

Formula Management: Honoring the WHO Code

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WHO Code

- Enacted in 1981 by WHO
- The Code:
 - No advertising of breast-milk substitutes to the public & NO free samples to mothers.
 - No promotion of products in health-care facilities & No gifts to health workers.
 - No words or pictures idealizing artificial feeding
 - All information on artificial feeding, including the labels, should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding.
 - Unsuitable products, such as condensed milk, should not be promoted for babies.
 - All products should be of a high quality and take into account the climatic and storage conditions of the country where they are used.



Formula Purchase Criteria

- Organization should not accept free formula, bottles, and nipples from formula companies
 - Unethical, unfairly markets brands, against our vendor policy
- Pay “Fair Market” value
- Determining Fair Market value
 - Compare retail price to discounted organizational price on 3 baby items that you currently stock (Pampers diapers, Pampers wipes, formula)
 - Determine your discount percentage
 - Use that discount to purchase your formula

HCMC's Journey

- Met with Director of Women's & Children's Services and CNO-discussed vendor policy
 - Got the go-ahead to pursue with supply chain
- Determined fair market value
- Set up meeting with supply chain leadership
- Brought copies of WHO code regulations & hospital vendor policy



Estimating Costs

- Hennepin stats:
 - 2400 births
 - 90% breastfeeding initiation
 - 40% exclusive breastfeeding
 - Average annual formula usage
 - Total estimated annual costs: \$16,000-20,000



Suggestions for Decreasing Cost

- Investigate & understand your data:
 - Annual breastmilk substitute usage
 - Work to improve exclusive breastfeeding rates
 - Begin to pay with sustained improvement in rates
- Consider putting breastmilk substitutes in medication dispensing machines
 - Ensure substitutes are not given at discharge
 - Work with local WIC to ensure early availability of appointments for formula feeding families

Lessons Learned-Formula

- Be cautious when approaching formula representatives about purchasing formula
 - Inflate costs versus offer minimal costs
- Make organizational announcement of change
 - Anticipate questions
- Ensure leaders hold staff accountable



Banning the Bag

- Formula company discharge diaper bags
 - Contain formula samples, coupons, educational materials, and other marketing material
 - Cost companies around \$7 each, in turn they profit ~\$2000 for each family who is brand loyal



BanTheBags.org
Hospitals Should Market Health, and Nothing Else



Source: Massachusetts Breastfeeding Coalition Website:
<http://massbreastfeeding.org/providers/diaperBags.html>



HCMC's Bag Journey

- Planned for about 1 year-had to set a date
- Met with stakeholders-clinics, staff RNs, physicians, social workers, ED, WIC, etc
- Wrote policy
 - As of January 1, 2008 HCMC would no longer distribute formula company discharge bags or send formula home with families



HCMC Bag Journey continued...

- Determined process for low income families not able to quickly access WIC
 - SW met with family and determined need
 - With documented need, gave 4 ready to feed bottles
- Met with WIC and encouraged increased accessibility for appointments
 - WIC started offering same day, next day appointments
 - Stopped our SW assessment process
 - Assisted formula feeding families to get WIC appointments



Alternatives to the Bag



Lessons Learned-Bags

- January 1st came and went with very few issues
- Majority of push back came from resistant staff-culture is hard to overcome
 - “Babies will die” & “Our patients NEED it.”

Why are hospitals marketing baby formula?



Hospitals should market health, and nothing else.



Formula Workflow at HCMC

- Formula stored in nursery-not currently locked in Omnicell
- Formula only fed to breastfeeding babies if medically indicated or at mother's request
- Mother's request-informed decision making
 - Investigate reasoning, provide education and alternatives
 - Choice documented in medical record
 - Physiologically appropriate volumes given



Measuring Exclusive Breastfeeding

- Feedings documented in electronic health record in discrete data field
- Currently manual chart review
- Working with EHR team to develop reporting tools-will use for Joint Commission core measure

