## PRENATAL EDUCATION – ACHIEVABLE MARKERS & STATUS DESCRIPTORS

#### **Achievable Markers**

#### **AFFILIATED PRENATAL CLINIC OR SERVICES**

Starting in the first trimester and continuing throughout pregnancy, whenever possible, education about breastfeeding, including individual counseling, is provided to pregnant women for whom the facility/associated clinics provide care, with content to cover topics stated below.

#### **IN-HOUSE BREASTFEEDING EDUCATION**

Group breastfeeding education classes are offered at various days and times, in needed languages to match local demographics, with content to cover topics stated below.

# COORDINATION WITH COMMUNITY-BASED PROGRAMS AND PROVIDERS

Community-based programs are fostered, and messages are coordinated with these programs and with providers in the community, to align with content topics stated below.

## Prenatal education content in each area should include the following:

- importance of exclusive breastfeeding for first six months (and risks of supplementation)
- non-pharmacologic pain relief methods for labor
- > importance of early skin-to-skin contact
- early initiation of breastfeeding
- rooming-in on a 24-hour basis
- feeding on demand/cue or baby-led feeding
- frequent feeding to help assure optimal milk production
- effective positioning and attachment
- > that breastfeeding continues to be important after six months, once solid foods have started
- > documented contraindications to breastfeeding and other special medical conditions, when individually indicated

## The following may also be encouraged, in each area:

- participation in breastfeeding support groups during pregnancy
- attendance in classes, counseling, or support groups by family members/support persons

## **Status Descriptors**

#### CHOOSE THE STATUS DESCRIPTOR THAT BEST DESCRIBE THE HOSPITAL'S CURRENT PROCEDURES & PRACTICES ON PRENATAL EDUCATION FOR EACH AREA:

| 1 | Prenatal education needs not being met       |
|---|--|
| 2 | Prenatal education needs partially being met |
| 3 | Prenatal education needs mostly being met    |
| 4 | Prenatal education needs fully being met     |

## **Affiliated Prenatal Clinic or Services (if applicable)**

| F | 1 | No prenatal education provided at appointments.  |
|---|---|--|
|   | 2 | Prenatal education provided at some appointments, content lacks consistency or doesn't cover all topics, prenatal education not started in first trimester |
|   |   | or delivered throughout the course of pregnancy.   |
|   | 3 | Prenatal education provided starting in first trimester and continuing throughout pregnancy, content is consistent and comprehensive, but these            |
|   |   | procedures may not be universally applied.   |
|   | 4 | Every mother receives prenatal education starting in first trimester and continuing throughout pregnancy, content is consistent and comprehensive,         |
|   |   | breastfeeding support group attendance is encouraged during pregnancy, as well as family member/support person attendance in classes, counseling, or       |

#### **In-House Breastfeeding Education**

support groups.

|   | 1 | Childbirth education classes do not cover breastfeeding, no breastfeeding-specific classes offered.  |
|---|---|--|
|   | 2 | Childbirth education classes cover breastfeeding but no breastfeeding-specific classes offered, content lacks consistency or doesn't cover all topics, classes |
|   |   | offered only in one language and/or not offered with varied days/times.  |
| Ī | 3 | Childbirth education classes cover breastfeeding and breastfeeding specific classes are offered, content is consistent and comprehensive, but classes are      |
|   |   | not offered in all needed languages or with varied days/times.   |

4 Childbirth education classes cover breastfeeding and breastfeeding specific classes are offered, content is consistent and comprehensive, classes are offered in all needed languages and with varied days/times, breastfeeding support group attendance is encouraged during pregnancy, as well as family member/support person attendance in classes, counseling, or support groups.

## **Coordination with Community-Based Programs and Providers**

|   | 1 | Hospital has no connections with community-based prenatal education programs or providers.   |
|---|---|--|
| Ī | 2 | Hospital has some or weak connections with community-based prenatal education programs or providers, but little to no coordination of messaging to |
|   |   | ensure alignment with listed topics.   |
| Ī | N | Hospital has some or moderate connections with community-based prenatal education programs and providers, some coordination of messaging to        |

- Hospital has some or moderate connections with community-based prenatal education programs and providers, some coordination of messaging to ensure alignment with some listed topics.
- Hospital has many strong connections with community-based prenatal education programs and providers, robust coordination of messaging to ensure alignment with all listed topics, breastfeeding support group attendance is encouraged during pregnancy, as well as family member/support person attendance in classes, counseling, or support groups.