



STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Executive Deputy Commissioner

TO: Hospital Medical Director
Hospital Director of Nursing
Health Provider Network Coordinator

From: Barbara A. Dennison, MD, Director, Policy and Research Translation Unit
Division of Chronic Disease and Injury Prevention
Marilyn A. Kacica, MD, MPH, Medical Director
Division of Family Health

Date: May 27, 2009

Subject: Hospital Breastfeeding Policies

Distribution: Chief of Obstetrics/Maternal Fetal Medicine Services
Chief of Neonatology/Newborn Services
Hospital Director of Maternity Services

Breastfeeding imparts multiple health benefits to women and infants and is recognized as the gold standard for infant nutrition. *Healthy People 2010* includes objectives addressing the initiation, duration and exclusivity of breastfeeding. The New York State Department of Health, in partnership with hospitals, has the opportunity to impact the health and well-being of infants by increasing the initiation and duration of breastfeeding, in particular, exclusive breastfeeding.

As part of our effort to bridge the gap between the current breastfeeding rates and those set forth by *Healthy People 2010*, we wish to assess the current policies and practices in support of breastfeeding at hospitals providing maternity services across the state. After receiving these policies, we will forward a survey to the indicated contact person. This survey is tailored to help us understand current hospital maternity practices with regard to breastfeeding.

We request that each hospital, that provides maternity services, send us a copy of their procedures or protocols for the following services:

- Routine Newborn Admission Orders (If they are not standardized, send a copy of all that apply);
- Written policies and procedures related to feeding and care of newborn infants;
- Written policies and procedures related to rooming-in of newborn infants;
- Written policies and procedures related to Care of the Newborn in Labor and Delivery; and
- Written breastfeeding policies and procedures as specified under Title 10 – Part 405.21.

Please submit your response to this request by June 30, 2009, via e-mail, mail or fax.

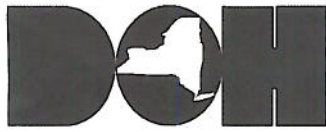
Please include the attached one-page form to indicate what policies are being submitted and a contact person for questions about maternity services at your hospital.

In support of this effort, the new roles of “Director of Maternity Services,” “Chief of Obstetrics/Maternal Fetal Medicine Services” and “Chief of Neonatology/Newborn Services” have been created in the Department’s Communications Directory. These roles will be utilized to directly communicate with hospital’s providing maternity services about the Department’s initiatives, training opportunities, and any changes taking place in the reporting of information related to maternity or newborn practices and/or procedures. The Department’s Health Commerce System (HCS) will be used as the vehicle for sharing additional information about maternity practices or procedures.

Your Hospital’s HCS Coordinator is requested to designate staff members to assume these roles and to enter this information on the HCS Communications Directory by June 30, 2009.

Thank you for your efforts in working with us on this important health initiative. If there are any specific questions regarding this request or initiative, please call (518) 473-4438.

Attachments: Response form: Hospital Breastfeeding Policies



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Hospital Breastfeeding Policies

Please include this form in your response to our request.

Check to indicate which materials are included in your response.

- Routine Newborn Admission Orders
- Written policies and procedures related to feeding and care of newborn infants
- Written policies and procedures related to rooming-in of newborn infants
- Written policies and procedures related to Care of the Newborn in Labor and Delivery
- Written breastfeeding policies and procedures as specified under Title 10 – Part 405.21

Please indicate who should be the contact person for questions about maternity services at your hospital. This is the individual to whom we will send the survey of hospital maternity practices.

Name: _____

Position: _____

Hospital Name: _____

Address: _____

City, State, Zip: _____

Phone: () _____

e-mail _____

- By e-mail: promotebreastfeeding@health.state.ny.us
Subject line should read "Hospital Breastfeeding Policies"
- By mail: New York State Department of Health
Division of Family Health
Attn.: Kevin Luke Leadholm
Empire State Plaza, Corning Tower, Room 2162
Albany, NY 12237
- By fax: (518) 486 – 1691
Attn.: Kevin Luke Leadholm