



The Keystone 10 Initiative

Step 4: Help mothers initiate breastfeeding within one hour of birth.

The goal of this step is to assure that mothers/families and infants experience the benefits of early and continuous skin-to-skin contact and infant-led initiation of breastfeeding. Skin-to-skin contact is a patient-centered activity that is beneficial for both mother and infant even if the mother cannot or has chosen not to breastfeed. Skin-to-skin contact should be uninterrupted until completion of the first feeding, or for at least one hour if not breastfeeding, unless there are medically justifiable reasons for delayed contact. The close contact promotes infant physiologic regulation (temperature, glucose, cortisol, etc.), and maternal infant attachment to name a few benefits. If skin-to-skin with the mother isn't possible for any reason (clinical indication or maternal choice), a family member can also have skin-to-skin contact with the infant if they choose. If the facility needs guidance on best practices for skin-to-skin contact, some helpful resources are:

http://www.bfmed.org/Media/Files/Protocols/Protocol_5_revised2013.pdf

<http://newborns.stanford.edu/Breastfeeding/EarlyFeeding.html>

<http://pediatrics.aappublications.org/content/131/4/685>

As part of standard vaginal delivery practice, all healthy full-term infants should be placed in skin-to-skin contact with their mothers/families immediately after birth. This contact should remain uninterrupted and supported for a minimum of one hour, unless there are medically justifiable reasons for separation. Routine procedures should be done with the infant skin-to-skin with the mother/family member. Procedures such as weighing can be delayed until after the first feeding. Nurses can support first feedings by encouraging mothers/families to look for infant feeding cues and offer help if needed. Note: The infant should not be forced to breastfeed, but rather, supported when ready to do so. For the purposes of Keystone 10, documentation should prove (in the four months prior to submission of the application) **80%** of healthy full-term infants have been placed skin-to-skin for at least one hour.

After cesarean section, all mother and healthy, full-term infant dyads should have skin-to-skin contact as soon as the mother is responsive and alert. The same procedures as those for vaginal births should then be followed. In the case of delay, efforts should be made to keep infants and mothers in the same room, ideally with the infant skin-to-skin on a family member.

The Keystone 10 Toolkit provides step four implementation strategies on pages 54 - 57. Tab 11 in the toolkit, Resources for Each Step, provides a comprehensive action plan and a facility impact worksheet for step four.

For completion of this step, the facility should ensure:

- Infants are in early and continuous skin-to-skin contact with their mothers (or a close family member) immediately following birth for at least one hour
- Mothers/families learn to recognize when their infants are ready to breastfeed and offer help if needed.



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Application Form for Step 4:

Help mothers initiate breastfeeding within one hour of birth.

Birthing facility name: _____

Address: _____

City, Zip: _____

Name of the person completing this application: _____

Position: _____

Email Address: _____

Telephone Number: _____

Validation of completion of Step 4

4.1 For vaginal deliveries: What percent of healthy infants experience uninterrupted skin-to-skin contact with their mother/family immediately after birth (or immediately after the mother becomes responsive and alert) and remain skin-to-skin until the first feeding (or remain for at least one hour if not breastfeeding)?

a. Provide your facility's percentage here:

b. What was the percentage based on?

Chart review Patient survey Clinical observation

Other (please specify in the box below):



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4.2 For Cesarean deliveries: What percent of healthy infants experience uninterrupted skin-to-skin contact with their mother/family immediately after the mother becomes responsive and alert and remain skin-to-skin until the first feeding (or remain for at least one hour if not breastfeeding)?

a. Provide your facility's percentage here:

b. What was the percentage based on?

Chart review Patient survey Clinical observation

Other (please specify in the box below):

4.3 After delivery, what percentage of families is helped to recognize the signs that their infants are ready to eat (hunger cues) and were offered help if needed?

a. Provide your facility's percentage here:

b. What was the percentage based on?

Chart review Patient survey Clinical observation

Other (please specify in the box below):

c. In the box below, briefly describe how families are taught to identify infant hunger/satiety cues (continue on next page if needed).



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4.3c (continued)

**Thank you for completing this application.
Please refer to the application instructions page for submission guidance.**