Baby Friendly Hospital Initiative

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I have no conflict of interest and nothing to declare.

"I have nothing to declare except my genius."
- Attributed to Oscar Wilde
History of BFHI

- Declining worldwide breastfeeding rates prompted the creation of the 10 Steps to Successful Breastfeeding in 1989
History

- These 10 Steps form the basis of the Baby Friendly Hospital Initiative and address a major factor in the erosion of breastfeeding-maternity care practices that interfere with or are ineffective in supporting breastfeeding.

### TABLE 1
10 steps to successful breastfeeding in the hospital*

The nursery staff should assist the mothers of your patients under a policy that includes the following guidelines:

- Maintain a written breastfeeding policy that is routinely communicated to all health-care staff
- Train all health-care staff in skills necessary to implement this policy
- Inform all pregnant women about the benefits and management of breastfeeding
- Help mothers initiate breastfeeding within one hour of birth
- Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants
- Give newborn infants no food or drink other than breast milk, unless medically indicated
- Practice “rooming-in”—allow mothers and infants to remain together 24 hours a day
- Encourage unrestricted breastfeeding
- Give no pacifiers or artificial nipples to breastfeeding infants
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

*The Baby Friendly Hospital Initiative promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. These steps are for hospitals in the United States.

Source: BFUSA, 2004, all rights reserved, used with permission, www.babyfriendlyusa.org/eng/10steps.html
What are the 10 Steps

- A series of best practice standards describing a pattern of care where commonly found practices harmful to breastfeeding are replaced with evidence based practices proven to improve breastfeeding outcomes

BFHI Stats

- There are 292 Baby Friendly hospitals in the US (www.babyfriendlyusa.org)
- 14.31% of babies are born in a BFHI certified hospital or birthing center
  - In 2007, only 2.9% of births occurred in Baby Friendly facilities
- The Healthy People 2020 goal is 8.46% of births occurring in Baby Friendly facilities - which has been achieved!!!
- 7 designated hospitals in Minnesota
### Percentage of hospitals using the Ten Steps to Successful Breastfeeding

<table>
<thead>
<tr>
<th>STEPS</th>
<th>2007</th>
<th>2013</th>
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<tbody>
<tr>
<td>1 Model breastfeeding policy</td>
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<td>2 Staff competency assessment</td>
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<tr>
<td>3 Prenatal breastfeeding education</td>
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<td>4 Early initiation of breastfeeding</td>
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<td>5 Teach breastfeeding techniques</td>
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<td>6 Limit non-breast milk feeds</td>
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<td>7 Rooming-in</td>
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<td>8 Teach feeding cues</td>
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<td>9 Limit use of pacifiers</td>
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<td>10 Post-discharge support</td>
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**SOURCE:** CDC’s Maternity Practices in Infant Nutrition and Care Survey.
Where’s the Evidence?


- Impact of breastfeeding on health outcomes has been shown to be so far superior to formula feeding that it is not a question of whether infants should be breastfed but how best to assure a successful breastfeeding experience.
- Improved maternity care practices are fundamental and act as a prerequisite to raising exclusive breastfeeding rates and duration.
- Institutional changes in hospital practices are effective in ↑both initiation & duration of breastfeeding
Study assessed the impact of the absence of 5 of the 10 steps on breastfeeding termination prior to 6 weeks:
- Late initiation of breastfeeding, no rooming-in, use of supplements, not feeding on demand, use of pacifiers
- 7% of 1085 women experienced all 5 of the steps studied

Strongest risk factors for early termination were late breastfeeding initiation and supplementing the baby

Compared with mothers experiencing all 5 steps, mothers experiencing none were 8 times more likely to stop breastfeeding early
Researchers at Boston Medical Center, the nation’s 22nd Baby-Friendly hospital, have reported that during the implementation of the BFHI, breastfeeding rates rose from 58 percent to 87 percent, including an increase among US-born African-American mothers from 34 percent to 74 percent in 1999.

A large randomized controlled trial (PROBIT) was conducted in the Republic of Belarus. The PROBIT trial examined the outcome of implementation of the Ten Steps to Successful Breastfeeding in thirty-one Belarussian maternity units and clinics. Infant health outcomes were tracked for one year. Infants born in the intervention sites were significantly more likely than control infants to be breastfed to any degree at 12 months, were more likely to be exclusively breastfed at 3 months and 6 months, and had a significant reduction in the risk of 1 or more gastrointestinal tract infections and of atopic eczema.

The difference in exclusive breastfeeding rates at 3 mo between BFHI and controls was ~7 fold

A perceived neutral attitude from the hospital staff is related to not breastfeeding beyond 6 weeks, especially among mothers who prenatally intended to breastfeed for only a short time.

Is it effective?

  - Among mothers with lower education, the BFHI increased breastfeeding initiation by 8.6 percentage points and, independently, each additional breastfeeding practice was associated with an average increase in breastfeeding initiation of 16.2 percentage points.
Is BFHI Cost Effective?

- The cost effectiveness of BFHI is comparable to the cost-effectiveness of immunizations and short term tuberculosis treatment.

Opportunities for change in hospitals

- Provide current evidence-based care like all other units in the hospital
- Joint Commission perinatal care core measure requirements
  - Exclusive breastmilk feeding
- CDC’s mPINC survey

“The secret of change is to focus all of your energy, not on fighting the old, but on building the new.”
— Socrates
STAGES OF CHANGE

pre-contemplation

I don't want to

I may try

I've made a new habit

maintenance

contemplation

I'm making changes

action

preparation

I will try

RELAPSE

CHANGE
Moving towards acceptance
Myths About Baby Friendly

- Mothers will be forced to breastfeed
- Babies can’t have bottles
- It’s too expensive
- We can’t buy formula
- It will make bottle-feeding moms feel guilty
- We’re supposed to be neutral on infant feeding
Purchasing Formula

- Survey how many bottles are actually used for feeding babies
- Do not count all of the free products formula companies provide as part of the formula cost (such as diaper bags)
- Do not count the bottles given to mothers at discharge
- Do not count the bottles given to staff or employees
- Use a price of $0.15 to $0.20 per bottle
Calculating the cost

- 140 births/mo = 1680 births/year
- Breastfeeding rate of 64%
- 604 bottle-feeding mothers
- 453 babies; 12 bottles/2 days x 453 = 5436 bottles/year
- 151 cesarean bottle-feeding mothers
  - 18 bottles/3 days x 151 = 2718 bottles
- 8254 bottles x $.20 = $1630.00
- Supplementation of breastfed babies
  - 50% x 1075 = 537 supplementing mothers using 4 bottles = 2148 bottles = $430
- $2060.00
Concerns

- Mothers won’t come here if they can’t get their free discharge bag
- Does this mean we are baby-unfriendly
- Why bother-the new formulas are just as good as breast milk
More Concerns

- We don’t need to change, things are just fine
- Press Ganey surveys will be unfavorable
- Mothers want or need to.... (rest, have visitors, use pacifiers, receive gifts, use bottles)
More Concerns

- Our population doesn’t breastfeed
- Our population wants to breastfeed and bottle-feed
- Administration thinks it’s a waste of time
- How dare you say we’ve been doing it wrong for 30 years!
Facilitators and barriers to staff acceptance of BFHI

**Barriers**

- Perception of “mother unfriendly” (punitive)
- Imposing or forcing mothers to breastfeed
- Increases staff workload
- Rationalizing/blaming
- Idealistic not practical
- Daunting task to train and write policy
- Takes too much time (staffing and spatial constraints)

**Facilitating beliefs**

- Healthier community
- Key strategy to improve breastfeeding rates and change cultural perspectives
- Provides clear direction for staff and helps staff become better at what they do
- Enhances staff confidence
- Ensures consistency
What is Owed to the Patient? What is our Ethical Duty?

- Beneficence: act for the benefit of the patient
  - Paternalism
  - Avoiding the provision of information relative to the side effects or risks of infant formula because it might make the mother feel guilty
  - Demonstrates an abject lack of respect for women, who do not need to be protected from the outcomes of their decisions

- Veracity: based on respect for the patient, it is the moral obligation to provide complete and accurate information to the patient
Ethical Duty to the Patient

- **Fidelity**: a relationship based on trust and confidence
  - Conflicts of fidelity include allegiance to colleagues, institutions, corporations, or the state as well as financial conflicts of interest

- **Non-maleficence**
  - Physical, mental, emotional harm
  - Not imposing the RISK for harm

- **Autonomy**
  - Independence from controlling influences
  - Information disclosure
  - The heart of informed consent
What’s In It for Me and the Hospital

- **Quality improvement**: many of the ten steps are easily adaptable as QI projects
- **Cost containment**: increased breastfeeding rates can have impact on many health care costs
  - Emergency department visits
  - Insurers (preferential referral to Baby Friendly hospitals)
    - Increased reimbursement
    - Pay for performance
What’s In it for Us?

- **PR/marketing:** families who feel adequately supported during the vulnerable postpartum days can speak powerfully for a birth facility

- **Prestige:** the receipt of this international award is an achievement to celebrate
What’s in it for us?

- Deliver patient-centered care
- Improve health outcomes for mothers and babies
- Improve patient satisfaction
- Improve m-PINC scores rated by the Centers for Disease Control (CDC)
- Meet Joint Commission maternity care standards for exclusive breastmilk feeding
What is the mPINC Survey?
The Maternity Practices in Infant Nutrition and Care (mPINC) Survey is a national survey from the Centers for Disease Control and Prevention (CDC) that assesses infant feeding care processes, policies, and staffing expectations in maternity care settings.

What is in this report?
This report summarizes results from all Minnesota facilities that participated in the 2013 mPINC Survey and identifies opportunities to improve mother-baby care at hospitals and birth centers and related health outcomes throughout Minnesota.

Who participates in the mPINC survey?
All hospitals with maternity services and all free-standing birth centers in the United States are invited to participate in CDC’s mPINC survey every two years.

Minnesota’s mPINC Score: 77
In Minnesota, 92% of 95 eligible facilities participated in CDC’s 2013 mPINC Survey.

Minnesota Highlights: Strengths
- **Availability of Prenatal Breastfeeding Instruction**
  Most facilities (94%) in Minnesota include breastfeeding education as a routine element of their prenatal classes.
  Pre-natal education about breastfeeding is important because it provides mothers with a better understanding of the benefits and requirements of breastfeeding, resulting in improved breastfeeding rates.

- **Documentation of Mothers' Feeding Decisions**
  Staff at 99% of facilities in Minnesota consistently ask about and record mothers' infant feeding decisions.
  Standard documentation of infant feeding decisions is important to adequately support maternal choice.

Minnesota Highlights: Opportunities for Improvement
- **Appropriate Use of Breastfeeding Supplements**
  Only 44% of facilities in Minnesota adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.
  The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) Guidelines for Prenatal Care recommend against routine supplementation because breastfeeding with formula and/or water makes infants more likely to receive formula at home and stop breastfeeding prematurely.

- **Inclusion of Model Breastfeeding Policy Elements**
  Only 20% of facilities in Minnesota have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).
  The ABM model breastfeeding policy elements are the result of extensive research on best practices to improve breastfeeding outcomes. Facility policies determine the nature of care that is available to patients. Facilities with comprehensive policies consistently have the highest rates of exclusive breastfeeding regardless of patient population characteristics such as ethnicity, income, and payer status.

- **Adequate Assessment of Staff Competency**
  Only 43% of facilities in Minnesota annually assess staff competency for basic breastfeeding management and support.
  Implementing comprehensive assessment of staff training and skills for basic breastfeeding management and support establishes the foundation for quality infant feeding care. Adequate training and skills assessment are critical to ensure that mothers and infants receive care that is consistent, evidence-based, and appropriate.

- **Initiation of Mother and Infant Skin-to-Skin Care**
  Only 68% of facilities in Minnesota initiate skin-to-skin care upon delivery.
  Upon delivery, the newborn should be placed skin-to-skin with the mother and allowed uninterrupted time to initiate and establish breastfeeding, in order to improve infant health outcomes and reduce time of infants' exposure to non-nutritive sucking.
Breastfeeding is a public health priority.

Breastfeeding is associated with decreased risk for infant morbidity and mortality as well as maternal morbidity, and provides optimal infant nutrition. Healthy People 2020 establishes breastfeeding initiation, continuation, and exclusivity as national priorities.

Changes in maternity care practices improve breastfeeding rates.

There are many opportunities to protect, promote, and support breastfeeding in Minnesota. Opportunities such as those listed below can help Minnesota bring ideal maternity care practices to all Minnesota hospitals.

Change opportunities:
- Examine Minnesota regulations for maternity facilities and evaluate their evidence base.
- Sponsor a Minnesota-wide summit of key decision-making staff at maternity facilities to highlight the importance of evidence-based practices for breastfeeding.
- Encourage and support hospital staff across Minnesota to be trained in providing care that supports mothers to breastfeed.
- Establish links among maternity facilities and community breastfeeding support networks in Minnesota.
- Implement evidence-based practices in medical care settings across Minnesota that support mothers' efforts to breastfeed.
- Integrate maternity care into related hospital-wide Quality Improvement efforts across Minnesota.
- Promote utilization of the Joint Commission's Perinatal Care Core Measure Set including exclusive breast milk feeding at hospital discharge in Minnesota hospital data collection systems.

Minnesota's 2013 Survey Results

<table>
<thead>
<tr>
<th>Minnesota's State mPINC Score</th>
<th>Minnesota's Rank (out of 77)</th>
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<tbody>
<tr>
<td>83</td>
<td>21</td>
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</table>

### Labor and Delivery Care
- Initial skin-to-skin contact is at least 30 min with 1 hour (vaginal births): 68%
- Initial breastfeeding opportunity is within 1 hour (vaginal births): 68%
- Initial breastfeeding opportunity is within 1 hour (cesarean births): 69%
- Routine procedures are performed skin-to-skin: 45%

### Feeding of Breastfed Infants
- Initial feeding is breast milk (vaginal births): 82%
- Initial feeding is breast milk (cesarean births): 82%
- Supplementary feedings to breastfeeding infants are care: 44%
- Water and glucose water are not used: 80%

### Breastfeeding Assistance
- Infant feeding decision is documented in the patient chart: 98%
- Staff provide breastfeeding advice & instructions to patients: 90%
- Staff track breastfeeding uses to patients: 79%
- Staff track patients not to limit sucking time: 59%
- Staff directly observe & assist breastfeeding: 84%
- Staff use a standardized feeding assessment tool: 83%
- Staff rarely provide patients to breastfeeding infants: 51%

### Contact Between Mother and Infant
- Mother-infant pairs are not separated for postpartum transition: 87%
- Mother-infant pairs remain at night: 86%
- Mother-infant pairs are not separated during the hospital stay: 39%
- Infant procedures, assessment, and care are in the patient room: 5%
- Non-breastfeeding infants are brought to mothers at night for feeding: 92%

### Facility Discharge Care
- Staff provide appropriate discharge planning (meds & other maternal support): 54%
- Discharge plan containing infant formula samples and marketing products are not given to breastfeeding patients: 78%

### Staff Training
- New staff receive appropriate breastfeeding education: 12%
- Current staff receive appropriate breastfeeding education: 12%
- Staff received breastfeeding education in the past year: 55%
- Assessment of staff competency in breastfeeding management & support is at least annual: 43%

### Structural & Organizational Aspects of Care Delivery
- Breastfeeding policy includes all 10 policy elements: 20%
- Breastfeeding policy is effectively communicated: 74%
- Facility documents infant feeding rates in patient population: 63%
- Facility provides breastfeeding support to employees: 58%
- Facility does not receive infant formula free of charge: 46%
- Breastfeeding is included in printed patient education: 94%
- Facility has a designated staff member responsible for coordination of lactation care: 72%

Questions about the mPINC survey?
The 4D Pathway to Baby-Friendly Designation

**Dissemination**
- Collect Data
- Train Staff

**Data Collection Plan**
- Bridge to Dissemination Phase - Development Certificate of Completion

**Prenatal/Postpartum Teaching Plans**
- Implement QI Plan

**Staff Training Plan**
- Readiness Interview
- On-Site Assessment

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

**BFHI Work Plan**
- BF Committee or Task Force

**Hospital Breastfeeding Policy**

© Baby-Friendly USA, Inc. 2010
Everyone has a role!

- Form a hospital collaborative
- What can you contribute to creating a Baby Friendly hospital?
  - Become engaged in the process
  - Serve on a committee or task force
  - Educate mothers and colleagues
Hospital collaborative

- Statewide Quality Improvement collaborative, led by the Massachusetts Breastfeeding Coalition (MBC) and focused on breastfeeding-related maternity care practices
- 5 stakeholders from each hospital including people who have been undecided about implementing change
- 23 hospitals meet q 6 weeks at rotating hospital sites

- Discuss selected issues and share solutions and ideas
- Post documents, policies, handouts for sharing on website
- Share data collection tools
- Have a call in number for those who cannot attend meetings

- [http://massbreastfeeding.org/providers/collaborative/](http://massbreastfeeding.org/providers/collaborative/)
Massachusetts Mother Baby Summit

- Annual day long workshop with hospital stakeholders
- Conversation Cafes
- Also presented in Michigan, Louisiana, New Mexico, Pennsylvania, and West Virginia
- http://motherbabysummit.com
3 Minnesota Hospital Summits and more to come!

- Sharing the journey!
- Hospital leaders meet to share and improve maternity care practices relative to breastfeeding
- Watch for the 2016 hospital summit and urge your hospital to make plans to attend
Becoming Baby-Friendly: Practical Solutions Toolkit

- Overview
- Step 1 - Have a Written Breastfeeding Policy
- Step 2 - Train All Health Care Staff
- Step 3 - Inform All Pregnant Women about Breastfeeding
- Step 4 - Help Mothers Initiate Breastfeeding within One Hour of Birth
- Step 5 - Show Mothers How to Breastfeed
- Step 6 - Practice Exclusive Breastfeeding
- Step 7 - Practice Rooming-In
- Step 8 - Encourage Breastfeeding On-Demand
- Step 9 - Give No Artificial Teats or Pacifiers
- Step 10 - Refer Mothers to Breastfeeding Support at Discharge

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<th>Product</th>
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<th>Average Hospital Discount</th>
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Staff training

- Trainings can be incorporated into the rhythms of the unit by including content in nursing rounds, staff meetings and on-the-job training when appropriate.
- Training resources can be made available in employee break rooms and through a lending library so that staff can access the materials when they have down time.
- Prior training and knowledge, verified through assessment, can be counted toward training requirements.

- Journal clubs
- You Tube videos (hand expression, proper latch, etc)
- Clinical skill fairs
- Apps
- Scripting for consistency
- Make it fun and interesting
Competency checklist

Breastfeeding Clinical Education Tool

Step 5

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

Standard:
All mothers will be shown manual expression, positioning for breastfeeding, and proper latch within 6 hours of birth. Any mom who is unable to breastfeed within 6 hours will be provided with an electric breastpump and instructed in use.

Activities:
Demonstrate Hand Expression:

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Minnesota Department of Health supports breastfeeding!

MDH

Minnesota Department of Health

Please help us improve our website by taking the MDH Web User Survey [https://survey.yovici.com/se.ashx?s=56206EE3709335D21].

Breastfeeding Friendly Maternity Centers
Hospital maternity care centers have a new way to be recognized for their leadership in promoting and supporting breastfeeding.

NEW! Become a Breastfeeding Friendly Maternity Center
The new Minnesota Breastfeeding Friendly Maternity Center Designation Program recognizes maternity centers statewide that have taken steps toward implementing the Ten Steps to Successful Breastfeeding and achieving Baby-Friendly designation.

The journey to accomplishing the Ten Steps to Successful Breastfeeding, as defined by the World Health Organization [http://www.who.int/maternal_child_adolescent/documents/9241591544/en/] and Baby-Friendly USA [http://www.babyfriendlyusa.org/], is a unique and incremental process for each maternity center to promote and support breastfeeding and best infant feeding practices.

News Release
August 8, 2014

Minnesota birth centers and hospitals urged to take ten steps to support breastfeeding
Hospital Breastfeeding Kit

- Breastfeeding plan
- Crib card-free from CDC
- Breastfeeding booklet
- Expressed colostrum (if diabetic or allergic)
- Clean plastic spoon
- List of what to know prior to discharge
- List for securing help
- Incentive such as a nursing bra, sling, hand pump, etc
- Phone number of doctor for 48-72 hour appointment
What Mothers Need to Know Prior to Discharge

- I can position my baby correctly at both breasts
- It does not hurt once the baby starts sucking
- The baby can latch to each breast
- I can tell when the baby is swallowing milk
- I know how many times in 24 hours to feed the baby
- I know how long to feed the baby on each side
- I know when it is time to feed my baby
- I know the five feeding cues to use if my baby is sleepy
- I know how many diapers baby should have each day
- I know how to tell if my baby is jaundiced
What Mothers Need to Know Prior to Discharge

- I know how to tell if a disposable diaper is wet
- I know how to hand express my milk
- I know how much weight baby should gain weekly
- I know that artificial nipples and pacifiers can confuse my baby and have been shown other ways to feed him

- Someone will visit me a day or two after I get home, or....
- I will see my pediatrician or family doctor in two days
- I know when and who to call for help with nursing
Physicians and breastfeeding

- Targeting the message to OB and Ped offices
- Breastfeeding displays in waiting and exam rooms
- Breastfeeding reps just like the formula & pharmaceutical reps
- Lunch and learn with CMEs for physicians and CEs for staff (bring food)
- Food enhances receptivity of information
- Have a breastfeeding mom come to training as a show and tell
- Coffee mugs, lanyards, badge holders, pens, notepads, clipboards, wall calendars—all with breastfeeding messages
- Breastfeeding welcome here
- Financial benefits of having IBCLC on staff or shared among physician offices
- Grand rounds with breastfeeding topics,
- Mothers explaining what helped and what hindered them during hospital stay
Obstetricians and breastfeeding

- Frame their role as enabling women to achieve their own breastfeeding goals
- Emphasize autonomy in feeding decisions
- Help view breastfeeding promotion as an activity that does not undercut the mother’s decision whether and how long to breastfeed
- Focus on the evidence showing that the 10 Steps enables women to achieve their personal goals
- Non-evidence based maternity care can undermine a woman’s reproductive autonomy by derailing breastfeeding
- Can bill outside the global fee in the outpatient setting
- Avoid patients feeling abandoned after delivery
Gentle cesarean

- Early skin-to-skin in OR
- Slow delivery to mimic vaginal squeeze
- IV catheter, oximeter, BP cuff all on same non-dominant arm
- Electrocardiographic leads on the back
- Intraoperative BF
- Clear surgical drapes
- Soft music
Gentle cesarean
Family centered cesarean birth
Camann & Trainor. Anesthesia and Analgesia 2012;115:981-982
Quality Improvement
A Vehicle for Change

• Taken as a model from industry
• Also known as total quality improvement and continuous quality management
• Possible to create dramatic improvements in quality of care through systematic intervention (Lebov & Scott, 1992)
• Changes are data driven, eliminating emotional overtones
• Results in staff practices designed toward outcome of effectively nursing baby (Cadwell, 1997)
• Form an interdisciplinary committee
  – Ethics, Marketing, Corporate Compliance, and the challengers
• Assess your practices
  – Use BFHI assessment tool or mPINC survey
• Communicate what you are doing to inform & increase interest in the project
  – Newsletter
  – Email

• Value teamwork
  – Knight in shining armor is ineffective
  – Find a champion
• Engage administration
• Use evidence-based practice
• Create a poster to publicly and visually track progress
• Celebrate small victories
  – Positive encouragement & recognition for hard work
• Measure performance

• Use medical librarian for evidence gathering
• Break projects into small components to engage more staff
• Don’t point fingers or distribute blame
Sustaining change

- Unit-based team that monitors the changes
  - “How are we doing?”
- Periodic review of the 10 Steps
- Staff performance reviews
- Patient feedback
  - Surveys of patient satisfaction with breastfeeding support
- Monthly “Breastfeeding Champions” award

- Baby Friendly annual quality improvement project to maintain designation for 5 years
- Baby Friendly facilities are expected to conduct QI projects on 2 steps per year to be ready for on-site re-designation