BABY FRIENDLY HOSPITAL INITIATIVE

Overview
Getting Started
Myth-Busting

October 10, 2013
MN Breastfeeding Coalition
Baby Friendly Workshop

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What Is the Baby Friendly Hospital Initiative?

• International award for Birth Hospitals

• Best Practice maternity care and infant feeding

• Clinical excellence in lactation support

• Like Trauma Center or Magnet status

• Developed by UNICEF and WHO in 1991
  – "centers of breastfeeding support."
  – “Baby and Friend”
What is Baby Friendly?

• “10 Steps to Successful Breastfeeding”
• Hospital practices (evidence based) known to improve breastfeeding rates
• Certification process includes an on-site visit to document compliance with the “10 Steps”
• “10 Steps” endorsed by the AAP in 2009, and others
The Ten Steps

1. Written Breastfeeding Policy
2. Train all Healthcare Staff
3. Inform all Pregnant Women of Benefits
4. Help Mothers Initiate BF within One Hour
5. Show Mothers How to BF and Maintain Lactation
6. Give Newborn Infants Only Breastmilk
7. Practice Rooming In
8. Encourage BF on Demand
9. Give No Pacifiers or Artificial Nipples to Breastfeeding Infants
10. Foster the Establishment of BF Support Groups
Ten Steps Endorsements

- American Academy of Family Physicians
- American Academy of Pediatrics
- Academy of Breastfeeding Medicine
- American Academy of Nurses
- American College of Nurse-Midwives
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
- Academy of Nutrition and Dietetics
- Centers for Disease Control and Prevention (CDC)
- National WIC Association
- U.S. Breastfeeding Committee (USBC)
- U.S. Preventive Services Task Force
- U.S. Surgeon General
What is Baby Friendly?

2 major Components

1. The Ten Steps to Successful Breastfeeding

2. Compliance with the *International Code of Marketing of Breast Milk Substitutes*
   - No free formula / feeding supplies
   - No discharge diaper bags with formula
Baby Friendly: Global and Local

- 20,000 hospitals in 150 countries worldwide are designated Baby Friendly (9/2013)

- 6.9% of US birth hospitals are certified Baby Friendly
  - 167 / 2420 birth hospitals in the U.S (9/2013)
  - 2.9% in 2007

- In Minnesota 2/92 birth hospitals are Baby Friendly certified
  - Mayo-Austin Medical Center
    - Jan 2011
  - U of MN Amplatz Children’s Hospital
    - Feb 2012
Baby Friendly Hospitals
Racial Disparity in Breastfeeding Rates

Reduced at Baby Friendly Hospitals

• Disparity in BF rates in low income and women of color – many years
• Biased view that there is a “cultural” reason
  • “that’s their culture, they always supplement”
  • “they don’t breastfeed”
• The Research says otherwise....
• Babies born in Baby Friendly Hospitals have higher BF rates across all income and ethnicities **

**Merewood, et al J Hum Lact 2007 May; 23(2) and Merewood, et al Pediatrics 2005 Sep;116(3)
Baby Friendly reduces Racial Disparity

Figure 3. Exclusive Breastfeeding by Ethnicity; All California Hospitals Versus Only Baby-Friendly Hospitals (2009)

Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data (Form D), 2009.
Baby Friendly Costs

- $35 more per delivery in Baby Friendly Hospital

- Cost Comparison: Nursery plus labor-and-delivery
  - $2205 per delivery in Baby-Friendly sites
  - $2170 per delivery for non-Baby-Friendly matched pair **

- Formula costs- Fully formula fed baby $2.50 per day
  - if increase # breastfed babies .... cost is less
  - Pay for formula like other medical supplies

- ROI ..... return on investment with better quality health outcomes and improved marketing for hospitals

Cost comparison of baby friendly and non-baby friendly hospitals in the United States.**
# Fees for Baby Friendly Program

## Fee Schedule

Effective 7/1/2013 thru 6/30/2014

<table>
<thead>
<tr>
<th>Service</th>
<th>HOSPITALS &gt; 500 births/yr</th>
<th>BIRTH CENTERS &amp; HOSPITALS &lt; 500 births/yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discovery</td>
<td>$0 Fee</td>
<td>$0 Fee</td>
</tr>
<tr>
<td>Development</td>
<td>$3,300</td>
<td>$2,500</td>
</tr>
<tr>
<td>Dissemination</td>
<td>$3,600</td>
<td>$2,700</td>
</tr>
<tr>
<td>Designation</td>
<td>$3,900</td>
<td>$2,900</td>
</tr>
<tr>
<td>Annual Fee (after designation)</td>
<td>$1,250/yr</td>
<td>$1,250/yr</td>
</tr>
</tbody>
</table>
Effects of Baby Friendly:

exclusive breastfeeding rates


Philip et al. PEDIATRICS 2001, 108:677-681

**Britain**

- Before: 41
- After: 77

**Boston Medical Center**

- Before: 5
- After: 33.5
Exclusive Breastfeeding Rates at discharge: before and after BFHI

2007: 41%
2008: 41%
2009: 41%
2011: 71%

After BFHI

Exclusive BF rate
Effect of Baby Friendly: Long Term Rates

Breastfeeding Rates after discharge
U of M Amplatz

- Exclusive BF 3 mo
- Exclusive BF 6 mo
- Any BF 12 mo

Before BFHI
After BFHI
Why Baby Friendly?

• Improve breastfeeding rates
  • very fast and effective Quality Improvement
• Provides clinical excellence/best practice Maternity Care
• Improve Joint Commission exclusive breastfeeding rate
  • Perinatal Core Measurement report
• Improve health outcomes – babies & moms
  • Babies less ... obesity, asthma, diabetes, pneumonia, ear infections
  • Moms less ... breast & ovarian cancer
• Patient / Family centered care
• Increase patient satisfaction
  • moms want breastfeeding support
• Prestige with designation
• Increase market share and community reputation
How to Get started?
Tips for Getting Started

• It takes a Village .... to go Baby Friendly
• Find folks to keep you company
• Establish a task force or workgroup
• Work on Infant Feeding Policy
• Get Leadership support
  – Get beyond “no”..... keep asking
  – Need CEO letter of support

• Register with Baby Friendly USA
• Collect baseline data
• Strategize- one step at a time vs all at once
• Get staff on board – nurses and MDs - find champions
The 4-D Pathway to Baby-Friendly Designation
The 4-D Pathway to Baby-Friendly™ Designation

**Dissemination**
- Collect Data
  - Bridge to Designation Phase Dissemination Certificate of Completion
- Train Staff

**Designation**
- Implement QI Plan
- Readiness Interview
- On-Site Assessment

**Development**
- Data Collection Plan
- Prenatal/Postpartum Teaching Plans
- Staff Training Curriculum
- Hospital Breastfeeding Policy
- BFHI Work Plan
- BF Committee Or Task Force

**Discovery**
- Register with Baby-Friendly USA
- Obtain CEO Support Letter
- Complete Self Appraisal Tool

For more information go to www.babyfriendlyusa.org
1. Discovery Phase

- Register with Baby-Friendly USA
  http://www.babyfriendlyusa.org/

- Hospital CEO letter of support

- Complete the self appraisal tool from BFUSA – identify gaps and create “to do” list

- Registry of Intent Award
2. Development Phase

- Form a Baby-Friendly Task Force
- Develop a BFHI work plan
- Write a hospital breastfeeding policy
- Develop a staff training curriculum
- Create Pt education teaching plans
- Put together a data collection plan
3. Dissemination Phase:

<table>
<thead>
<tr>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement the plans you developed</td>
</tr>
<tr>
<td>Train staff on how to implement the breastfeeding policies</td>
</tr>
<tr>
<td>Collect data on breastfeeding rates – Joint Commission rates will count</td>
</tr>
<tr>
<td>You are ready for Designation Phase</td>
</tr>
</tbody>
</table>
4. Designation Phase

• Implement quality assurance program. Regular review of policies and breastfeeding rates
• Readiness phone interview with Baby-Friendly USA staff.
• On-site assessment with Baby-Friendly USA staff-
  - interviews with managers, patients and staff
  - Must pass 80% of criteria
  - Documentation is key (if exception)
  - Baby Friendly Hospital Designation if pass
  - Annual QI project
  - Reassessment every 5 years
Another way to look at the 4 Ds

• Data Collection
• Documentation
• Determination
• “Do it”!
MYTH- BUSTING and Baby Friendly
Baby Friendly Hospital Initiative: MYTHS

• “You are going to “force” moms to breastfeed and they’ll feel guilty if they don’t”

• “You’re going to make moms pay for formula?”

• “Formula fed families will be discriminated against”

• “It is a cost cutting measure to get rid of the nursery”

• “You are leaving out the moms- what about being Mother Friendly?”

• “…the moms are so exhausted, how can you MAKE them take care of their baby and not use the nursery?”
Ways to Address the Myths

• Three Step “Counseling” Approach
  – Open ended ?s ; Affirm ; Educate

  • “ What have you heard about Baby Friendly? “
  • “ Many people are concerned about...”
  • “ Actually, the Baby Friendly Hospital Initiative ....”

• Educate about the facts
  • BFHI research
  • Data from your hospital
  • The Ten Steps

• Consistent messages
  • Talking Points
  • Scripts for staff

• Create “Tag Line”
Scripts for staff about Rooming-In

- Emphasize culture of doctors and nurses “coming to the bedside” to provide care
- “this is what we do here”- this is our routine and this is why....
- ”we do not have a well baby nursery”
- “this is the family room- it is the room for mom AND baby”
- Only “sick” babies go to the “Medical Observation Unit”
- “Let me help you get some rest with your baby right here next to you” (in bassinette)
- “your baby will sleep better right next to you”
- “You learn how to care for your baby before you go home”
“The Ten Steps”: a new twist

- “The Ten Steps to Support Mother’s (Parents’) Infant Feeding Choice”

- “The Ten Steps to Exclusive Breastfeeding”
  - AKA “The Ten Steps to Impress The Joint Commission”
BABY FRIENDLY HOSPITAL INITIATIVE:

Baby Friendly,

Mother Friendly,

Family Friendly

...helping ALL families reach their infant feeding goals
It takes a Village...to Go Baby Friendly
Lessons Learned from the Field