

# POST-DISCHARGE CARE – ACHIEVABLE MARKERS & STATUS DESCRIPTORS

## Achievable Markers

<b><u>DISCHARGE DISCUSSION</u></b>	<b><u>FOLLOW-UP CARE</u></b>	<b><u>DISCHARGE MATERIALS</u></b>
<p>Prior to discharge, a hospital staff member discusses with each mother <b>AND</b> a family member/support person (when available) plans for infant feeding after discharge. This should include information on:</p> <ul style="list-style-type: none"> <li>➤ importance of exclusive breastfeeding for first six months (and risks of supplementation)</li> <li>➤ available and culturally specific support services without ties to commercial interests (LLL or other community-based support groups, WIC, phone help lines, lactation clinics, home health services, individualized special resource persons)</li> <li>➤ feeding on demand/cue or baby-led feeding</li> <li>➤ frequent feeding to help assure optimal milk production</li> <li>➤ that breastfeeding continues to be important after six months, once solid foods have started</li> <li>➤ reasons to seek assistance</li> <li>➤ documented contraindications to breastfeeding and other special medical conditions, when indicated</li> </ul> <p>This could also include information on:</p> <ul style="list-style-type: none"> <li>➤ normal newborn behavior</li> <li>➤ effective positioning and attachment</li> </ul>	<p>An early follow-up appointment with pediatric care provider is scheduled (preferably 2-4 days after birth and again the second week).</p> <p>Recommendation is made for the appropriate level of follow-up care based on needs identified in hospital, e.g., support group, peer counselor, lactation consultant, etc.</p>	<p>Printed information is distributed to mothers on how and where they can find help after returning home and types of help available.</p> <p>Mothers whose infants are not feeding well at the breast exclusively (medically fragile) or are separated are discharged with or have plans for immediate access to a single user breast pump and double pumping kit as well as information on proper methods for pumping and feeding, breast milk storage, and a follow up appointment with a lactation consultant.</p>
<p><b>Types of post-discharge care provided by the hospital may be categorized into the following:</b></p> <ul style="list-style-type: none"> <li>➤ <i>Physical Contact:</i> postpartum follow-up visit at hospital or home follow-up visit</li> <li>➤ <i>Active Reaching Out:</i> postpartum telephone call by hospital staff</li> <li>➤ <i>Referrals:</i> phone number to call, referral to hospital-based breastfeeding support group, referral to other breastfeeding support groups, referral to lactation consultant/specialist, referral to WIC, referral to an outpatient lactation clinic, list of resources for breastfeeding help, breastfeeding assessment sheet</li> </ul>		

## Status Descriptors

**CHOOSE THE STATUS DESCRIPTOR THAT BEST DESCRIBES THE HOSPITAL'S CURRENT PROCEDURES & PRACTICES ON POST-DISCHARGE CARE FOR EACH AREA:**

1	Post-discharge care needs not being met
2	Post-discharge care needs partially being met
3	Post-discharge care needs mostly being met
4	Post-discharge care needs fully being met

### Discharge Discussion

1	Discharge discussion is not held with mother regarding infant feeding, family member/support person is made a priority for inclusion (when available).
2	Discharge discussion is held with some of the listed topics covered, family member/support person is sometimes made a priority for inclusion (when available).
3	Discharge discussions are held covering all listed topics, family member/support person is involved (when available), but these procedures may not be universally applied.
4	Every mother is discharged with a discussion covering all listed topics, including an infant feeding plan, family member/support person is always involved (when available).

### Follow-Up Care

1	Appointment is not made, no hospital follow up to ensure appointment/referral is made.
2	Mother is reminded to make appointment at discharge, hospital follow up is limited to phone call about patient satisfaction only.
3	Appointment is made prior to discharge, recommendation for level of follow-up care is made, hospital follows up with referrals and a phone call to ensure appointment is attended, but these procedures may not be universally applied.
4	Every mother is discharged with appointment made and day/time noted in chart, recommendation for level of follow-up care is always made based on needs identified currently <i>and</i> ongoing, hospital always follows up with referrals and a phone call to ensure appointment is attended and active contact is made with appropriate level of follow-up care.

### Discharge Materials

1	Printed referral materials are not provided at all, at-risk couplets are not sent home with a breast pump or plans for immediate access.
2	Printed referral materials are provided but only contain hospital or affiliated clinic information (no referrals to community-based resources), at-risk couplets are told where to get a breast pump, if needed.
3	Printed referral materials are provided covering at least 3 of the options identified under "Referrals" above, at-risk couplets are sent home with a breast pump or plans for immediate access, but these procedures may not be universally applied.
4	Every mother is provided printed referral materials in her needed language, materials cover at least 5 of the options identified under "Referrals" above, at-risk couplets are always sent home with a breast pump or plans for immediate access.