Getting Started

• Convene a Task Force
  – Administration
    • CNO, Nurse Managers (clinic & inpatient)
  – Providers
    • OB/GYN, Pediatrics, Family Practice, Pharmacists
  – Nurses
    • Clinic and Inpatient
  – Marketing

Getting Started

• Identify who will take the lead
  – 1–2 people who will know ALL aspects of BFHI.
  – They will be the “point people” for others
  – 1 person who is the contact person for Baby-Friendly
  – These people keep the group going and on task!

Getting Started

• Develop a lactation program
  – Where will providers, nurses, and patients turn to for help?
  – It is helpful if providers and nurses can suggest inpatient and outpatient visits with the “lactation specialist”.
  – This will be a key factor in increasing the duration of breastfeeding for women.

Getting Started

• Divide and Conquer!
  – Create a policy
  – Education for staff
  – Current education practices (classes, visits, inpatient)
  – Apply for grants
Challenges

- **TIME & DOLLARS**
  - The biggest concern for most facilities
- **Opinions from staff**
  - Everyone is on board
  - You may not agree with it but you will practice it
- **Breaking habits or routines**
  - “this is the way we’ve always done it”

Successes

- **Seeing a positive difference right away**
  - Non-believers turned believers!
  - Patient satisfaction
- **The numbers**
  - Exclusive breastfeeding rates
  - Decrease in supplementation rates
- **People who have experienced care pre-Baby Friendly or elsewhere**
  - Rooming in, skin to skin, testing

Sustaining Changes

- **Ongoing education for staff**
  - Done yourself or through a company
- **Chart Audits**
  - Documentation by staff
- **Yearly info required by baby-Friendly**
  - They hold you accountable

People who have experienced care pre-Baby Friendly

- Nursery, pacifiers, formula
- **Documentation**
  - The patient has been educated
  - Reasons for supplementation
  - Reasons for interruption of skin to skin/rooming in
  - Educated about formula feeding
### Success in Numbers

<table>
<thead>
<tr>
<th>Measure</th>
<th>SJMC 2012</th>
<th>SJMC 2014</th>
<th>Healthy People 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>BF on Admission</td>
<td>74%</td>
<td>81%</td>
<td>N/A</td>
</tr>
<tr>
<td>Exclusive BF at Discharge (Of those that initiated BF)</td>
<td>79%</td>
<td>88%</td>
<td>N/A</td>
</tr>
<tr>
<td>Exclusive BF at 1 Month</td>
<td>42%</td>
<td>48%</td>
<td>N/A</td>
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<tr>
<td>Exclusive BF at 3 Months</td>
<td>26.5%</td>
<td>38.5%</td>
<td>46.2%</td>
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<tr>
<td>Exclusive BF at 6 Months</td>
<td>18%</td>
<td>26%</td>
<td>25.5%</td>
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<tr>
<td>Exclusive BF at 1 Year</td>
<td>1.5%</td>
<td>3.2%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

The Baby-Friendly process is very similar to labor....
At the time you are going through it you are nervous, the work is hard and the pain is intense, but at the end you look back and think...

*that wasn’t so bad!*