



Upholding the highest standards of infant feeding care

Infant Feeding Policy Elements Worksheet

Comprehensive, evidence-based policies support staff and providers to deliver quality care for women and infants. Written policies promote sustainability of best practices over time.

This tool is provided to facilities participating in the California Hospital Lactation Support Community as a resource for guidance in developing policies related to the Ten Steps to Successful Breastfeeding (Ten Steps).

Note: This worksheet addresses only the required elements of an infant feeding policy. This worksheet does not evaluate or provide guidance regarding evidence-based policy content.

Step 1A– Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.		
Line number	Required Element	Addressed
1	Procurement of breast-milk substitutes, infant feeding bottles, and artificial nipples [including pacifiers] has been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Philosophy regarding the promotion of breast-milk substitutes, artificial nipples and feeding bottles is stated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Philosophy regarding educational materials that contain company logos has been stated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Employees of manufacturers or distributors of breast-milk substitutes, feeding bottles, artificial nipples, and pacifiers have no direct or indirect contact with pregnant women and mothers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	The facility and any affiliated prenatal clinics do not receive free gifts, non-scientific literature, materials, promotional items, equipment, money, or support for breastfeeding education or support/sponsorship for events/meetings from manufacturers of breast-milk substitutes, feeding bottles, artificial nipples, and pacifiers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	No pregnant women, mothers, or families are given marketing materials or samples or gift packs by the facility that consist of	<input type="checkbox"/> Yes <input type="checkbox"/> No

	breast-milk substitutes, feeding bottles, artificial nipples, pacifiers, or other infant feeding equipment or coupons for the above items.	
7	Any educational materials distributed to pregnant women and breastfeeding mothers are free from messages that promote or advertise infant food or drinks other than breast-milk feeding bottles, artificial nipples, and pacifiers [except safe sleep and SIDS reduction materials].	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Avoidance of group talk on the use of formula and infant feeding bottles has been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 1B– Have a written infant feeding policy that is routinely communicated to staff and parents.

Line number	Required Element	Addressed
9	Professions and departments responsible for implementing the policy are identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Frequency of policy update and revision are identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Effective date is listed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Date of last revision is listed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	The process for orienting new direct care staff/providers to the implementation of the policy is addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Timeframe for new staff orientation to the policy is described.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	The frequency for routine communication of the policy is addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Reference list is provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 1C– Establish ongoing monitoring and data-management systems.

Line number	Required Element	Addressed
17	Multi-disciplinary staff positions to be included in routine and ongoing monitoring of clinical practices has been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Purpose for monitoring data is addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Description of the process for routine and ongoing monitoring and data management systems to evaluate compliance with eight clinical practice steps has been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Frequency of review of data to guide quality improvement efforts has been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 2 – Ensure that staff have sufficient knowledge, competence, and skills to support breastfeeding.

Line number	Required Element	Addressed
21	Individual(s) responsible for the development and oversight of the Direct Care Staff and Direct Care Provider Competency Verification and Training Plan is identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Individual(s) responsible for all aspects of planning, implementing, and documentation of required direct care staff/provider competency verification has been completed is identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	Direct Care Providers positions requiring assessment, training, and verification of competencies is addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Direct Care Staff positions requiring assessment, training, and verification of applicable competencies is addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Facilities with affiliated prenatal services: Direct Care Providers requiring assessment, training, and verification of applicable competencies is identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
26	Facilities with affiliated prenatal services: Direct Care staff that must be trained are identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
27	Required competencies are addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
28	Frequency of in-service training is addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	Frequency of competency assessments is addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Documentation of competency verification and training is addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
31	Timeframe for verifying competencies and training new direct care staff/providers is described.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 3 – Discuss the importance and management of breastfeeding with pregnant women and their families.

Facilities with affiliated prenatal services

Line number	Required Element	Addressed
32	Individual(s) responsible for engaging in prenatal counseling [conversations] on education topics is addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33	Pregnant patients are educated on the following topics:	

34	<ul style="list-style-type: none"> ▪ The importance of breastfeeding 	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	<ul style="list-style-type: none"> ▪ Global recommendations: <ul style="list-style-type: none"> ⊕ Exclusive breastfeeding for the first 6 months ⊕ The risks of giving formula or other breast-milk substitutes ⊕ Breastfeeding continues to be important after 6 months when other foods are given 	<input type="checkbox"/> Yes <input type="checkbox"/> No
36	<ul style="list-style-type: none"> ▪ The basics of good positioning and attachment 	<input type="checkbox"/> Yes <input type="checkbox"/> No
37	<ul style="list-style-type: none"> ▪ Recognition of feeding cues 	<input type="checkbox"/> Yes <input type="checkbox"/> No
38	<ul style="list-style-type: none"> ▪ The importance of immediate and uninterrupted [sustained] skin-to-skin contact 	<input type="checkbox"/> Yes <input type="checkbox"/> No
39	<ul style="list-style-type: none"> ▪ The importance of early initiation of breastfeeding 	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	<ul style="list-style-type: none"> ▪ The importance of rooming-in 	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	Documentation of prenatal education is addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facilities without affiliated prenatal services

Line number	Required Element	Addressed
42	Fostering the development of breastfeeding education and coordinating consistent breastfeeding messages at prenatal service contacts has been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
43	Curriculum content for prenatal contacts has been addressed [includes topics mentioned from line numbers 34-40].	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
44	Individual(s) responsible for implementing education is identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

All Facilities (with or without affiliated prenatal services)

Line number	Required Element	Addressed
45	Fostering the development of community-based programs that make available individual counseling or group education on breastfeeding has been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Efforts to coordinate breastfeeding messages with those offered by community-based programs have been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 4 – Facilitate immediate and uninterrupted skin-to-skin (STS) contact and support mothers to initiate breastfeeding as soon as possible after birth.

Line number	Required Element	Addressed
47	A definition of skin-to-skin care has been stated. Including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
48	<ul style="list-style-type: none"> ▪ Application to all mothers and infants, regardless of feeding choice. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
49	Process to support immediate skin-to-skin care has been identified:	
50	<ul style="list-style-type: none"> ▪ For vaginal births. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
51	<ul style="list-style-type: none"> ▪ For cesarean births, as soon as the mother is responsive and alert. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
52	Time parameters in support of uninterrupted skin-to-skin care has been identified.	
53	<ul style="list-style-type: none"> ▪ For breastfeeding 	<input type="checkbox"/> Yes <input type="checkbox"/> No
54	<ul style="list-style-type: none"> ▪ For all deliveries 	<input type="checkbox"/> Yes <input type="checkbox"/> No
55	Staff responsibility to support the safe implementation of skin-to-skin contact has been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
56	Staff responsibility to support the initiation of breastfeeding during initial skin-to-skin [within 1 hour after birth] has been described.	<input type="checkbox"/> Yes <input type="checkbox"/> No
57	Identified that the implementation of routine procedures will be delayed until after the first breastfeeding or until after the first hour if the mother has made an informed decision to formula feed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
58	Medical indications to delay or interrupt immediate skin-to-skin contact have been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
59	Documentation of skin-to-skin care has been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
60	Provision of skin-to-skin care initially delayed/interrupted due to medically justifiable reasons has been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 5 – Support mothers to initiate and maintain breastfeeding and manage common difficulties.

Line number	Required Element	Addressed
61	The process for supporting postpartum breastfeeding mothers has been described.	
62	<ul style="list-style-type: none"> ▪ Staff responsible for conducting postpartum breastfeeding assessment have been identified. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
63	<ul style="list-style-type: none"> ▪ Staff responsibility to perform an initial lactation risk assessment which requires evaluation of maternal and infant risk factors that might require more in-depth evaluation and follow-up has been addressed 	<input type="checkbox"/> Yes <input type="checkbox"/> No
64	<ul style="list-style-type: none"> ▪ Frequency of breastfeeding assessment has been described. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
65	<ul style="list-style-type: none"> ▪ Frequency of breastfeeding assessment for late preterm infants and mothers/infants with identified risk factors has been described. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
66	<ul style="list-style-type: none"> ▪ Documentation of breastfeeding assessment has been described. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
67	Prior to discharge, staff will assess a breastfeeding mother's understanding of and provide necessary education on the following topics:	
68	<ul style="list-style-type: none"> ▪ Proper positioning, correct latch, efficient suckling, and milk transfer. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
69	<ul style="list-style-type: none"> ▪ Ensuring a good milk supply 	<input type="checkbox"/> Yes <input type="checkbox"/> No
70	<ul style="list-style-type: none"> ▪ Hand expression of breast-milk 	<input type="checkbox"/> Yes <input type="checkbox"/> No
71	<ul style="list-style-type: none"> ▪ Storage and handling of breast-milk 	<input type="checkbox"/> Yes <input type="checkbox"/> No
72	<ul style="list-style-type: none"> ▪ Criteria to assess if the infant is getting enough breast-milk including adequate intake and output for day of life 	<input type="checkbox"/> Yes <input type="checkbox"/> No
73	<ul style="list-style-type: none"> ▪ The importance and maintenance of exclusive breastfeeding for the first 6 months 	<input type="checkbox"/> Yes <input type="checkbox"/> No
74	<ul style="list-style-type: none"> ▪ Preventative management of common problems such as engorgement, sore and cracked nipples 	<input type="checkbox"/> Yes <input type="checkbox"/> No
75	<ul style="list-style-type: none"> ▪ Signs/symptoms of infant feeding issues requiring referral to qualified health care provider has been addressed. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
76	Documentation of education	<input type="checkbox"/> Yes <input type="checkbox"/> No
77	The process of supporting mothers that are exclusively breast-milk feeding, mothers of preterm infants on the postpartum	

	unit and infants that cannot breastfeed due to illness or separation has been addressed, including:	
78	<ul style="list-style-type: none"> ▪ Timeframe within which breast- milk expression should begin 	<input type="checkbox"/> Yes <input type="checkbox"/> No
79	<ul style="list-style-type: none"> ▪ Frequency of expression 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 6 – Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.

Line number	Required Element	Addressed
80	The process for supporting breastfeeding conversations with mothers who request breast milk substitutes has been addressed, including:	
81	<ul style="list-style-type: none"> ▪ Listening to mother’s reasons for the request 	<input type="checkbox"/> Yes <input type="checkbox"/> No
82	<ul style="list-style-type: none"> ▪ Responding by assessing challenges and assisting mother to overcome any breastfeeding concerns or difficulties 	<input type="checkbox"/> Yes <input type="checkbox"/> No
83	<ul style="list-style-type: none"> ▪ Empowering the mother’s informed decision making by addressing her knowledge gaps regarding: <ul style="list-style-type: none"> ○ Importance of exclusive breastfeeding ○ Possible risk factors that could influence health outcomes with the introduction of breast-milk substitutes ○ Possible impacts to the success of feeding 	<input type="checkbox"/> Yes <input type="checkbox"/> No
84	Documentation of education	<input type="checkbox"/> Yes <input type="checkbox"/> No
85	Contraindications to breastfeeding have been addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No
86	Medical indications for supplementation with breast milk substitutes for healthy, term infants have been addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No
87	Medical indications for supplementation with breast milk substitutes for preterm infants being cared for on the postpartum unit have been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
88	Administration of the supplemental feeding has been addressed, including:	
89	Preferred order regarding choice of supplement has been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
90	Medical order for supplementation has been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
91	Documentation of reason for the supplemental feeding has been addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
92	The process for supporting conversations with mothers that state they have no plans to breastfeed has been addressed:	

93	<ul style="list-style-type: none"> ▪ Listening to mother's reasons for the request 	<input type="checkbox"/> Yes <input type="checkbox"/> No
94	<ul style="list-style-type: none"> ▪ Responding by assessing challenges and providing options specific to her concerns 	<input type="checkbox"/> Yes <input type="checkbox"/> No
95	<ul style="list-style-type: none"> ▪ Empowering the mother's informed decision making by addressing her knowledge gaps regarding: <ul style="list-style-type: none"> ○ Importance of breastfeeding ○ Risk factors that could influence health outcomes when feeding breast-milk substitutes 	<input type="checkbox"/> Yes <input type="checkbox"/> No
96	Documentation of education	<input type="checkbox"/> Yes <input type="checkbox"/> No
97	The process for supporting mothers who feed their infants breast-milk substitutes has been addressed.	
98	<ul style="list-style-type: none"> ▪ Verbal education is provided to mothers. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
99	<ul style="list-style-type: none"> ▪ Written education is provided to mothers. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
100	Safe preparation, feeding, and storage of formula educational information includes:	
101	<ul style="list-style-type: none"> ▪ Appropriate hand hygiene 	<input type="checkbox"/> Yes <input type="checkbox"/> No
102	<ul style="list-style-type: none"> ▪ Cleaning infant feeding items/workspace surfaces 	<input type="checkbox"/> Yes <input type="checkbox"/> No
103	<ul style="list-style-type: none"> ▪ Appropriate, safe reconstitution of concentrated and powdered infant formula 	<input type="checkbox"/> Yes <input type="checkbox"/> No
104	<ul style="list-style-type: none"> ▪ Accuracy of measurement of ingredients 	<input type="checkbox"/> Yes <input type="checkbox"/> No
105	<ul style="list-style-type: none"> ▪ Safe handling of formula 	<input type="checkbox"/> Yes <input type="checkbox"/> No
106	<ul style="list-style-type: none"> ▪ Proper storage of formula 	<input type="checkbox"/> Yes <input type="checkbox"/> No
107	<ul style="list-style-type: none"> ▪ Appropriate feeding methods 	<input type="checkbox"/> Yes <input type="checkbox"/> No
108	<ul style="list-style-type: none"> ▪ Powdered infant formula is not sterile and can cause illness in infants younger than 3 months old 	<input type="checkbox"/> Yes <input type="checkbox"/> No
109	Providing anticipatory guidance to mothers who are feeding their infants breast-milk substitutes has been addressed:	
110	<ul style="list-style-type: none"> ▪ Preventative steps to minimize engorgement [if mother plans to exclusively formula feed] 	<input type="checkbox"/> Yes <input type="checkbox"/> No
111	<ul style="list-style-type: none"> ▪ Signs/symptoms of infant feeding issues requiring referral to a qualified provider 	<input type="checkbox"/> Yes <input type="checkbox"/> No
112	Documentation of education	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 7 – Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.

Line number	Required Element	Addressed
113	There is a description of safe rooming-in, including:	
114	<ul style="list-style-type: none"> ▪ Time parameters 	<input type="checkbox"/> Yes <input type="checkbox"/> No
115	<ul style="list-style-type: none"> ▪ Application of rooming-in to all mothers and infants regardless of feeding choice 	<input type="checkbox"/> Yes <input type="checkbox"/> No
116	<ul style="list-style-type: none"> ▪ Staff responsibility to assess and monitor mother-infant dyads for the safe implementation of rooming-in. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
117	<ul style="list-style-type: none"> ▪ Education on creating a safe sleep environment [inpatient and at home] 	<input type="checkbox"/> Yes <input type="checkbox"/> No
118	<ul style="list-style-type: none"> ▪ Implementation of routine newborn procedures at mother's bedside 	<input type="checkbox"/> Yes <input type="checkbox"/> No
119	Documentation of interruption of rooming-in is described, including:	
120	<ul style="list-style-type: none"> ▪ Reason for interruption 	<input type="checkbox"/> Yes <input type="checkbox"/> No
121	<ul style="list-style-type: none"> ▪ Location of infant during interruption 	<input type="checkbox"/> Yes <input type="checkbox"/> No
122	<ul style="list-style-type: none"> ▪ Time parameters of interruption 	<input type="checkbox"/> Yes <input type="checkbox"/> No
123	<ul style="list-style-type: none"> ▪ Infant feedings during the separation 	<input type="checkbox"/> Yes <input type="checkbox"/> No
124	Process of supporting conversations with mothers who request their infants be taken to the nursery is described, including:	
125	<ul style="list-style-type: none"> ▪ Listening to the mother's reasons/concerns 	<input type="checkbox"/> Yes <input type="checkbox"/> No
126	<ul style="list-style-type: none"> ▪ Responding to her concerns by assessing challenges and providing solutions to safely avoid the separation 	<input type="checkbox"/> Yes <input type="checkbox"/> No
127	<ul style="list-style-type: none"> ▪ Empowering the mother's informed decision making by filling in her knowledge gaps regarding: <ul style="list-style-type: none"> ○ Importance of rooming-in ○ If breastfeeding, a plan that supports the exclusivity of breastfeeding 	<input type="checkbox"/> Yes <input type="checkbox"/> No
128	Documentation of education	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 8 – Support mothers to recognize and respond to their infants’ cues for feeding.

Line number	Required Element	Addressed
129	Mother education regarding feeding infants on cue is addressed, including:	
130	<ul style="list-style-type: none"> ▪ Recognition of feeding cues to initiate feedings and that crying is a late cue 	<input type="checkbox"/> Yes <input type="checkbox"/> No
131	<ul style="list-style-type: none"> ▪ No limits on how often or how long infants should be fed 	<input type="checkbox"/> Yes <input type="checkbox"/> No
132	<ul style="list-style-type: none"> ▪ Normal newborn feeding patterns/expectations after the first 24 hours of life 	<input type="checkbox"/> Yes <input type="checkbox"/> No
133	Documentation of education	
134	Preterm infants on postpartum unit that are not displaying hunger cues	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 9 – Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers.

Line number	Required Element	Addressed
135	Avoidance of the routine use of artificial nipples, infant feeding bottles, and pacifiers is addressed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
136	The process of educating all breastfeeding mothers on the proper use or avoidance of pacifiers has been addressed, including:	
137	<ul style="list-style-type: none"> ▪ Possible negative consequences regarding breastfeeding 	<input type="checkbox"/> Yes <input type="checkbox"/> No
138	<ul style="list-style-type: none"> ▪ Acceptable time for introducing a pacifier with a breastfeeding infant 	<input type="checkbox"/> Yes <input type="checkbox"/> No
139	Documentation of education	<input type="checkbox"/> Yes <input type="checkbox"/> No
140	In facility where pacifiers are utilized, medical conditions warranting their use are described.	<input type="checkbox"/> Yes <input type="checkbox"/> No
141	The process of educating all breastfeeding mothers on the proper use or avoidance of feeding bottles and artificial nipples is addressed, including:	
142	<ul style="list-style-type: none"> ▪ Possible negative consequences regarding breastfeeding 	<input type="checkbox"/> Yes <input type="checkbox"/> No
143	Documentation of education	<input type="checkbox"/> Yes <input type="checkbox"/> No
144	Administration of the supplemental feeding has been addressed, including:	
145	<ul style="list-style-type: none"> ▪ Supplemental feeding devices utilized by the facility 	<input type="checkbox"/> Yes <input type="checkbox"/> No

146	<ul style="list-style-type: none"> ▪ How to administer supplementation 	<input type="checkbox"/> Yes <input type="checkbox"/> No
147	Documentation on the education	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 10 – Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

Line number	Required Element	Addressed
148	The process for community follow-up for breastfeeding dyads is described, including:	
149	<ul style="list-style-type: none"> ▪ Facility’s role in fostering the establishment of community breastfeeding/infant feeding support services. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
150	Prior to discharge, staff will coordinate ongoing support and care for all dyads:	
151	Verbal instruction is provided to mothers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
152	Written information is provided to mothers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
153	How to access breastfeeding/infant feeding support	<input type="checkbox"/> Yes <input type="checkbox"/> No
154	Recommendations for when to follow-up for newborn evaluation and feeding.	<input type="checkbox"/> Yes <input type="checkbox"/> No
155	Maternal/infant warning signs/symptoms that must receive urgent evaluation and who they should call for assistance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
156	Recommendations for written individualized feeding plans and follow-up visits for preterm or at-risk infants being cared for on the postpartum unit.	<input type="checkbox"/> Yes <input type="checkbox"/> No