

**Part B: Review of Facility Breastfeeding Policy**

**Facility ID Number** \_\_\_\_\_ **Review Date** \_\_\_\_\_

**Directions: Review the Facility Breastfeeding Policy and answer the following questions.**

	<b>Does this breastfeeding policy include a statement about:</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1.	Benefits of breast milk?	1	2	
2.	Medical indications for supplementation with formula and/or glucose water?	1	2	
3.	Staff commitment to assist all mothers who choose to breastfeed?	1	2	
4.	A rooming-in clause (encouraging infants to stay with the mother throughout day and night?)	1	2	
5.	Encouraging breastfeeding in the first hour after delivery?	1	2	
6.	Providing lactation specialists for mothers?	1	2	
7.	Providing assistance by the facility for breastfeeding mothers after hospital discharge?	1	2	
8.	Providing referrals to community based lactation support programs after discharge?	1	2	
9.	<b>Does the facility have a written breastfeeding policy regarding employees who are breastfeeding?</b>	1	2	
10.	Does this facility policy/practice allow time for employees to express their milk?	1	2	
11.	Does this facility policy/practice provide for a clean, private space for breast milk expression by employees?	1	2	

**Additional comments**