CONNECTICUT BABY-FRIENDLY BREASTFEEDING INITIATIVE
ASSESSMENT FORM

The answers to the following questions will help the Connecticut Department of Public Health (DPH) and the Connecticut Breastfeeding Coalition (CBC) select ten hospitals/maternity facilities to participate in the Connecticut Breastfeeding Initiative – funded by the Centers for Disease Control and Prevention. The selection committee recommends that a Lactation Consultant or a Maternity Nurse Manager complete the assessment form, and then obtain administration endorsement.

Expectations for Participation (during two-year grant period):
- Obtain a CEO letter of support to illustrate intention to become a Baby-Friendly facility
- Send maternity healthcare staff to an onsite, two-day training session
- Send 10 key staff to a two-day training on July 8\textsuperscript{th} and July 9\textsuperscript{th} at a central-state location
- Form a multidisciplinary breastfeeding committee
- Receive 40 hours of consultation to assist with Baby-Friendly Designation

Will your facility support these expectations? Check ✓

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<thead>
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<th>Will your facility support these expectations?</th>
<th>Check ✓</th>
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<td>Some of them (please check ✓ above)</td>
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<tr>
<td>All of them</td>
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<td>None of them</td>
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Please answer the following questions – to the best of your ability – and return the completed form by Thursday, May 20\textsuperscript{th} to CBC at:

1. Does your facility have an explicit written policy for protecting, promoting, and supporting breastfeeding? If yes, please attach a copy.
2. Does your facility have a multidisciplinary breastfeeding committee?
3. Does your facility have a peer-counseling program? If yes, please attach additional information.
4. Does your facility use mother-baby couplet/dyad care?
5. Are there any hospital- or community-based support groups available to refer breastfeeding mothers?

If possible, please provide your mPINC score. ______%

Has your facility considered Baby-Friendly Designation in the past? YES or NO (circle one)

Please describe your obstacles. (Continue on back of page, if necessary)

_________________________________________________________________________________

_________________________________________________________________________________

Respondent’s Signature: ____________________ Administrator’s Signature: ____________________

Signature: ____________________

Print name and title: ____________________