KISS Stars Program
Intent to Apply

Birthing Facility Information

Name of Facility: _____ County: _____

Contact Person:_____

Job Title/Position: _____

Email: _____ Phone: _____

Indicate objectives for which your facility will be applying:

KY Safety Goal 1: Reduce Infant Mortality (choose at least one)		KY Successful Breastfeeding Goal 2: Increase Breastfeeding Rates (choose at least two)	
☐	1.1 Instruct parents and caregivers on Infant Safe Sleep practices based on current American Academy of Pediatrics guidelines.	☐	2.1 Train all healthcare staff on breastfeeding support.
☐	1.2 Model Infant Safe Sleep practices in the newborn nursery and NICU, based on current American Academy of Pediatrics recommendations.	☐	2.2 Inform all pregnant women about breastfeeding.
☐	1.3 Follow the evidence-based practice for educating all parents and caregivers of newborns on prevention of Abusive Head Trauma (AHT) prior to discharge.	☐	2.3 Place babies in skin-to-skin contact (Kangaroo Care) immediately after birth.
☐	1.4 Establish a system to prevent readmissions of breastfeeding and high risk newborns, including, at a minimum, those with jaundice, prematurity, or neonatal abstinence.	☐	2.4 Establish a system to ensure that breastfeeding infants will have follow-up with Physicians and referrals to breastfeeding support groups.
☐	1.5 Assist birth mother in writing down an infant safety plan to have available in case of a future emergency situation.	☐	2.5 Show mothers how to breastfeed.
☐	1.6 Establish policies to follow AAP guidelines for screening and follow-up of jaundice	☐	2.6 Give no food or drink to breastfeeding infants and purchase formula at fair market value.
☐	1.7 Document counseling mothers and families on avoidance of exposure to second hand smoke and refer to smoking cessation services	☐	2.7 Practice rooming in.
☐	1.8 Educate all parents regarding the signs of postpartum depression and where to seek help if signs appear.	☐	2.8 Encourage breastfeeding on demand.
☐	1.9 Establish a "hard stop" policy to prevent early (<39 weeks) elective deliveries without medical indications at your facility.	☐	2.9 Give no pacifier or artificial nipples to breastfeeding infants.
☐	1.10 Instruct parents/caregivers on the law and appropriate use of infant car seats, and verify its installation in the back seat of the vehicle at discharge.	☐	2.10 Have a written breastfeeding policy.

Ways to Implement Safety and Breastfeeding Steps:

We recommend you implement each of these steps as unit-based quality improvement projects. The recommended steps follow evidence-based practices and national recommendations, so their implementation would be suitable projects to report for JCAHO. A worksheet to lay out your project as a PDSA quality improvement cycle can be provided upon request.

Quality Improvement projects are best done by involving a team of people from various positions, these might include:

☐ Maternity Center Administrator or Manager   ☐ Nurse from Newborn Care
☐ Obstetrical Provider   ☐ Night Maternity Nurse
☐ Pediatric Provider   ☐ Labor and Delivery Nurse
☐ Family Medicine Provider   ☐ Lactation Consultant (IBCLC)
☐ Couplet Care Nurse   ☐ Other _____

FACILITY BASELINE DATA:

A. Number of Births in Most Recent Year: (Indicate start date _____ and end date _____)
Total Number of Births: _____   % Cesarean Delivery: _____

B. Lactation Consultant Staffing
Number of International Board Certified Lactation Consultants (IBCLCs) currently on staff: _____
Number of IBCLC hours: _____

C. Baseline Breastfeeding Data
Collection Method   ☐ On-going basis   ☐ Specific Time Period _____ to _____

Exclusive Breastfeeding Rate (Birth to Discharge) _____% (no food or drink other than human milk)
Overall Breastfeeding Rates (Birth to Discharge) _____% (ever breastfed)

How is breastfeeding data shared with maternity care staff?
☐ Not Shared   ☐ Shared-how?: _____

D. Baseline Infant Safety Practices   Specific Time Period _____ to _____
% of families receiving safe sleep information = _____
% of families viewing Abusive Head Trauma Video = _____
% of infants with bili plotted on chart by hour of life to determine risk = _____

Does your facility intend to submit an application to Baby Friendly USA? (This will be kept confidential.)

☐   Do not intend to apply   ☐   Intend to apply
☐   Stage 1   ☐   Stage 2   ☐   Stage 3   ☐   Stage 4