**Step 9: Give no artificial teats or pacifiers (also called bottle nipples or soothers) to breastfeeding infants.**

The use of pacifiers and artificial nipples in the early weeks of the postpartum period may come with consequences such as reduced suckling at the breast and interference with responsive feeding. This can reduce the frequency of breastfeeding sessions and may result in reduced feeding intensity and insufficient infant weight gain. Research supports delaying use of pacifiers and artificial nipples or bottles for breastfeeding infants until after nursing and milk supply are well established. Avoidance of pacifiers and artificial nipples supports infants’ efforts to communicate their hunger and promotes family responsiveness to infant’s needs.

If there is medical indication for the infant to be fed by other means than at the breast, families should be given instructions on appropriate use of alternate feeding methods that do not require artificial nipples. Facility use of pacifiers should be limited to infants for whom the benefit outweighs the risks. For example, the use of pacifiers with premature infants may facilitate gastrointestinal development. Pacifiers may also be appropriate when the infant undergoes painful procedures in which skin-to-skin contact or breastfeeding cannot be feasibly used for pain management. When pacifiers are used for procedural pain relief, they should be promptly discarded immediately following the procedure to prevent future use. Facilities should ensure policies minimize pacifier use and address rare instances of justified use.

Facilities practicing optimal infant feeding should support all breastfeeding mothers and infants to avoid the routine use of artificial nipples or pacifiers throughout the hospital stay. If the family requests the use of a pacifier or bottle nipple, the staff should have a conversation to explore the reasons for the request, address the family’s concerns, educate on the possible consequences and discuss alternative solutions. Staff should document the counseling, education and informed decision in the EMR. Infants in special care and infants enduring brief painful procedures may be offered pacifiers as clinically appropriate. For Keystone 10, facilities should have documentation (in the four months prior to submission of the application) proving that at least **80%** of breastfeeding infants are discharged without using artificial nipples or pacifiers or have a justified reason or maternal informed choice documented in the EMR.

**The Keystone 10 Toolkit, step nine, provides valuable background information, implementation strategies, and suggestions for evaluating success on pages 139 - 150. Tab 11 in the toolkit, Resources for Each Step, provides step nine resources for implementation, a facility impact worksheet, and a sheet to assist in auditing the impact on the patient experience.**

For completion of this step, the facility should ensure:

* Minimize use of pacifiers and artificial nipples during the maternity stay, unless medically indicated or mother’s informed request;
* Document counseling, education, and informed decision if mother chooses to use a pacifier or artificial nipple; and,
* Appropriate alternative infant-feeding methods (spoon, cup, supplemental nursing system, etc.) are used when the infant is unable to feed at the breast.

**Application Form for Step 9:**

**Give no artificial teats or pacifiers (also called bottle nipples or soothers) to breastfeeding infants.**

**Birthing facility name:** Click here to enter text.

**Address:** Click here to enter text.

**City, Zip:** Click here to enter text.

**Name of the person completing this application:** Click here to enter text.

**Position:** Click here to enter text.

**Email Address:** Click here to enter text.

**Telephone Number:** Click here to enter text.

**Validation of completion of Step 9**

**9.1 What percentage of breastfeeding infants has used pacifiers during their stay at the facility, excluding use for painful procedures, medical indications, or mother’s informed rquest? (20% or less for 4 consecutive months)**

1. Provide your facility’s percentages here (most recent 4 consecutive months):

 Click here to enter text.

1. What are the percentages based on?

 [ ]  Chart review [ ]  Other: Click here to enter text.

1. List the top three reasons breastfeeding infants have been given pacifiers.

 Click here to enter text.

**9.2 What percentage of mothers choosing to use a pacifier has documentation of counseling, education, and informed decision in the EMR (80% or more for consecutive months)**

1. Provide your facility’s percentages here (most recent 4 consecutive months):

 Click here to enter text.

1. What are the percentages based on?

 [ ]  Chart review [ ]  Other: Click here to enter text.

**9.3 Of breastfeeding infants using artificial nipples, what percent of families were offered alternative supplementation methods and were educated by staff about the possible consequences associated with their use? (80% or more for 4 consecutive months)**

1. Provide your facility’s percentages here (most recent 4 consecutive months):

 Click here to enter text.

1. What are the percentages based on?

 [ ]  Chart review [ ]  Other: Click here to enter text.

1. Describe the methods used for educating families about the potential consequences of artificial nipple use. Click here to enter text.

**9.4 When healthy, full-term breastfed infants are supplemented with formula or expressed breastmilk. What percent occurs by the following methods:**

1. Percent fed by spoon: Click here to enter text.
2. Percent fed by cup: Click here to enter text.
3. Percent fed by syringe: Click here to enter text.
4. Percent fed by supplemental nursing system: Click here to enter text.
5. Percent fed by bottle with nipple: Click here to enter text.
6. Other (please explain): Click here to enter text.
7. What were the percentages based on?

 [ ]  Chart review [ ]  Other: Click here to enter text.

**Thank you for completing this application.**

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