WYOMING’S 5-STEPS TO BREASTFEEDING SUCCESS

MINI-GRANT APPLICATION
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**APPLICATION TEMPLATE**

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**AWARD AMOUNT:** Applicants may request up to $7,500.00

**Program Overview:**
The Wyoming Department of Health, Maternal and Child Health (MCH) Unit, conducted a five-year Title V needs assessment in order to determine the health needs of women, children and families in Wyoming. This process helped the MCH Unit identify seven key priority needs for the 2016-2020 period. One such priority aims to increase rates of breastfeeding initiation, breastfeeding duration and exclusivity at 6 months in order to improve perinatal and infant health. This grant program is designed to increase provider awareness and implementation of evidence-based methods to promote breastfeeding initiation and duration. Funding for this grant was made possible by an ongoing collaboration with the Association for State and Territorial Health Officials (ASTHO) and their Learning Community to Improve State Health Agency Capacity for Breastfeeding Promotion and Support.

**Program Objectives:**
1. To increase breastfeeding initiation and duration among Wyoming mothers and their infants
2. To increase awareness among Wyoming hospitals around evidence-based methods to promote breastfeeding initiation and improve breastfeeding duration

**Request for Application (RFA) Eligibility:** All Wyoming hospitals with an active labor and delivery department

**Application Instructions:** Interested applicants should visit: https://health.wyo.gov/publichealth/mch/womenandinфанhealth/breastfeeding-5-steps/ to download the application materials and access application resources and additional information. Applicants must complete the entire application packet, including all required attachments, and return via email to Christina Taylor no later than May 1st, 2017. Email address: christina.taylor@wyo.gov
APPLICATION CHECKLIST
A complete application packet shall include:

- An application
- Detailed Budget
- Signed letters of support from hospital administration
- A hospital-specific breastfeeding resource list
- Work plan (project narrative)
- Staff outline

Application
The application template is found on pages 7-10 of this document. Please be sure to complete all required sections fully before submission to ensure consideration for this grant opportunity.

Detailed Budget
A budget template can be found on page 11 of this document. Please be as thorough as possible, and provide justification for all funding requested. Be sure to include the total requested amount in the bottom right hand corner of the budget table.

Signed Letters of Support
It is important to ensure that your hospital leadership and fiscal management is aware of your intent to apply and is willing to support the implementation of this grant program. Please include signed letters of support from all relevant leadership in your facility, and attach to this application.

Resource List
There is no template for the hospital-specific resource list. Please create a list of all resources that you believe support breastfeeding initiation and/or duration among patients who give birth in your facility. This can include CLC’s on staff, breastfeeding supports groups or coalitions, WIC office collaboration, etc.
Work Plan (Narrative)

There is space provided on page 9 of this application for your narrative. Please describe your implementation plan for this project, including all required and optional activities. This plan should address all aspects of implementation, including staff support, training plans, resources to be allocated to implementation and any other relevant information. Be as detailed as possible, and attach additional sheets if needed.

Staff Outline

The staff outline should be an explanation of all staff members who will be involved in implementation. This outline should include job titles, planned roles in implementation, and any information relevant to their experience with breastfeeding support. Each member on this outline should be aware of their role and should be willing to participate in program implementation.

Wyoming 5-Steps Recognition Program

The Wyoming Department of Health, MCH Unit has prioritized the five steps outlined in this application as those that will most benefit the goal of improving breastfeeding duration in the state. The MCH unit will offer all hospitals that are able to demonstrate compliance with the 5-Steps program official recognition beginning mid-2017, and will offer ongoing recognition to hospitals that choose to pursue the 5-Steps program. Details of this program, including how to apply for recognition, will be provided at a later date.

All Wyoming hospitals are invited and encouraged to participate in the Wyoming’s 5-Steps to Breastfeeding Success outside of the mini-grant program.
Wyoming’s 5-Steps To Breastfeeding Success

1. **Mother is informed about the benefits and management of breastfeeding**
   - Importance of exclusive breastfeeding
   - Non-pharmacological pain relief methods
   - Importance of skin-to-skin
   - Early initiations of breastfeeding
   - Rooming-in at all times
   - Feeding on demand or baby-led feeding
   - Frequent feeding to ensure optimal milk production
   - Effective positioning and attachment
   - Exclusive breastfeeding for first 6 months
   - AAP recommendation - 12 months
   - Common challenges (Normalize difficulty & empower)
   - Tips for success

2. **Infant receives no food or drink in the hospital other than breastmilk, unless medically indicated**
   - All reasons for choosing not to breastfeed are discussed and explored
   - Medical indications for supplementation outlined
   - Compliance with the International Code of Marketing of Breastmilk Substitutes

3. **Infant stays in the same room with the mother in the hospital**
   - Facility should provide rooming-in 24 hours a day as the standard for mother-baby care
   - Assessment and care of infant provided in the birthing room

4. **Infant does not use a pacifier in the hospital**
   - Educate mothers on how/why the use the artificial nipples may interfere with the development of optimal breastfeeding
   - Hospital should counsel mothers on the importance of waiting to use pacifiers (Hospital will not provide pacifiers)

5. **Mother is given a telephone number to call for help with breastfeeding after discharge**
   - Referral sheets at discharge
   - Partnership with local breastfeeding resource groups
   - Dedicated line to reach CLC’s
Application Review
The Wyoming Department of Health MCH Unit will convene a team of reviewers familiar with evidence-based strategies to increase breastfeeding initiation and duration. This team will include members of the Breastfeeding Mini-Grant Committee at the Wyoming Department of Health, including Danielle Marks (MCH Unit Manager), Christina Taylor (Women and Infant Health Program Manager), Lisa Caldwell (WIC State Supervisor) and Hannah Herold (Chronic Disease Program Manager). An applicant or party with a conflict of interest will not be selected as a reviewer. The evaluation will be based on the demonstrated capabilities of the prospective grantee in relation to the goals and activities set forth in this application. The MCH Unit reserves the right to accept or reject any proposal and to waive any minor irregularities in the proposals.

Notice of Award
Applicants shall receive written notice as to whether the application has been approved to be funded wholly, in part, or not funded. Funded applicants will begin the MOU process with the MCH Unit. All funded services must be completed within the term of the contract. Funded applicants are not guaranteed maximum amount of funding per grant and prospective recipients are expected to submit a budget that is appropriate for the project plan and scope.

Resources
The following web links provide some resources for programmatic activities that may be applicable under the provisions of this grant. Additional resources are available in the ‘Implementation Resources’ folder in the Google Drive.

http://www.ilca.org
http://www.breastfeeding.org/resource-guide-english/
http://www.lli.org/help_form
**Requirements of a Grant Award**

- Grantees will be required to enter into a Memorandum of Understanding (MOU) with the Wyoming Department of Health, Maternal and Child Health Unit in order to receive grant funds

- Grantees will be required to participate in four (4) quarterly technical assistance calls with the Wyoming Department of Health, Maternal and Child Health Unit and the Wyoming Breastfeeding Workgroup

- Grantees will be required to participate in one (1) project site visit with representatives from the Wyoming Department of Health

- Grantees will be required to submit upon request pre/post project surveys/assessments, and any relevant data, for project evaluation purposes

**Non-Approved Use of Funding**

- Programs funded through other sources; supplanting of funds

- Programs and activities that duplicate technical assistance and professional development that is available at no cost to WDH MCH Unit

- Capital construction projects or purchase of building or other long term funds.

- Purchase of computers, other technological devices (e.g., iPad) or office equipment other than standard consumable supplies, unless written approval is obtained from the MCH unit

- Payment of expenses for lobbying with state and federal funds

- Food and beverages of any type, regardless of the purpose of meeting or event

- Incentives, gifts, prizes or other compensations for trainees or participants
Questions? If you have any questions regarding the application process, please contact Christina Taylor @ 307-777-7944 or christina.taylor@wyo.gov.

Funding Period: State Fiscal Year 2018 (July 1, 2017 - June 30, 2018) *Subject to change

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<th>Application Timeline</th>
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<tr>
<td>• April 3, 2017: RFA Release Date</td>
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<td>• April 7, 2017 @ 2pm: Q&amp;A Call (877-350-8272- No PIN needed)</td>
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<td>• May 1, 2017: Applications Due</td>
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<td>• May 15, 2017: Notice of Awards</td>
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<td>• MOU Process Begins</td>
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Wyoming’s 5-Steps to Breastfeeding Success
Mini-Grant Application

Section 1. Applicant Information

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| Primary Point of Contact for Application       |
| Please Include Job Title/Role                  |
|                                               |

| Point of Contact E-mail Address                |
|                                               |

| Name and title of person who will sign the MOU |
|                                               |

| Hospital Physical Address. This address will be used when sending MOU for signature. |
|                                                                                   |

Section 2. Applicant Overview

Please address these items in your project narrative.

Existing Resources
Briefly describe your facility’s existing resources surrounding breastfeeding initiation and support, including any resources that are already being used to address breastfeeding support activities.

Needs Assessment
Briefly describe your facility’s need for implementation of the activities described on pages 7-8 of this document. Please use existing data on hospital capacity, birth rates, breastfeeding data, etc. when appropriate.

Capacity
Briefly describe your facility’s capacity and experience in implementing breastfeeding initiatives. Include relevant stakeholders and staff members, your experience with obtaining staff and leadership support, and outcomes of any previous initiatives.
Section 3. Activities
This section describes both the required and optional components of this grant program. Grantees will be required to describe, in the Section 4 narrative, how they plan to implement these activities. The activities chosen for this grant program are based on evidence-based methods for improving breastfeeding initiation and duration. Please see the ‘Implementation Resources’ folder in the Google Drive for more information on the components of this program, including tips for effective implementation.

Required Activities
1. Develop and implement a written plan for informing mothers about the benefits and management of breastfeeding. This activity must include all elements listed in the 5-Steps Outline, which can be found on page 5.
   a.) Plan should include when and how the information will be presented
   b.) Plan should include method(s) of delivery (video, prenatal classes, in-person counseling post-birth, etc.)

2. Develop a rooming-in statement/policy for your facility
   a.) All assessment and care of infant provided in the birthing room
   b.) This step should include a plan for implementing in-room care and assessment, including steps to educate staff and encourage staff buy-in

3. Educate mothers on how/why the use of artificial nipples may interfere with the development of optimal breastfeeding
   a.) Hospitals should not provide pacifiers (discontinue this practice if currently offered)
   b.) This step should include a plan for the delivery of education regarding pacifier use
4. Develop and establish a breastfeeding support referral system to help breastfeeding mothers after hospital discharge
   a.) This activity should include a phone number where mothers may reach appropriate breastfeeding support (CLCs or IBCLCs). Hospitals are encouraged to partner with local breastfeeding groups/coalitions, WIC offices, Public Health Nursing offices, etc. to accomplish this goal
   b.) This activity should include a breastfeeding resource handout for mothers at discharge

5. Demonstrate compliance with the International Code of Marketing of Breastmilk Substitutes
   a.) Cease distribution of formula-branded promotional materials including formula samples, discharge bags with formula logos, etc.

6. Plan and implement training for relevant hospital staff that reviews the aim of the grant program, describes the hospital’s implementation plan, and outlines staff roles in successful implementation

**Optional Activities**

1. Develop a breastfeeding policy or policies that address the following:
   a.) Breastmilk as the preferred feeding method for medically stable infants
   b.) Clear guidelines for supplementation
      i. When medically indicated, and what constitutes this
      ii. All reasons for choosing not to breastfeeding discussed and explored with mother

2. Implement the use of CDC-developed breastfeeding crib cards (included in resources folder)

3. Encourage skin-to-skin contact and breastfeeding initiation within 1 hour of birth through policy changes and/or education (for staff and mothers)
   a.) Encourage on-demand feeding to increase supply
Section 4. Narrative

Instructions: Please describe your implementation plan in detail, including the above mandatory activities and chosen optional activities. Your narrative should include staff involvement, plans for obtaining hospital buy-in, a detailed timeline for implementation, etc. Please be as detailed as possible. Include additional pages as needed.
Section 5. Budget

Budget Narrative

Use the template provided below to describe and justify proposed expenses. The total amounts will then be used to create your overall proposed budget. Please note, you may be asked to revise and resubmit one or more parts of your proposed budget as part of the review process. Estimate total cost for each cost category.

Insert additional rows/categories if needed.

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Total Requested Funding Amount $ 

*Total amount requested must not exceed the maximum award amount of $7,500.00*