

Empowering Moms-to-Be: The Baby-Friendly Hospital Initiative and Prenatal Care

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Objectives

- Part I – Overview of the BFHI at IHS
- Part II – Focus on Shiprock and the prenatal care aspect of BFHI



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Background

- UNICEF/WHO launched the Baby-Friendly Hospital Initiative (BFHI) in 1991
- The BFHI increases exclusive breastfeeding and improves maternity care in the hospital setting
- Exclusive breastfeeding protects against obesity and diabetes; conditions to which AI/AN are particularly prone
- BFHI practices are in keeping with historical feeding practices in tribal communities

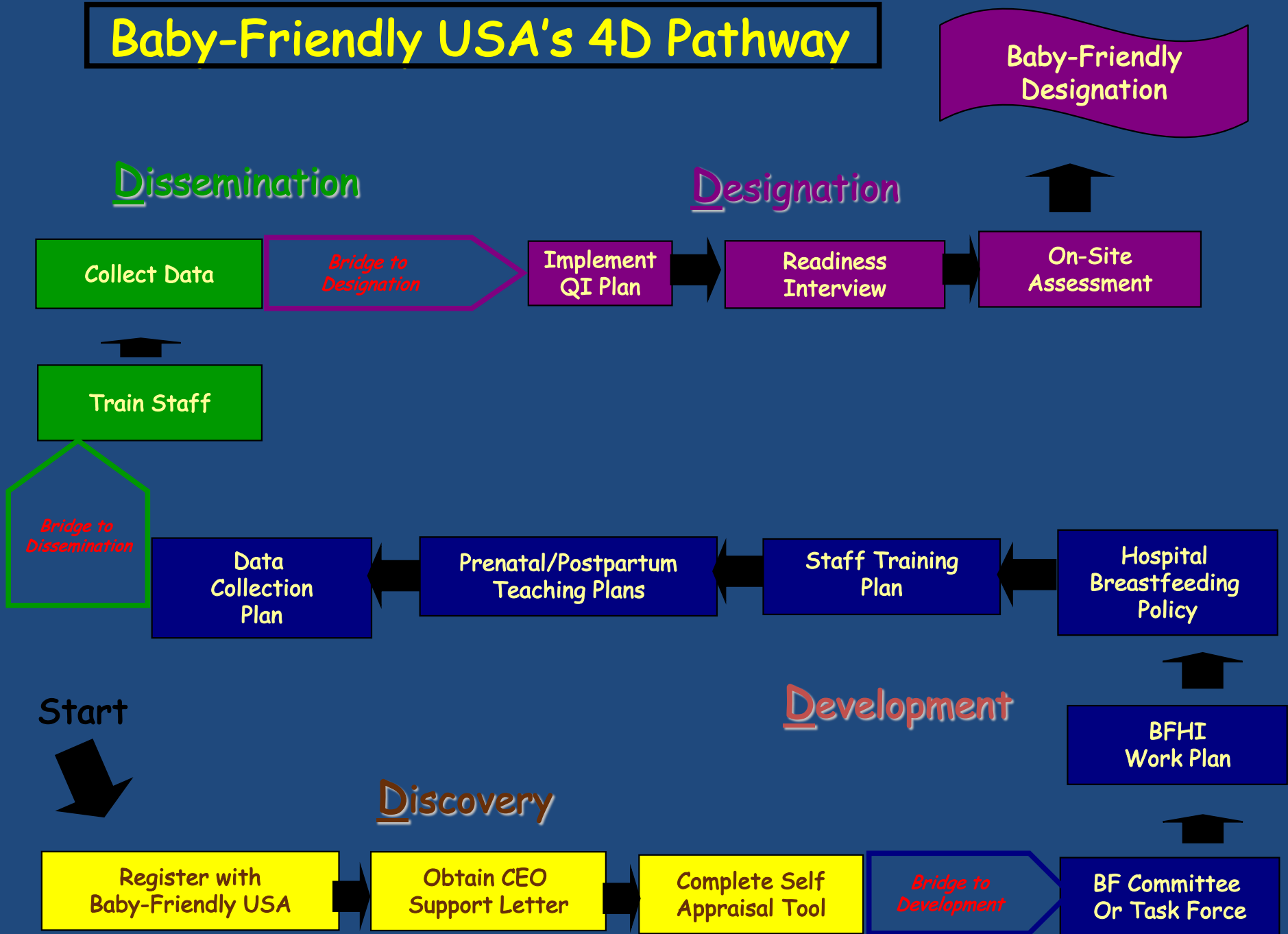
BFHI

- BFHI designation recognizes high level, evidence-based support for breastfeeding, safe alternative feeding, and for maternity care practices
- Based on the Ten Steps to Successful Breastfeeding
- >20,000 designated hospitals worldwide
- ~500 US Baby-Friendly hospitals

The Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast-milk, unless medically indicated.
7. Practice rooming in - allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

Baby-Friendly USA's 4D Pathway



Background: IHS OB hospitals in 2012

- 13 federally-operated OB IHS sites
- # births from ~50-750/yr
- 5 tribally administered OB sites in lower 48
- Approximately 8000 births/year
- Today's focus on the 13 federal sites



Baby-Friendly launch at IHS

- Dr Susan Karol CMO launched IHS BFHI in 2011
- Baby-Friendly lead named at each site
- Initial train the trainer meeting for leads and key individuals



Methods systemwide

- IHS adopted wide reaching implementation strategies – for example:
 - All 13 hospitals adopted an infant feeding policy based on a common model
 - Medical record templates were made Baby-Friendly compatible
 - Hospitals shared resources such as prenatal curriculums and patient education materials

Training



- RNs who come into contact with OB patients – 15 hour online training; 5 hours of competencies
- Advanced practitioners – 3 hours online training
- IHS contracts with Lactation Education Resources, an online education platform

IHS Training

- IHS funds training systemwide through a contract with Lactation Education Resources (LER) which is recognized as meeting BF standards
 - Training went beyond BFHI needs – ALL RNs at each hospital took 15 hours
 - WIC assisted with 5 hour hands-on
 - Public Health Nurses took extra 5 hours of training
 - All OB/Pedi/Family Med providers completed 3 hours
 - Pharmacists engaged in 15 hour course

Trailblazers

- GPA led the way – their 3 sites were designated in 2011-12
- Nurse Consultant Clifton Kenon helped create local policies used as national models



Collaboration



Groups like the Navajo Area Baby-Friendly Task Force united geographic regions

Implementation

- DoN at HQ;
Consultant worked with all 13 sites
- CMO, Nurse and Area leadership and consultant site visited for encouragement, celebration, mock Baby-Friendly assessments



Practice changes
included initiating
skin to skin in OR
post cesarean



For rooming in: Hospitals bought portable scales, and closed their nurseries



Transportation workers learned to syringe feed....

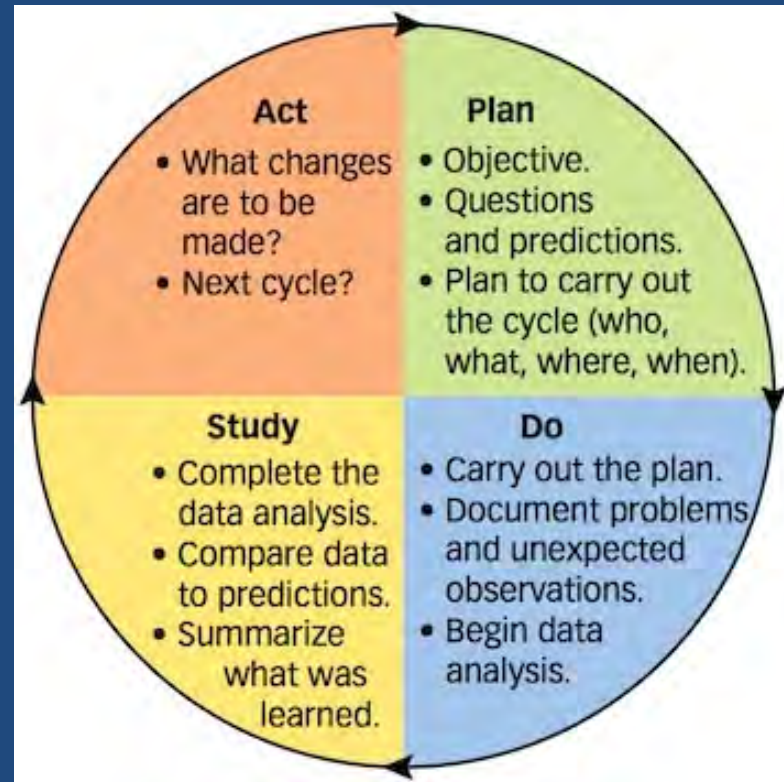


Public health nurses worked with WIC to educate the community



PDSAs were a key component

- Plan – Do –Study – Act
- ‘Try it out once in best case scenario, see what you learn, then try again and make it better’



Success!!

*By Nov 2014: 13/13
(100%) of IHS
hospitals Baby-
Friendly designated
(~6% other hospitals
nationally)*

1st BF hospitals in
Arizona, New Mexico,
North Dakota,
Oklahoma, and South
Dakota all IHS sites



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BFHI at IHS – Where?



In parallel – 4/5 tribal sites also designated

- Fort Defiance (Tsehootsooi)
- Cherokee
- Tuba City
- Chickasaw



Barriers

- Some aspects of IHS made designation challenging
 - High risk population with unique problems
 - High staff turnover/understaffing/overburdened system
 - “Top down” mandate meant local buy in could be hard to secure
 - Hospitals not clear at 1st how to make this happen

Barriers

- IHS also met barriers common to non IHS sites
 - Resistance to change and to new practices like skin to skin post cesarean
 - Challenges with prenatal education
 - Charting inconsistencies

Benefits

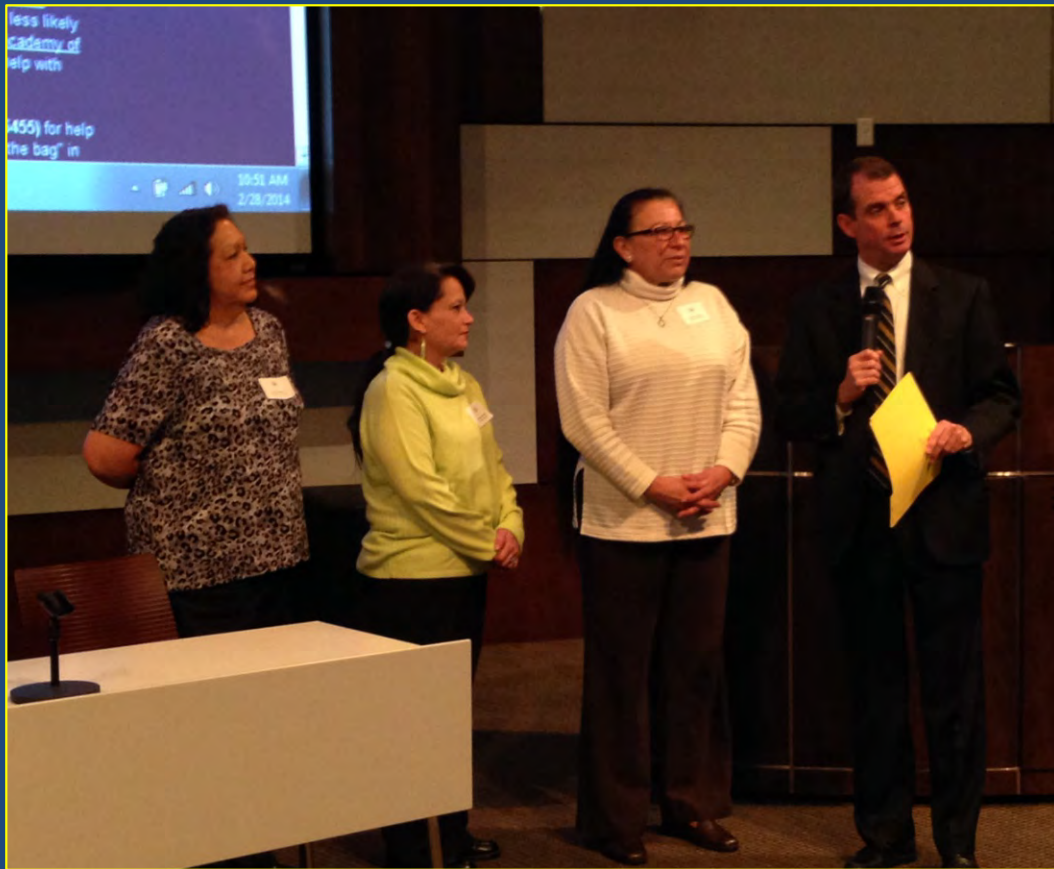
- Baby-Friendly designation brought 'new life' to many sites and revitalized maternity service
- Local and regional leaders emerged and began to expand breastfeeding related work



Benefits

- Practitioners said “outside assessment” of IHS maternity service brought useful new perspectives
- Sense of pride when IHS hospitals gained a status nearby non IHS hospitals couldn't achieve

Claremore – 1st Baby-Friendly hospital in Oklahoma



Dr Cline, OK State Commissioner for Health, awards certificate of recognition to Gibby Sweetwater, Nurse Manager, OB/inpatient at Claremore

Zuni – 1st Baby-Friendly Hospital in New Mexico



Benefits

- Tribes embraced breastfeeding as the normal infant feeding method
- Tribes favored practices like skin to skin because they reconnect to traditional practices



An illustration of a woman with dark hair in a bun, wearing a red long-sleeved top, breastfeeding a baby. The baby is lying on its stomach, wrapped in a light purple cloth. The woman is looking down at the baby. The background is a solid light brown color.

Bín díí awéé'

bímá yíút'ọ

(Let the baby breastfeed)

Prenatal is key

- Prenatal preparation empowers women to request optimal care like skin to skin and rooming in at the birthing hospital
- Especially important when women will give birth in non Baby-Friendly/non IHS hospitals
- **Baby-Friendly is Standard of Care at IHS**



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Quick story from Crownpoint

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- Baby-Friendly leads at all 17 hospitals
- Moms and babies who helped us with the surveys and assessments at all 17 hospitals

Empowering Moms-to-be: The IHS Baby-Friendly Initiative and Prenatal Care: Patient Education in NNMC's Prenatal clinics

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Objectives

- Baby-Friendly® Hospital Initiative (BFHI) criteria
 - Required topics to include
 - Which patients are included
- Prenatal breastfeeding education
 - What we teach
 - How we teach
 - How we document teaching



BFHI required prenatal topics

- Benefits of breastfeeding (BF)
- Importance of exclusive BF for the first 6 months
- Non-pharmacological pain relief methods in labor
- Importance of early skin-to-skin contact
- Importance of early initiation of BF
- Importance of rooming-in
- Baby-led feeding (BF on demand/cue)
- Frequent BF in relation to milk supply
- Effective positioning and latch on
- Continued BF after introduction of solids
- Risks of supplements while BF in the first 6 months



BFHI prenatal education criteria

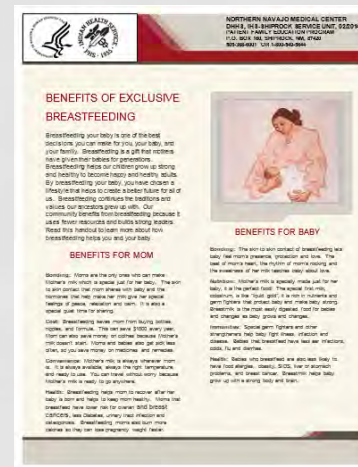
- 32+ weeks EGA & at least 2 visits here- (includes our satellite and field clinics)
 - >80% of moms have received BFHI Education
 - >80% of surveyed moms can confirm that we spoke to them about BF **AND**
 - Can describe what was discussed



Prenatal Breastfeeding Education:

- Matched to the IHS PEPC BFHI guidelines
- 5 BFHI packets & includes all BFHI required topics

PEPC Guideline:	PEPC Education/Code
The importance of exclusive breastfeeding	BF-BB (Benefits of Breastfeeding)
Non-pharmacologic pain relief methods for labor	<ul style="list-style-type: none"> • CB-EX (Childbirth-Exercises, Relaxation and Breathing) • CB-RO (Childbirth-Role of Labor and Delivery Partner/ Coach) • CB-PM (Childbirth-Pain Management)
The importance of early skin-to-skin contact	BF-BB (Benefits of Breastfeeding)
Early initiation of breastfeeding	BF-BB (Benefits of Breastfeeding)
Rooming-in on a 24-hour basis	CB-OR (Childbirth-Orientation)
Feeding on demand or baby-led feeding	BF-HC (Breastfeeding Hunger Cues)
Frequent feeding to help assure optimal milk production	BF-BB (Benefits of Breastfeeding)
Effective positioning and attachment	BF-BP (Breastfeeding Positions)
Exclusive breastfeeding for the first six months	BF-CS (Breastfeeding Collection and Storage of Milk)
Breastfeeding continues to be important after 6 months when other foods are given	BF-CS (Breastfeeding Collection and Storage of Milk)
Individualized education on the documented contraindications to breastfeeding and other special medical conditions should be given to pregnant women when indicated	This will be met if the provider documents and codes using the PEPCs.



Prenatal Breastfeeding Education:

BREASTFEEDING IS NATURE'S PLAN:

The way people feel about breastfeeding have changed over time. In the 1950's, when formula was developed, many felt breastfeeding was "old-fashioned". That is not true today.

Human milk is the way nature intended. It nurtures baby. It provides:

- 1 Human milk is the ideal food. It has just the right balance of nutrients for your baby. No scientific formula can duplicate it.
- 2 Being close to mother provides loving contact. Baby gets what no one else can give.
- 3 Remember, breastfeeding is as old as motherhood. You and baby will get it. Just as challenging as labor was, breastfeeding can be too. Stick with it... it will get better.

What Else Should I Know?

There are many resources to help you breastfeed. At Whiteaker Sibling Center the staff is always able to help. You can come in just to get advice/help with latching the baby to the breast. You can ask your doctor, Public Health Nurse, lactation consultant, or another nursing mother.

You can contact your local chapter of La Leche League International. They are available 24 hours a day at 1-800-LA-LECHE.

The WIC (Woman, Infants and Children) Program in your area may have some helpful tools and training.

Breastfeeding is recommended by:

- American Academy of Pediatrics
- Association of Women's Health, Obstetric and Nurses
- American College Neonatal of Obstetricians and Gynecologists
- Center for Disease Control
- United States Breastfeeding Committee (USBC)

Some of the content supplied by USBC and Jennifer South, RN, BCLC, RLC

Shoprok Service Unit
Northern Navajo Medical Center
505-368-6001 or 1-800-549-5644
Four Corners Regional Health Center
928-656-5000
Dzith-Na-O-Dith-Hie Health Center
505-368-8001 or 1-855-687-3942

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Why skin to skin?

Mother and baby should be skin to skin as often as possible.

IT'S NATURE'S WAY

Using a correct position and latch make it easy!

It's important to position & latch baby correctly because it:

- Helps baby get more milk
- Helps mom make more milk
- Helps prevent sore nipples

Cradle Hold



Cross Cradle Hold



Football Hold



Side Lying Position



Learning to care for your baby!



If you feel nervous about caring for a newborn, you are not alone. We know that learning about your baby is an important part of your stay in the hospital. Our staff will gladly teach you about caring for a newborn baby.

There are several programs that can assist you as a parent. Please ask your provider or nurse for more information.

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Rooming in with My Baby!


Northern Navajo Medical Center
Is a certified **BABY FRIENDLY** hospital

How Do I Know My Baby Is Hungry?

Feed baby on demand by watching for these early hunger signs (or cues):



- quiet/alert state
- licking or smacking lips
- opening mouth
- turning head "Rooting/seeking"
- looking around
- hands in mouth
- stretching

EARLY CUES - "I'm hungry"



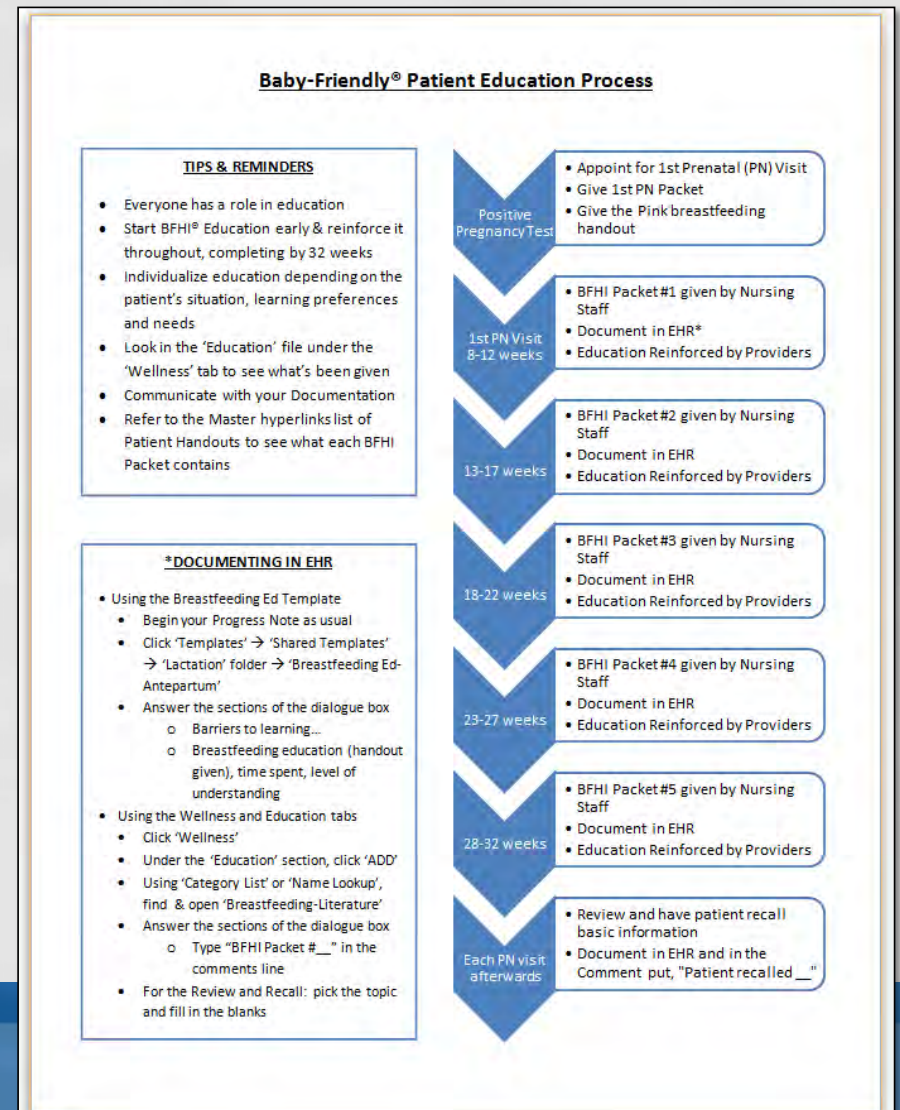
- Stirring
- Mouth opening
- Turning head
- Seeking-rooting

Crying can be a late sign of hunger. Try skin-to-skin to calm baby before nursing!

Prenatal Education- Process

- Start with 1st PN visit
- Complete by 32 weeks
- Nursing staff provides & documents education
- Providers reinforce & documents education
- Public Health Nurse prn



Prenatal Education- Process

• Screener/NA/RN

- Determine which packet is needed
- Give appropriate packet(s)
- Discuss BFHI education
- Document

• PHN consults

- prn multiple DNKA's
- gives PN BF Ed based on need
- Discuss BFHI education
- Document

Baby-Friendly Hospital Initiative (BFHI)
Packet distribution

Packet #1	Packet #2	Packet #3	Packet #4	Packet #5
1 st Prenatal Visit 8-12 weeks	13- 17 weeks	18-22 weeks	23-27 weeks	28-32 weeks

- If patient is lacking any packets: Give patient the packets that equal to how far along they are.
- After all packets have been given and documented, recall the basic information/topics in each packet.

☺DOCUMENT, DOCUMENT, DOCUMENT☺

Tips & Reminders on Prenatal Breastfeeding Education

- Pregnant patients get 1 Folder to keep the handouts
- Individualize the teaching for each mom's situation
- Reinforce teaching throughout the pregnancy
- Use the Wellness tab to see what a patient has received
- For DNKA's, PHN's can check EHR to see what teaching packets mom needs & document it



Prenatal Education- Documentation

- Use your system's advantages
 - Make it easy
 - Get staff input
 - Train users

The screenshot displays an EHR interface for a patient named SAGE-Brunk, KLEINER, ANTOINETTE MARIE RN. The patient's information includes a birth date of 05 Jun 1968 (45), gender F, and a primary care team that is unassigned. The interface is divided into several sections:

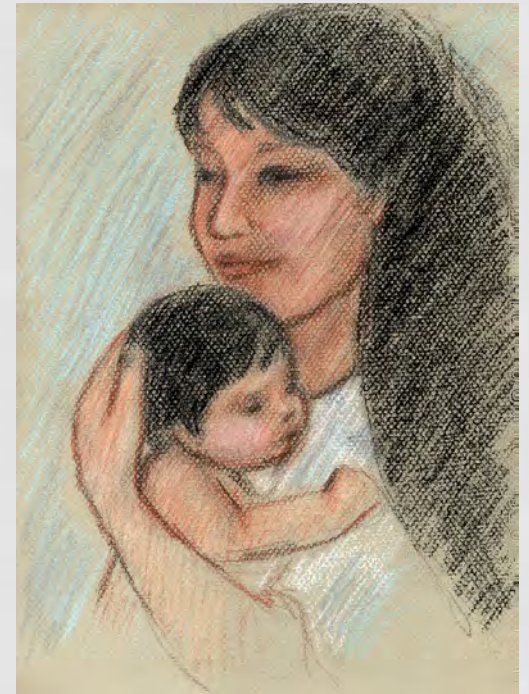
- Exams:** A table listing various screening tests and their results.
- Education:** A table detailing educational topics, comprehension levels, and goal status.
- Health Factors:** A section for tracking health-related issues, currently showing a 'No Health Factors' status.
- Personal Health:** A section for personal health information, currently empty.

Visit Date	Exams	Result	Comments	Provider	Loc
01/31/2013	ALCOHOL SCREENING	NORMAL/NEGATIVE		WELLITO, SHIRLEY A	NO
01/31/2013	DEPRESSION SCREENING	NORMAL/NEGATIVE		WELLITO, SHIRLEY A	NO
02/17/2012	DIABETIC FOOT EXAM, COMPLETE	NORMAL/NEGATIVE		ARTHUR, EVANGELINA CNA	NO
02/17/2012	INTIMATE PARTNER VIOLENCE	NORMAL/NEGATIVE	0/20	ARTHUR, EVANGELINA CNA	NO
02/17/2012	ALCOHOL SCREENING	NORMAL/NEGATIVE	0/4	ARTHUR, EVANGELINA CNA	NO
02/17/2012	DEPRESSION SCREENING	NORMAL/NEGATIVE	0/5	ARTHUR, EVANGELINA CNA	NO
08/30/2011	DEPRESSION SCREENING			KOVICH, HEATHER C MD	NO
08/30/2011	DEPRESSION SCREENING			KOVICH, HEATHER C MD	NO

Education Topic	Comprehension	Status	Objectives	Comment
Breastfeeding-Literature	GOOD	GOAL MET		BFHI PACKET #1 GIVEN
Breastfeeding-Literature	GOOD			BFHI packet #4
Breastfeeding-Literature	GOOD			packet #1
Breastfeeding-Literature	GOOD	GOAL MET		packet #2
Breastfeeding-Literature	GOOD			packet #3 given
Immunizations-Prevention	GOOD			
Immunizations-Literature	GOOD			
Immunizations-Prevention	GOOD	GOAL NOT MET		

Documenting PN BF Ed

- Final destination is in the Wellness tab
 - Under Education
 - Reports what has been done
 - Used for BFHI audits (>80% receive education)



Tips that worked for us-

- Use the system and influence for best fit
- Know your materials and tools
- Same message, multiple formats
- Use the same words as Baby-Friendly®
- Ensure accurate documentation
- Remember the “why’s”
- Remember outside clinics

