

**BEGIN AT THE VERY
BEGINNING:
“BABY-FRIENDLY”
PRENATAL CARE**

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First up: Introductions!

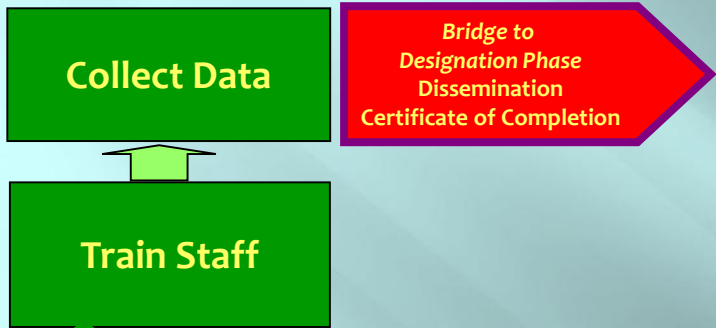


Outline

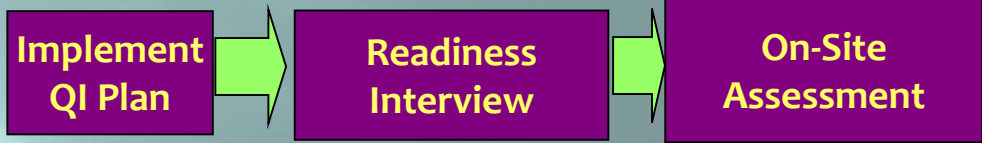
- ✓ Out with the old....
- ✓ Who to teach
- ✓ What to teach
- ✓ How to teach
- ✓ Who will teach
- ✓ How to pass!

The 4-D Pathway to Baby-Friendly Designation

Dissemination



Designation



Start



Discovery



Development



STEP 3



Inform all pregnant women about the benefits and management of breastfeeding

Aren't we already doing this?

- ✓ Obviously, all prenatal settings should offer breastfeeding anticipatory guidance
- ✓ What sort of breastfeeding ed do women get?
- ✓ When do they get it; who delivers it?
- ✓ What about high risk clients?

The old way.....



- ✓ Are you going to breast or bottle feed?
 - ✓ “Bottle feed” – ends discussion
 - ✓ Mom annoyed if brought up over and over
- ✓ Breastfeeding class
 - ✓ 1-time event – who attends?
 - ✓ 1 session of childbirth ed
- ✓ Or... no-one really brings it up at all....

Outdated methods

- ✓ 'Discuss' breastfeeding/infant feeding
- ✓ Health benefits of breastfeeding
- ✓ Give out a ton of printed info



Outdated methods

- ✓ Handouts
- ✓ Breastfeeding management
 - ✓ Positioning
 - ✓ Latch
 - ✓ Frequency of feeds
 - ✓ “Every 3 hours for 10 mins on each side...”

Which clinicians to teach?

- ✓ For BF compliance:
 - ✓ You are only responsible for clinician ed among clinicians who see patients between admit in labor to discharge with baby
- ✓ Any clinician on the unit on assessment day could be interviewed
- ✓ Mind the gap!

Which patients to teach?

- ✓ You are only responsible for prenatal ed for patients from hospital-owned settings
- ✓ When BF USA comes, they will only interview YOUR pregnant women about prenatal care in any depth
- ✓ No prenatal care – no expectation re interviews

But what do you really need?

- ✓ Well educated clinicians who can educate well
- ✓ A plan for when prenatal ed will be taught in your clinic/setting
- ✓ Outreach to prenatal settings that send you mothers

How does it help you?

- ✓ Women prepared for skin to skin when they arrive in labor
- ✓ Women know about rooming in (how described??)
- ✓ Helps to put pressure/”encourage” your hospital delivery service
- ✓ Helps women to advocate for optimal MCH care

What to teach

- ✓ Baby-Friendly USA Guidelines and Criteria
- ✓ <http://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria>

What to teach

- ✓ Skin to skin at birth (all moms)
- ✓ Rooming in in hospital (all moms)
- ✓ *Frequency of feeds*: “feeding on cue and recognizing cues”; “8-12 x in 24 hours”
- ✓ Exclusive breastfeeding
 - ✓ Specifically – not supplementing
- ✓ Formula prep 1 on 1 postpartum (not in group setting; not prenatal)

How are you going to teach this?



- ✓ Class
- ✓ Waiting room
- ✓ Peer counselors
- ✓ Appointment time

Prenatal class

- ✓ Usually taught by ‘specialist’ (not integrated, unless Centering Pregnancy style class)
- ✓ Advantage – lot of control over content
- ✓ Disadvantage – not all women come, women who don’t may be ones you most want to reach
- ✓ Class fine but not optimal; cannot stand alone

Waiting room?

Making Milk
is Easy!

10 steps to make plenty of milk

- 1 Frequent feeds, just formula.**
The more often you feed the more milk you make.
It may give formula, but baby still makes her milk.
- 2 All you need is breastmilk!**
The American Academy of Pediatrics recommends that your baby have a diet of pure breastmilk for the first 6 months. See what food to drink is needed.
- 3 Feed early and often.**
Feed at the earliest signs of hunger. If baby is awake, awake or fussy, nursing, for breast or formula.
- 4 If the didn't swallow, he didn't eat.**
Latching and hearing the signs of swallowing will help you know that your baby's getting enough.
- 5 Say 'No' to pacifiers and bottles,**
at least in the first 6 weeks. Pacifiers may limit the signs of hunger. The American Academy of Pediatrics recommends that you should not use a pacifier for the first month if you are breastfeeding. If you take, but postpone nursing. Check with a lactation specialist about how to best use without using a pacifier.
- 6 Sleep near your baby and nurse lying down.**
You can rest while you feed your baby!
- 7 Have baby's mouth open wide like a yawn, with lips flipped out.**
Slip your baby open for breast or bottle or pacifier. He should be clearly latching from "billy" or fully closed on chest and he also should suck the breast. Right positioning keeps your baby comfortable. If you're having trouble with latching, get help promptly.
- 8 Watch the baby, not the clock.**
Feed your baby when she's hungry and watch when she's offering signs that it's the other, breast or bottle.
- 9 Go everywhere!**
That's why you're not alone with you for the first several weeks.
- 10 Don't wait to ask for help, if you need it.**
There are many ways to get the help you need. Contact your doctor or lactation. They can help you with it!

Massachusetts Breastfeeding Coalition
1111 North Main Street
Boston, MA 02111
info@breastfeeding.org | 617-624-6666

Advantages:

- ✓ Pictures!
- ✓ No provider needed if you use video loop
- ✓ Captive audience

Disadvantages

- ✓ Impersonal/no questions
- ✓ No way to assess who saw/understood what

Creative waiting room teaching

- ✓ Peer counselors sit with moms (Moms did not approach IBCLCs at a table)
- ✓ Moms pick a poster and get a raffle ticket
- ✓ Poster winners announced and moms drawn for a prize

R O O M I N G I N


WHAT *Happens* IN
THE ROOM...
STAYS IN
THE ROOM

- *Decreases Baby's Stress
- *Allows Baby to Breastfeed When Hungry
- *Safer for Baby
- *Allows Mother to Learn Feeding Cues and Behavior
- *Mother Establishes and Maintains Good Milk Supply
- *Decreases Mother's Stress
- *Better Quality Sleep

Handouts

- ✓ Handouts OK but think pictures!
- ✓ If handouts, discuss
- ✓ Make sure up to date
- ✓ Health literacy and language concerns

Get to know your baby
and let your baby know you




FIRST HUG

Babies who room-in and are skin-to-skin get to:

- ♥ smell you
- ♥ hear you
- ♥ feel you
- ♥ nurse from you
- ♥ stay warm
- ♥ be calmed and loved by you

For a great start, nurse your baby in the first hour of life and plan on rooming-in.



National Health Education Association (NHEA) is a 501(c)(3) nonprofit organization.

Think visual!

- ✓ Use photos of your patients
- ✓ Use catchy words and pictures (think – *advertising!!*)
- ✓ Be creative! Apps? Computer games? Etc.

**Breastfeeding...
Just Do It!**

Decreases Baby's Risk of:

- *Diabetes
- *Asthma
- *Allergies
- *Some forms of Cancer

Protects Baby Against:

- *Pneumonia
- *Stomach Flu
- *Diarrhea
- *Ear Infections
- *Obesity
- *High Blood Pressure

Decreases Mom's Risk of:

- *Ovarian Cancer
- *Breast Cancer
- *Post Partum Depression

Post Delivery:

- *Shrinks the Uterus
- *Decreases Bleeding and Anemia

Improves Maternal-Infant Bonding



Be creative!



Who is going to teach?

- ✓ Integrate into prenatal care visits
- ✓ Research shows, women more likely to remember if info is repeated
- ✓ Create a system where provider presents info in 'bundled' form
- ✓ Regular and comprehensive

Integrated education

- ✓ Info broken down for e.g. at 2nd, 4th, 6th visit (by trimester?*)
- ✓ *Needs to be “complete” by 3rd trimester
- ✓ Premature birth plus BF USA!





Integrated education



- ✓ Regular prenatal provider should do this
- ✓ Any other system open to problems
 - ✓ How can IBCLC/childbirth ed/RD possibly see all patients (unless v. small facility)
 - ✓ What if that person moves or is away?
 - ✓ Not good practice to have regular providers reliant on a “special” person



How can you get them to do this?

- ✓ MDs may need >3 hours
- ✓ Prompts – index cards, notes in chart, handouts “equipment” – dolls, breasts etc
- ✓ Prompts in EMR/chart
- ✓ “But I don’t have time”

How will BF USA assess?

- ✓ Documented *staff* education
- ✓ Patient responses
- ✓ Can moms answer questions in the Step 3 audit tool?



Typical problems with prenatal breastfeeding ed.

- ✓ We are not doing it
- ✓ We are not doing it in any systematic way
- ✓ We give them all the info on their 1st prenatal visit
- ✓ We are not documenting it
- ✓ Patients are getting handouts but not the teaching to go with them

Solutions, Ideas, Questions?

✓ Over to you.....