Regions Hospital
Best Fed Beginnings

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Baby Friendly Hospital Initiative (BFHI)

• International hospital designation in maternity care, *e.g.* Magnet status
• Developed by UNICEF & WHO in 1991
• Gold standard for evidence-based BF care
• **Ten Steps** proven to improve BF rates
• Maternity care that emphasizes *best practice* in infant feeding
• Significant gap between evidence-based recommendations & actual practice
Best Fed Beginnings

- CDC & NICHQ recruited 90 hospitals nationwide; end goal BFHI designation
- 22 mo learning collaborative to lead the way as innovators in QI & maternity care
- Create a template for best practice in infant feeding for other hospitals to follow
- Cultural change in patterns of care in the hospital
Step 6

• Give NB infants no food or drink other than breast milk, unless medically indicated
• Mandates that hospitals pay fair market value for formula & feeding supplies
• Emphasizes helping parents make an *informed* decision re milk choice & supplementation
The number of Baby Friendly steps in place predicts risk of breastfeeding cessation

Steps measured:
- Early bf initiation
- Exclusive breastfeeding
- Rooming-in
- On-demand feedings
- No pacifiers
- Information provided

Percent of mothers who breastfed < 6 weeks

Number of Baby-Friendly steps mothers reported experiencing

(DiGirolamo et al., 2008)
Reducing supplemental feeds affects breastfeeding months later

Source: Nylander, et al. 1991
Formula Supplementation

• Hospital formula supplements associated w/
  – delayed onset of lactogenesis
  – Suboptimal BF practices
  – Perceived problems w/ BF during hospital stay
  – Undermining mom’s confidence that she *can* meet her child’s nutritional needs
  – Shorter duration of exclusive BF

• Hospital formula supplementation can wipe out all the other + benefits of the other Steps when looking @ odds of mothers achieving their exclusive BF intention
Almost all facilities receive their infant formula free of charge

This contradicts AMA policy recommendations and makes adherence to HACCP plans more difficult

Does your facility receive infant formula free of charge?

Yes, 82.0%

No, 16.0%

Don't know, 2.0%
Fair Market Value for Formula

• Director of Nursing at Regions met with materials management who then negotiated with formula companies
• Regions paying for Similac since 1-2012; Enfamil since 7-2012; hospital-wide
• Used middle tier payment structure initially
• Working towards more appropriate fair market value
Gift Bags

- Regions banned discharge gift bags with formula in 2009
- New gift bags collaborative effort between Dietary, Parking, Best Care Best Experience group
- Parking voucher, gift card to cafeteria, baby T-shirt, all in reusable bag
Informed Milk Choice

• Education re risks of formula supplementation begins prenatally
  – Benefits of breast milk
  – Best practice for BF support
  – Setting expectations for new parents

• Postpartum re-education if BF mother requests formula
  – Scripting for staff
  – Parental education re how to console infant
  – Predict feeding patterns for each day of life
Supplementation Policy

- Formula kept in locked cabinet in NBN unit
- Nurse documents in Epic
  - Education given to parent re supplementation risks
  - Reason for supplementation in dropdown list
- Supplementation w/ SNS, gavage, cup or finger feeding with dropper; teach mom method
- Provider order required for supplementation unless maternal request
Medical Indications for Supplementation in Term Infants

*from ABM clinical protocol #3*

- Maternal illness separating infant & mother
- Infant w/ inborn error of metabolism
- Infant who is unable to feed @ breast (congenital malformation, illness)
- Maternal medications contraindicating BF (check Hale or LactNet)
Possible Medical Indications for Supplementation in Term Infants

from ABM clinical protocol #3

• Asx hypoglycemia documented by serum BG unresponsive to frequent BF (Sx infants get IV Glc)
• Evidence of significant dehydration (>10% wt loss, high Na, poor feeding and outputs, lethargy) not improved after skilled & proper BF management
• Wt loss 8-10% w/ delayed lactogenesis (day 5 on)
• Delayed stooling or meconium still on day 5
• Poor milk transfer seen by outputs or wt pre/post nursing
Possible Medical Indications for Supplementation in Term Infants

from ABM clinical protocol #3

• Jaundice associated with starvation seen by poor wt gain & outputs despite appropriate intervention
• Bili levels > 20-25 mg/dL in otherwise thriving infant
• Intolerable pain in mother during readings unrelieved by skilled interventions
Documentation of EBF

• Every shift under Infant Feeding in Epic each nurse documents
  – If infant exclusive BF
  – If supplemented, then reason documented

• Real-time monitoring in daily report also of
  – S2S, if no reason why, timing
  – Rooming in
  – Education of parents by staff
  – Assistance & support with BF
  – Feeding on cue
Conclusion

• BF is an important public health issue.
• Most US hospitals fall FAR short of implementing evidence-based best practices so current US BF rates well below Healthy People 2010 goals.
• Ten Steps increase EBF by 30-40% & significantly increase BF duration rates as well.
We have the Steps to provide substantial lasting benefits for maternal & child health.

It starts with us.