

Wednesday Webinar: December 2018

BFUSA Discusses Updates to the Ten Steps

Presented by

Trish MacEnroe, Executive Director of Baby-Friendly USA

Press *6 to mute your line, #6 to unmute. Please do not press hold.
You can use the chat box for questions during the presentation.

Upcoming CHAMPS 4-Hour Clinical Skills Trainings

- (4- hour) North Mississippi Medical Center- West Point
 - Friday, **January 11th**, 2019 (morning and afternoon)
- Trainings are open to all CHAMPS hospitals and CHAMPS community partners. You can register for the trainings at CHEERequity.org/trainings



Upcoming Wednesday Webinars

Webinars are held in collaboration with the Mississippi State Department of Health and are scheduled on Wednesdays from 12-1p CST

Spring 2019 Schedule

- **January 9th:** Sustaining Breastfeeding and the BFHI in Mississippi
 - *Presented by Alice Chaney Herndon, Rene Simpson, Tawanda Logan-Hurt, and Anne Merewood*
- **February 13th:** Human Milk Oligosaccharides: Benefits for the breastfed infant and beyond
 - *Presented by Dr. Lars Bode*

For log-in information or for slides and recordings of past webinars, visit: cheerequity.org/webinars.html

If there are topics you would like covered, please email CHAMPSbreastfeed@gmail.com or talk to your CHAMPS hospitals coach about your ideas.



WHO Updates to the Ten Steps to Successful Breastfeeding: What That Means for US Hospitals

Trish MacEnroe, Executive Director

Albany, NY



Objectives

- Introduce new BFUSA Website and Logo
- Discuss the WHO/UNICEF Protecting Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services Guideline and Implementation Guidance
- Review the revised Ten Steps to Successful Breastfeeding
- Discuss the US Implementation Plans and Timelines
- Provide responses to some commonly asked questions

Introducing the new
www.babyfriendlyusa.org

New Logo and Tag Line



Upholding the Highest Standards of Infant Feeding Care.

Website: www.babyfriendlyusa.org

The screenshot shows the homepage of the Baby-Friendly USA website. At the top left is the logo for Baby-Friendly USA, which consists of a purple square with a white outline of a baby's head and the text "Baby-Friendly USA" in purple. To the right of the logo is a navigation menu with links for "Home", "About", "News & Views", "For Facilities", "For Parents", and a purple "PORTAL" button. There are also social media icons for Facebook, Twitter, and Email in the top right corner.

The main content area features a large banner with a collage of images showing healthcare providers and families interacting with newborn babies. Overlaid on the banner is the text "More than a million babies each year off to a great start" in purple and teal, with a "Learn More" button to the right.

Below the banner is a section with a light purple background. On the left, the heading "Upholding the Highest Standards of Infant Feeding Care" is followed by a paragraph: "As the accrediting body and national authority for the Baby-Friendly Hospital Initiative (BFHI) in the United States, Baby-Friendly USA (BFUSA) is responsible for coordinating and conducting all activities necessary to confer the prestigious Baby-Friendly® designation and ensure the widespread adoption of the BFHI in the US. We do this by:"

- Refining and upholding the standards/criteria for successfully implementing the [Ten Steps to Successful Breastfeeding](#) in the US

On the right side of this section, there are two statistics with icons:

- An icon of three baby faces next to the text "1,041,500 babies born each year in".
- An icon of a hospital building next to the text "543 Baby-Friendly facilities in the US, representing".

A small "Privacy" icon is visible in the bottom right corner of the page.

New page: Common Misunderstandings

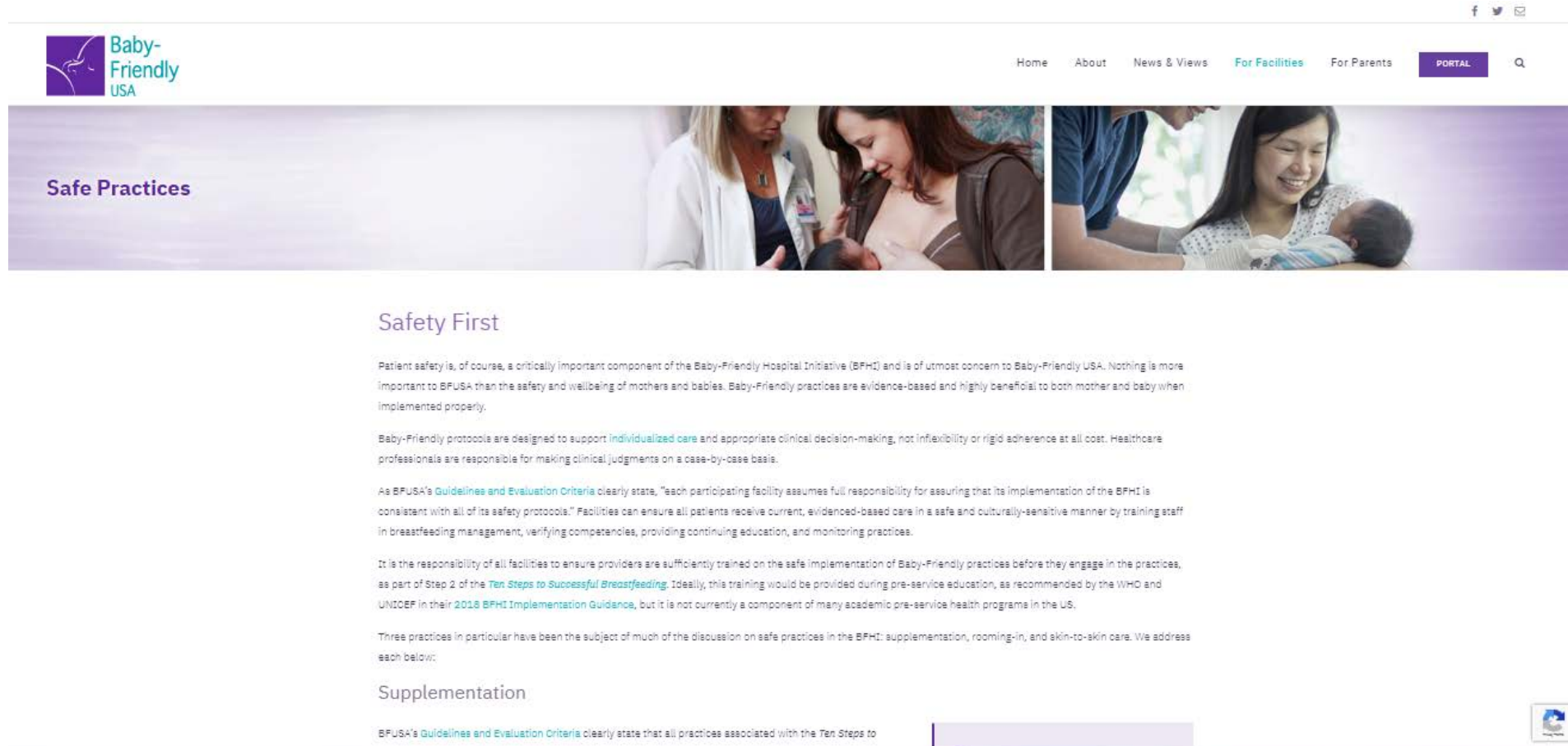


Baby-Friendly USA believes it is our responsibility to correct misinformation publicized about the Baby-Friendly Hospital Initiative (BFHI). We owe it to the public and we owe it to the hospitals that have worked so hard to earn the Baby-Friendly designation.

Therefore, we would like to set the record straight regarding some myths and misunderstandings we often hear or see on blogs and social media:

TOPIC	This Is Not True...	The Truth Is...
Infant feeding method	<i>"Baby-Friendly forces mothers to breastfeed."</i>	Our goal is for hospitals to create a supportive environment and provide optimal infant feeding care for every mother and baby. While health authorities agree that breastfeeding is optimal infant nutrition, we respect that breastfeeding is not possible in certain situations, that supplementation is sometimes medically appropriate, and that some mothers will decide not to breastfeed. Every mother has the right to accurate, evidence-based information, free from commercial interests, so that she can decide what is best for her situation.
	<i>"Baby-Friendly takes away parents' right to decide how to feed their infant."</i>	Our goal is to ensure mothers are fully informed of the importance of breastfeeding and to facilitate success for mothers who choose to breastfeed. Baby-Friendly designated hospitals are expected to treat all mothers with dignity and respect regardless of their infant feeding decision.
Use of infant formula	<i>"Baby-Friendly designated facilities are forbidden to use infant formula."</i>	Baby-Friendly designated facilities create an environment that is conducive to successful breastfeeding by offering an optimal level of care for infant feeding and

Safe Practices



Baby-Friendly USA

Home About News & Views **For Facilities** For Parents PORTAL

Safe Practices

Safety First

Patient safety is, of course, a critically important component of the Baby-Friendly Hospital Initiative (BFHI) and is of utmost concern to Baby-Friendly USA. Nothing is more important to BFUSA than the safety and wellbeing of mothers and babies. Baby-Friendly practices are evidence-based and highly beneficial to both mother and baby when implemented properly.

Baby-Friendly protocols are designed to support [individualized care](#) and appropriate clinical decision-making, not inflexibility or rigid adherence at all cost. Healthcare professionals are responsible for making clinical judgments on a case-by-case basis.

As BFUSA's [Guidelines and Evaluation Criteria](#) clearly state, "each participating facility assumes full responsibility for assuring that its implementation of the BFHI is consistent with all of its safety protocols." Facilities can ensure all patients receive current, evidenced-based care in a safe and culturally-sensitive manner by training staff in breastfeeding management, verifying competencies, providing continuing education, and monitoring practices.

It is the responsibility of all facilities to ensure providers are sufficiently trained on the safe implementation of Baby-Friendly practices before they engage in the practices, as part of Step 2 of the [Ten Steps to Successful Breastfeeding](#). Ideally, this training would be provided during pre-service education, as recommended by the WHO and UNICEF in their [2018 BFHI Implementation Guidance](#), but it is not currently a component of many academic pre-service health programs in the US.

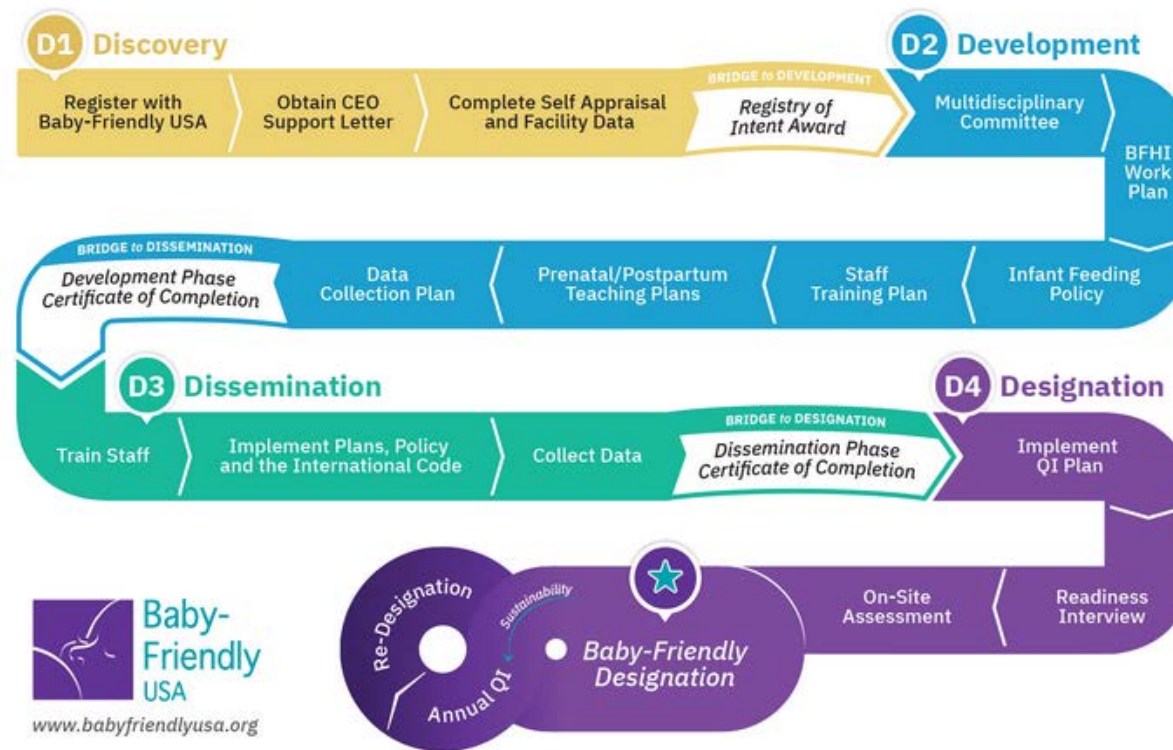
Three practices in particular have been the subject of much of the discussion on safe practices in the BFHI: supplementation, rooming-in, and skin-to-skin care. We address each below:

Supplementation

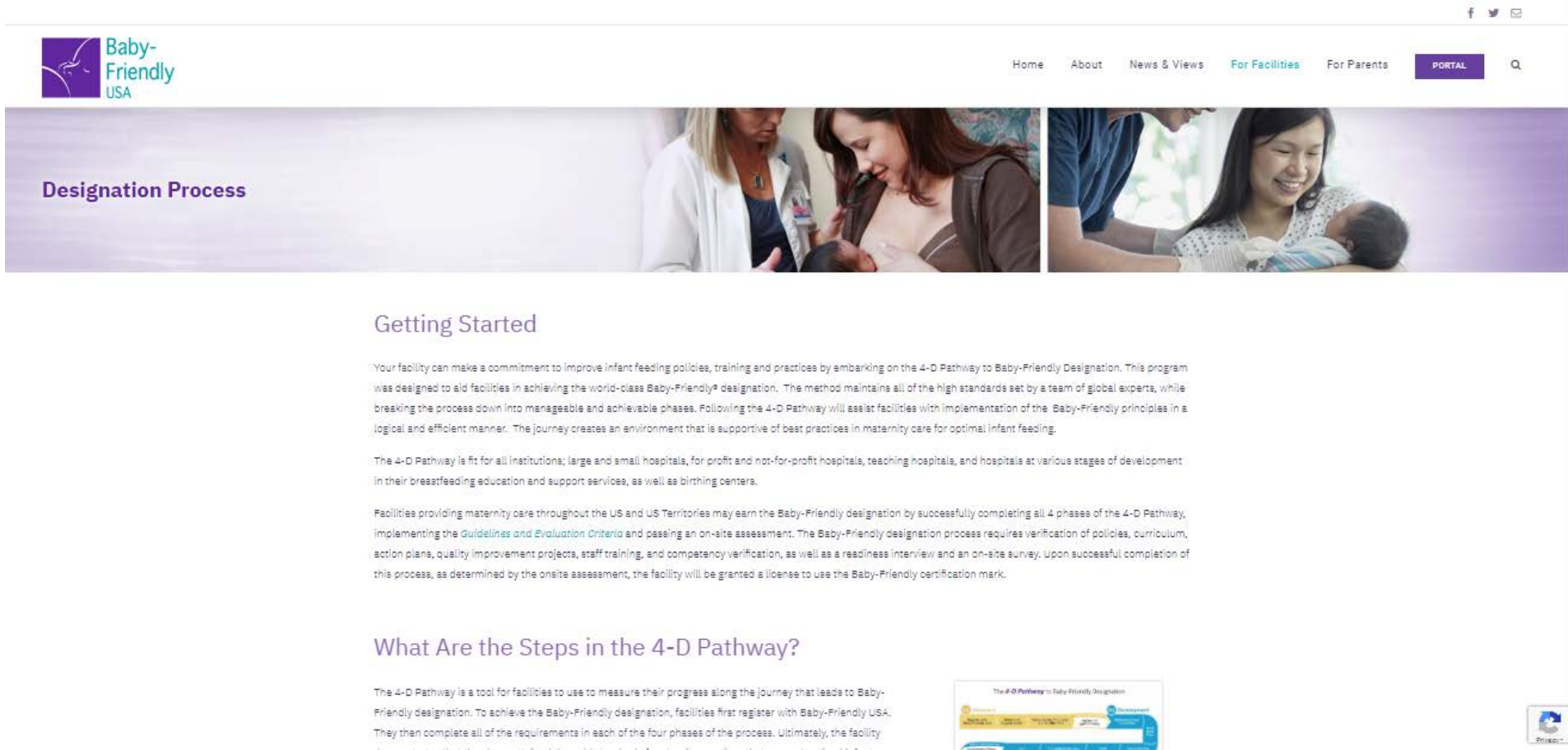
BFUSA's [Guidelines and Evaluation Criteria](#) clearly state that all practices associated with the Ten Steps to

New 4-D Pathway Graphic: Includes Sustainability of Practices

The **4-D Pathway** to Baby-Friendly Designation



Designation Process



The screenshot shows the top portion of the Baby-Friendly USA website. At the top right, there are social media icons for Facebook, Twitter, and Email. Below these is a navigation menu with links for Home, About, News & Views, For Facilities, For Parents, and a PORTAL button. A search icon is also present. The main header features the Baby-Friendly USA logo on the left and a large banner image on the right. The banner image is split into two parts: the left part shows a healthcare professional assisting a woman with breastfeeding, and the right part shows a smiling woman holding a newborn baby. Below the banner, the page title "Designation Process" is displayed. The main content area begins with the heading "Getting Started" followed by three paragraphs of text. The first paragraph describes the 4-D Pathway as a commitment to improve infant feeding policies. The second paragraph states that the pathway is suitable for various types of hospitals. The third paragraph details the requirements for earning the designation, including completing all four phases of the pathway, implementing guidelines, and passing an on-site assessment. Below this text is the heading "What Are the Steps in the 4-D Pathway?" followed by a paragraph explaining that the pathway is a tool for measuring progress. To the right of this paragraph is a small thumbnail image of a document titled "The 4-D Pathway to Baby-Friendly Designation". At the bottom right of the page, there is a small "Privacy" icon.

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Home About News & Views For Facilities For Parents PORTAL

Designation Process

Getting Started


Your facility can make a commitment to improve infant feeding policies, training and practices by embarking on the 4-D Pathway to Baby-Friendly Designation. This program was designed to aid facilities in achieving the world-class Baby-Friendly® designation. The method maintains all of the high standards set by a team of global experts, while breaking the process down into manageable and achievable phases. Following the 4-D Pathway will assist facilities with implementation of the Baby-Friendly principles in a logical and efficient manner. The journey creates an environment that is supportive of best practices in maternity care for optimal infant feeding.

The 4-D Pathway is fit for all institutions; large and small hospitals, for profit and not-for-profit hospitals, teaching hospitals, and hospitals at various stages of development in their breastfeeding education and support services, as well as birthing centers.

Facilities providing maternity care throughout the US and US Territories may earn the Baby-Friendly designation by successfully completing all 4 phases of the 4-D Pathway, implementing the *Guidelines and Evaluation Criteria* and passing an on-site assessment. The Baby-Friendly designation process requires verification of policies, curriculum, action plans, quality improvement projects, staff training, and competency verification, as well as a readiness interview and an on-site survey. Upon successful completion of this process, as determined by the onsite assessment, the facility will be granted a license to use the Baby-Friendly certification mark.

What Are the Steps in the 4-D Pathway?

The 4-D Pathway is a tool for facilities to use to measure their progress along the journey that leads to Baby-Friendly designation. To achieve the Baby-Friendly designation, facilities first register with Baby-Friendly USA. They then complete all of the requirements in each of the four phases of the process. Ultimately, the facility



Privacy

Maintaining Designation

The screenshot shows the top navigation bar of the Baby-Friendly USA website. The logo is on the left, and navigation links for Home, About, News & Views, For Facilities, For Parents, and a PORTAL button are on the right. Below the navigation is a banner with the title 'Maintaining Designation' and two images: one of a healthcare provider with a pregnant woman, and another of a woman smiling with her newborn baby. A central navigation bar features five circular icons labeled D1 (Discovery), D2 (Development), D3 (Dissemination), D4 (Designation), and Sustainability. The Sustainability icon is highlighted with a purple underline. Below this bar, there is a paragraph of text explaining the importance of maintaining designation and a diagram showing the relationship between Baby-Friendly Designation, Annual Quality Improvement (AQI), and Re-Designation.

Baby-Friendly USA

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Maintaining Designation

D1 D2 D3 D4 Sustainability

Discovery Development Dissemination Designation Sustainability

Achieving Baby-Friendly designation is an important part of the journey...but it is not the end point. Routine data collection, monitoring of practices and quality improvement activities are vital to ensuring that the Baby-Friendly standards are maintained. Facilities are responsible for ongoing adherence to the most current [Guidelines and Evaluation Criteria](#) (GEC).

Baby-Friendly designation is conferred for a 6 year period. The 1st, 2nd and 3rd years post-designation are the Annual Quality Improvement (AQI) Phase. The 4th and 6th years post-designation are the Re-Designation Phase. The 4th year is referred to as "Re-Designation – Year 1" and the 6th year is referred to as "Re-Designation – Year 2."

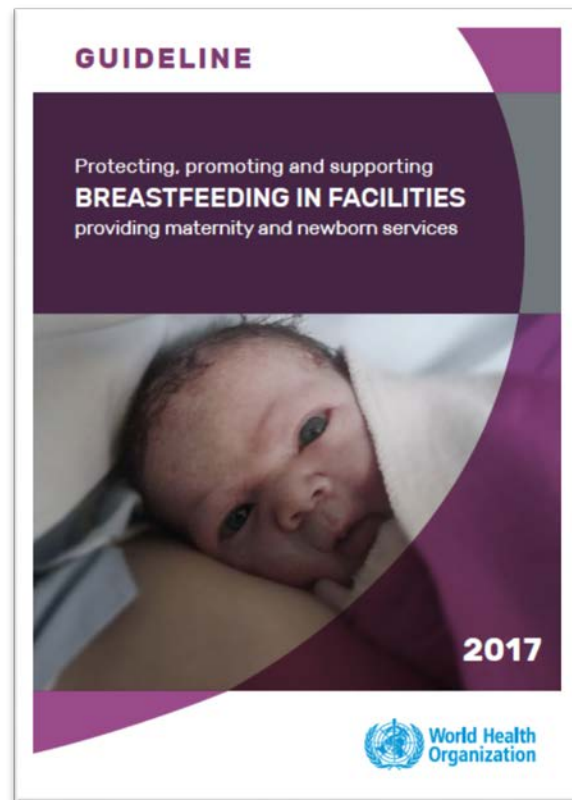
The diagram consists of two overlapping purple circles. The left circle is labeled 'Baby-Friendly Designation' and contains a star icon. The right circle is labeled 'Re-Designation' and contains a circular arrow icon. A line connects the two circles, with 'Annual QI' written below it and 'Sustainability' written above it.

Protecting, Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services

The Difference between the Guideline and Implementation Guidance

WHO Documents Related to BFHI

Guideline



Implementation Guidance



2017 Guideline



WHO Guideline

For WHO purposes:

- a “Guideline” is a document that contains a WHO health recommendation about a health intervention
- WHO issues both clinical and public health/public policy guidelines
- Implementation guides are NOT guidelines

2018 BFHI Implementation Guidance



2018 BFHI Implementation Guidance

- WHO considers “implementation guidance” to be a strategy and/or series of strategies that may be utilized to implement a **recommendation** about a health intervention

GOAL of Updated BFHI Implementation Guidance

- Reinvigorate the BFHI
- Encourage wider spread adoption of practices to support breastfeeding
- Set attainable goals for countries who have very low adoption of the practices
- Calls for a scaling up of the BFHI to 100% coverage

Revised 10 Steps

Box 1. Ten Steps to Successful Breastfeeding (revised 2018)

Critical management procedures

1.
 - a. Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.
 - b. Have a written infant feeding policy that is routinely communicated to staff and parents.
 - c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Key clinical practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

Revised 10 Steps



Revised 10 Steps

- In the past, when updates were made to the BFHI, WHO rolled out an entire package, including updated self-appraisal, data collection, audit and assessment tools.
- They also simultaneously rolled out updated training materials and guidance.

Updates from WHO

2018 Materials are coming out incrementally

- Revised training course – under development anticipated rollout summer 2019
- FAQs to be posted to their website
- Additional technical guidance documents may be released

Global INSTRUCTIONS

- Each country will be making their own determination as to when and how they will rollout the new Ten Steps and BFHI Implementation Guidance.
- Check with your BFHI National Authority for their specific plans.

US INSTRUCTIONS

- BFUSA has created an expert panel to guide the change process for the US.
- Continue to follow the current guidelines and evaluation criteria until otherwise notified.

BFUSA Updates

- Expert Meeting – August 6-7, 2018 Atlanta
- BFUSA Clinical Committee – October 18-19, 2018
- Strong alignment between the Experts and Clinical Committee

Next Steps

Revise Guidelines and Evaluation Criteria

- First draft
 - BFUSA Clinical Director, Tammy Titus
 - December 2018
- Review draft
 - Clinical Committee/ Expert Panel
 - February 2019
- Make revisions
 - BFUSA Clinical Team
 - April 2019

Next Steps

Revise Guidelines and Evaluation Criteria

- Second Expert Meeting
 - Clinical Committee/ Expert Panel
 - May/June 2019

- Final Document (Pending WHO Training Info)
 - BFUSA Clinical Team
 - July 2009

Next Steps

Update all 4-D Pathway materials – August - October

- **Discovery Phase**

- Facility data sheet
- Facility self-appraisal

- **Development Phase**

- 22 Information, instruction and planning documents
- 11 Review and feedback documents

- **Dissemination Phase**

- 7 Audit Tools
- 2 Instruction documents

Next Steps

Update all 4-D Pathway materials – Continued

- **Designation Phase**

- 5 Instruction documents
- Readiness Assessment template
- 7 Assessment Tools
- Report template

- **Annual Quality Improvement**

- **Re-Designation**

Next Steps

- **Finalize**

- Guidelines and Evaluation Criteria rollout date
 - Date for facilities to comply
 - How to manage new reduced standards with currently designated facilities
-
- Notify training companies and patient education materials companies
-
- Update portal in the website

US INSTRUCTIONS

- Continue to follow the 2016 Guidelines and Evaluation Criteria
- Notifications of changes to the US program will be made in the following manner:
 - Announcement on the public portion of the BFUSA website
 - Announcement in the secure portion of the BFUSA website
 - Announcement to all BFUSA contacts via electronic newsletter (likely Constant Contact)
 - Request key organizations to forward announcement to their memberships

Commonly Asked Questions

What changes are anticipated to be made to the designation process?

BFUSA Response

- Prior to the WHO making changes to the BFHI, in 2016 BFUSA updated our GEC with the intention of implementing the criteria as of November 1, 2018.
- Assessment of the 2016 criteria were delayed by 1 month and began on December 1, 2018.
- No other changes are anticipated until further review of the 2018 materials are completed.

Commonly Asked Questions

How do the WHO recommendations in the 2018 Implementation Guidance impact the assessment of the 2016 Guidelines and Evaluation Criteria?

BFUSA Response

- As of December 1, 2018 we are conducting assessments using the 2016 criteria.
- REMINDER: we announced in June 2018 that we are not implementing the stricter Step 9 criteria.

Commonly Asked Questions

Is Baby-Friendly USA updating any of the Ten Steps based on the WHO changes, if so, when, any updates for the NICU?

BFUSA Response

- BFUSA convened an expert panel in August 2018. We received feedback on all areas of the 2018 WHO Guidance.
- The BFUSA Clinical Committee of the Board met to review the expert panel recommendations.
- The expert panel did recommend that the NICU be kept as a separate initiative.
- A NICU program is under development – no specific release date planned.

NICU

- BFUSA developed a self-appraisal tool and clinical guidance document.
- It was sent to several professional organizations for comment in 2017.
- Comments have been incorporated into the 2 documents.
- Seeking funding to field test the materials.

Commonly Asked Questions

Any tips or steps to help make NICU's as Baby-Friendly as possible?

BFUSA Response

- Help mothers who have babies in the NICU to express milk/pump as soon as possible.
- Monitor the use of human milk in the NICU.
- Implement as many of the 10 Steps as are feasible and safe for the NICU setting.

Commonly Asked Questions

Are you looking to update the Audit tools soon?

Some of the questions are redundant and cumbersome.

BFUSA Response

- We have recently updated some of the audit tools.
- Our ultimate goal is to create a fewer number of streamlined audit tools.

Commonly Asked Questions

What are the most difficult parts of Baby-Friendly Hospital Initiative to be prepared for re-certification?

BFUSA Response

- BFUSA uses the most current Guidelines and Evaluation Criteria to conduct re-designation assessments.
- Documentation of staff training that took place 5-6 years ago.
- Documentation of the 5 hours of clinical competency.
- Changes in the facility organizational structure since initial designation (Acquired a prenatal service, discontinued NICU etc.

Commonly Asked Questions

Any suggestions or tips to keep in mind?

BFUSA Response

- Keep the Multi-disciplinary committee together
- Review audit results
- Review results of RAI feedback
- Review and update infant feeding policy
- Review Fair Market Price and check with purchase to confirm ongoing payments

A million thanks...from the more than a million mothers and babies you care for

