Summary of Changes to the Guidelines and Evaluation Criteria

The table below summarizes differences between the 2010 and 2016 versions of the U.S. Baby-Friendly *Guidelines and Evaluation Criteria*.

Baby-Friendly® designated facilities must come into compliance with the 2016 *Guidelines and Evaluation Criteria* by October 31, 2018. For facilities seeking designation, on-site assessments that take place after October 31, 2018 will be assessed using the 2016 *Guidelines and Evaluation Criteria.*

Section	Change	Additional information
Preamble	Moved the 8 principles upon which the guidelines, criteria, and the assessment and award processes are predicated from the Preamble to the location described below.	These important tenets behind the GEC were often overlooked by facilities due to their placement in the Preamble.
Guidelines and Evaluation Criteria	Placed the 8 tenets upon which the guidelines, criteria, and the assessment and award processes are predicated into the body of the Guidelines and Evaluation Criteria. (The word “principles” was also changed to “tenets.”)	Relocating these important tenets to a more prominent location will call greater attention to them.
Guidelines and Evaluation Criteria	Added 3 Fundamental Principles of the U.S. BFHI to the original 8 tenets, which are: 1. Well-constructed, comprehensive policies effectively guide staff to deliver evidence-based care. 2. Well-trained staff provide current, evidence-based care. 3. Monitoring of practice is required to assure adherence to policy.	Provides additional information to help build a stronger understanding of the program framework.

Section	Change	Additional information
Guidelines and Evaluation Criteria	Added numbering to each guideline and criterion for evaluation.	Provides a mechanism to reference a specific item in the *Guidelines and Evaluation Criteria* document.
Guidelines and Evaluation Criteria	Added language throughout the document to include both "prenatal clinic" and "prenatal services" when making reference to the requirements for prenatal education.	Provides clarification that prenatal breastfeeding education is not intended to be restricted to "free" prenatal care provided by a facility but to be inclusive of all primary prenatal care services provided by the facility.
Step 1	Revised guideline 1.3 and criterion 1.3.1 language regarding required postings to read: The Ten Steps to Successful Breastfeeding (Ten Steps) and a statement indicating the facility's adherence to the WHO International Code requirements related to the purchase and promotion of breast milk substitutes, bottles, nipples, pacifiers, and other infant feeding supplies should be prominently displayed….	Previous language stated that summaries of the facility's infant feeding policy must be posted. The new language clarifies that it is the Ten Step poster inclusive of language pertaining to the International Code that must be displayed.
Step 2	Added a description of the required content for health care provider training to guideline 2.1. The guideline includes the following language: At minimum, all health care providers must have a true understanding of the benefit of exclusive breastfeeding, physiology of lactation, how their specific field of practice impacts lactation, and how to find out about safe medications for use during lactation. If health care providers do not teach specific skills, it is not expected that they be able to describe or demonstrate them. However, it is expected that they will know to who to refer a mother for help with matters for which they do not possess the skills.	Provides details related to the content of health care provider training.

Section	Change	Additional information
Step 2	Added to guideline 2.1 the following examples of training for staff outside of maternity: ▪ Pharmacist - importance of exclusive breastfeeding, medications acceptable for breastfeeding ▪ Social worker, discharge planner - importance of exclusive breastfeeding, community resources that support breastfeeding ▪ Anesthesiologist - importance of exclusive breastfeeding, importance of immediate skin-to-skin contact ▪ Radiology - importance of exclusive breastfeeding, where to find out about safe medications for use during lactation, where to find appropriate information on use of radioisotopes during lactation ▪ Dietary - importance of exclusive breastfeeding, practices that support breastfeeding ▪ Housekeeping staff - importance of exclusive breastfeeding, practices that support breastfeeding, the facility's philosophy on infant nutrition, who to call when a mother needs help	Provides some examples of training topics for staff outside of maternity.
Step 2	Added criterion 2.1.8 for assessment of health care provider knowledge of breastfeeding management. Of health care providers with privileges, at least 80% will be able to correctly answer 4 out of 5 questions demonstrating they have a true understanding of the benefit of exclusive breastfeeding, physiology of lactation, how their specific field of practice impacts lactation, and how to find out about safe medications for use during lactation.	All health care providers <u>with privileges</u>, not only those who are employed, need to meet the requirement for training. The revision also provides clarification regarding the specific breastfeeding management knowledge base expected of a provider.
Step 3	Revised header for the second set of Guidelines to say "Guidelines and criteria for <u>all</u> facilities <u>with or without</u> an affiliated prenatal clinic or services"	Provides clarification that this particular section refers to all facilities.

Section	Change	Additional information
Step 3	Revised guideline 3.3 to read: All facilities should foster the development of, or coordinate services with, programs that make education about breastfeeding available to pregnant women. All facilities should foster relationships with community-based programs that make available individual counseling or group education on breastfeeding and coordinate messages about breastfeeding with these programs. The education should begin in the first trimester whenever possible.	Provides clarification that the Baby-Friendly philosophy of coordinating services and breastfeeding messages with community partners is a critical aspect of prenatal education.
Step 3	Revised criteria 3.3.1 and 3.3.2 to read: **3.3.1** **Criterion for evaluation:** The nursing director/manager will report that the facility fosters relationships with community-based programs that make available individual counseling or group education on breastfeeding and coordinates messages about breastfeeding with these programs. **3.3.2** **Criterion for evaluation:** The nursing director/manager will report that the facility has fostered the development of or coordinated services with one or more of the following programs: in-house breastfeeding education, childbirth education, hospital pre-registration visits, hospital tours, in-patient services, etc.	Aligns the criteria for evaluation with the revised guideline.

Section	Change	Additional information
Step 5	Revised the language regarding initiation of breast milk expression for mothers who are separated from their infants in guideline 5.2 to read: The routine standard of care should include procedures that assure that milk expression is begun as soon as possible but no later than 6 hours after birth, expressed milk is given to the infant as soon as the infant is medically ready, and the mother's expressed milk is used before any supplementation with breast milk substitutes when medically appropriate. For high risk and special needs infants who cannot be skin-to-skin immediately or cannot suckle, beginning manual expression within one hour is recommended. The language of criterion 5.2.1 was revised to, "…as soon as possible, but no later than 6 hours after their infants' births…."	Whenever possible, skin-to-skin care is the first priority immediately following birth. For high risk and special needs infants who cannot be skin-to-skin immediately or cannot suckle, beginning manual expression within one hour and offering the infant a small amount of colostrum is recommended.

Section	Change	Additional information
Step 6	Removed outdated language referencing the Joint Commission's Perinatal Care Core Measure Set PC-05 eligibility criteria for exclusive breastfeeding.	Updates to the Joint Commission materials and data collection requirements occur at different intervals than updates to the Baby-Friendly USA materials and requirements. Reference to specific data elements was removed to avoid risking publication of outdated information. NOTE: On Data Sheets submitted to BFUSA, facilities will continue to have the option of reporting their excusive breastmilk feeding data as collected for PC-05 or may opt to use facility-specific tracking that excludes true medical indications to supplement and contraindications to breastfeed as identified in the two ABM protocols, Supplementation Protocol and Model Hospital policy Protocol.

Section	Change	Additional information
Step 9	Revised criterion 9.1.2 to read: Observations in the postpartum unit and any well-baby observation areas will indicate that at least 80% of breastfeeding infants are not using bottles.	Provides clear expectation that breastfeeding infants who are supplemented are offered the supplement through an alternative feeding device. NOTE: The scoring of documented parental education for BOTTLE use is different from the scoring of documented parental education for PACIFIER use in the Step 9 Criteria for Evaluation. For BOTTLE use, documented parental education is NOT scored as an acceptable answer in the 80% minimal criteria. Facilities are expected to provide excellent patient centered education to encourage at least 80% of families to utilize the alternative feeding methods. For pacifier use, documented parental education is scored as an acceptable answer in the 80% minimal criteria, due to a variety of factors beyond the control of the facility. However, facilities are expected to provide excellent patient centered education to encourage families to avoid pacifiers while breastfeeding is being established.

Section	Change	Additional information
Appendix A	The language remains the same. However, rationale is offered for why no specific timeframes for each topic and/or subtopic are provided in Appendix A.	When outlining the required topics and subtopics for the 20 hour training, specific timeframes for each topic have not been included. This is an intentional decision to allow trainers the flexibility necessary to deliver participant centered programs. Given the vast abundance of breastfeeding training opportunities over the past decade, many trainees enter the classroom with a strong mastery of one topic, but require extra time to develop a sufficient mastery of a different topic.
Appendix B	Removed language outlining specific medical reasons for use of breast milk substitutes and replaced it with the language below: The facility should develop a protocol/procedure that describes the current, evidence-based medical indications for supplementation. Staff and care providers should be trained to utilize the protocol/procedure as guidance in the case of supplementation. A facility may utilize the recommendations of national and international authorities (e.g. Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and Academy of Breastfeeding Medicine (ABM)) in developing this protocol/procedure, However the facility is responsible for ensuring that its medical indications for supplementation are supported by current evidence.	The specific list was removed to maintain current evidence-based practice that is responsive to emerging issues.
Appendix C	Added additional terms and definitions. Revised the definitions for some specific terms.	Clarification of terminology used in the *Guidelines and Evaluation Criteria* document.