

Preparing for a Baby-Friendly site visit

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Disclaimer

- ❖ I do not work for Baby-Friendly USA and I do not have access to the information that is on the hospital/BF USA portal

Part 1: The pre-assessment phone call

- Happens 2-3 months before the survey
- Setup: Speakerphone
- 2-3 people plan to speak
 - Baby-Friendly lead
 - Leader (CNE/OB supervisor?)
 - Prenatal/PHN – there if needed for responses

Format

- 1 person from BF USA on call
- Will talk you through the 10 Steps 1 at a time
- You'll need data and careful responses to some questions
- They will want to know where your data come from “Data collection” “Audits” “Estimates”

Step 1: Policy

- Have you completed the policy check-off tool?
- Any items outstanding?

Step 2: Staff education



- What % of RNs and MDs finished training?
- Remember IHS requests more than BF USA
- You will need records at the assessment – on this call, just % educated
- Showcase how you trained more staff than you need

Step 3: Inform pregnant women

- Do you have a prenatal curriculum?
 - What does this include?
 - When is your prenatal education completed?
- Have you audited your mothers?/Results
- What information do mothers get on formula feeding?

Step 4: Skin to skin

- Here you will need data
- What % of vaginal and cesarean births get skin to skin?
- Where does skin to skin take place for cesareans?
- You should be able to extract information from your chart audits to answer this question

Step 5: Separation

- You will need to explain the process you have to ensure that women who are separated from their infants are able to pump, store, and transport their milk

Step 6: Supplementation

- They will probably ask:
 - What % of infants receive any breast milk?
 - What % of infants are exclusively breastfed?
 - Of supplemented infants, what proportion were supplemented for medical reasons?
 - What is your consent or education process for mothers who supplement with formula?
- Data should come from chart reviews

Step 7: Rooming in

- What % of babies stay in the room 24 hours a day?
 - They may ask, what routine tests/procedures, if any, are done in the room
 - They may ask about documentation

Step 8

- What are your clinicians telling mothers about frequency of feeds?

Step 9: Artificial nipples

- Do any babies get pacifiers?
- What alternative feeding methods are used and how are these documented in the chart?

Step 10: Community

- This is your chance to showcase your PHN programs, WIC peer counselors, tribal outreach – anything you have done to involve the community

The actual assessment

Prep work for *Anne* coming

- Set up an Agenda together
- Opening meeting – CEO, Clinical Director, CNE, representatives from Peds/OB/community
- Closing meeting for feedback – similar
- Prepare binders with clinician education, prenatal curriculum, educational materials, policy
- Will need access to charts via someone who knows charting well
- Suggest ‘champion’ from each area to show around

Prep work for Anne coming

- Will send questionnaires. Note: these are short versions; not exact same as the BF USA audit tools on your portal
- Prenatal: You **MUST** prepare the prenatal clinic. You will not have enough pregnant moms >30 weeks – and if you have phone #s you will need 3 x as many as you expect
- If you don't have many births, you will need postpartum moms on the phone as well

Best way to prepare

- Perform audits with your mothers, prenatal and postpartum, in a systematic, accurate way to ensure that you really know your messages are getting across

Step 1

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



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
- ❖ You should not have to worry about this at the BF USA site visit

Step 2

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



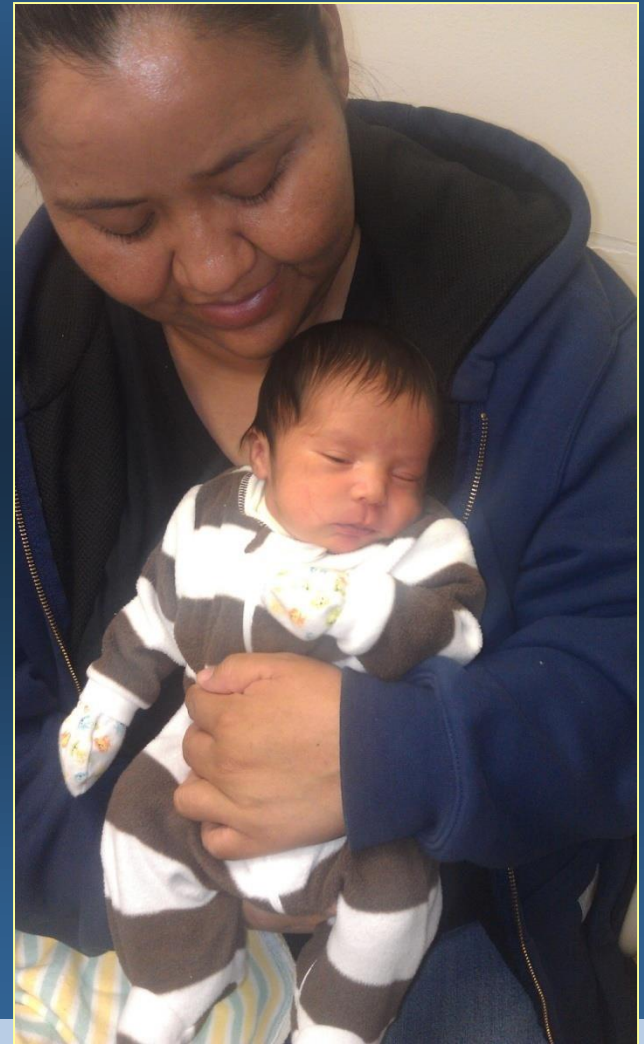
Step 2: Implementation

- ❖ RNs need 20 hours (5 hands on); MDs need 3
- ❖ Present a clear, comprehensive list of clinicians you have educated
- ❖ How does 15 hour course match 15 lessons



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 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!



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

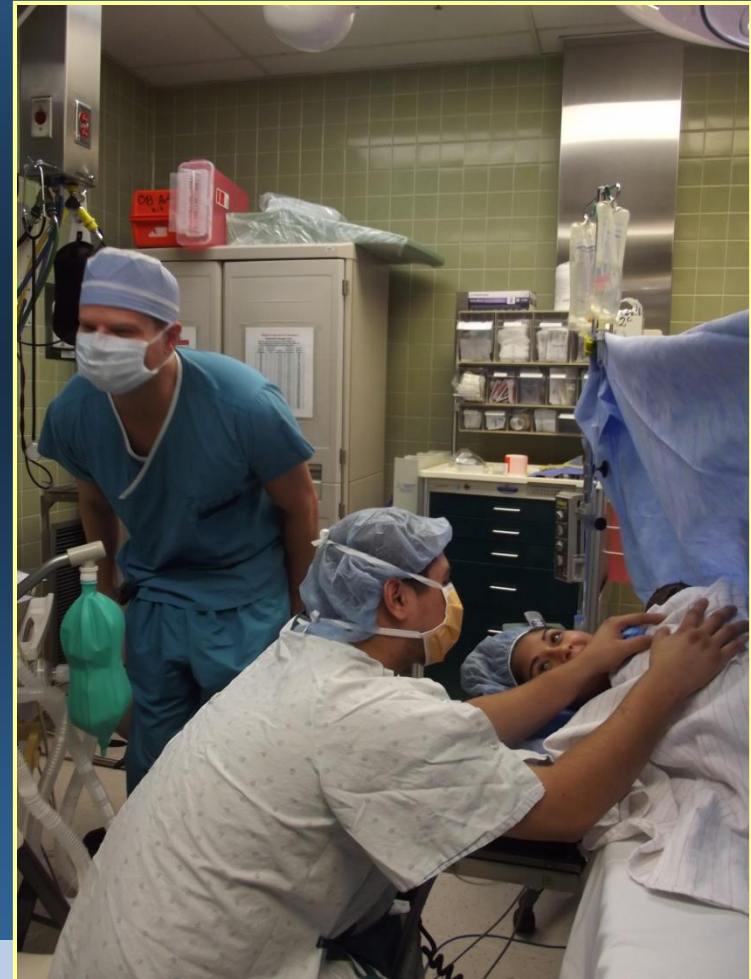
Step 4

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: How is it tested?

- ❖ Document in chart
- ❖ Moms asked



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; documented
- ❖ Consent/explanation documented
- ❖ Offer alternative feeding method
- ❖ Need actual FMV calculation and RECEIPTS for formula

Step 6: Formula feeders

- ❖ Info on safe preparation, handling, storage
- ❖ Document completion of formula preparation instruction
- ❖ Info on *individual basis* only (no group sessions)

Step 7



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

Step 7



- ❖ 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 goes for a non medical reason, Document - maternal ed AND times in and out



Step 8

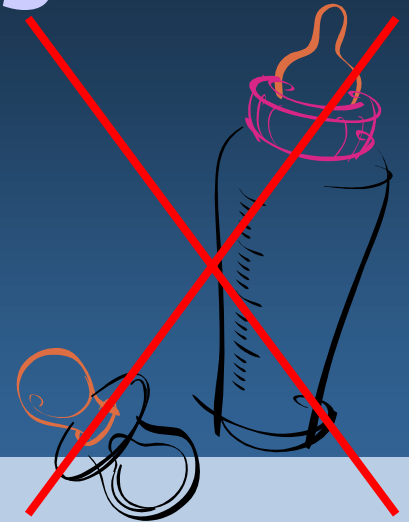
Encourage breastfeeding on demand

Step 8: Implementation

- ❖ Staff trained to teach cue feeding/on-demand
- ❖ 8-12 times/24 hours (AAP)
- ❖ NOT “on demand” every 2 to 3 hours!!

STEP 9

Give no pacifiers or artificial nipples to breastfeeding infants



Step 9: Implementation

- ❖ Educate and document
- ❖ Pacifiers available for painful procedures, NICU babies
- ❖ Families may provide own pacifiers if they want to use one



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