The SOFT Approach
This workbook is a guide that accompanies the video, “10 steps, 10 years, 10 hospitals—The San Bernardino County Baby-Friendly Story” which can be viewed or downloaded from our website:

www.softhospital.com

Made possible by an investment from First 5 San Bernardino and support from Loma Linda University Children’s Hospital
The SOFT® Approach
Welcome

The SOFT Approach describes the work of the Perinatal Services Network (PSN). With an investment by First 5 San Bernardino and support from Loma Linda University Children’s Hospital, PSN collaborated with local hospitals to institute change at a countywide level.

We have frequently been asked what the core elements of the PSN project have been. After much reflection and study of our process, we have come to the realization that the difference between the PSN project and many other similar change projects has been our focus on connections. We believe that connections are the key component to lasting change. As you review and perhaps use some of our tools and documents, we encourage you to see these as only peripheral and supportive to the underlying work of building connections - between families and staff, between administrators and nurses, between the hospitals in the community and other communities. These are the ties that will lay the foundation for your success. The connections between yourself and those you work with and serve are the primary elements that need to be nurtured and maintained throughout the journey to your SOFT Experience.

A highlight of our experience has been working with project leaders from the Network Hospitals. We’ve noted some of their stories in the following pages. Their enthusiasm, dedication and connections to those around them made this project a success.

Connections are everywhere, waiting to happen. If you find that you have challenges with your connections, then you have just discovered your first task. Utilizing the assessment tools with a team of concerned individuals may be your first opportunity to start to connect. Your success will be as powerful or as weak as your connections.

Best Regards,

Carol Melcher

Director, Perinatal Services Network

Workbook content by Carol Melcher
Concept and design by Janelle Munongo

Special thanks to members of the Perinatal Services Network team and the Network Hospitals who contributed to the SOFT Approach from 2000-2010.
**Background**

The 1996 California State Breastfeeding Report showed San Bernardino County with low in-hospital breastfeeding rates. Skin-to-skin care has been shown to improve early breastfeeding. Hospitals in San Bernardino County were not practicing early skin-to-skin care.

**Abstract**

The Perinatal Services Network has identified a key step to improving early mother-baby care in the hospital. The “SOFT Experience” in Southern California started by the introduction of the SOFT Acronym in 2000. SOFT gave providers a way to systematically describe the early skin-to-skin contact experience and resulted in a new standard of care in our community. Following the introduction of SOFT, we saw a consistent change in philosophy related to early skin-to-skin care. In our experience, this attention to early skin-to-skin contact has led to a gradual change in practice, leading 11 hospitals to seek the International Baby-Friendly Award and receive it. This represents the largest number of Baby-Friendly Hospitals in one region in the United States. PSN developed the SOFT Acronym as a way to document practice change, but it has become a key to establishing practices that focus on the mother-baby connection.

**Objective**

To increase the number of babies placed in the skin-to-skin care position during the first two hours following birth.
Methods

We designed the SOFT acronym as a documentation tool to give perinatal care providers an easy way to remember the general principles of bonding and attachment. We focused on early skin-to-skin care as the foundation to improve early breastfeeding. This low-tech, high touch method could be applied to all mothers with healthy newborns. SOFT was novel, innovative and accepted with less resistance than traditional approaches to improving breastfeeding rates. Once the bonding and attachment behaviors were documented, they could be measured, and practice change was supported by objective data.

Skin to Skin
Infant is naked on mother’s naked chest and there is no bedding or clothing between them for a minimum of 15 minutes during the first two hours of life.

Open Eye to Eye
Both mother and infant have eyes open and are making eye contact with each other at a distance no greater than 12 inches. Mother is watching the baby and baby is watching the mother.

Fingertip Touch
Mother explores infant with her fingertips. This occurs spontaneously and without interruption.

Time Together
Mother is given time to hold her unwrapped infant in an unhurried and uninterrupted environment for an unlimited period of time (at least 15 minutes during the first two hours of life). During this time, no painful procedures are being done to the mother or baby. The mother and baby are left alone together in the room if possible with no one else in the room except the father and one perinatal care staff observing.

Skin-to-skin care ensures that the infant is in the right environment to behave in a way that supports attachment. Open Eye-to-Eye allows for communication between the alert and engaged mother-infant pair. Fingertip touch is a behavior that takes place when the mother is relaxed and in an exploratory mood. Providing time gives value to these behaviors.

As we promoted patience, observation and support for the newborn, we realized that staff thrived under these conditions too. We tried to create a supportive environment, help people to engage in meaningful conversations, encourage an exploratory attitude and share successes as well as failures.

The SOFT Approach worked for us, at a system’s change level, because it encouraged us to be aware and consistently try to create an optimal environment to support growth. We tried to keep leaders engaged by communicating in a way that was meaningful and lasting. We encouraged a relaxed, exploratory attitude in our classes, our meetings and our celebrations. When faced with barriers, we took a step back from the situation and provided time. We explored new ideas, thought outside of the box and reviewed what worked and didn’t work. Images, graphs, short videos all helped us tell our story and give it value.
Results

PSN hospitals demonstrated a 54% improvement in skin-to-skin care and a 21% improvement in exclusive breastfeeding between July 2005 and June 2008. Currently, 11 hospitals that have participated in the Network have received the Baby-Friendly Hospital Award.
The SOFT Approach
Identify a sparkplug to support the change process.

Engage a physician champion.

Form a powerful interdisciplinary quality team to manage barriers.

- Get administrative buy-in from leadership by reviewing the benefits of change.
- Identify and develop a strong leadership team.
- Be innovative; use a multi-disciplinary approach with project leadership.
- Encourage leaders to attend a class and provide them with research articles related to Baby-Friendly practice.
- Get leaders to share your passion by involving them in small successes and achievements.
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*continuing conversations*
BEST DRESSED SPARKPLUG

These qualities and characteristics were repeatedly worn by successful project leaders. They also carried around a TIDE pen for instant COURSE CORRECTIONS!

1. COMPASSIONATE Cardigan
2. Gold EMPATHETIC Earrings
3. HARDWORKING dress with a GENEROUS cut
4. NEUTRAL, ELOUENT scarf
5. WARM, SUPPORTIVE shapewear
6. SUBTLE, SMART kid gloves
7. PROFESSIONAL blazer with a hint of STRETCH
8. WELL-LIKED, RESPECTED pair of jeans
9. TEAM jersey
10. A beret for FUN!
Carrying unnecessary baggage while traveling on this journey can really wear you out. Find a locker to temporarily place your bags and make your trip a little lighter.

This might be tempting, but don’t arm up for battle. Try taking your conversations into neutral territory for better results.

Leave this shirt at home. You will need something that is a bit more flexible with room for growth.

Noise reduction seems like a good idea, but this time you’re going to want to listen closely.
If we can do it, so can you.

Arrowhead Regional Medical Center (ARMC) serves approximately 4,000 births each year. Their interdisciplinary team was co-chaired by a sparkplug nurse manager and a physician champion. ARMC offered breastfeeding discharge classes daily in English and Spanish to fill educational gaps for families.
We started by engaging our CEO’S support. Then, when we formed our leadership team, we decided to appoint co-chairs—one doctor and one nurse. This ensured that we would have input and buy-in from both the medical and nursing disciplines.

My advice to any hospital going Baby-Friendly is to get the key people on board and incorporate multiple disciplines into the project from the start. This will facilitate the process and keep it moving forward.

_Nanette R. Buenavidez, MSN, RN is the Manager of Mother-Baby and Newborn Nursery at Arrowhead Regional Medical Center_
**connect with staff**

![Image of nurses interacting]

**Integrate mandatory nurse training into existing requirements.**

**Support practice change through awards, evaluations, and job descriptions.**

- Identify staff and champions that believe in the program and get along well with others. Involve and engage them in the process.

- Attend staff meetings, spend 1:1 time with resistant employees, listen to their concerns, become their friend, help them to see the bigger picture.

- Re-invent the culture with a new emphasis.

- Re-lay the foundation if it isn’t supportive of your work.

- Increase patient satisfaction by coordinating messages given by staff.

- Train at least 80% of staff in key concepts.

- Have staff attend trainings with personnel from other hospitals. This will help them benefit from each other’s experiences, see beyond their own issues and hospital culture, and realize that other hospitals are experiencing the same thing.

- Create a toolkit for nurses to use.

- Be visible and supportive of changing practices.

- Cheer the team on and let your staff know that you are proud of them.
What educational pieces do you already have in place?

What resources/trainings are available?

How can you bring new concepts into existing education?
Best practice is just that.

San Antonio Community Hospital serves approximately 2,100 births per year. Many of their nurses were initially resistant to the Birth & Beyond training. They made it part of their annual employee evaluations and staff eventually bought-in to the concept. They rewarded staff who incorporated “Baby-Friendly” into their practices. This created momentum as everyone wanted to be part of the success.
We used our patient satisfaction survey to monitor our progress. One of the big concerns from families was conflicting information from the nurses. As we sent nurses to the “Birth and Beyond” training and started using brochures that were consistent with our new messages, we were able to get everyone saying the same thing. It is important to keep the messages simple. Skin-to-skin care, rooming-in and watching the newborn for cues were the focus of our efforts. Sometimes we seem to make things harder than they need to be.

Rooming-in was a big change for our hospital; the nurses were concerned about the mother’s needs. In the end, we had to assure the nurses that the mother’s desires were our biggest concern as well, and that we were not going to force these new practices on families. Gradually transitioning to rooming-in and helping both the families and the nurses understand how it supports early breastfeeding and attachment was key.

*Rhonda Mulvehill, RNC is the Director of Maternal Child Health at San Antonio Community Hospital*
**connect with families**

*Educate clients and the community about rooming-in and skin-to-skin care.*

*Keep messages clear, repeatable and consistent.*

- Start educating families in the prenatal setting; prime parents for what to expect.
- Add additional topics such as skin-to-skin care, normal newborn behaviors, and early breastfeeding to existing prenatal class curriculums; you don’t need to create a whole new class.
- Use a team approach to establish early breastfeeding by providing a formal discharge class everyday.
- Keep messages simple and easy to understand. Coordinate messages from staff to families. PSN created the acronym SOFT to help care providers remember the components of bonding and attachment. This acronym became easily recognizable because it was short, helped nurses to remember the behaviors they were trying to teach, simplified charting, and had multiple meanings.
How can we coordinate prenatal, in-hospital and postpartum messages to make things easier for families?

Who do we need to involve in this change?
Don’t let your size determine your destiny.

Barstow Community Hospital (BCH) is located in a remote area of our county. BCH serves approximately 300 births per year and is one of the smallest hospitals in our county. They were the first hospital in our Network to achieve Baby-Friendly.
Skin-to-skin care is amazing. You see the baby just melt into the mother. You can’t help but believe that families are better bonded when you see how strongly they react to each other. It is such an easy way to help families connect. Not only do we encourage moms to hold their babies skin-to-skin, but we also encourage dads; you can see the bond growing.

We recently had a young woman give birth at home because she couldn’t get to the hospital. She lives in a remote area of the desert. The paramedics arrived to help her and found that the baby was cold and had a low blood sugar. When they called their base station for instructions, they were told to put the baby skin-to-skin and have the baby breastfeed. The paramedics followed orders and when they arrived in our emergency room, the mom and baby were stable and breastfeeding was going great. Even though the base station is 90 miles away from our hospital, we are both Baby-Friendly hospitals and we share a common understanding of how to help the newborn transition. The mom, who initially did not think she was going to breastfeed, ended up breastfeeding her baby and even attended our follow-up moms’ support group. The paramedics were amazed at how well the baby did when placed skin-to-skin and it was reassuring that we can support babies well even in emergencies.

In the end, it is great to have the whole county practicing skin-to-skin care and using the same consistent, simple messages.

*Cathy Stephens-Croel, BSN, RN, IBCLC
Lactation Consultant, Patient Educator*
Actively participate in a community collaborative.

Use local expertise and share ideas.

- Connect with other professionals on the same path as you.
- Project leaders attending the collaborative felt refueled with support and ideas to bring back enthusiasm to the team at their agency.
- Hospitals in remote, rural areas attended the monthly meeting and it became a support group for them.
- Leaders emerged and shared expertise.
- Network collaborative helps beginners and those needing extra support.
- Successful hospitals began mentoring and collaborating with other sister hospitals in their larger hospital systems, sharing policies and ideas on how to engage leaders.
- The collaborative became cheerleaders for each other and a place where their efforts were valued.
There was a sense of notoriety, that they were on the cutting edge and felt they were serving the community better.

The network also provided a geographical web of support and referrals for isolated families who needed follow-up in the form of home visits, clinics, support groups, and phone calls.

Annual Key Advisory meetings were held to formally celebrate and acknowledge successes.

*continuing conversations*

Who can we collaborate with?

What can we contribute to the collaborative?  

What do we hope to gain?
Introduction
If you find that your local area does not have a community collaborative, you may be the one to bring this group together. We have summarized some of the main stages we experienced as facilitators of our local collaborative. If you are the group facilitator, it is important to recognize that collaboratives have a life cycle. They begin, evolve, mature and may eventually grow up along with their members. We have had an active community collaborative called the Network Exchange for more than a decade. It has served different purposes along the way, but has never lost its relevance to the group.

Networking
Our collaborative began as a voluntary group. PSN offered a room and lunch. There was no agenda or formal meeting. We found that the power of the group, at this time, was through shared experience. Individuals came and found other people who had the same struggles. They got to know each other and enjoyed the mutual support.

Each session began with individual introductions and sharing successes. We sat in a circle and everyone had a chance to share a success. Focusing on successes helped our group avoid getting bogged down in the barriers.

Over time, participants became acquainted enough to move beyond the polite exchanges and they started to share their struggles and ask each other for specific help.

Active Collaborative
Meetings were punctuated by celebrations and a lot of engaged sharing. We found that hospital teams who participated in the collaborative were more likely to gain momentum and reach varying levels of success. Group participation became a mandatory grant requirement. As individual hospitals started achieving their goals, we had small celebrations. The “Double-Double” award was given to the hospital that doubled their outcomes in two data areas during one month. Many of these early awards were a source of pride and success. Some awards were for the hospital staff, some were for teams and some were for individuals who showed particular resolve. The flowers, cards and printed awards were a small budget item compared to the enthusiasm and shared success it gave to the group.

Learning between agencies accelerated and we began to see people rely on the collaborative for answers and solutions. The collaborative spent several years at the active collaboration stage before moving on.

Eventually, the hospitals with challenges needed specific suggestions about how to make change happen and we recognized that the large group format was not working for them. It was at this time that we instituted the small group format.

Small Groups
The hospitals needed an opportunity to talk frankly about their challenges and get some concrete solutions. We decided to address this need by grouping hospital
teams together based on their weaknesses. We didn’t know if three hospitals, who all struggled with the same challenge could be of help to each other, but we found out that the literature was correct. “If you remove the dominant leaders, the emerging leaders will take their place”. These groups were able to be much more focused than the big collaborative and they made amazing progress.

We chose not to create sub-committees. We found that keeping the coalition at the same time, in the same room and simply changing the format, helped to encourage participation and minimize the feeling of having too many meetings. The groups could still interact, greet each other and eat together, so the continuity of the group was not lost.

**Mentorship**

Within about a year of small group work, the collaborative was ready to move back to the large group format. During the next year, more than half of the hospitals had successfully completed all of the goals and reached Baby-Friendly status. Every member agency had a plan for achieving Baby-Friendly and they were ready to reach out and help others. The combined expertise of the group was stunning. We found the exchange of training tools and preparation strategies was very helpful for the hospitals who had not yet achieved Baby-Friendly.

The mentoring initially occurred between hospitals in the Network, but eventually expanded to include hospitals outside of the county. Mentoring relationships have been established between hospitals in the same health system and hospitals with similar demographics or challenges. Presenting outcomes, participating in a documentary video production and mentoring hospitals has helped expand the skill set of our hospital team members and increased the overall competence of the group.

**Completing the project**

The PSN Network Exchange has completed all of their ten-year project goals. Our success can be attributed to the excellent hospital leaders and to their willingness to participate in a community collaborative that focused on results.

A community collaborative that is active, has consistent members and includes focused objectives is a powerful element of community change.
Help pull each other along. We needed a helping hand and we were glad someone reached out to us.

St. Mary Medical Center serves approximately 2,500 births per year. They stay connected to families in their community by hosting active support groups that bring together moms who live in remote areas.
Ernie’s Experience

Collaborating with others is so powerful. The group is a place where we can all bring our expertise and share. My background is in social work. As a doctoral candidate, I was able to share what I learned in organizational leadership with the group.

When I started working on this project I had limited knowledge about Baby-Friendly. The group really helped me to gain expertise. I also empowered myself by attending the Lactation Specialist training, reading the Model Policies, research articles, and practically memorized the Baby-Friendly Guidelines!

Community also means families - we have involved our families on many levels including providing teaching during the prenatal visits, ante-partum visits, maternity tours, and childbirth preparation classes so they would be ready for skin-to-skin when they got to the hospital. We also have a very strong follow-up support system for families. Mothers meet together to offer each other support and they also get advice from the lactation consultant. This takes some of the burden off of the hospital nurses.

Now I am one of the mentors for the Perinatal Services Network and I can strongly recommend that hospitals work together. Both inside your hospital and beyond your hospital, collaboration really makes the difference.

Ernelyn J. Navarro, MSW, LCSW is the Manager of Community Outreach and Education at St. Mary Medical Center
Identify ways to capture, display and report results.

Define your indicators, randomize and track progress.

- To help sustain your efforts, know where you started.
- Demonstrate how systems change works.
- Outcomes and Data validate your efforts.
- In-progress evaluation and reviewing charting helps to identify areas that need focus.
- Look at old policies/practices; celebrate successes over challenges.
- Know the steps and guidelines provided to help you change. Have fun by exploring ways to achieve your goals.
Measuring outcomes can seem like an overwhelming process to those unfamiliar with data. Did the project make a difference? This is the ultimate question. If you cannot answer this question with definitive evidence, then your work is not measurable. This sounds rather harsh, but without data and measurable outcomes, you are just throwing your energy and talents away.

The reason we know our intervention worked in 10 hospitals, is because we collected and analyzed data. This doesn’t mean that you have to measure complex indicators, or spend lots of money. But you do have to measure your outcomes and know your baseline in order to track your progress. We set benchmarks as guides to tell us how we were doing. We set goals to drive us to an end that we defined as success.

What is success? You must decide what success means to you. Our initial benchmarks came from the State of California hospital report. We used the State average as our targets. You may find setting a target that is 20% above baseline is a good starting point.

Collecting data: For the most part, data collection and analysis is no more complicated than counting. For example; if you wanted to answer the questions “How long does it take me to drive to work?” You would have to define the “to work” interval. It could be defined as, from my front door, to my desk. Then consistently using this definition, you could start collecting data points. From the data points you could calculate an average and mean. If you are clever, you could produce a graph to show your data and determine if your trip to work is getting longer or shorter. You could introduce an “intervention”, like a new road and compare the time after the new road was built to before the new road was built. Data collection involves picking your indicator, defining it and collecting results on many individuals or events.

Randomization: You do not have to capture data on everyone, but everyone has to have an equal chance of being picked. So you cannot take measures when it is convenient; this would introduce a bias. There are many ways to determine randomness. We like to flip a coin to determine even or odds and then collect all of the patients that match the coin flip.

Using data: In the end, there is a lot of help available for individuals not familiar with data collection and analysis. Find the help you need. If you are collecting data on human subjects, and the humans are alive, then you are either doing an internal quality improvement project for your institution (not to be shared with others) or, you are doing human subjects research and need to contact your Internal Review Board for assistance. It does not matter if you don’t plan on publishing your findings or if you have a research grant or not. Collecting information on human subjects and especially medical outcomes is carefully monitored.

Data is power: Without hard numbers you will not be able to demonstrate your improvements. Make data collection, and analysis part of your process. Data is always worth the time it takes to collect and manage it.
Attend the SOFT Approach workshop
connect the dots

g
touches

Celebrate
Take your first steps. Whether you lead or follow doesn’t really matter. It is just a different view of the same destination.

Loma Linda University Children’s Hospital is a teaching hospital that serves 2,800 births per year. They have an 83 bed, tertiary level NICU and overcame many challenges to become the first Baby-Friendly children’s hospital in the nation.
My biggest task was to tease out the reasons for supplementation. We have had success in every other area, but supplementation continues to challenge us. Being a tertiary center, we have lots of high risk families and this naturally drives up the need for medical supplementation, but often the formula did not seem to be medically indicated. I struggled with this problem for quite some time before I realized that I needed to take a careful look at the nurses’ charting. Once I took the time to go through every chart for an entire month, I was able to see what they were doing well, but also I found out our challenges. If I were to start this process over again, one of the first things I would do is to really take a look at the charting systems, and find out what nurses are charting and how our reports are capturing their responses.

If you have electronic charting, it might be easy to run a report, but getting the answers you need from the report may be a bit trickier. We have continued to monitor our progress on supplementation after we achieved Baby-Friendly and we find that supplementation continues to be an ongoing challenge.

It is important to measure your outcomes as you prepare for Baby-Friendly, but also, you should continue tracking results after your have completed the process. We consistently attempt to make charting easier and less time-consuming for the nurses.

Krista Loveman, MSN, RN, IBCLC is the Lactation Services and Baby-Friendly Coordinator at Loma Linda University Children’s Hospital
THE ACRONYM THAT COULD

SOFT
poster

SOFT
Nurse

SOFT
Buttons

SOFT do-it-all
handy woman, RN,
manager, educator,
workbook designer,
mother of 2

SOFT
reusable
grocery bag

SOFT
pens

SOFT
timer
### Annual employee fair
Show employees how to dry and position normal healthy infant on mother. Offer prizes or drawings for question and answer games.

### Carnival
Host a community fair with question and answer games to educate families. Offer prizes and food.

### Crib Cards
Stick cards on bassinet that address cues, cluster feeding, benefits for mom and baby, position and risks of formula feeding.

### ID Badge
Before the mock and official site reviews, attach mini cheat sheets to badges so employees can practice answering questions.

Replacing formula gift bags can be a fun process because you get to think about what would really be useful to send families home with. Project leaders used the opportunity to design their own bags which provided advertisement for their hospital.

### Bulletin Board
Celebrate employees’ achievements by highlighting monthly successes with graphs. Hang a copy of the Ten Steps. Display updated policies and procedures.

### Toilet Talk
This a great place to post educational information, questions, answers and monthly outcomes. It is sure to be easily visible and accessed by all staff.

### The Golden Hour
Create a door sign for each room that designates the first hour after birth as a special time for just mother, infant and support person. Welcome family and friends to meet the baby once this hour has taken place.

### Birthday Party
Throw a little party in the waiting area to occupy extended family and friends while the mother and infant have quiet, uninterrupted time together.
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<td>• Engage a physician champion.</td>
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mission

Perinatal Services Network (PSN) is a distinctive, innovative team, dedicated to promoting improved outcomes surrounding birth through the first year of life and beyond, by engaging agencies in developing support systems for every mother, infant and family.

vision

PSN envisions a community that embraces its mothers and babies and values the unique opportunity at birth to impact the physical and emotional well being of the newborn.

goals

We aim to:

- Assemble the largest concentration of Baby-Friendly hospitals in the nation.

- Create a collaborative of hospitals/agencies that value early mother and baby skin to skin care.

- Utilize education, systematic data collection, and outreach to cultivate this outcome-oriented model.