**Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them upon discharge from the facility.**

Historically, it’s been difficult to ensure breastfeeding families will continue to exclusively breastfeed after they leave the facility. Fostering breastfeeding support networks and linking families to those supports facilitates successful transition from the hospital to the community. Steps one through nine ensure families have a solid start with breastfeeding, but step 10 furthers that commitment through support of community networks that are critical in helping families achieve their long-term breastfeeding goals.

Few things impact health behaviors and outcomes more than the environments where people live, work, and play. Continued breastfeeding support in families’ homes and communities influences breastfeeding duration. Continuity of care, as well as effectiveness, is enhanced when support begins in the prenatal period and continues through the postnatal period. Facilities should strive to establish communication with a variety support elements. Facilities can look to community groups, peer counselors, WIC, community health workers, and specially trained healthcare professionals as a way to assist families after discharge. Having a useable support network can help resolve a small issue before it becomes a larger problem that impacts the decision to breastfeed.

All families should be given information on where they can get support if they need help with feeding their infants after returning home. This communication should happen verbally and in writing. Facilities should consider recommending a plan for families to have their infant seen one to four days post discharge (at the facility or in the community) by a skilled breastfeeding support person who can assess feeding and give any support needed. Community healthcare providers, especially those providing prenatal care, should also be made aware of the support networks and resources. Facilities should explore electronic options for communicating support resources such as websites, social media, apps, etc. For Keystone 10, facilities should have documentation (in the four months prior to submission of the application) proving that **80%** of families were provided information on how and when to obtain breastfeeding support.

**The Keystone 10 Toolkit provides step 10 implementation strategies, overcoming barriers, and suggestions for evaluating success on pages 156 - 166. Tab 11 in the toolkit, Resources for Each Step, provides step 10 resources for implementation, a facility impact worksheet focusing on postpartum support development, patient and resource provider surveys, care plans, a support resource template, assessment and counseling form, and numerous patient guides to aid breastfeeding.**

For completion of this step, the facility should ensure:

* Infant-feeding support networks and resources are developed/fostered
* Support resource listings are given to families and are kept current
* Families understand how and when to obtain post discharge follow-up on infant-feeding for assessment and support

**Application Form for Step 10:**

**Foster the establishment of breastfeeding support groups and refer mothers to them upon discharge from the facility.**

**Birthing facility name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the person completing this application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Validation of completion of Step 10**

**10.1 What percentage of families are encouraged to have their infant seen one to four days post**

**discharge (at the facility or in the community) by a healthcare provider or, if available, a skilled**

**breastfeeding support person who can assess feeding and give support if needed?**

1. Provide your facility’s percentage here:
2. What was the percentage based on?

Chart review  Other (please specify in the box below):

**10.2 In the box below, describe how the facility fosters the establishment of and/or coordinates with**

**support groups and other community services that provide infant-feeding support to families?**

**10.3 What percentage of families are given information on where they can find support if they need**

**help with feeding their infant after returning home? At letter 10.3c, define the follow-up support**

**options available to the family.**

1. Provide your facility’s percentage here:
2. What was the percentage based on?

Chart review  Other (please specify in the box below):

1. List and define follow-up support options in the box below:

**10.4 In the box below, list (or attach copies of) the infant-feeding resource/support documents that**

**are sent home with families.**

**Thank you for completing this application.**

**Please refer to the application instructions page for submission guidance.**