



CHAMPS National: Hospital Expression of Interest

CHAMPS National will enroll 100 hospitals across the US and the territories into a program to enable hospitals to safely implement the Ten Steps to Successful Breastfeeding.

If you are interested in applying to join CHAMPS National as a hospital, please complete this form and submit it to champs.breastfeed@gmail.com.

Date: _____ Name of hospital or birthing center: _____

Hospital mailing address: _____

Person completing the form (name/position): _____

Email: _____

Phone number: _____

Best time to contact: _____

About your hospital

1. Number of births at your facility in 2022 (or most recent year available): _____
2. Please describe, as best you can, the type of hospital you are (e.g., county hospital, academic medical center, etc.): _____
3. Please describe the geographic location you serve (e.g., rural, urban, county, etc.): _____
4. Is your hospital part of a bigger healthcare organization or network of hospitals (e.g., CHS, Ascension, Kaiser Permanente, Indian Health Service, etc.)? If so, please state the name of the group/service/network: _____
5. Do you have a NICU?
☐ Yes ☐ No ☐ Don't know
a. If Yes, what level? _____
6. Does your hospital have its own or an affiliated prenatal clinic/offer outpatient prenatal care?
☐ Yes ☐ No ☐ Don't know
7. Does your hospital offer outpatient pediatric care?
☐ Yes ☐ No ☐ Don't know

Breastfeeding-related information

8. Do you have a breastfeeding or infant feeding policy?

☐ Yes ☐ No ☐ Don't know

9. Please fill out your most recent known breastfeeding data, if reported for accreditation or other purposes:

a. Exclusive breastfeeding rate: _____

b. What is the timeframe of the data (e.g., overall rate from 2022, etc.): _____

10. Has your hospital been involved in any kind of breastfeeding-related collaboration before (e.g., Best Fed Beginnings, Empower Breastfeeding)?

☐ Yes ☐ No ☐ Don't know

a. If YES, please state the name of the collaboration: _____

11. Is your hospital Baby-Friendly designated?

☐ Yes ☐ No ☐ Don't know

a. If Yes, please state the year when your hospital was first designated and the dates of any subsequent redesignations: _____

b. If No, has your hospital ever been Baby-Friendly designated?

☐ Yes ☐ No ☐ Don't know

If your hospital was Baby-Friendly designated, please note the date when the hospital stopped being Baby-Friendly and explain what happened:

Notes: