

# Updates from Baby-Friendly USA: Launching Virtual Assessments and Revising Guidelines and Evaluation Criteria

**Presented by**

**Eileen FitzPatrick, DrPH, MPH, RDN,**  
Baby-Friendly USA Chief Executive  
Officer



Please make sure you are on mute during the presentation. Use the chat box to send in questions.

Meeting ID: 971 4665 6837 | Meeting Call-in Number: +1 312 626 6799 US

# Upcoming CHAMPS Wednesday Webinars

*Webinars are held in collaboration with the Mississippi State Department of Health and the Bower Foundation*

## **June 23<sup>rd</sup>: CHAMPS Begins Mississippi WINS: Workplaces Improving Nursing Support**

Presented by:

**Cathy Carothers, BLA, IBCLC, FILCA**, Mississippi CHAMPS  
Liaison and Trainer, Co-director, Every Mother, Inc.



Joined by representatives from  
**Greenwood-Leflore Hospital,  
Merit Health Woman's Hospital,  
Southwest Mississippi Regional Medical Center,  
and Delta Health Alliance**



Source: United States Breastfeeding Committee



Source: United States Breastfeeding Committee

If there are topics you would like covered in future webinars, please email [CHAMPSbreastfeed@gmail.com](mailto:CHAMPSbreastfeed@gmail.com).  
For log-in information or for slides and recordings of past webinars, visit: [cheerequity.org/webinars.html](http://cheerequity.org/webinars.html).



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# CHEERing for CHAMPions: Virtual Breastfeeding Conference 2021

May 19, 2021, 8AM-4PM CST/9AM-5PM ET!

## Keynote Speakers:

- ✧ **Michelle Y. Owens, MD, MS**, Division Chief and Fellowship; Director, Maternal Fetal Medicine, University of Mississippi Medical Center
- ✧ **Rafael Pérez-Escamilla, PhD**, Professor of Public Health, Director, Office of Public Health Practice; Director, Global Health Concentration, Yale School of Public Health
- ✧ **Diane Lynn Spatz, PhD, RN-BC, FAAN**, Professor of Perinatal Nursing & The Helen M. Shearer Professor of Nutrition, University of Pennsylvania School of Nursing; Nurse Scientist for the Lactation Program, Children's Hospital of Philadelphia
- ✧ **Kenn L. Harris**, Senior Project Director and Engagement Lead, National Institute for Children's Health Quality (NICHQ)



The conference will offer clinical, equity, and global tracks, and will be accessible online for four weeks so attendees can catch all the sessions.

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# CHEERing for CHAMPions: Virtual Breastfeeding Conference 2021



## CHEERing for CHAMPions: Virtual Breastfeeding Conference 2021

### Accreditation Statement



In support of improving patient care, this activity has been planned and implemented by Amedco LLC and Center for Health Equity Education, & Research based at Boston Medical Center (CHEER-BMC). Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

### Nurses (ANCC)

**Amedco LLC designates this activity for a maximum of 6.0 ANCC contact hours.**

Conference registration is FREE

**Register here: [install.events/th saa20](https://install.events/th saa20)**

Questions? Contact [champs.breastfeed@gmail.com](mailto:champs.breastfeed@gmail.com)!



**CE Credits will be available at no cost for Mississippi nursing staff, and available with a requested donation of \$50 for nursing staff outside Mississippi.**

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# Updates from Baby-Friendly USA: Launching Virtual Assessments and Revising Guidelines and Evaluation Criteria

Eileen FitzPatrick, DrPH, MPH, RDN  
CEO, Baby-Friendly USA

***CHAMPS Wednesday Webinars, Spring Series 2021***  
4/14/21



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# Disclosure

- This speaker discloses employment with Baby-Friendly USA, Inc.
- There are no other conflicts of interest.

# Overview

- Introduction
- Baby-Friendly in the US
- Current Accreditation process
  - [Virtual Assessment for Designation/Re-designation](#)
- 2018 WHO Revised Baby-Friendly Hospital Initiative (BFHI) Guidelines
- BFUSA – new Guidelines and Evaluation Criteria (GEC)

# Introduction



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# Career Focus on Maternal and Child Health

- Registered Dietitian (RD)
- MPH and DrPH School of Public Health from the University at Albany
  - Doctoral work on maternity care practices and breastfeeding using mPINC (Maternity Practices in Infant Nutrition and Care) and PRAMS (Pregnancy Risk Assessment and Monitoring System)
- Five years in the Obesity Prevention Program (OPP) with the New York State Department of Health (NYSDOH)
  - *NYS Breastfeeding Quality Improvement in Hospitals (BQIH) project*
  - Initiated and developed the *Breastfeeding Friendly Erie County, NY*

# BFHI in the US



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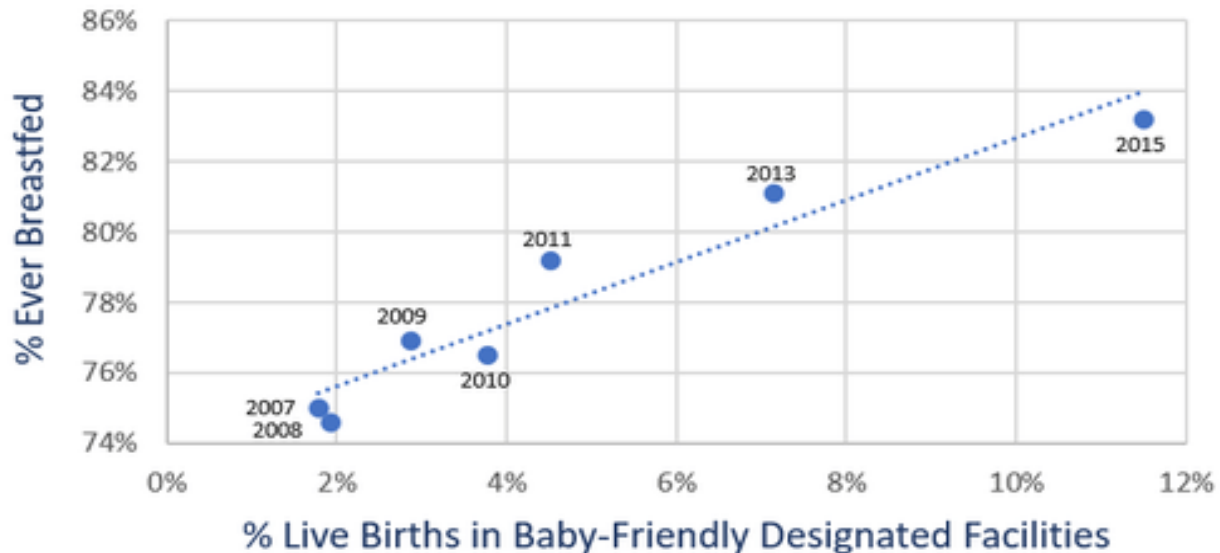
# Babies are born to breastfeed



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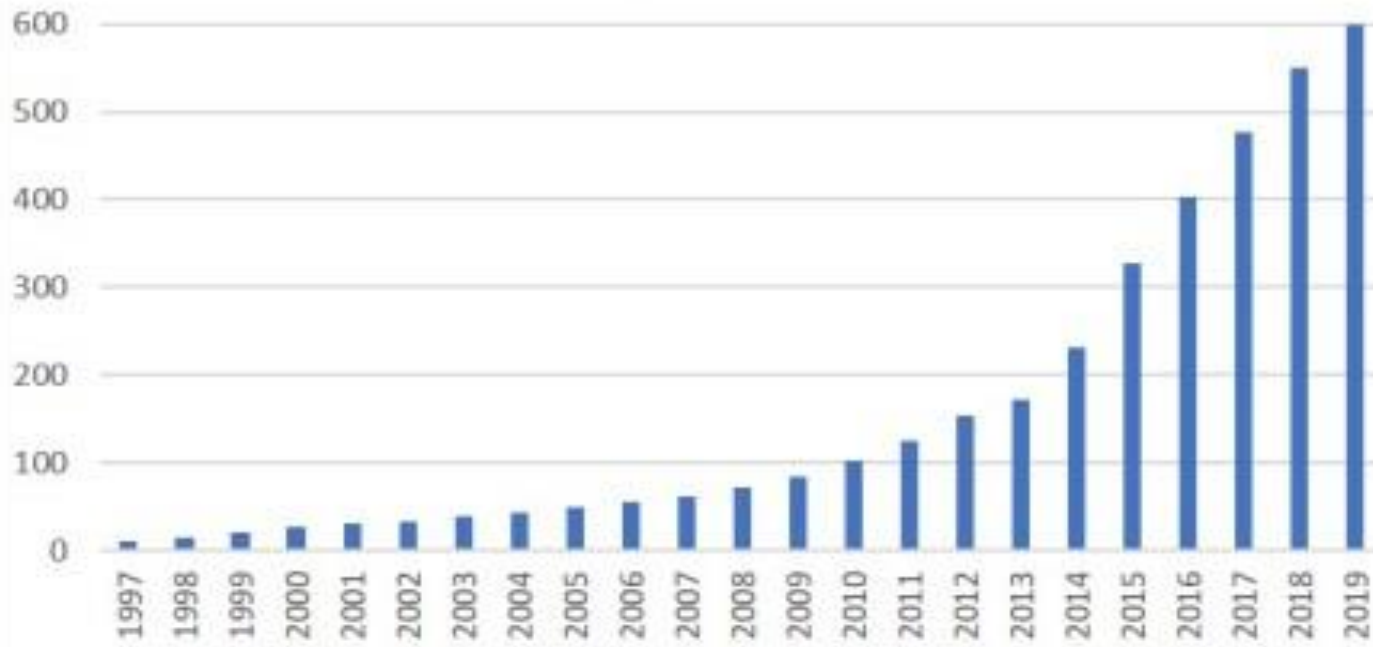
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### Breastfeeding Initiation Rates Compared Against Baby-Friendly Penetration Rates US National (2007 - 2015)\*



\*Source: CDC's 2007 - 2018 Breastfeeding Report Cards

## Baby-Friendly Facilities in the US



# Poll Question #1

What percent of births in the US occur in Baby-Friendly designated facilities?

- a. 5
- b. 17
- c. 28
- d. 35

# Baby-Friendly USA - Data

**591 Designated Facilities**  
1,060,932 births — 27.98% of US births

**404 working towards designation**

262 facilities in the Discovery Phase

9 facilities in the Development Phase

38 facilities in the Dissemination Phase

95 facilities in the Designation Phase

**~2700 total birthing facilities in US**

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# Evidence-based practice

- Highest level of evidence-based practice achieved with accountability
- Hospital self assessment, tends to over- estimate degree of compliance with *Ten Steps*
  - the BFUSA required practice audits used for quality improvement
- The BFUSA accreditation process, shown to result in the highest level of breastfeeding metrics (eg exclusive breastfeeding rates) when compared with hospital implementation alone.



# Becoming Baby-Friendly



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# Metrics

- 22 Baby-Friendly Designated hospitals in Mississippi
  - More than half
- mPINC - In 2018, 91% of hospitals in Mississippi participated



# 2018 Mississippi Results Report



## What is mPINC?

mPINC is CDC's national survey of Maternity Practices in Infant Nutrition and Care.

## What does mPINC measure?

The survey measures care practices and policies that impact newborn feeding, feeding education, staff skills, and discharge support.

## Who is included in mPINC surveys?

CDC invites all hospitals with maternity services in the U.S. and territories to participate. In 2018, 39 of 43 eligible hospitals in Mississippi participated (91%).

State Total Score\*



National Total Score\*



# Breastfeeding Disparities

- For infants born in 2015, the difference in breastfeeding initiation between white and black was 16.5 percentage points (85.9% versus 69.4% respectively).
- Increased compliance with the *Ten Steps* is associated with a decrease in racial disparities in breastfeeding.

Li R, Perrine CG, Anstey EH, Chen J, MacGowan CA, Elam-Evans LD. Breastfeeding Trends by Race/Ethnicity Among US Children Born From 2009 to 2015. *JAMA Pediatrics*. 2019:e193319.

Merewood A, Bugg K, Burnham L, et al. Addressing Racial Inequities in Breastfeeding in the Southern United States. *Pediatrics*. 2019; 143(2):e20181897

# *“BFHI Process Was Hard but Worth It”*

*Burnham L, Gambari A, Beliveau P, Ustianov J, Parker M, Merewood A. Perspectives of Nurses in Mississippi on Implementation of the Baby-Friendly Hospital Initiative. J Obstet Gynecol Neonatal Nurs. Mar 25 2021;doi:10.1016/j.jogn.2021.02.010*



# Baby-Friendly Assessment for Designation



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# To Attain Baby-Friendly Designation

- Implement the Ten Steps to Successful Breastfeeding and The Code, through the 4-D Pathway or re-designation process.
- Invite a Baby-Friendly survey team when it is determined that the Ten Steps and adherence to the Code are in place.
- Undergo an on-site (*virtual in 2020/2021*) survey looking at the knowledge and practice of staff and the experience of mothers and babies

# Virtual Assessments

- Completely re-structured BFUSA Accreditation/Re-Accreditation Assessments to provide virtually in 2020 and through 2021



# Virtual Assessment Technologies

## IT Technologies

- Microsoft OneDrive – for materials review
- TEAMS – for all interviews



# Virtual Assessment-Part 1 Overview

- Administrative Interview/  
Leadership Interview
- Purchasing Agent Interview
  - Fair Market Price (FMP) formula verification
- Health Care Provider Interviews
- Nursing Staff Interviews
- Materials Review
  - Infant feeding policy, patient education materials, training curriculum

Title: Hybrid Assessment - Part 1 Virtual Checklist	Revision date: 07/28/20
File name: DESIG 7-ES-HybridAssmtPT1VirtCList	Page 1 of 5



*Upholding the highest standards of infant feeding care*

## Hybrid Assessment – Part 1 Virtual Checklist

This document is provided to facilities to assist in preparing for their Part 1 virtual component of the hybrid assessment.

The information below lists materials that will be evaluated for meeting the requirements specified in the [Baby-Friendly Guidelines and Evaluation Criteria](#). It also lists activities that will occur during the hybrid assessment – part 1. Please carefully review this document so you understand the materials that must be available.

Additionally, to help prepare for a successful assessment, make sure to address all the issues discussed during your Readiness Assessment Interview (RAI), as well as your Practice Update Call (PUC). Check that all Infant Feeding Policies and Fair Market Price documentation are corrected and revised; and ensure that all required documentation is complete and up to date.

### Technology Guidance to Prepare for Virtual Assessment

To conduct the virtual portion of the assessment, BFUSA will be using the following platforms:

- Microsoft One Drive for document upload for the BFUSA materials review.
- Microsoft Teams Video Conferencing for all face to face interviews

### Microsoft One Drive for Material Review

The Hybrid Virtual Assessment Part 1 Request Letter will supply BFUSA with the contact information for key facility staff connected to the Virtual Assessment. From the letter, BFUSA will send the identified Team Leader and Purchasing Agent a request for files to be uploaded to each of the folders listed below via the [virtualassessment@babyfriendlyusa.org](mailto:virtualassessment@babyfriendlyusa.org) email. Please do not send Protected Health Information (PHI) or Personal Identifiable Information (PII) with your required submissions.

Subfolders of the Materials Review folder:

- Infant Feeding Policy
- Patient Education
- Staff Training
- Fair Market Price – Infant Feeding Products

For commercially produced patient and staff education materials consider contacting your vendor to see if they have an online or PDF version that could be provided to us solely for the purposes of this assessment.

# Virtual Assessment-Part 2

## Overview

- Mother interviews
  - Pregnant Mothers (*if* affiliated prenatal services)
  - Postpartum Mothers
  - Mothers of Infants in Special Care Interviews
- Observations
  - Ten Steps signage
  - Formula storage
- Re-assessment of non-compliant issues from Part 1

# Assessment Status

- More than 70 Part 1 Virtual Assessments complete
  - On-going
- Currently scheduling Part 2
  - Begin May 1

# Post-Designation: Success is a Journey not a Destination

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

# 2018 WHO Revised Baby-Friendly Hospital Initiative (BFHI) Guidelines



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# 2018 BFHI Implementation Guidance



- Strategy and/or series of strategies that may be utilized to implement a recommendation about a health intervention
- Implementation guides are NOT guidelines

<https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/>

# Revised Ten Steps – What has changed?

## The TEN STEPS to Successful Breastfeeding

### 1 HOSPITAL POLICIES

Hospitals support mothers to be breastfed by...

- Not promoting artificial feeding bottles or teats
- Making breastfeeding care available on-site
- Keeping staff up-to-date on the best practices for breastfeeding

### 2 STAFF COMPETENCY

Hospitals support mothers to be breastfed by...

- Training staff on best practices for breastfeeding
- Assessing health workers' knowledge and skills

### 3 ANTENATAL CARE

Hospitals support mothers to be breastfed by...

- Supporting the importance of an optimal feeding method
- Preparing a woman for her first breastfeeding experience

### 4 CARE RIGHT AFTER BIRTH

Hospitals support mothers to be breastfed by...

- Encouraging skin-to-skin contact between mother and baby soon after birth
- Helping mothers to get their babies to the breast right away

### 5 SUPPORT MOTHERS WITH BREASTFEEDING

Hospitals support mothers to be breastfed by...

- Identifying, understanding and addressing reasons
- Giving practical breastfeeding support
- Helping mothers with breastfeeding problems

### 6 SUPPLEMENTING

Hospitals support mothers to be breastfed by...

- Identifying and working with other staff on the reasons
- Identifying clear reasons that a supplement is needed
- Helping mothers who may be unable to do so safely

### 7 ROOMING-IN

Hospitals support mothers to be breastfed by...

- Letting mothers and babies stay together day and night
- Minimizing work that can delay care from the mother

### 8 RESPONSIVE FEEDING

Hospitals support mothers to be breastfed by...

- Helping mothers to know when their babies are hungry
- Helping mothers to know when their babies are full

### 9 BOTTLES, TEATS AND PACIFIERS

Hospitals support mothers to be breastfed by...

- Encouraging mothers to use their own milk, or milk from a breast milk bank, or donor milk
- Helping mothers to use bottles, teats, and pacifiers safely

### 10 DISCHARGE

Hospitals support mothers to be breastfed by...

- Helping mothers to understand the reasons for breastfeeding support
- Helping mothers to understand the reasons for breastfeeding support



## CRITICAL MANAGEMENT PROCEDURES

- 1 A. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.**
- 1 B. Have a written infant feeding policy that is routinely communicated to staff and parents.**
- 1 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 practice 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.**

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# Poll Question #2

Which *Step* change will be the most challenging to implement?

- a. Step 1
- b. Step 2
- c. Step 4
- d. Step 9

# The Step 2 Paradigm Shift



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# Toolkit with 7 Annexes



- Annex A – Competency Verification Form (sorted by Domain and Competency)
- Annex B – Competency Verification Form (sorted by BFHI Step)
- Annex C – Examiners Resource (sorted by Domain and Competency)
- Annex D – Examiners Resource (sorted by BFHI Step)
- Annex E – Multiple Choice Questions
- Annex F – Case Studies
- Annex G – Observation Tools

<https://www.who.int/publications/i/item/9789240008854>

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# Competency Defined

- The capability to use a set of related knowledge, skills and behaviors to successfully perform identified jobs, roles or responsibilities

Competency ≠  
learning objective

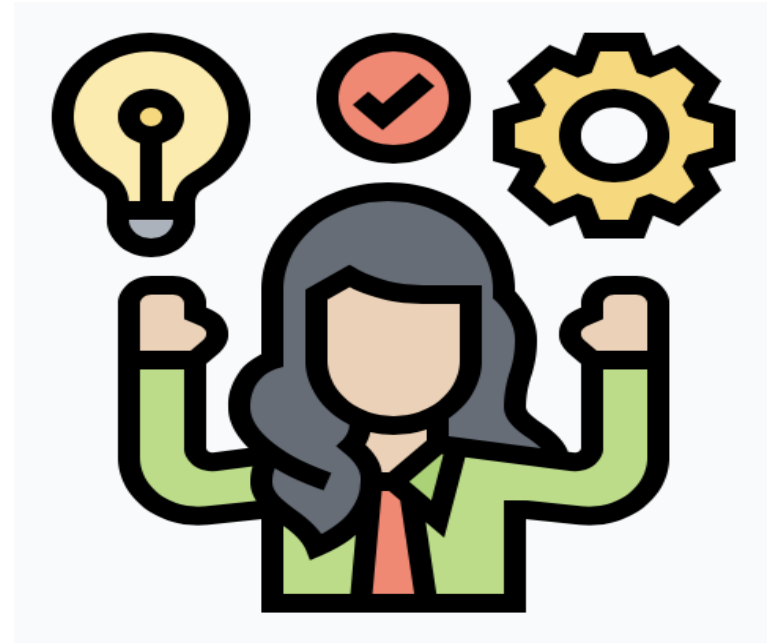
Learning objective  
≠ competency

# Training vs. competency verification

Training/learning objectives: Planning (GOALS)



Competencies: Doing (OUTCOMES)



# Challenge: How to Measure Competency

Performance indicator	K, S A	Type of verification
1. List at least 3 products that are covered by the Code.	K	Question or case study
2. Describe at least 3 ways a direct care provider protects breastfeeding in practice	K	Question or case study
3. Describe at least 1 way a direct care provider should respond if offered information provided by manufacturers and/or distributors of products within the scope of the Code.	K	Question or case study
4. Describe at least 1 type of financial or material inducement that might be offered to a direct care provider by a manufacturer and/or distributor of products within the scope of the Code.	K	Question or case study
5. Describe at least 1 harm of a direct care provider accepting financial or material inducements.	K	Question or case study
6. Explain at least 2 ways that the facility ensures that there is no promotion of infant formula, feeding bottles, or teats in any part of facilities providing maternity and newborn services, or by any of the direct care providers.	K	Question or case study
7. Describe at least 2 elements that are in the facility's infant feeding policy.	K	Question or case study
8. Explain at least 3 ways that the infant feeding policy affects a direct care provider's work at this facility.	K	Question or case study
9. Explain at least 2 reasons why monitoring of hospital practices is important to ensure quality of care.	K	Question or case study
10. Explain at least 2 ways practices are monitored in this facility.	K	Question or case study



64 performance indicators were developed

Clear measurable statements  
Knowledge, Skills and Attitudes



Geared towards guiding staff to safely and compassionately deliver evidence-based care

1

11. Demonstrate at least 3 aspects of listening and learning skills when talking with a mother.

2

12. Demonstrate at least 3 ways to adapt communication style and content when talking with a mother.

3

13. Demonstrate at least 2 ways to encourage a mother to share her views, taking time to understand and consider these views.

4

14. Describe at least 3 aspects of building confidence and giving support when talking with a mother.

## Foundational Skills - Communicating in a Credible and Effective Way

SLIDE CREDIT: BFHI Network Webinar: Verifying the Competency of a Direct Care Provider\_12/3/20



# Foundational Skills – Expected Answers

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
11. Demonstrate at least 3 aspects of listening and learning skills when talking with a mother.	Observation		
<ul style="list-style-type: none"> <li>✓ Ask open ended questions.</li> <li>✓ Use responses and gestures which show interest (smile, nod head, etc.).</li> <li>✓ Reflect back what the mother says.</li> <li>✓ Empathize – express that you understand how she feels in a culturally appropriate manner.</li> <li>✓ Avoid words which sound judgmental (good-bad-normal-wrong).</li> </ul>	K-S- A	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ask only closed questions.</li> <li><input type="checkbox"/> Tell the mother instead of listening, reflecting back, and responding to her.</li> <li><input type="checkbox"/> Neglect to listen to the mother.</li> <li><input type="checkbox"/> Neglect to respond, nod, use hum hum or words.</li> <li><input type="checkbox"/> Use judgment words (good-bad-wrong-normal).</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 3. (4)</li> <li>• BFHI Training Materials Session 10. (4)</li> <li>• BFHI Training Materials-Session 15. (4)</li> <li>• WHO Model Chapter 5.2. (10)</li> <li>• WHO Model Chapter 5.3. (10)</li> <li>• WHO Counselling Guidelines. (13)</li> </ul>

SLIDE CREDIT: BFHI Network Webinar: Verifying the Competency of a Direct Care Provider\_12/3/20

# Breastfeeding Counselling

- WHO Breastfeeding Counselling Definition:  
a process and interaction between counselors and pregnant women or mothers.
- BFUSA
  - Meaningful conversations
    - “...delivering compassionate care based on human interactions... connect emotionally, be curious, consider other perspectives, collaborate, compromise and celebrate.”
  - Shared decision making
    - “A form of nondirective counseling...[in which the] division of power shifts the conversation from giving patient education to exchanging information to help the family reach their goals.”

# BFUSA Guideline and Evaluation Criteria (GEC) REVISION PROCESS Next Steps



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# US Guideline Revision Process

Cross walked BFUSA 2016 GEC to 2018 Implementation Guidance

- May 2018

Identify new standards to be immediately implemented

- June 2018

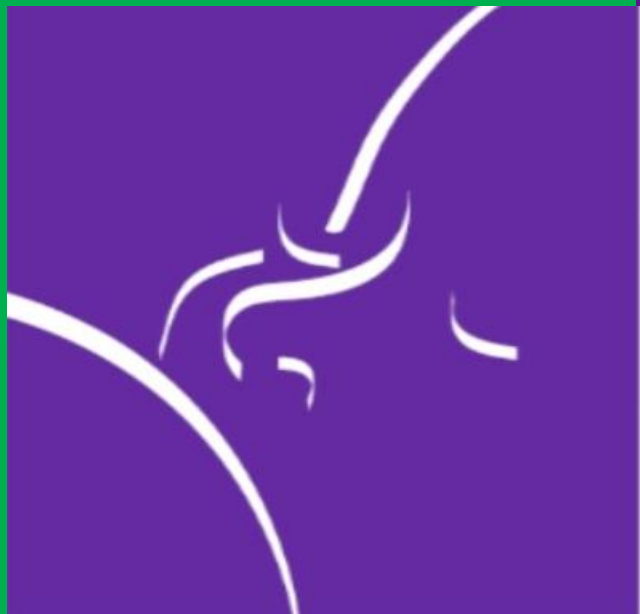
Rollout 2016 GEC v2 with adjustments to Step 9

- July 2018

Convene Expert Panel

- July 2018

# US Guideline Revision Process



# US Guideline Revision Process

Feedback from 7 National Professional Medical Associations

• July 2019

Second Expert Meeting

• July 2019

Incorporated competency verification into document

• September 2020

Final Document

• 2021



# US Guideline Revision Process

Update all 4-D Pathway materials – In process

## Discovery Phase

- Facility data sheet
- Facility self-appraisal
- NICU self-appraisal

## Development Phase

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

## Dissemination Phase

- 7 Audit Tools
- 2 Instruction documents

# US Guideline Revision Process

Update all 4-D Pathway materials – In process

## Designation Phase

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

## Annual Quality Improvement

- Create a new Step 1C data collection tool
- Develop a Competency Verification and Training Plan Template

## Re-Designation

- Same as Designation



# Interim Guidelines & Evaluation Criteria

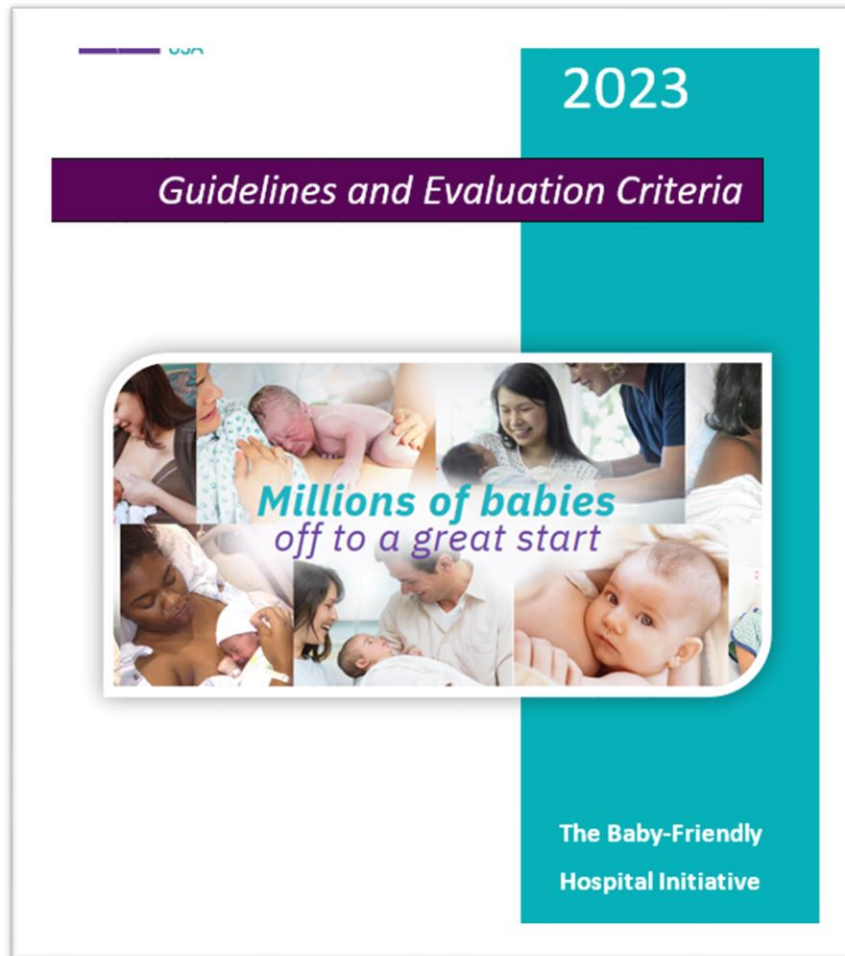


Assessments will continue using the Interim GEC until the new GEC goes into effect



Facilities will be given time to incorporate changes prior to assessments being conducted on the new GEC

# GEC: Working Cover



# Focus: Safe Implementation of Practices

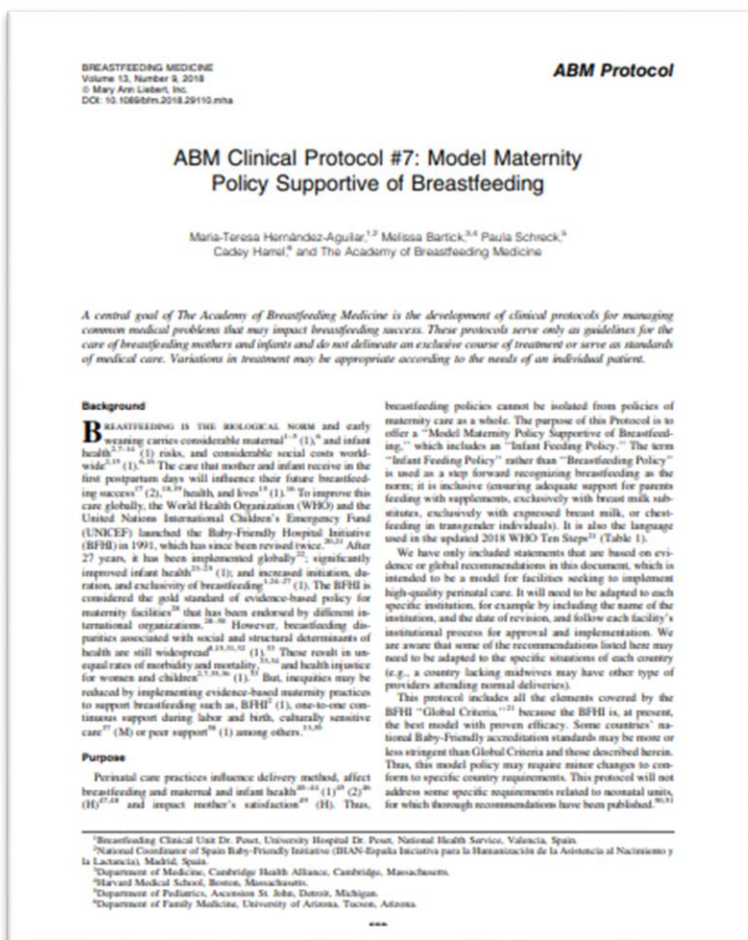


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- For each *Step* in the new 2023 GEC, there is guidance on the safe implementation of that *Step*
  - *BFUSA is dedicated to addressing concerns and providing support for the safe implementation of care.*

# ABM Model Hospital Policy



- Released in November 2018
- Comprehensive – addresses all Ten Steps
- Offers guidance on safe implementation of practice

<https://www.bfmed.org/assets/7%20ABM%20Model%20Maternity%20Policy%20Supportive%20of%20Breastfeeding%20English.pdf>

# AAP Clinical Guidance

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™

## Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns

Lori Feldman Winter, MD, MPH, FAAP, Jay P. Goldsmith, MD, FAAP, COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME

Skin-to-skin care (SSC) and rooming-in have become common practice in the newborn period for healthy newborns with the implementation of maternity care practices that support breastfeeding as delineated in the World Health Organization's "Ten Steps to Successful Breastfeeding." SSC and rooming-in are supported by evidence that indicates that the implementation of these practices increases overall and exclusive breastfeeding, safer and healthier transitions, and improved maternal-infant bonding. In some cases, however, the practice of SSC and rooming-in may pose safety concerns, particularly with regard to sleep. There have been several recent case reports and case series of severe and sudden unexpected postnatal collapse in the neonatal period among otherwise healthy newborns and near fatal or fatal events related to sleep, suffocation, and falls from adult hospital beds. Although these are largely case reports, there are potential dangers of unobserved SSC immediately after birth and throughout the postpartum hospital period as well as with unobserved rooming-in for at-risk situations. Moreover, behaviors that are modeled in the hospital after birth, such as sleep position, are likely to influence sleeping practices after discharge. Hospitals and birthing centers have found it difficult to develop policies that will allow SSC and rooming-in to continue in a safe manner. This clinical report is intended for birthing centers and delivery hospitals caring for healthy newborns to assist in the establishment of appropriate SSC and safe sleep policies.

### INTRODUCTION

#### Definition of Skin-to-Skin Care and Rooming-in

Skin-to-skin care (SSC) is defined as the practice of placing infants in direct contact with their mothers or other caregivers with the ventral skin of the infant facing and touching the ventral skin of the mother/

**abstract**

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# Critical Role of the Hospital Staff/Providers in Supporting Breastfeeding

- Staff requirements for competency verification with training where knowledge deficits are identified
- Safely and compassionately implement the practices that support breastfeeding that are embodied in the *Ten Steps to Successful Breastfeeding*.

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





# Questions



# Q&A Discussion

Use the chat box to send in any questions you have  
for Dr. Eileen FitzPatrick!

Think of a question after the webinar?

Email the CHAMPS Team at  
[champs.breastfeed@gmail.com!](mailto:champs.breastfeed@gmail.com)

# Thank you for joining!

Tune in on June 23<sup>rd</sup> for the next webinar in the series,

***CHAMPS Begins Mississippi WINS:  
Workplaces Improving Nursing Support***

**Presented by:**

**Cathy Carothers, BLA, IBCLC, FILCA,**

Mississippi CHAMPS Liaison and Trainer, Co-director, Every Mother, Inc.

Joined by representatives from

**Greenwood-Leflore Hospital,**

**Merit Health Woman's Hospital,**

**Southwest Mississippi Regional Medical Center,**

**and Delta Health Alliance**

