

# Pennsylvania 2009 EPIC B.E.S.T. Initiative

## Initial and Follow-up Office Assessment form

Initial Assessment (completed prior to training.)  
 Post Training Follow-Up:  2 months  4 months

Contact Person: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ TTraining

Practice/Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Trainer(s): \_\_\_\_\_

Date of training \_\_\_\_\_

Our office has a written breastfeeding policy in place: Yes \_\_\_ No \_\_\_

Our office environment demonstrates breastfeeding promotion and support: Yes \_\_\_ No \_\_\_

We have an IBCLC on staff: Yes \_\_\_ No \_\_\_

We have a staff person who has additional breastfeeding training Yes \_\_\_ No \_\_\_

Statements	Always	Most of the time	Some of the time	Never	N/A
1. We actively support breastfeeding as the preferred method of nutrition for infants.					
2. We recommend that babies be exclusively breastfed for 6 months.					
3. We schedule the first outpatient follow-up visit with the newborn within 48-72 hours.					
4. We provide breastfeeding anticipatory guidance to all women who are breastfeeding.					
5. We assist women with common breastfeeding problems.					
6. We refer breastfeeding women to community lactation consultants.					
7. We give breastfeeding handouts to all of our breastfeeding mothers.					
8. We advise all of our patients or parents who smoke to quit.					
9. We advise all of our patients or parents to have a smoke free home					
10. We refer smokers to the free quit line.					
11. Should a mother continue to smoke we still advise breastfeeding.					

**Pennsylvania 2009 EPIC B.E.S.T. Initiative**

Barriers/Problems: \_\_\_\_\_  
\_\_\_\_\_

Positive Remarks/Successes: \_\_\_\_\_  
\_\_\_\_\_

Specific Practice Needs or Requests: \_\_\_\_\_

Would make follow-up survey include what changes they have made to the practice since the training and barriers they still have to implementation of change