives improvement of all Breastfeeding Friendly policies and practices.

Point Person

You should identify a point person to oversee the various aspects of the Six-Point Plan. The point person must be able to locate the lactation policy and manage the procedures for how staff, including new staff, are oriented and educated on the policy. The point person could also be a champion; one who drives improvement of the Breastfeeding Friendly policies and practices using ideas outlined in the Breastfeeding Advocate sections.

Resources

- www.breastfeedcolorado.com
- AAP guidelines for the Breastfeeding Friendly Pediatric Office
- ABM guidelines for the Breastfeeding Friendly Physician Office
- WHO *International Code of Marketing of Breast-milk Substitutes*

Recommended Outcomes

- Medical office and provider practices are codified into an easily understood and easily followed lactation policy.
- The lactation policy remains up-to-date with emerging best practices, scientific evidence, or changes within the medical office.
- At least 80% of the staff knows the contents and location of the lactation policy.

Point 2: Staff and Provider Training

To be a Breastfeeding Friendly Medical Office all health care providers and medical office staff should be trained in the principles of the breastfeeding policy to levels that are appropriate to their roles, including a basic understanding of human lactation.

Health care providers providing direct service to breastfeeding families should have adequate lactation management knowledge and skills to support families reaching their breastfeeding goals.

Aligns with Steps 2, 4-9 of the Baby-Friendly™ Hospital Initiative (BFHI) Ten Steps to Successful Breastfeeding.

Customizing Needs

Different types of medical offices may require different types and amounts of lactation training. While the OB/GYN office may provide prenatal education and anticipatory guidance on breastfeeding expectations, the pediatrician office may need training on issues related to milk supply or concerns related to returning to work or school. Rural medical offices and Federally Qualified Health Centers (FQHC) may have other specific training needs or circumstances.

Each office will need to develop a triage protocol and tools to determine how breastfeeding-related concerns are passed on to specific office staff. Staff lactation training will be aligned with triage protocol.

See Appendix E: Checklist for documenting staff lactation training and Appendices F-G: Sample triage protocols for pain and mastitis.

Customizing Training

Each office should identify the type of training needed based on staff job duties. All content should be based on best practices outlined by the WHO, the ABM, and BFHI.

Welcoming Staff (Level 1) should have at least one hour of basic lactation education. These staff members include front desk staff, billing staff, administration, lab technicians, etc. They will be welcoming and communicating with breastfeeding families. Topics that should be covered include: lactation basics, creating a welcoming environment, and triage protocol.

Counseling Staff (Level 2) should have at least one hour of basic lactation education each year. These staff members usually include medical assistants but may include others. They will be interacting with breastfeeding families and providing some anticipatory guidance; topics that should be covered (including all from Level 1) are: more advanced milk supply, feeding cues, and latch information; baby behavior and expectations by age; going back to work or school; and local resources or referrals.

Specialist Staff (Level 3) should have an initial three hours of lactation education and then an annual one-hour review. At least one person should receive initial training in-person. These staff members include clinical staff, primary care providers, nurses, and certified nurse midwives (CNM). They will be diagnosing, prescribing, and providing anticipatory guidance. Topics that should be covered (including all from Levels 1 & 2) are: hand expression, milk transfer management, differential diagnoses for pain or milk supply concerns, and safe sleep.

Cultural Competency

Health care providers and medical office staff should consider accessing resources to learn about cultural norms and practices that affect patients' knowledge, attitudes, and behavior related to breastfeeding.



Breastfeeding Friendly

To achieve Breastfeeding Friendly status, the following must be in place regarding staff and provider training:

- Consistent and role-appropriate lactation training for ALL staff.
- Training that follows guidelines from the Baby-Friendly™ Hospital Initiative, the Academy of Breastfeeding Medicine, and/or the World Health Organization.
- Identified cultural considerations related to staff training.
- A triage protocol in place for patient phone calls about breastfeeding concerns.

Breastfeeding Advocate

To become a Breastfeeding Advocate, medical offices may consider any of the following regarding staff and provider training:

- An IBCLC (International Board-Certified Lactation Consultant) on staff or available for direct referral.
- Another type of lactation counselor on staff or available via direct referral.
- Opportunities for staff to become lactation management professionals.
- Cultural competency as part of breastfeeding support and training per recommended guidelines.
- Lactation referral option in the electronic medical record.

Resources

- *Public health websites:* In-person and virtual professional education opportunities are often listed on local and state public health agency and breastfeeding coalition websites. Staff from local public health agencies may be available to come to your site for in-person lactation trainings, such as lunch-and-learns. Some websites to start with include www.breastfeedcolorado.com and www.cobfc.org.
- *United States Breastfeeding Committee:* <http://www.usbreastfeeding.org/>
- *University of Washington EthnoMed:* Information about cultural beliefs, medical issues, and related topics pertinent to the health care of immigrants and refugees. <https://ethnomed.org/about>
- *Albany School of Public Health Breastfeeding Grand Rounds:* Clinical and public health experts provide continuing education about current breastfeeding health issues with both clinical and public health significance. <http://www.albany.edu/sph/cphce/bfgr.shtml>

Online Training

- *Carolina Global Breastfeeding Initiative:* Evidence-based, up-to-date education about the importance of breastfeeding and how to support mothers and families developed by a team of physicians, nurses, lactation consultants, public health professionals, educators, and La Leche League leaders. <http://www.breastfeedinguniversity.com/>
- *Global Health Media Project:* 7-10 minute videos about breastfeeding management filmed on three continents in multiple countries with a high level of cultural sensitivity. <https://globalhealthmedia.org>
- *Newborn Nursery at Lucile Packard Children's Hospital:* Includes all aspects of breastfeeding and appropriate learning tools for basic lactation management. <https://med.stanford.edu/newborns.html>
- *The Community Health Training Institute:* Online continuing medical education tutorial for clinicians about the foundations of breastfeeding anatomy, physiology, and management. <http://hriainstitute.org/>

Recommended Outcomes

- At least 80% of medical office staff has access to training resources based on their level of interaction with patients.
- At least 80% of staff has completed the recommended training and accordingly documented the date, source, and content of training.

Point 3: Patient Education

To be a Breastfeeding Friendly Medical Office pregnant patients and their families should receive evidence-based messages and guidance about breastfeeding and breastfeeding management throughout the pre- and postnatal periods.

Aligns with Step 3 of Baby-Friendly™ Hospital Initiative (BFHI) Ten Steps to Successful Breastfeeding.

Breastfeeding Education

Research shows that encouragement and information throughout the prenatal and well-baby period contribute to increased breastfeeding initiation and duration rates. Patients should receive encouragement, information, and anticipatory guidance about breastfeeding by following the Breastfeeding Education Periodicity Table (Appendix H), which outlines the content area per trimester and/or well-baby visits. The content includes the benefits of breastfeeding, risks of not breastfeeding, exclusive breastfeeding, recommended duration, complementary foods, medical contraindications, typical management problems, and support needs. The prenatal period is ideal for helping patients to identify their breastfeeding goals.

Breastfeeding Classes: Patients should be referred to breastfeeding classes, either sponsored through the medical office, a hospital, the local WIC agency, or a community-based organization. These classes should be listed on a handout or on a website.

Including the Family: Partners and family members are important sources of support for the breastfeeding person. They should be invited to participate in breastfeeding education and encouragement.

Lactation Consultation: In addition to basic education, some patients may require a full lactation consultation by a skilled lactation management professional. If a certified lactation counselor (CLC) or International Board-Certified Lactation Consultant (IBCLC) is on staff or available via contract, consideration should be given to the length of this consult. A full lactation consultation can last 90-120 minutes to include observation of a full feeding and time to problem-solve several scenarios. While 90 minutes may not be feasible for every office, efforts should be made to allow considerably more time than the standard 15-20 minute appointment.

See Appendix H: Breastfeeding Education Periodicity Table.

Documentation of Breastfeeding Education

Being able to document breastfeeding education and support will help in billing lactation management services. Documentation may be included in patients' medical records, with fields or pages added to the electronic medical record.

See Point 5, Evaluation and Sustainability, for more documentation information.



Breastfeeding Friendly

To achieve Breastfeeding Friendly status, the following must be in place regarding patient education:

- Provide specific and clear points to be discussed at each visit during prenatal and early well-child checks.

Breastfeeding Advocate

To become a Breastfeeding Advocate, medical offices may consider any of the following regarding patient education:

- Encourage all patients to attend prenatal breastfeeding education classes.
- Offer guidance and encouragement for partner/family breastfeeding support.

Assigning Responsibilities

You will need to identify which staff members will be responsible for the following activities:

- Documenting education in the medical record.
- Following the Breastfeeding Education Periodicity Table to provide recommended messages or materials.
- Providing anticipatory guidance.

Resources

- *Public health websites:* Patient-centered educational materials are often listed on local and state public health agency and breastfeeding coalition websites. Some websites to start with include www.breastfeedcolorado.com and www.cobfc.org.
- *WIC:* An excellent community partner and resource that provides breastfeeding information, pumps, classes, support groups, peer counselors, and community resources/referrals, as well as other services that are free to Colorado families who qualify. Contact your local WIC agency for more information and materials at www.coloradowic.com.
- *La Leche League International:* This organization offers free, evidence-based educational resources on all aspects of breastfeeding. www.llusa.org.
- *Carolina Global Breastfeeding Institute:* Ready, Set, BABY is an educational program designed to counsel prenatal women about maternity care best practices and the benefits and management of breastfeeding, incorporating other important information to help women achieve their goals. Materials are available at: <http://sph.unc.edu/cgbi/ready-set-baby/>.
- *Global Health Media Project:* 7-10 minute videos about breastfeeding management filmed on three continents in multiple countries with a high level of cultural sensitivity. <https://globalhealthmedia.org>.
- *Newborn Nursery at Lucile Packard Children's Hospital:* Includes a library of videos and resources on all aspects of breastfeeding. <https://med.stanford.edu/newborns.html>.

Recommended Outcomes

- Breastfeeding messages and information are provided to patients throughout the prenatal and postpartum periods.
- At least 80% of patients confirm they were asked and informed about breastfeeding by their health care providers.
- At least 80% of patient medical records provide documentation that breastfeeding messages and information were provided during prenatal and well-baby visits.
- At least 80% of patients were informed about prenatal breastfeeding classes.

Point 4: Environment

To be a Breastfeeding Friendly Medical Office all families should encounter a medical office environment that is conducive to optimal breastfeeding and reaching one's breastfeeding goals.

Aligns with the International Code for Marketing of Breast milk Substitutes.

Displaying Positive Messaging

Medical offices should display and have available breastfeeding-related materials, such as posters, art work, signage, magazines, resource materials, children's toys, and children's books. Signage should invite families to breastfeed whenever and wherever they need to. Creating affirmation boards in waiting areas that include photos or stories displaying breastfeeding families is an evidence-based practice that increases breastfeeding normalization, support, and duration. Special consideration should be given to displaying images of persons of color, different family configurations, and a variety of support persons.

Creating a Welcoming Space

The needs of breastfeeding families vary; some may request more privacy within the medical office, while others feel comfortable breastfeeding anywhere. Medical offices should consider configuring their waiting areas to provide options for privacy. The offices should develop guidelines for the use of exam rooms or other private areas for breastfeeding before, during, or after visits or procedures, and the guidelines should be understood and used by all staff and volunteers.

Offices may consider having a supply of breastfeeding-related items to provide to patients, such as nursing pads, ointments, door hangers, or breast pump-related items.

See Appendix I: Guidelines for creating a welcoming environment.

Breast milk Substitutes

Medical offices and providers are frequently recipients of free formula samples and office items that contain commercial logos or images. Breast milk substitutes can be available on hand, but they should be stored out of view of patients (e.g. closet or back room). Research has shown that such materials can undermine the determination of parents to identify and reach their breastfeeding goals. Any gift bags that contain items from or logos of formula companies should be replaced by gift bags that include breastfeeding support items and educational materials. Breastfeeding pamphlets from formula companies are not acceptable educational materials.

Supporting Breastfeeding Employees

Breastfeeding employees should be offered time and space for milk expression during their workday, in accordance with federal and state laws. Lactation spaces should not be in bathrooms or toilet stalls; instead they should be private areas with appropriate signage where the door can be locked or the room can be physically divided. When a staff member is pregnant, information about time and space for milk expression should be shared by their supervisor so a milk expression plan can be developed. Medical offices should consider being designated as a Breastfeeding Friendly Workplace that has a written, employee-focused lactation policy that guarantees time and space for milk expression.

Resources

- *WIC*: This is an excellent source for breastfeeding information, pumps, classes, support groups, peer counselors, community resources and referrals, and other services that are free to qualifying Colorado families. Contact your local WIC agency for information and materials. www.coloradowic.com
- *Public health agencies*: Materials promoting and supporting breastfeeding including posters, charts, infographics, and ideas for alternatives to formula gift bags are often listed on local and state public health agency and breastfeeding coalition websites. Some websites to start with include www.breastfeedcolorado.com and www.cobfc.org.
- Books and toys to normalize breastfeeding are available for children in waiting areas such as Nursing Nina Cat, Nana Dog, and Nola Sheep (manufactured by Manhattan Toy Company), that come as a set that includes a mom and three babies that latch onto the mother with magnets.

Breastfeeding Friendly

To achieve Breastfeeding Friendly Status, the following must be in place regarding environment:

- Display and convey supportive breastfeeding educational materials and signage.
- No formula in public view.
- No formula company messaging on educational materials or free gifts to patients provided by formula companies.
- Welcome signage to breastfeed in public areas or to request a more private space.

Breastfeeding Advocate

To become a Breastfeeding Advocate, medical offices may consider any of the following regarding environment:

- Breastfeeding Friendly workplace designation.
 - Stock breastfeeding supplies (pads, shells, shields, etc.).
 - Breastfeeding signage and educational materials that include family/partners.
 - A private space and accompanying signage for patients to breastfeed.
-
- *Children's books for the waiting room:*
 - *My New Baby* by Rachel Fuller
 - *If My Mom Were a Platypus: Mammal Babies and Their Mothers* by Dia L. Michels
 - *Mama's Milk* by Michael Elsohn Ross
 - *Supermom* by Mick Manning and Brita Granström
 - *We Like to Nurse* by Chia Martin
 - *Parent books for the waiting room:*
 - *The Nursing Mother's Companion – 7th Edition: The Breastfeeding Book Mothers Trust, from Pregnancy through Weaning* by Kathleen Huggins
 - *Expectations: The Essential Guide to Breastfeeding* by Kathleen Huggins
 - *Breastfeeding gift bag contents:*
 - *Nursing pads*
 - *Healthy snacks or coupons for healthy snacks*
 - *Water bottle*
 - *Information about peer support groups and other local breastfeeding resources.*
 - *Brochures for area service providers, such as the local milk bank*
 - *Informational tear-off sheets from companies like Noodle Soup (not formula companies)*
 - *Door hangers for pumping/breastfeeding spaces*

Recommended Outcomes

- Parents are welcome to breastfeed in all public areas of medical offices to establish breastfeeding as the norm for infant feeding. Some may prefer privacy and should be provided with a quiet, clean space.
- Notices reflect the ethnic mix of the community and are written in appropriate languages.

Point 5: Evaluation and Sustainability

To be a Breastfeeding Friendly Medical Office breastfeeding-related practices and policies should be documented, evaluated, and billed so they can be normalized, improved, and sustained.

Documenting Breastfeeding Rates, Education, and Management

To better understand rates of initiation, duration, and exclusivity, medical offices should identify, create, or improve mechanisms for documenting breastfeeding information that is exchanged between the patient and health care provider. Ideally, this is done through the patient's electronic medical record. Your office can determine the best method for collecting and recording this information.

When a family transitions from one medical office to another (e.g. from OB/GYN to pediatrician), a system should be in place so documentation of breastfeeding education and management follows the family within the record.

You are encouraged to review the process and data from the documentation regularly in order to identify breastfeeding rates and areas to improve the documentation process or drive changes in practices or protocols. Offices should review all lactation policies, procedures, and documentation methods regularly to identify areas for quality improvement.

Billing for Breastfeeding Services

Staff responsible for billing services should be familiar with all International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes for both mother and baby that can be related to breastfeeding. Staff should:

- Use appropriate codes and have a clear understanding on who can bill, how to bill, and when the medical practitioner can sign off for billing.
- Develop or improve procedures to bill for lactation services when contracting with an IBCLC.
- Strive to make insurance and Medicaid billing routine, or otherwise find ways to financially support services so lactation services are equitably available to all patients.
- Notify patients of your office's billing practices and estimated cost of services whenever possible; this can alleviate apprehension over large bills for lactation consults.

See Appendices J and K: Billing guidelines for lactation services (ICD-10-CM codes and breast pump prescription) and Appendix L: American Academy of Pediatrics Guide to Getting Paid.

Assigning Responsibilities

You will need to identify which staff members are responsible for the following activities:

- Creating and implementing documentation of breastfeeding education and management.
- Billing oversight, including identifying who is able to bill for services, who needs a practitioner sign-off to bill for services, and who needs to compile and maintain the list of referrals for advanced lactation support.

Billing tips from the United States Lactation Consultant Association:

Each insurance company may have different and predetermined policies delineating which codes are approved for payment to various provider types. Factors to consider in the billing code decision include:

- *Place of service:* Choosing the best code depends on the setting where you provide care (e.g. client home, home office, physician office, hospital outpatient facility, etc.).
- *Patient status:* New or established (follow-up) consultation.
- *Patient cost-sharing:* Preventive codes for plans subject to the Affordable Care Act will not require any copay or meeting a deductible.
- *Level of coding:* Higher-level evaluation and management codes pay more; however, the service must meet the billing criteria.

Breastfeeding Friendly

To achieve Breastfeeding Friendly status, the following must be in place regarding evaluation and sustainability:

- Documentation of breastfeeding rates among all patients.
- Create some financial sustainability through insurance billing for lactation services.

Breastfeeding Advocate

To become a Breastfeeding Advocate, medical offices may consider any of the following regarding evaluation and sustainability:

- Track breastfeeding rates and use data to improve breastfeeding outcomes.
- Evaluate Breastfeeding Friendly policies and practices annually.
- Breastfeeding services that are financially sustainable via reimbursement or other financial resources.

Resources

- The American Academy of Pediatrics offers guidelines for billing lactation services to its members.
- Electronic hospital record and billing software companies have resources for adding fields, templates, or pages for proper documentation.
- United States Lactation Consultant Association has resources and webinars regarding best practices in billing lactation services for lactation professionals. <https://uslca.org/>

Recommended Outcomes

- At least 80% of patients have breastfeeding education and management documented in their permanent records.
- At least 80% of patients find lactation support to be financially feasible.



Point 6: Continuity of Care

To be a Breastfeeding Friendly Medical Office families should receive timely postpartum follow-up for optimal breastfeeding support. Providers have a wide variety of resources and referrals available to facilitate breastfeeding management.

Aligns with Step 10 of the Baby-Friendly™ Hospital Initiative (BFHI) Ten Steps to Successful Breastfeeding.

Follow-up

Research shows that follow-up with the breastfeeding dyad during the first week of an infant's life can have a significant impact on breastfeeding success. Offices should establish or routinize a protocol for providing or ensuring follow-up within five days of birth, although within 1-2 days is ideal for many families. Breastfeeding and recovery from childbirth should be addressed in the follow-up, which may be conducted by telephone; however, it is ideal for the follow-up to be done in person in a home or office visit. Considerations will include identifying who is responsible for conducting the follow-up. In order to assure that follow-up takes place if a patient will be seeing a different provider postpartum, it's important to create a method for this assurance, such as an OB/GYN office assuring follow-up by the pediatrician office.

You may consider forming partnerships or agreements with community agencies and public health programs that conduct home visits, such as the Nurse-Family Partnership (NFP). Such partnerships could ensure that more families receive home visits soon after delivery discharge and that families are connected with appropriate case management programs.

See Appendices M and N: Sample protocols for follow-up.

Referral Sources and Breastfeeding Resources

- A listing or database of local breastfeeding resources available for parents and providers that includes skilled lactation management professionals; breast pumps and parts for rent or purchase; peer support groups; outpatient clinics; providers skilled in anomalies like tethered oral tissue or cleft palate; alternate feeding supplies; and use of donor milk.
- Guidelines for breastfeeding management, returning to work or school, how to use a breast pump, maintaining a healthy milk supply, and how to find a breastfeeding friendly child care professional.



Breastfeeding Friendly

To achieve Breastfeeding Friendly status, the following must be in place regarding continuity of care:

- Assurance of a first follow-up visit to check on breastfeeding progress by 3-5 days after birth.
- A readily available list of lactation professionals to refer patients to when necessary.
- Lactation reference and resource materials are available and utilized.

Breastfeeding Advocate

To become a Breastfeeding Advocate, medical offices may consider the following regarding continuity of care:

- A routine evaluation by an IBCLC to check on breastfeeding progress 3-5 days after birth.

Reference Materials

All medical offices, regardless of whether they have highly trained lactation professional on staff, should have evidence-based reference materials available for breastfeeding management, differential diagnoses, or prescribing medications. These resources can help health care providers to understand when a referral to a CLC or IBCLC is necessary.

Continuity of Care Resources

Public health agencies: Local public health agencies, breastfeeding coalitions, local WIC agencies, and birthing facilities often have listings of breastfeeding resources in the area. Some websites to start with include www.breastfeedcolorado.com and www.cobfc.org.

Recommended Reference Materials

- *Breastfeeding: A Guide for the Medical Profession, 8e* by Ruth A. Lawrence, M.D., and Robert M. Lawrence, M.D.
- *Medications and Mothers' Milk 2017* by Thomas W. Hale, Ph.D. and Hilary E. Rowe, PharmD
- *Breastfeeding Telephone Triage and Advice* by Maya Bunik, M.D.
- *The Nursing Mother's Companion - 7th Edition: The Breastfeeding Book Mothers Trust, from Pregnancy through Weaning* by Kathleen Huggins
- *Expectations: The Essential Guide to Breastfeeding* by Kathleen Huggins

Recommended Outcomes

- At least 80% of families/babies receive a follow-up visit within 3-5 days of delivery.
- At least 80% of patients affirm that they have access to community resources.
- Providers have access to lactation reference materials and affirm they are accessing and using these materials.

Appendix A: Sample Medical Office Lactation Policy

In recognition of the well-documented health advantages of breastfeeding and the particularly important role of the medical provider in supporting, promoting, and protecting breastfeeding, *(our medical office/clinic name)* follows the Six-Point Plan, which outlines the supportive environment and practices that can optimize breastfeeding success for our patients. This plan is aligned with recommendations from the American Academy of Pediatrics (AAP), the Academy of Breastfeeding Medicine (ABM), and the World Health Organization (WHO).

Staff is responsible for:

- Reading and understanding this policy.
- Accessing appropriate lactation training according to one's role in the office/clinic.
- Providing a welcoming attitude and environment for breastfeeding families.
- Providing follow-up and referrals, as indicated.

Policy

Leadership: A point person within *(our medical office/clinic name)* has been identified to oversee the details of the Six-Point Plan within our office and will facilitate communication and modifications, as necessary.

Formula Use: We protect breastfeeding by allowing no advertising or coupons for formula to mothers and their families. We do not distribute formula or other feeding supplies within our office/clinic. Samples of formula are given only when medically necessary following a full breastfeeding assessment.

Staff Needs: Breastfeeding staff may schedule breaks and work patterns for milk expression. A prioritized or designated space is available to them for milk expression during the workday; this space is not a bathroom or toilet stall. Milk may be stored in *(location)*. Other arrangements or concerns can be addressed with *(supervisor or other designated staff person)*.

Training

Training: Each member of our medical office/staff has received or will access regular lactation training and updates according to their role in the office. The training includes the following topics:

- Basic lactation management
- Supply and demand
- Building a milk supply
- Latch and positioning
- Hand expression
- Feeding cues
- Newborn behavior
- Expectations by age
- Resources and referrals
- Using a breast pump
- Triage protocol
- Cultural considerations

Triage: Protocol for addressing phone calls about breastfeeding concerns is in place for all staff members who respond to communication at *(our medical office/clinic name)*. The triage protocol is reviewed regularly and updated, as necessary.

Patient Education

Education: Breastfeeding education and resources are provided to patients during pregnancy, postpartum, and/or well-baby visits according to the scope of practice of this medical office/clinic. Education follows a periodicity table or other protocol to optimize messages, and resources are based on families' needs.

Classes: All families are provided with information, referrals, or appointments for prenatal breastfeeding classes, as locally available.

Environment

(Our medical office/clinic name) has fostered an environment in the waiting area, exam rooms, and other spaces that is fully supportive of and optimizes breastfeeding success for our patients.

Messages: *(Our medical office/clinic name)* displays posters, artwork, signage, and/or other items that convey supportive breastfeeding messages. As possible, these include partners and family. These are culturally and linguistically appropriate to our patient population. Signage and spaces are provided that welcome breastfeeding in all areas of the office/clinic and meet the needs of patients before, during, and after an exam or procedure.

Formula: We protect breastfeeding by allowing no visible display of formula messaging from formula companies messaging. We do not provide free gifts that are provided by formula companies.

Evaluation and Sustainability

Documentation: *(Our medical office/clinic name)* documents information gathered about breastfeeding and our patients so as to understand our populations' breastfeeding rates. This information is collected in electronic medical records or in the patients' files and may be used to improve office policies and practices in order to optimize breastfeeding outcomes for patients.

Billing: Lactation education and services are billed with appropriate ICD 10 CM codes and follow best practices for optimal reimbursement. The billing specialist for *(our medical office/clinic name)* will include proper billing practices in accordance with regular lactation training that they receive. Patients will be notified of our office's billing practices.

Continuity of Care

Follow-up: According to *(our medical office/clinic name)* scope of practice, a protocol for follow-up or assurance of follow-up is in place for the breastfeeding mother within the first five days of her delivery discharge from the birthing facility.

Referrals: *(Our medical office/clinic name)* maintains a list of lactation management professionals or lactation-related specialists in our community to facilitate referrals for our patients, as needed. This list is reviewed and updated regularly.

References: Lactation-related reference books and materials are available within *(our medical office/clinic name)* and replaced as updates or new additions are released. Special consideration is given to resources for lactation management, medications and breastfeeding, and triage protocols.

Appendix B: Sample Medical Office Lactation Policy

(to be available to patients)

We support the right of all parents to make informed decisions about infant feeding. All of our staff and volunteers will support you in your decisions. We believe that breastfeeding is the healthiest way to feed your baby, and we recognize the importance of breastfeeding for both you and your child. We protect breastfeeding by allowing no advertising of formula to mothers and their families. We do not distribute formula or other feeding supplies within our office/clinic.

The World Health Organization (WHO) recommends breastfeeding for two years or beyond. We will support you reaching or even surpassing your breastfeeding goals, whatever those may be. We will help you to achieve success in breastfeeding by:

Training Our Staff

- Ensuring that our health care providers are specially trained so they can support you in breastfeeding.
- Having our health care providers discuss breastfeeding with you during your pregnancy, which includes explaining the importance of exclusive breastfeeding for at least six months and answering any questions you may have.
- Ensuring that a knowledgeable and skilled health practitioner will be available to advise you on breastfeeding when you are at home and to help you in understanding any issues your baby may have.
- Assisting you to meet any breastfeeding challenges and giving you information on who to contact at any time, day or night, if you need feeding advice.

Educating Our Patients

- Encouraging you to give frequent, unrestricted feedings whenever your baby signals hunger.
- Recommending that you keep your baby near you whenever you can so you can get to know each other.
- Providing you with information about safe and unsafe sleeping practices.
- Recommending that you not use bottles, artificial nipples, or pacifiers while your baby is learning to breastfeed. These can make it more difficult for your baby to learn how to breastfeed and for you to establish a good milk supply.
- Showing you how to express your breast milk by hand and providing you with written information about that and how to store your milk safely. We will also teach you how to use a breast pump, as necessary.

Providing Ongoing Support

- Supporting you to exclusively breastfeed your baby for at least six months, as well as breastfeeding with complementary foods after six months.
- Discussing why breastfeeding is so important. Most babies only need breast milk during their initial months, so you must be given a full explanation if you're being told your baby needs other food or drink during that time. We will be available to discuss that and any questions you may have.
- Helping you to recognize when your baby is ready for other foods, usually at about six months of age. We will discuss appropriate foods and how they can be introduced to your baby.

Creating a Welcoming Environment

- Welcoming breastfeeding in our office/clinic. If you would prefer to breastfeed somewhere private, please ask a member of our staff.

Connecting Our Patients with Resources

- Providing contact details of mother-to-mother support groups and other services in the community that also offer breastfeeding understanding and support. Our office/clinic's full lactation policy is available for you to read upon request.

Appendix C: Baby-Friendly™ Hospital Initiative

Ten Steps to Successful Breastfeeding

The *Ten Steps to Successful Breastfeeding* were developed by a team of global experts and consist of evidence-based practices that have been shown to increase breastfeeding initiation and duration. Baby-Friendly™ hospitals and birthing facilities must adhere to the Ten Steps to receive and retain a Baby-Friendly™ designation.

The Ten Steps to Successful Breastfeeding are:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff and comply fully with the *International Code of Marketing of Breast-milk Substitutes*.
2. Train all health care staff in the skills necessary to implement the breastfeeding policy.
3. Inform all pregnant women and their families about the benefits and management of breastfeeding.
4. Facilitate immediate and uninterrupted skin-to-skin contact and help mothers initiate breastfeeding as soon as possible after birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk unless medically indicated.
7. Practice rooming in – allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand and support mothers to recognize and respond their infant's cues for feeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups, and refer mothers to them on discharge from the hospital or birth center.



Appendix D: What is the WHO Code?

On May 21, 1981, the 34th World Health Assembly adopted the *International Code of Marketing of Breast milk Substitutes* in the form of a recommendation in the World Health Organization (WHO) Constitution. More than 160 countries and territories, including the United States, agreed to take steps to implement the Code. Enforcement of the Code is a matter for the government of each country to decide, in keeping with its social and legislative framework.

The aim of the Code is to “contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.”

The Code (World Health Organization Publication WHO/MCH/NUT/90.1) indicates:

- NO advertising of breast milk substitutes to the public.
- NO free breast milk substitute samples to mothers.
- NO promotion of products in health care facilities.
- NO company “mothercraft” nurses to advise mothers.
- NO breast milk substitute gifts or personal samples to health workers.
- NO words or pictures idealizing artificial feeding, including pictures of infants on the products.
- Information to health workers should be scientific and factual.
- All information on artificial feeding, including the labels, should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding.
- Unsuitable products, such as condensed milk, should not be promoted for babies.
- All products should be of a high quality and take into account the climatic and storage conditions of the country where they are used.

What’s Happening in the U.S.?

The U.S. government has formally given the Code to U.S. manufacturers of breast milk substitutes, along with the government’s perspectives on the impact of the Code on those companies. All three major manufacturers have their own code of conduct where the marketing of infant formula is concerned, and all three have declared they will abide by the International Code when doing business in developing countries, while reviewing their practices in industrialized countries.

U.S. laws in place to protect the safety and sanitary condition of infant formula are the Anti-Drug Abuse Act of 1986 and the Infant Formula Act of 1980. Complaints, information on microbiological and nutrient testing, and manufacturer’s audits can be found in the December 1991 amendment to the Federal Food, Drug and Cosmetic Action, *International Digest of Health Legislation*, 43(3):556 (1992).

A variety of groups and individuals have written articles supporting the Code and discourage people to personally or professionally associate themselves with companies in violation of the Code.

Excerpted from www.breastfeedingonline.com.

Appendix E: Staff Lactation Training Checklist

Staff Lactation Training Checklist

Name: _____ Position: _____

Please initial which type of staff member you are and initial each topic as you have covered it. This review can be done with videos, webinars, online resources, reference books, podcasts, or in-person training.

___ Level 1, Welcoming Staff: *Front desk staff, billing staff, administration, lab techs*

1 hour of basic lactation education

Topics covered:

- ___ Anatomy and physiology of breastfeeding
- ___ Supply and demand – how feeding frequency and duration affect milk supply
- ___ Relative merits of breast milk vs. formula
- ___ How to create a welcoming environment for breastfeeding families
- ___ Triage protocol for phone calls related to breastfeeding/infant feeding

___ Level 2, Counseling Staff: *Medical Assistants*

1 hour of basic lactation education each year

Topics covered:

- ___ Topics covered in Level 1
- ___ Building milk supply/supply and demand
- ___ Importance of latch
- ___ Frequency of feeding/feeding cues
- ___ Baby behavior and expectations by age
- ___ Benefits of breastfeeding (health, lifestyle)
- ___ Going back to work/school, using a breast pump
- ___ Triage protocol for phone calls related to breastfeeding/infant feeding
- ___ Breastfeeding resources (referrals, toolkits)

___ Level 3, Specialist Staff: *Clinical staff, Primary Care Providers, Nurses, CNMs*

3 hours of lactation education each year – at least one person should have the initial training done in-person

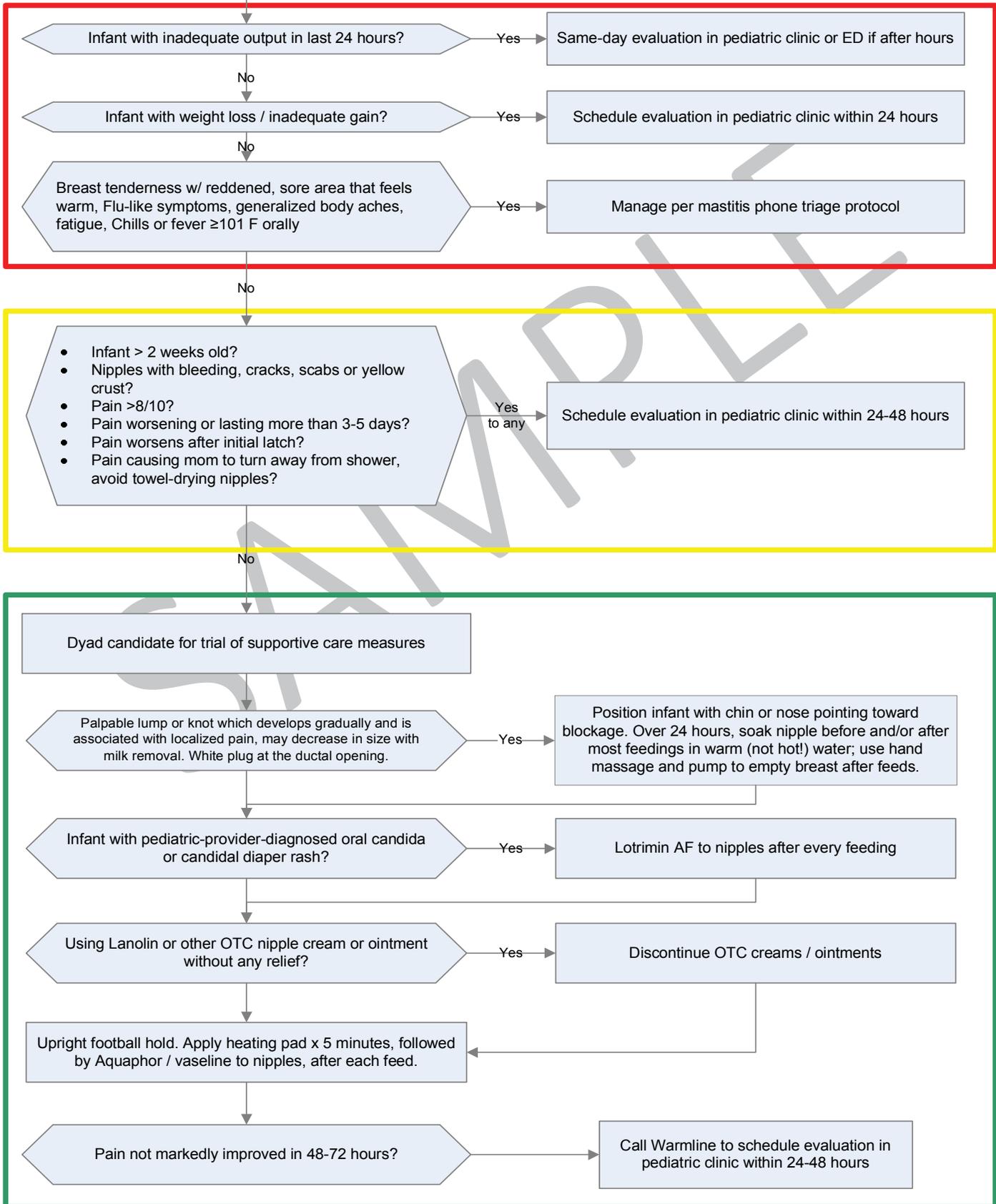
Topics covered:

- ___ Topics covered in Level 1 and 2
- ___ Hand expression
- ___ Anatomy and physiology of breastfeeding
- ___ Establishing a good latch
- ___ Assessing adequate milk transfer
- ___ Pain (in breast, while breastfeeding)
- ___ Supply and demand (reasons, implications, supplementation)
- ___ Medications in lactation
- ___ Safe sleep
- ___ Considerations for returning to work or school, using a breast pump
- ___ Breastfeeding resources (referrals, toolkits)

I have used the following resources for my training:

Appendix F: Phone Triage FlowChart for Pain

LC Phone Triage: Pain

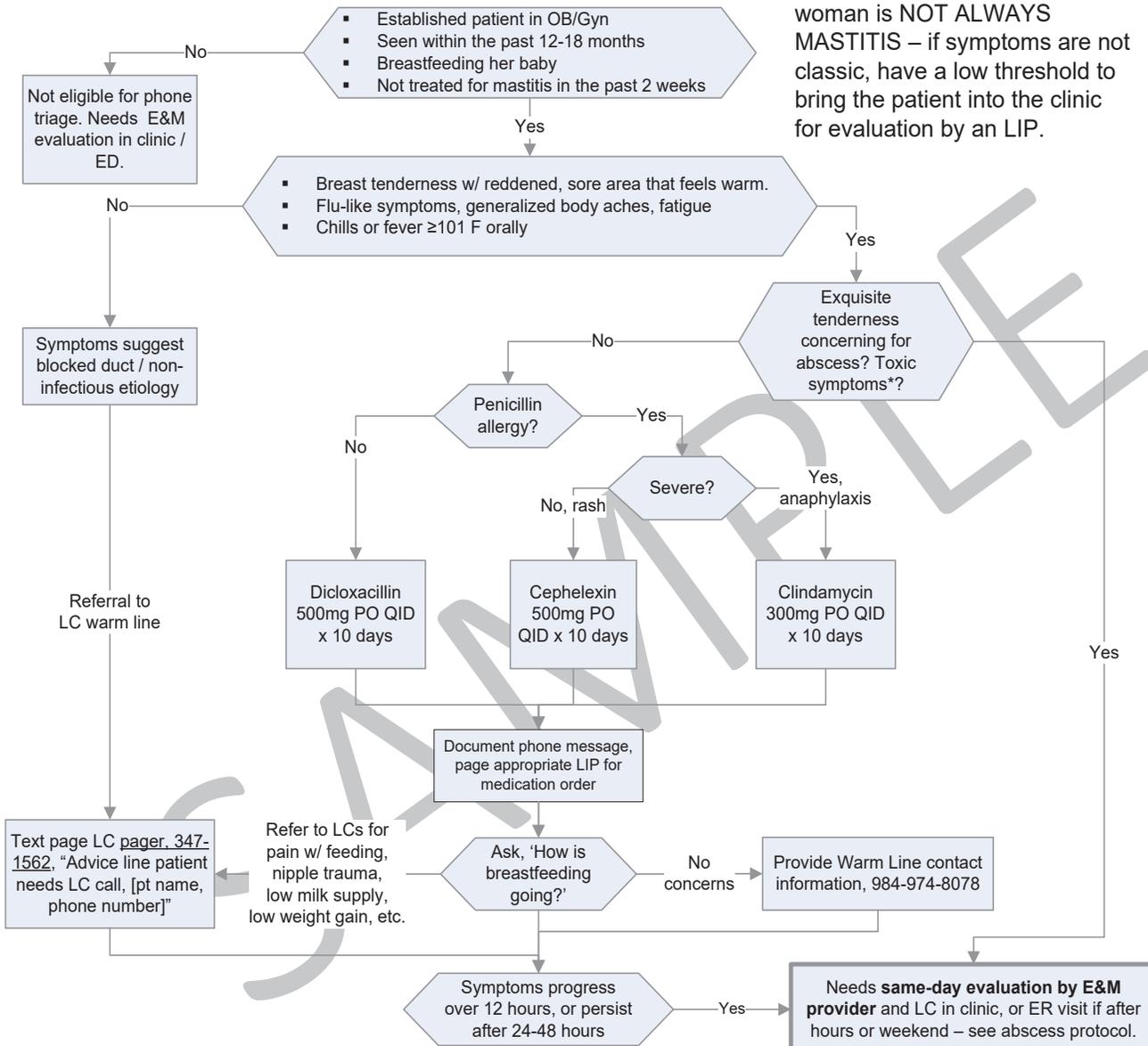


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Appendix G: Phone Triage Flowchart for Mastitis

Mastitis phone triage protocol

A febrile illness in a postpartum woman is NOT ALWAYS MASTITIS – if symptoms are not classic, have a low threshold to bring the patient into the clinic for evaluation by an LIP.



Counseling and Education

- Counsel patient that symptoms should improve in 24 to 48 hours. If symptoms progress after 12 hours or persist after 24-48 hours, she should be seen in OB clinic by the appropriate UOG/resident provider, or come to the ER if after hours or weekend for evaluation.
- For pain and fever, recommend:
Acetaminophen 650-1000 mg q4-6 hours (maximum 4g /day) or
Ibuprofen 400-600 mg q6h
- Review mastitis supportive care: "Rest, fluids, empty the breast." No risk to infant continuing breastfeeding during infection, risk to mom with abrupt weaning. Nurse / pump every 2-3 hours. Suggest warm (not hot) compress or soaks before nursing, massaging tender area toward nipple w/ feeds to help relieve blocked ducts.

*Toxic Symptoms

Unable to tolerate PO, dizzy/lightheaded with ambulation, T >39 C, or worrisome in clinical judgement of provider

Documentation and Medication Order

- Document patient symptoms that initiated treatment and counseling in telephone message – SmartPhrase .lactmastitisphone
- Page covering LIP: **Resident Clinic Attending, Midwife on Call, OB Intern, or Faculty Attending**
- Route telephone message to appropriate LIP to enter medication order in Epic
- Copy phone message to Dr. Stuebe, Medical Director of Lactation

Used with permission of University of North Carolina

Appendix H: Breastfeeding Education Periodicity Table - Prenatal Period

	First Trimester	Second Trimester	Third Trimester
Gathering Information	<ul style="list-style-type: none"> <input type="checkbox"/> What do you know about breastfeeding? <input type="checkbox"/> What do you hear from family or friends about breastfeeding? 	<ul style="list-style-type: none"> <input type="checkbox"/> What changes have you noticed in your breasts? <input type="checkbox"/> What have you been hearing/learning/thinking about breastfeeding? <input type="checkbox"/> Patient history for potential medical risk factors related to breastfeeding ___breast surgery ___PCOS ___diabetes ___hyperthyroidism <input type="checkbox"/> Patient history for potential contraindications to breastfeeding ___active TB ___active varicella ___HIV/HTLV ___active HSV w/breast lesions ___current tx for breast cancer w/chemotherapy 	<ul style="list-style-type: none"> <input type="checkbox"/> What have you been hearing/learning/thinking about breastfeeding? <input type="checkbox"/> What are your back-to-work or back-to-school plans? <input type="checkbox"/> What do you know about hunger cues, latch, positioning, and maintaining a milk supply?
Providing Information	<ul style="list-style-type: none"> <input type="checkbox"/> Health benefits of breastfeeding/health risks of not breastfeeding <input type="checkbox"/> Exclusive breastfeeding and why it's important <input type="checkbox"/> Anticipated support needs <input type="checkbox"/> Changes in the breast during pregnancy <input type="checkbox"/> Early milk production <input type="checkbox"/> Contraindications to breastfeeding 	<ul style="list-style-type: none"> <input type="checkbox"/> Steps to take to increase breastfeeding success during labor and delivery and early postpartum period ___pain management ___skin-to-skin ___breastfeed early and often ___formula vs. donor milk ___no pacifier for 1st month <input type="checkbox"/> Anticipated support needs <input type="checkbox"/> Discuss returning to work or school <input type="checkbox"/> Risk of supplementation while breastfeeding in first 6 months <input type="checkbox"/> ROOMING IN-required for any baby-friendly certified hospital or pursuing designation. <input type="checkbox"/> Contraindications to breastfeeding 	<ul style="list-style-type: none"> <input type="checkbox"/> Hunger cues and feeding on demand <input type="checkbox"/> Review latch technique <input type="checkbox"/> Review positioning <input type="checkbox"/> Review how to maintain a healthy milk supply <input type="checkbox"/> Anticipated support needs <input type="checkbox"/> Discuss returning to work or school <input type="checkbox"/> Non-pharmacological pain relief methods for labor <input type="checkbox"/> Risk of supplementation while breastfeeding in first 6 months <input type="checkbox"/> ROOMING IN-required for any baby-friendly hospital or those pursuing designation. <input type="checkbox"/> Contraindications to breastfeeding
Offering Resources	<ul style="list-style-type: none"> <input type="checkbox"/> Prenatal breastfeeding classes <input type="checkbox"/> WIC information <input type="checkbox"/> Basic breastfeeding information <input type="checkbox"/> Local public health agency or breastfeeding coalition website. 	<ul style="list-style-type: none"> <input type="checkbox"/> Same as 1st trimester, and early referral to IBCLC for indications discovered in patient history 	<ul style="list-style-type: none"> <input type="checkbox"/> Same as 1st trimester, and early referral to IBCLC for indications discovered in patient history

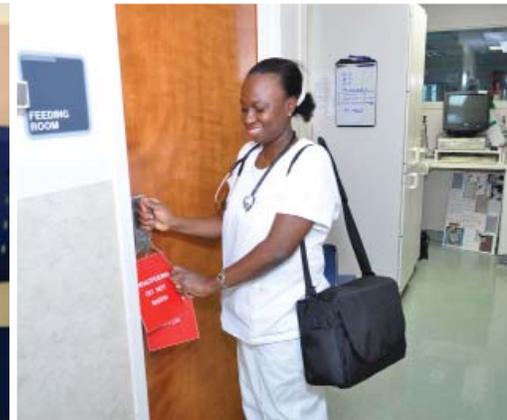
Appendix H: Breastfeeding Education Periodicity – Postnatal Period

Topic to Review at Well-Baby Visits	Newborn	3-5 days	By 1 month	2 months	4 months	6 months	9 months
Recognizing Hunger Cues							
Skin-to-Skin							
Avoiding/Reducing Engorgement							
Hand Expression							
Optimizing Latch							
Different Types of Positioning							
Pacifier Use							
Sleep Management for Parents							
Sleep Issues for Infant							
How to Maintain Healthy Milk Supply							
Using a Breast Pump (Returning to Work/School)							
Recognizing/Addressing Plugged Ducts							
Recognizing and Addressing Mastitis							
Cluster Feeding and Growth Spurts							
Cleaning Gums and Teeth							
Starting Solids							
Progression of Solids							

Appendix I: Creating a Welcoming Environment

By following the basic guidelines below you can help to make your medical office welcoming to breastfeeding families:

- Waiting room has a more private area for breastfeeding.
- Waiting room has a resource rack or notebook, children's books, and toys that normalize breastfeeding, as well as an affirmation board to celebrate breastfeeding successes and magazines/books that support and promote breastfeeding.
- Formula is not in public view.
- Items displaying formula company logos are not accepted by the office and are not in public view.
- Images displaying breastfeeding are in public view (e.g. signage, posters, artwork, photographs, etc.).
- Summary of office lactation policy is in public view.
- Giveaways include door hangers, nursing pads, lanolin, children's books, etc. displaying positive messages about breastfeeding, as well as a list of local resources and services.
- Space and time are available in the exam room or another space for breastfeeding post-visit or post-procedure.



Appendix J: ICD-10-CM Codes

ICD-10-CM for Breast Pumps

E0602 - Breast pump, manual, any type

E0603 - Breast pump, electric (AC and/or DC), any type

E0604 - Breast pump, hospital grade, electric (AC and/or DC) any type

ICD-10-CM for Infant

Billing insurance: ICD-10-CM

P92.01 Bilious vomiting of newborn

P92.09 Other vomiting of newborn

P92.1 Regurgitation and rumination of newborn

P92.2 Slow feeding of newborn

P92.3 Underfeeding of newborn

P92.5 Neonatal difficulty in feeding at breast

P92.8 Other feeding problems of newborn

P92.9 Feeding problem of newborn, unspecified

R11.10 Vomiting, unspecified (>28 days old)

R11.12 Projectile vomiting (>28 days old)

R11.14 Bilious vomiting (>28 days old) Jaundice

P59.0 Neonatal jaundice associated with preterm delivery

P59.3 Neonatal jaundice from breast milk inhibitor

P59.8 Neonatal jaundice from other specified causes

P59.9 Neonatal jaundice, unspecified

Weight and hydration

P74.1 Dehydration of newborn

P74.2 Disturbances of sodium balance of newborn

P74.3 Disturbances of potassium balance of newborn

P92.6 Failure to thrive in newborn

R62.51 Failure to thrive in child over 28 days old

R63.4 Abnormal weight loss

R63.5 Abnormal weight gain

R63.6 Underweight

Infant distress

R68.11 Excessive crying of infant (baby)

R68.12 Fussy infant (baby)

R10.83 Colic

GI issues

R19.4 Change in bowel habit

R19.5 Other fecal abnormalities

R19.7 Diarrhea, unspecified

R19.8 Other specified symptoms and signs involving the digestive system and abdomen

Mouth

Q38.1 Ankyloglossia

Q38.5 Congenital malformations of palate (high arched palate)

Other

Z09 Encounter for follow-up examination after completed treatment

(When the original reason for visit has resolved)

R19.8 Other specified symptoms and signs involving the Mother^

ICD-10-CM* for the Mother

Breast & Nipple issues

B37.89 Candidiasis, breast or nipple

L01.00 Impetigo, unspecified

O91.02 Infection of nipple associated with the puerperium

O91.03 Infection of nipple associated with lactation

O91.13 Abscess of breast associated with lactation/Mastitis purulent

O91.23 Nonpurulent mastitis associated with lactation

O92.03 Retracted nipple associated with lactation

O92.13 Cracked nipple associated with lactation

Q83.8 Other congenital malformations of breast (ectopic or axillary breast tissue)

R20.3 Hyperesthesia (burning)

Constitutional

G47.23 Circadian rhythm sleep disorder, irregular sleep wake type

G47.9 Sleep disorder, unspecified

R53.83 Fatigue

Lactation

O92.3 Agalactia

O92.4 Hypogalactia

O92.5 Suppressed lactation

O92.6 Galactorrhea

O92.70 Unspecified disorders of lactation

O92.79 Galactocele (Other disorders of lactation)

Z39.1 Encounter for care and examination of lactating mother

(Excludes encounter for conditions related to O92.-)

Other

Z09 Encounter for follow-up examination after completed treatment

(When the original reason for visit has resolved)

*Do not use any codes listed under the mother for the baby's medical record

Appendix K: Breast Pump Prescription

Name of Mother*: _____ DOB: _____

Name of Baby*: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Primary Insurer: _____ Policy # _____

Secondary Insurer: _____ Policy # _____

*Benefits vary by insurer and plan, including by whom and for whom prescriptions must be written.

MANUAL BREAST PUMP (for short-term or occasional use)

Manual Breast Pump E0602

ELECTRIC BREAST PUMP

Hospital Grade Electric Breast Pump (E0604) with Double Pump Kit Individual Electric

Breast Pump (purchase pump) (E0603)

Reason (check all that apply)

Difficult latch/suppressed latch O92.5

Mastitis

O91.13 Abscess of breast associated with lactation/Mastitis, purulent

O91.23 Nonpurulent mastitis associated with lactation

Inadequate milk production

O92.3 Agalactia

O92.4 Hypogalactia

O92.5 Suppressed lactation

O92.6 Galactorrhea

O92.70 Unspecified disorders of lactation

Poor infant weight gain

R63.4 Abnormal weight loss

R63.6 Underweight

P92.6 Failure to thrive in newborn

R62.51 Failure to thrive in child over 28 days old

P74.1 Dehydration of newborn

P92.1 Regurgitation and rumination of newborn

Jaundice

P59.0 Neonatal jaundice associated with preterm delivery

P59.3 Neonatal jaundice from breast milk inhibitor

P59.8 Neonatal jaundice from other specified causes

P59.9 Neonatal jaundice, unspecified

Poor latch

P92.2 Slow feeding of newborn

P92.5 Neonatal difficulty in feeding at breast

P92.8 Other feeding problems of newborn

P92.9 Feeding problem of newborn, unspecified

Engorgement O92.29 Other disorders of breast associated with pregnancy and the puerperium

Retracted nipple(s) O92.03 Retracted nipple associated with lactation

Cracked nipple(s) O92.13 Cracked nipple associated with lactation

Failure to establish effective breastfeeding pair O92.79 other disorders of lactation

Other: _____

Date Needed _____ Time Needed (if needed for discharge) _____

Length of Need (Hospital Grade Electric Breast Pump only)

(number of) months OR Indefinite / as long as breastfeeding

AUTHORIZATION

SIGNATURE: _____ MD / DO / NP / CNM / PA

Printed name: _____ NPI #: _____

Address: _____

Phone #: _____ Fax #: _____

Developed by the Boulder County Breastfeeding Coalition in February 2017. This form functions as a prescription and letter of medical necessity for a breast pump and necessary accessories. Use is encouraged to support breastfeeding and health outcomes of breastfeeding dyad.

Appendix L: American Academy of Pediatrics Guide to Getting Paid

Supporting Breastfeeding and Lactation: The Primary Care Pediatrician's Guide to Getting Paid

Affordable Care Act

The Affordable Care Act (ACA) has two major provisions affecting breastfeeding - (1) coverage of comprehensive lactation support and counseling and (2) costs of renting or purchasing breastfeeding equipment for the duration of breastfeeding.

These provisions, however, are typically linked to *maternal benefits* under the insurance plans and therefore coverage may be dependent upon submitting claims under the mother's name. If pediatric providers plan to provide these services and expect the claims to be adjudicated with benefits covered under ACA provisions, the claim may have to be submitted under the mother's name and not the baby's. Check with your payers under the essential health benefits for more details. Remember that services provided out of a payer's network can be subject to cost sharing.

Below is a link to a Section on Breastfeeding resource on ACA provisions and federal support for breastfeeding. Also the section has developed a [letter](#) for payers.

FEDERAL SUPPORT FOR BREASTFEEDING

Breastfeeding support can often be quite time-intensive initially but pays off in a healthier patient population. It is in your insurers' best interests that you provide these services, and be reimbursed appropriately.

This pamphlet is a guide to help pediatric practitioners get paid appropriately for their time as they incorporate more breastfeeding support into their practices.

Billing for problems with breastfeeding and lactation is just like billing for any other pediatric problem.

Pediatricians and other billable licensed practitioners (nurse practitioners* and physician assistants*) may:

- Use current *Current Procedural Terminology (CPT®)* codes.
- Use current *ICD-9-CM* codes.
- Code based on time, if greater than 50% of time is spent in counseling, education, or coordination of care

The three- to five-day visit

The AAP recommends ^{1,2,3} this visit

- to assess jaundice in ALL infants, regardless of feeding method.
- to address other early feeding issues

For breastfeeding infants, the purpose of this visit is

- to assess weight, hydration and jaundice and
- to address the ability of the infant to:

- Use modifier 25 appended to a separately reported office or other outpatient service to bill for extended time spent on feeding problems at a well baby visit.
- Bill for care provided for the mother, often as a new patient, in addition to billing for the baby, if history, exam, diagnosis and treatment are done for her.
- A *new patient* is one who has not received any professional face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services reported by a specific CPT code(s) from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

The practice can also, under specific circumstances, charge for services provided by nurses and such allied health professionals as lactation consultants, health educators, and nutritionists, using a variety of codes.

This fact discusses:

1. Options for billing the three-to-five day visit
2. Billing for extra time spent at well baby visits
3. Use of time-based coding
4. Billing for consults
5. Billing for care provided for the mother
6. Billing for allied health professional services
7. Commonly reported *ICD-9-CM* (for use before Oct 1, 2014) and *ICD-10-CM* codes (for use on or after Oct 1, 2015)
8. Codes for breast pump

*Unless restricted by their state or payers' scope of practice limitations. This pamphlet does NOT discuss the detailed, important and specific guidelines affecting decisions about billing for nurse practitioners and physician assistants, i.e., whether credentialed and billed under their own names vs. billing for their services "incident to" physician care and thus billed under the physician's name. That topic is beyond the scope of this pamphlet. However, all physicians employing such allied health care providers need to be aware of, and understand, the applicable billing rules, and apply them carefully—whether billing for feeding problems, or for any other medical services in the pediatric office.

1. Maintain hydration AND
2. Sustain growth and activity AND
3. Increase and maintain maternal production.

This assessment usually includes:

1. History: Infant feeding, sleep and activity patterns, urine and stool output; maternal lactogenesis, comfort and confidence
2. Exam: Weight, and exam for dehydration, sleepiness and level of jaundice

3. If indicated, observation of a feeding, including weights before and after feeding
4. Testing, interventions, and counseling if indicated

The visit may be billed as either

- a first routine well visit OR
- a follow-up visit, for a problem noted earlier

Billing as a well visit

If the infant's previous record does not document a feeding problem, and no other health problem has been identified, then this first office visit *should be coded and billed as an established patient well-child visit.*

- CPT code **99391**
- ICD-9-CM **V20.32** (and any other indicated diagnosis codes, eg, for jaundice or feeding problem)

In any well visit, the clinician is expected to spend time addressing routine feeding issues. When unusual time beyond the usual is required, there are two ways of billing

for this extra time.

When extra time is required:

If, a feeding problem exists which requires *more* than an ordinary amount of time to address, the physician may, depending on the circumstances, choose one or both of the following options, as clinically appropriate:

- Prefer to spend extra time at this visit to address the problem immediately. This may then be billed separately using the **99212-99215** codes appended with the modifier **25**, following the guidelines described on the next page
- Schedule a follow-up visit, for example, within a few days, or at one to two weeks of age. That follow-up visit would then be billable using the office follow-up codes (**99211-99215**) related to that feeding problem diagnosis.

Coding and billing as a follow-up visit

For this to be billed as a follow-up visit, the reason for follow-up must be clearly established on the preceding health or hospital record.

Billing for extra time spent on feeding problems at any well baby visit

If, at a well visit, a significant, separately identifiable, diagnosable feeding *problem* necessitates extra time beyond routine well visit feeding counseling, then the **99212-99215** codes appended with the modifier **25** may be reported in addition to the preventive medicine service code.

- The earlier chart must document the unresolved problem that requires a follow-up visit.
- An appropriate diagnosis code, e.g., "newborn feeding problem" (**779.31**), or "jaundice" (**774.6**) must be included with the hospital or birth center's discharge diagnoses, to establish the reason for the follow-up visit.
- Alternatively, telephone chart notes document that, since discharge, a new problem exists.

Examples of early problems requiring follow-up include, but are not limited to:

- Jaundice
- Infrequent and/or dark stools
- Ability to transfer milk not established
- Infrequent breastfeeding
- Weight loss exceeds 7%
- Breastfed infant being fed formula

Options for coding and billing as a follow-up visit:

1. Schedule routinely with physician or billable licensed health care provider (e.g., NP or PA):
Use office follow-up codes **99212-99215** and appropriate ICD-9-CM codes:
 - If the feeding problem persists, use an ICD-9-CM such as **779.31**, **774.6**, **783.21**, etc.
 - If, however, the feeding problem has resolved, use instead ICD-9-CM code **V67.59**, just as you would for a follow-up resolved otitis media.
2. Nurse visit with possible triage to physician or other billable licensed health care provider
This is a weight check and quick screen for feeding, sleep, and stool patterns. It is only billable to the nurse as a **99211** if it is NOT triaged to the doctor. Triage based on adequacy of feeding:
 - a. *If this visit demonstrates that good feeding has been established*, the physician does not need to see the patient to bill for a limited nurse's visit with CPT code **99211** and ICD-9-CM code **V67.59**.
 - b. *If nurse's weight check visit reveals persistent problems*, you do NOT bill for the nurse visit but instead triage back to pediatrician, or other billable health care practitioner (NP or PA) immediately for a problem visit, billable as a follow-up visit (**99212-99215**)

A separate note is optimally written, on a separate page or on the same page with a line separating the two notes: the well visit note and the problem based note.

Furthermore, the problem-based note will require that all required key components of appropriate time-based billing is documented for the code selected.

Both visits are then reported, appending the modifier **25** to the problem-based visit code. For example, using an established patient 8 to 28 days old, you would report:

99391 **V20.32**

99212 25 **779.31**

Note: Some payers do not pay for both E/M services on the same date.

Billing for any clinician’s visit based on time

Because breastfeeding visits are dominated by counseling and education, they can be time-intensive.

The *CPT* guidelines allow for a visit to be billed based on time, rather than by meeting the E/M requirements for elements of history, physical, and decision-making, *if*:

1. More than 50% of the practitioner’s face-to-face time with the patient has been spent on counseling (patient education) or coordination of care
2. You must document *on the chart*:
 - a. Your total face-to-face time with the patient and/or the patient’s family.
 - b. Time spent in counseling or coordination of care (and this must be > 50% of total)
 - c. A brief description of what was discussed (should be one or more: diagnosis or impressions; prognosis; risks/benefits of management options; instructions for management and follow-up; compliance issues; risk factor reduction; patient and family education); a checklist on your encounter form will make this easier for all time-based visits, not just those about breastfeeding issues

You can bill for time for most routine E/M codes, eg, **99212–99215**, when counseling, education, or coordination of care dominate a visit otherwise not meeting customary guidelines for history, physical, and medical decision-making. (It should be noted that time-based billing cannot be used with the preventive medicine service codes, since their *CPT* code descriptors do not contain “typical times”) Also note that typical times are not threshold times and you do not need to reach the time listed in a specific code in order to report it, but must be closer to that time, then the time listed in the code below.

The CPT E/M guidelines for billing based on time:

<i>New Patient</i>		<i>Established Patient</i>		<i>Outpatient Consult</i>	
<i>Time</i>	<i>Code</i>	<i>Time</i>	<i>Code</i>	<i>Time</i>	<i>Code</i>
20	99202	10	99212	15	99241
30	99203	15	99213	30	99242
45	99204	25	99214	40	99243
60	99205	40	99215	60	99244
				80	99245

[For example, if you spent 35 minutes face to face with an established baby and mother, of which greater than 18 minutes were spent counseling about feeding issues, you could bill with *CPT* code **99215**, ignoring the usual history, exam, and medical decision-making requirements for a **99215**. Since 35 minutes is closer to 40 minutes (**99215**) rather than 25 minutes (**99214**), you would report a **99215**. Your chart documentation must include the three elements described above: total physician face-to-face time, total time spent counseling, and a description of that counseling.]

Consultations

The physician or individually credentialed nurse practitioner or physician’s assistant* may also bill the initial feeding evaluation as a requested consultation if the following guidelines are met:

A requested consultation (99241–99245) requires the “3 Rs,” *documentation on chart of*:

1. **Request** (whether verbal or written) from another physician (even within the practice) “or other appropriate source” (can be a lactation consultant or

Follow-up visits will be billed as established patients (**99212–99215**).

* An allied health care provider cannot bill a consult under the “incident to” billing options. Only a nurse practitioner or physician’s assistant who has been credentialed individually by an insurance company may bill for either of these types of consults under that provider’s own name. Note: This is subject to individual state and payer limitations.

even a La Leche League leader) is documented and the original request is to gather your advice or opinion. This cannot be a transfer of care.

2. **Render** the service requested
3. **Report** back to requesting source (Note: must be a written report.)

Billing for codes **99241–99245** may be based either on key components or time.

Billing for the Infant's Mother

If the physician or other billable licensed health care provider is taking the mother's history, examining her breasts and nipples, observing a feeding, and making a diagnosis and treatment plan for her, the clinician is treating a second patient. This may change the visit with the baby into two separate and identifiable visits with two different patients—two patients, two visits, two records, two bills, and two co-pays. Remember under the ACA provisions, in order to not incur cost sharing, these

services may need to be submitted under the mom and not the baby.

- Depending on the mother's insurance, you may need to get a request from her primary care health care provider.
- Can be billed either as a new patient (**99201–99205**) or, if you have a request and will make a written report back to the requesting source, as a consult (**99241–99245**)

Billing for services by allied health providers who are neither nurse practitioners nor physician's assistants

Services provided by an allied health professional who is *not* a billable and credentialed nurse practitioner or physician's assistant, (e.g., a nurse, health educator, or lactation consultant) can be billed two ways.

- A. The allied health professional's time can be used to make the physician's time more productive.
- B. The Health Behavior Assessment and Intervention codes allow the allied health professional to see the patient alone and bill for the allied health professional's face-to-face time.

A. Joint visit physician and allied health professional: (99212–99215)

This is a physician visit which is supported and facilitated by the initial work of the allied health professional. The latter begins the visit, records the chief complaint, documents the history, establishes key physical findings, observes and documents the breastfeeding encounter, and counsels the patient about lactation issues related to the problem.

The physician can join the allied health provider, baby, and mother partway through the encounter and then:

1. Review the history
2. Examine the infant to confirm and/or add to the physical
3. Document in the chart the physician's physical findings, diagnoses and plans
4. Write any necessary prescriptions.

With the help of the allied health provider, physician time spent on history taking, counseling, and education will be minimized.

History, physical, and medical decision-making guidelines will be used to decide the level of the visit code (99212–99215). Time based coding cannot be used for this visit because the physician will have spent relatively little time face-to-face with the family. Time based coding is based specifically on the physician's time, NOT the allied health professional's time.

B. Health and Behavior Assessment and Intervention codes

After a breastfeeding (or any other health) problem has been established *by the physician*, a qualified nonphysician health care professional may see the patient to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment or management of physical health problems. The focus is on the biopsychosocial factors important to physical health problems, and treatments (the AMA's *CPT* manual, 2014 page 591). The following conditions apply:

1. *These require a medical condition* (e.g., feeding problem or low weight gain) *previously diagnosed by the physician at an earlier date.*
2. These health and behavior visits may not be reported on the same day as any other E/M service.
3. These visits are not for generalized preventive counseling or risk factor reduction.
4. These are billable in 15-minute time increments, based on the allied health professional's time (they are not for use by physicians or other billable licensed health care provider). If honored by the insurer, these codes are well reimbursed and are a good way to pay for your office lactation consultant who is not otherwise licensed or credentialed for billing.

Codes

- **96150** Initial health and behavior assessment (clinical interview, behavioral observations, health questionnaires, etc.);
Each 15 minutes face-to-face time
- **96151** Reassessment
- **96152** Health and behavior intervention, individual
Each 15 minutes face-to-face time
- **96153** Health and behavior intervention, group (two or more patients)
Note: you will need a group of five or six to be reimbursed for the allied health professional's time equivalently to the individual or family sessions.
Each 15 minutes face-to-face time
- **96154** Health and behavior intervention, family, with patient present
Each 15 minutes face-to-face time
- **96155** Health and behavior intervention, family, without patient present
Each 15 minutes face-to-face time

Billing for phone calls and online communications

Certain non-face-to-face services codes have been updated for 2008. The updated E/M codes for telephone and online medical discussions permit billing for both physician services and services provided by “qualified non-physician health care professional(s)”.

Billing for these services is limited to the following circumstances:

- The telephone or online communication is with an established patient, or an established patient's parent or guardian. NOT for NEW patients.
- *The online codes (but not the telephone codes) additionally may be used for communications with the patient's health care provider.*
- The telephone or online service does *NOT originate* from a related E/M service or procedure for that patient within the previous 7 days
- The telephone E/M codes may NOT be used if the call leads to a face-to-face E/M service or procedure within the next 24 hours, or the soonest available appointment. (The online E/M codes do not carry this restriction.)

Note: Not all insurers reimburse for these codes.

Telephone Calls

Provided the criteria above are met, telephone calls may be billed using the following codes:

Medical Discussion in minutes	Physician Calls	Non-physician Provider Calls
5-10 minutes	99441	98966
11-20 minutes	99442	98967
21-30 minutes	99443	98968

Online Medical Evaluations

E/M services

- provided to an established patient, or guardian
- using the internet or similar electronic communications network
- not originating from a related E/M service in the previous 7 days may be billed, regardless of length, using codes
- **99444** for services provided by a physician
- **98969** for services provided by a qualified non-physician health care professional.

Billing for Interdisciplinary Team Conferences

The codes for billing for participation in interdisciplinary medical team conferences attended by other health professionals have been updated for 2008.

To bill for participation in team meetings when the patient or family is present

- Physicians continue to use regular E/M codes, e.g. **99214** or **99215**, using time as the controlling factor, based on face-to-face time spent on “counseling and coordination of care.”
- To bill for participation by non-physician qualified health care professionals, use **99366** for meetings of 30 minutes or more

To bill for participation in team meetings of 30 minutes or more when the patient or family is NOT present:

- **99367** participation by physician
- **99368** participation by non-physician qualified health care professional
- To bill for codes **99366- 99368** there must be a minimum of 3 qualified health care professionals in attendance

¹ American Academy of Pediatrics, Subcommittee on Hyperbilirubinemia. Management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. *Pediatrics*. 2004;114:297-316

² American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine. Recommendations for Preventive Pediatric Health Care. *Pediatrics*. 2000;105:645

³ American Academy of Pediatrics, Committee on Fetus and Newborn. Hospital stay for healthy term newborns. *Pediatrics*. 2010; 125:2 405-409; published ahead of print January 25, 2010, doi:10.1542/peds.2009-3119

Appendix M: Clinical Impression and Plan

Mother

Name: _____

DOB: _____

Chart # _____

Maternal Primary Problem (general)

- Pain Milk Production Latch issues
 Other _____

Primary Problem (specific)

- | | |
|---|--|
| <input type="checkbox"/> Bacterial Infection | <input type="checkbox"/> Breast Hypoplasia |
| <input type="checkbox"/> Candida | <input type="checkbox"/> Dermatitis |
| <input type="checkbox"/> Engorgement | <input type="checkbox"/> Functional Pain |
| <input type="checkbox"/> Hypogalactia | <input type="checkbox"/> Low Thyroid |
| <input type="checkbox"/> Mastitis | <input type="checkbox"/> Nipple Trauma |
| <input type="checkbox"/> Overactive Letdown | <input type="checkbox"/> Plugged Duct / Pore |
| <input type="checkbox"/> Hypergalactia | <input type="checkbox"/> Vasospasm |
| <input type="checkbox"/> Prolactin Deficiency | |
| <input type="checkbox"/> Other | |

Contributing Factors Yes No

- Positive EPDS _____
 History of Breast Surgery _____
 Equipment Use _____
 Complications from Birth _____
 Nipple / Breast Anatomy _____
 Other _____

Supportive Care Yes No

- Acetaminophen (dosing) _____
 Aquaphor or petrolatum to nipples after every feed
 Blocked pore reduced in office
 Breast massage (instr) _____
 Cabbage leaves / cool packs (instr) _____
 Engorgement reduced in office
 Dietary changes (specific) _____
 Hand expression
 Hand placement during feeding (specify) _____
 Heating pad to breast x 5 minutes after every feed
 Herbal supplement: Blessed Thistle Fenugreek Lecithin
 Malunggay Mother's Milk Special Blend
 Phytolacca Probiotics Alfalfa
 Other (specify) _____
 Dosing _____
 Ibuprofen (dosing) _____
 Length of feeding _____
 Maternal Position Changes _____
 Reverse Pressure Softening
 Other _____

Baby

Name: _____

MR# _____

DOB _____

Child Primary Problem (general)

- Poor Weight Gain Dysfunctional Suck
 Other _____

Primary Problem (specific)

- | | |
|--|--|
| <input type="checkbox"/> Ankyloglossia | <input type="checkbox"/> Dehydration |
| <input type="checkbox"/> High Tone | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> GI Distress | <input type="checkbox"/> Inadequate breast milk intake |
| <input type="checkbox"/> Late Preterm | <input type="checkbox"/> Low Tone |
| <input type="checkbox"/> Micrognathia | <input type="checkbox"/> Oral Candida |
| <input type="checkbox"/> Maxillary Asymmetry | <input type="checkbox"/> Preterm |
| <input type="checkbox"/> Reflux | <input type="checkbox"/> Torticollis |
| <input type="checkbox"/> Other | |

Contributing Factors Yes No

- Congenital / Genetic Anomaly _____
 Equipment Use _____
 Complications from Birth _____
 Infant Anatomy _____
 Other _____

Supportive Care Yes No

- Bottle Feeding Instruction: Paced Other _____
 Cheek Compression during feeding
 Chin support during feeding
 Dietary changes (specify) _____
 Herbal or OTC treatments (specify) _____
 Infant massage focusing on _____
 Oral exercises: Tongue compression Massage of TMJ
 Stretch frenulum Other (specify) _____
 Position at breast _____
 Probiotics _____
 Suck training (teach vacuum) with: Bottle Breast Finger
 Nipples Shield Pacifier
 Supplement with: Mother's own milk Banked milk Formula
 Supplement with: Bottle (type / brand) _____
 Cup Dental syringe Finger feeding
 Spoon Syringe feeder
 Supplemental nursing system single
 Supplemental nursing system double
 Volume _____ Frequency _____
 Other Instructions _____
 Other _____

SAMPLE

SAMPLE

SAMPLE

UNC Lactation Service

IBCLC / Clinical Impression & Recommendations

Date _____

Mother

Baby

Equipment Recommendations Yes No

- Breast shells
- Hydrogels
- Nipple shield (size) _____
- Nursing pillow _____
- Pumping: Type _____ Flange Size _____
Other instructions _____
- Supplemental nursing system Single Double
- Other _____

Equipment Recommendations Yes No

- Bili Blanket
- Bottle _____
- Pacifier _____
- Other _____

Tests Ordered Yes No

- Ultrasound: Breast Pelvic
- BHCG
- Milk culture (specify) _____
- Nipple culture (specify) _____
- Prolactin level _____
- Thyroid function test _____
- Other _____

Tests Ordered Yes No

- Serum Bilirubin
- Transcutaneous bilirubin
- Other _____

Referrals Yes No

- Acupuncture _____
- Community support group _____
- Dermatologist _____
- Post partum doula _____
- PPD support group _____
- Therapist: Chris Raines (specify) _____
 Other _____
- Other _____

Referrals Yes No

- Chiropractor _____
- Craniosacral therapist _____
- ENT: Laura Brown
 Other _____
- Frenotomy(provider) _____
 Referral
 In office
- Physical therapist
- Speech pathologist: Joan Comrie
 UNC
 Other _____
- Other _____

Prescriptions Yes No

- Antibiotic (specify) _____
 - Antidepressant (specify) _____
 - Antifungal (specify) _____
 - Dermatitis (specify) _____
 - Galactagogue (specify) _____
 - Other (specify) _____
- Pharmacy name _____
Pharmacy address _____
Pharmacy phone _____

Prescriptions Yes No

- Antifungal (specify) _____
 - Reflux medication (specify) _____
 - Other (specify) _____
- Pharmacy name _____
Pharmacy address _____
Pharmacy phone _____

Comments _____

I saw these patients face-to-face and agree with the plan of care.
MD _____

SAMPLE

SAMPLE

SAMPLE

Appendix N: Clinical Impression and Recommendations

Mother

Name: _____
 DOB: _____
 Chart # _____
 Support person present: _____

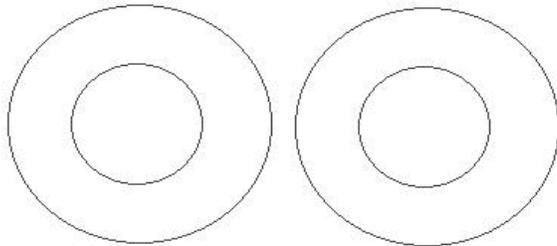
Notes from Intake Form _____

S: Chief complaint: _____
 Present problem: _____

B/P _____ P _____ T _____ Wt _____ Ht _____
 Appearance: WD WN NAD _____



O: Right: breast nipple Left: breast nipple



Describe _____

Breasts: Morphology WNL Asymmetrical Conical Tubular

R WNL Engorged Firm Full Soft Unremarkable _____
 L WNL Engorged Firm Full Soft Unremarkable _____

Nipple/Areola: Length R Shrt Med Lg XL L Shrt Med Lg XL
 R WNL Everted Flat Inverted Trauma _____
 L WNL Everted Flat Inverted Trauma _____

Neck & shoulders: Pain Symmetrical Tense

Breastfeeding Goals / Emotional Status
 Calm Anxious Frustrated Tearful Exhausted
 Goal for Breastfeeding: Exclusive Partial Length of time _____

Used with permission of University of North Carolina

Baby

Name: _____
 Current Age _____
 Birth Weight _____

S: Chief complaint: _____
 Present problem: _____

O: Weight: _____ Scale _____
 Previous wt: _____ Scale _____

Date: _____ Change in wt: _____
 % loss (from BW): _____

Required intake: _____/24 hours _____/fdg

Musculoskeletal: Muscle tone: Low / loose Normal High/stiff
 Head: WNL Molding present _____

Neck & shoulders:
 Symmetrical Asymmetrical Tense Intact Clavicles Arching

Appearance: NAD Well-hydrated _____

Jaundice screening : Total body pink White sclera
 Yellow staining to: _____

TCB: _____ Serum bili: _____ Prev bili _____ Date: _____
 Phototx: _____

Oro-facial exam:
 Cheeks: WNL Low tone Visible fat pads _____

Jaws: WNL Receding Symmetrical _____
 Lips: WNL Sucking blister Tight labial frenum _____

Mouth/Mucus memb: Moist Dry White patches _____
 Palate: WNL Bubble-Arch Clefts High Narrow _____

Suck exam:
 Jaws: WNL Biting Clenching Tight Wide excursion _____

Tongue: WNL Bunched Humped Retracting _____
 Frenum: WNL Tight anterior Tight posterior _____

ROM: WNL Poor _____

SAMPLE

SAMPLE

SAMPLE

Mother

Baby

Sleep / Nutrition

Sleep: _____

Nutrition: _____

Other Concerns

Sleep: _____

Other Concerns

Breastfeeding observed: Breast: **R L B** Position(s): _____ Infant interest: Good Poor _____

Latch: Deep/shallow Gapes & seals Nibbles on Suck: Cont Needs stim NonNut Rhythmic Swallow: Audible Regular Irregular

Effectiveness: Good suck Attached, no sucking Clicking Clenching Dimpled cheeks Disorganized Excessive excursion Weak suction

Milk ejection: Unremarkable After attached Before attached Hyperactive Not apparent _____

Interventions used during feeding: _____

Intake: **R** 1) Amount _____ Time _____ 2) Amount _____ Time _____

L 1) Amount _____ Time _____ 2) Amount _____ Time _____ Total amt _____ Time _____

Nipple / Breast condition after nursing: _____

Comments: _____

A: _____

_____ ICD9 _____

Progress from last visit: _____

Goals for next visit: _____

Evaluate at next visit: _____

Time spent in consult: _____

Follow-up in: _____

RN/IBCLC _____

% of time in education/counseling: _____

I saw this patient face-to-face and agree with the evaluation.

MD _____

SAMPLE

SAMPLE

SAMPLE

This toolkit is sponsored by the Colorado Department of Public Health and Environment through the Cancer, Cardiovascular, and Pulmonary Disease (CCPD) Grants Program.

This toolkit was created by Boulder County Public Health and adapted for statewide use throughout Colorado.

For more information about creating a Breastfeeding Friendly Medical Office, email the Colorado Breastfeeding Coalition at info@cobfc.org.



Colorado Breastfeeding Coalition | www.cobfc.org

