



Step by Step to Baby-Friendly: Overcoming Myths, Mountains and Molehills

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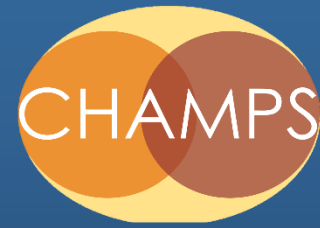
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Objectives



- ❖ Outline the 10 Steps
- ❖ Discuss how Baby-Friendly USA requires and recommends meeting the Ten Steps
- ❖ Identify implementation strategies
- ❖ Identify what is tested
- ❖ Dispel myths

What is Baby-Friendly?



- ❖ Created by WHO/UNICEF in 1991
- ❖ An award, or designation, given when a hospital meets the Ten Steps to Successful Breastfeeding
- ❖ 20,000+ Baby-Friendly hospitals in the world
- ❖ About 8% of US infants are born in Baby-Friendly hospitals
- ❖ No MS Baby-Friendly hospitals
- ❖ Most Baby-Friendly hospitals on the east and west coasts

US Baby-Friendly hospitals



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The Ten Steps

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in 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.

The Ten Steps



6. Give newborn 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 clinic.



Baby-Friendly 2009 updates

- ❖ Calls for expansion to
 - ❖ The Community
 - ❖ Infants in special care
- ❖ Emphasis on Mother-Friendly Care
- ❖ HIV issues
- ❖ Re-affirming “global criteria”

International activity



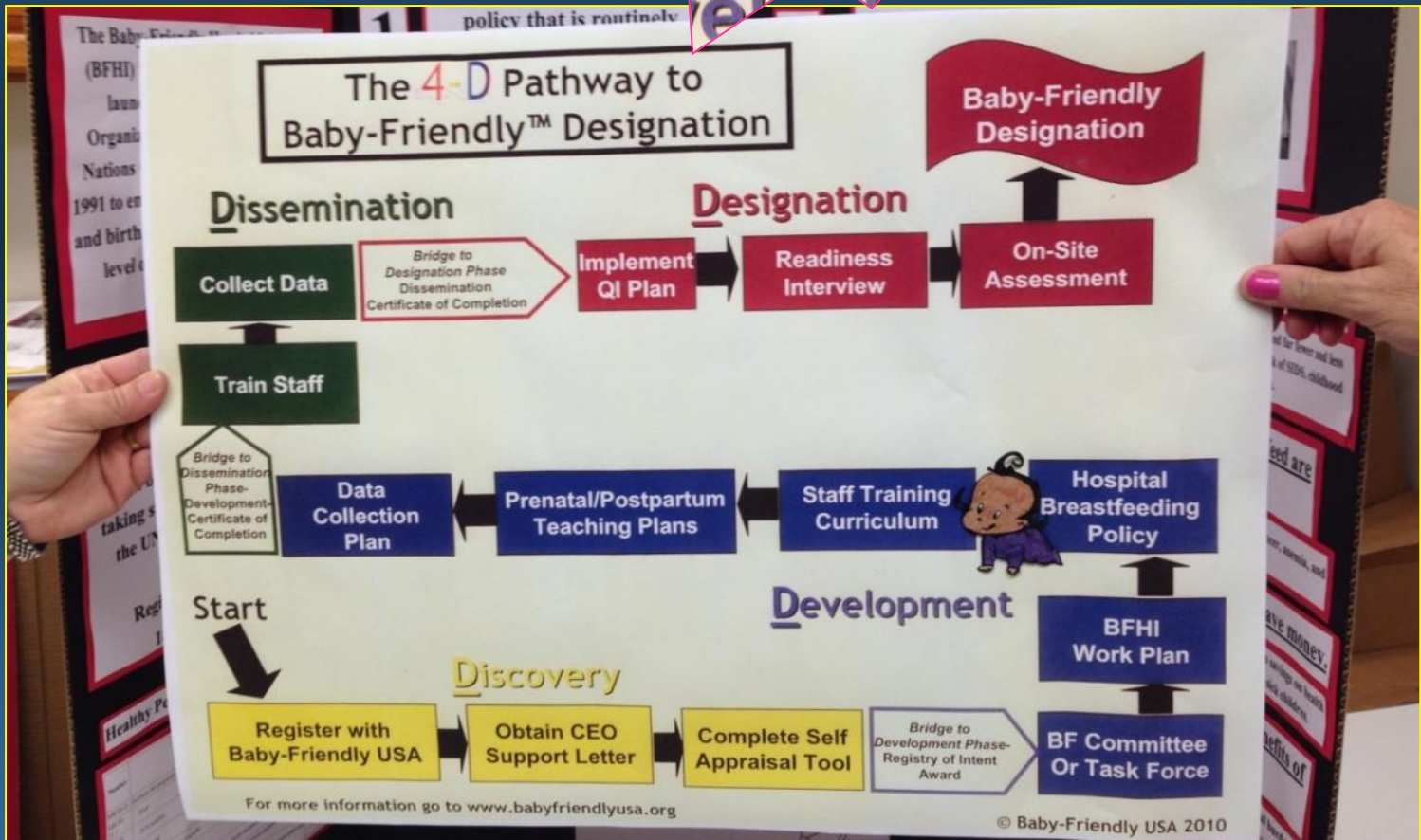
- ❖ Italy, Spain, Australia, NZ, Croatia – expanded to the community
- ❖ International NICU initiative
- ❖ UK expanded to accrediting regional health centers and universities
- ❖ Norway certified 95% of NICUs
- ❖ US current focus on birthing site



How does it work in the US?

The 4D Pathway to Baby-Friendly Designation





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Step 1



Have an **infant feeding policy** that is regularly communicated to all maternity staff



STEP 1: Implementation

- ❖ BF USA policy-making tools in *Development* packet
- ❖ *Do not reinvent the wheel!*
- ❖ *JHL model policy*: JHL 2012 28(3), Feldman-Winter et al



Step 1: How is it tested?

- ❖ BF USA policy check off/audit tool
- ❖ BF USA check and return at end of Development
- ❖ Rechecked prior to Designation

Step 1: Myths



- ❖ It's just a breastfeeding policy
- ❖ Model ABM/AAP policies will be ok

Step 2



Train all health care staff in the skills necessary to implement the policy



Step 2: Implementation



- ❖ Maternity unit RNs need 20 hours (5 hands on)
- ❖ MDs... 3 hours for same knowledge/ skills (answer same questions) – AAP



Step 2: Implementation



❖ Skills Fair:

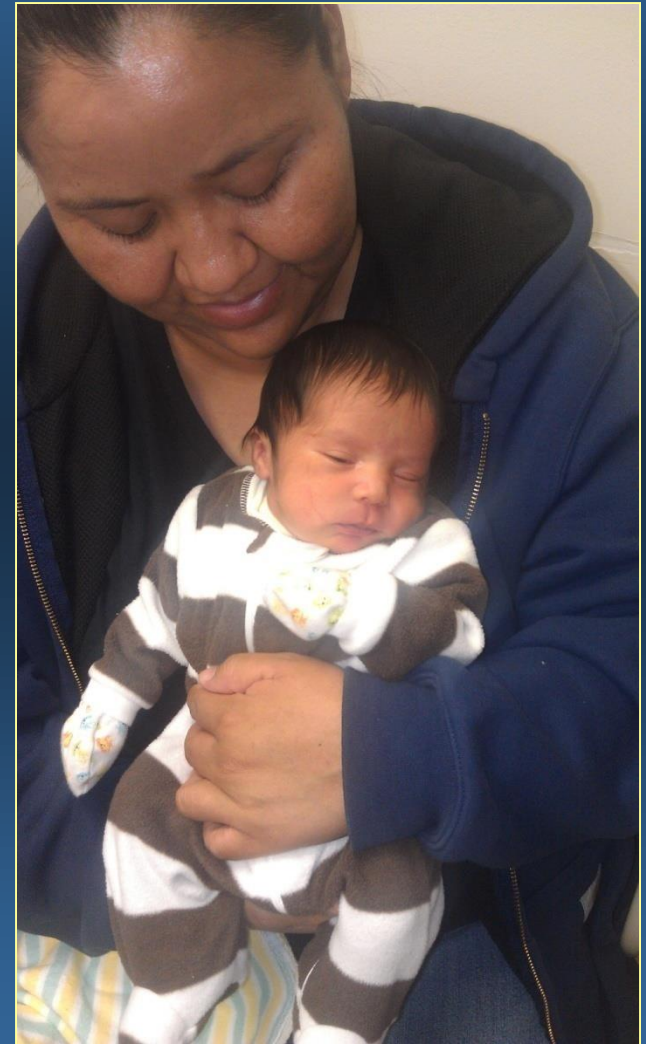
- Assess breastfeeding
- Pumps
- Alternative feeding methods
- Hand expression

❖ Interdisciplinary



Step 2 – How is it tested?

- ❖ BF USA will interview:
 - ❖ RNs, CNMs, MDs from postpartum on breastfeeding and maternity care
 - ❖ Prenatal and postpartum moms!





Step 2 -Myths

- ❖ BF USA, like Joint Commission, will hunt down staff in the corridors
 - ❖ But avoid blatant disrespect....
- ❖ The right response to “How do you fix a breastfeeding problem” is [not] “***Call Letitia Lactation Consultant***”

Step 3



Inform all pregnant women about the benefits and management of breastfeeding



Step 3: Implementation

- ❖ Plan prenatal ed in your hospital's associated clinic
- ❖ Develop prenatal teaching – to be done by 30 weeks
- ❖ Prompt providers – specific visits?
- ❖ Chart!

Step 3 - How is it tested?



- ❖ BF USA will interview prenatal moms
- ❖ Make sure you have enough moms!
- ❖ Postpartum moms also asked re prenatal education





Step 3 - Myths

- ❖ “Prenatal” is doing this already
- ❖ You are handing out info, so moms are (1) reading it and (2) well-informed
- ❖ You have to educate every prenatal provider on the planet

Step 4



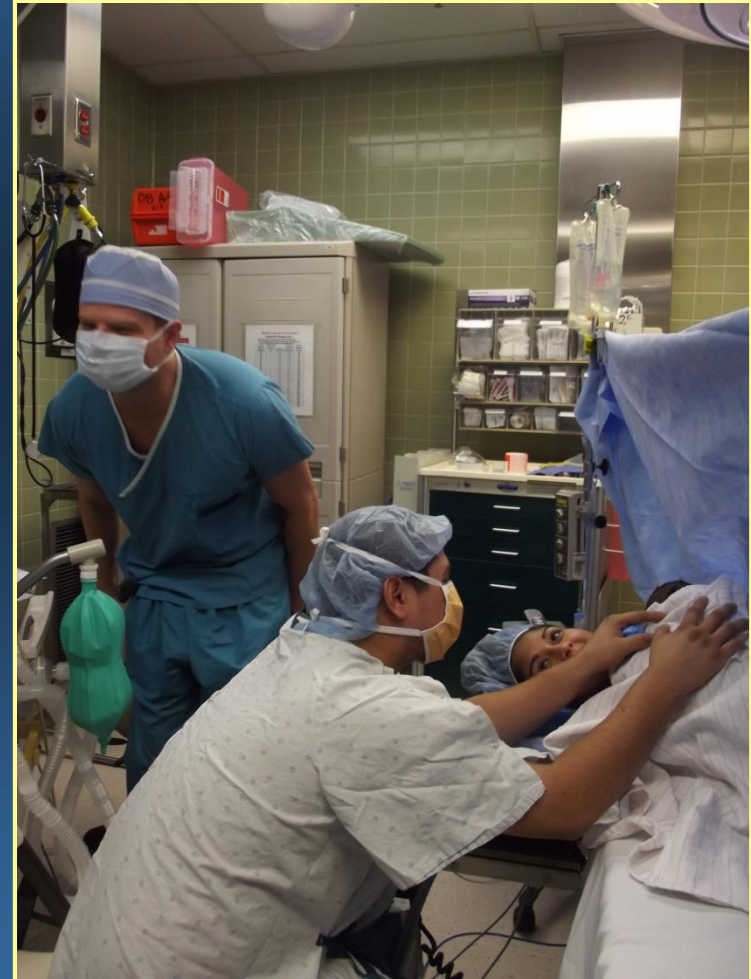
Help mothers
initiate
breastfeeding
within 1 hour of
birth



Step 4



- ❖ Put baby skin-to-skin at birth for at least 1 hour
- ❖ All babies, regardless of feeding method
- ❖ Cesareans in OR “when mom can respond”



Step 4: Implementation

- ❖ Clinicians must learn how to place skin to skin
- ❖ Routines may need to change
- ❖ Delay procedures; monitor baby



Step 4: How is it tested?



- ❖ Document in chart
- ❖ Moms asked



Step 4: Myths



- ❖ Skin to skin just 1 more thing to add in
- ❖ Unconscious moms will be dropping babies all over the OR

Step 5



Show mothers how to breastfeed and maintain lactation even if they are separated from their infants



Step 5: Implementation

- ❖ Ensure NICU/transfer babies get human milk
- ❖ Mom to pump within 6 hours of birth
- ❖ **Manual expression** – all clinicians must learn, all moms must be able to describe!



Step 5: How is it tested?

- ❖ Mom interviews
- ❖ Staff interviews
- ❖ Can doctors and nurses teach hand expression?
- ❖ Were moms taught hand expression?

Step 5 - Myths



❖ They aren't **really** going to ask us doctors about hand expression.....



Step 6



Give newborn breastfed infants no food or drink other than breast milk, unless medically indicated

Step 6: Implementation



- ❖ Eligible infants should be exclusively breastfeeding; supplements for medical reasons only, and documented
- ❖ Offer alternative feeding method
- ❖ Hospital must pay for formula

Step 6: Implementation



- ❖ Formula feeders (medical reason or maternal choice)
 - ❖ Info on safe preparation, handling, storage
 - ❖ Document completion of formula preparation instruction
- ❖ Info on *individual basis* only (**no group sessions**)

Step 6: Myths



- ❖ The hospital will not have any formula any more
- ❖ Mothers will be forced to breastfeed

Step 7



Practice rooming-in - allow mothers and infants to remain together 24 hours a day



Step 7: Implementation



- ❖ Separation: medical reasons only
- ❖ 23/24 hours?
- ❖ Exams, baths, etc in room regardless of timeframe







Step 7: How is it tested?

- ❖ When baby leaves room: Document!
- ❖ When baby comes back: Document!
- ❖ If baby out for non medical reason, document maternal ed; times in/out
- ❖ Man that's a lot of documentation



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Step 7: From this.....



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...to this:
“Neonatal Observation Unit”



The best
nursery
is an empty
nursery



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Step 7: Myths



❖ Babies are safer in the nursery.....



Step 8



Encourage breastfeeding on demand



Step 8: Implementation

- ❖ Staff trained to teach cue feeding/on-demand
- ❖ 8-12 times/24 hours (AAP)
- ❖ *Not every 2 to 3 hours!!*
- ❖ *Not for 10 or 15 minutes each side*

Step 8: How is it tested?



- ❖ Maternal report
- ❖ Staff interviews

Step 8: Myths



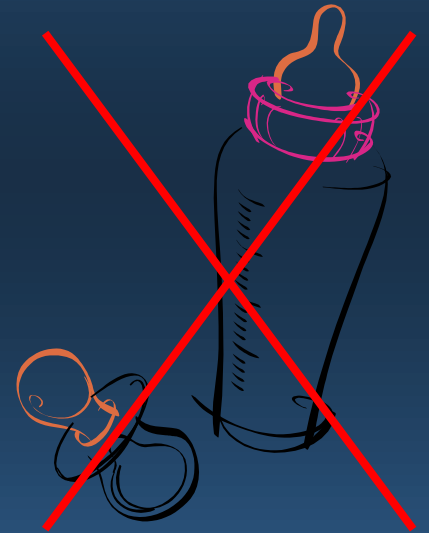
❖ “On demand every 3 hours”



Step 9



**Give no pacifiers or
artificial nipples to
breastfeeding infants**



Step 9: Implementation



- ❖ Educate why hospital doesn't give out
- ❖ Pacifiers available for painful procedures, NICU babies
- ❖ Families may provide own pacifiers if they want to use one
- ❖ Lock'em up.....



Step 9: Myths



- ❖ The nursery will be filled with screaming babies and no pacifiers
- ❖ All the parents will complain
- ❖ The NICU and OB for cirucs will not have pacifiers

Step 10



Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birthing center



Step 10: Implementation

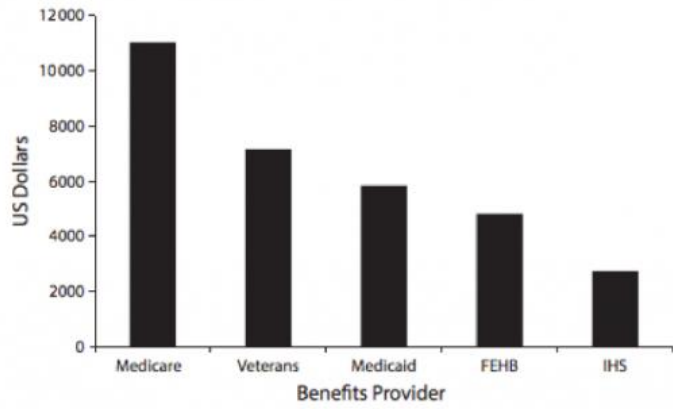


- ❖ AAP: Pediatrician/healthcare professional at 3-5 days of life
- ❖ Refer moms to community breastfeeding resources and support groups
- ❖ Offer resources in languages most frequently spoken/read by mothers delivering at this hospital
- ❖ WIC, LLL, Baby Café etc



Step 10: Myths

- ❖ Women will call you if they have a problem



Note. FEHB = Federal Employee Health Benefits; IHS = Indian Health Service.

Source: National Tribal Budget Formulation Workgroup.⁶

FIGURE 1—2009–2010 Indian health expenditures per capita compared with other federal health care expenditures per capita.



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Life expectancy in Montana is 20 years shorter
for Native Americans than for Whites



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In Conclusion.....



- ❖ The Ten Steps are evidence based
- ❖ Baby-Friendly has been implemented in countless different settings across the world
- ❖ Baby-Friendly has been shown to increase breastfeeding rates in all settings
- ❖ The Indian Health Service is 100% Baby-Friendly
- ❖ If the IHS can do it, Mississippi can do it
- ❖ Mississippi can go from #50, to #1