

# Regions Hospital Best Fed Beginnings

Dr Teresa F Kovarik



**Regions Hospital®**

*HealthPartners Family of Care*

# 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

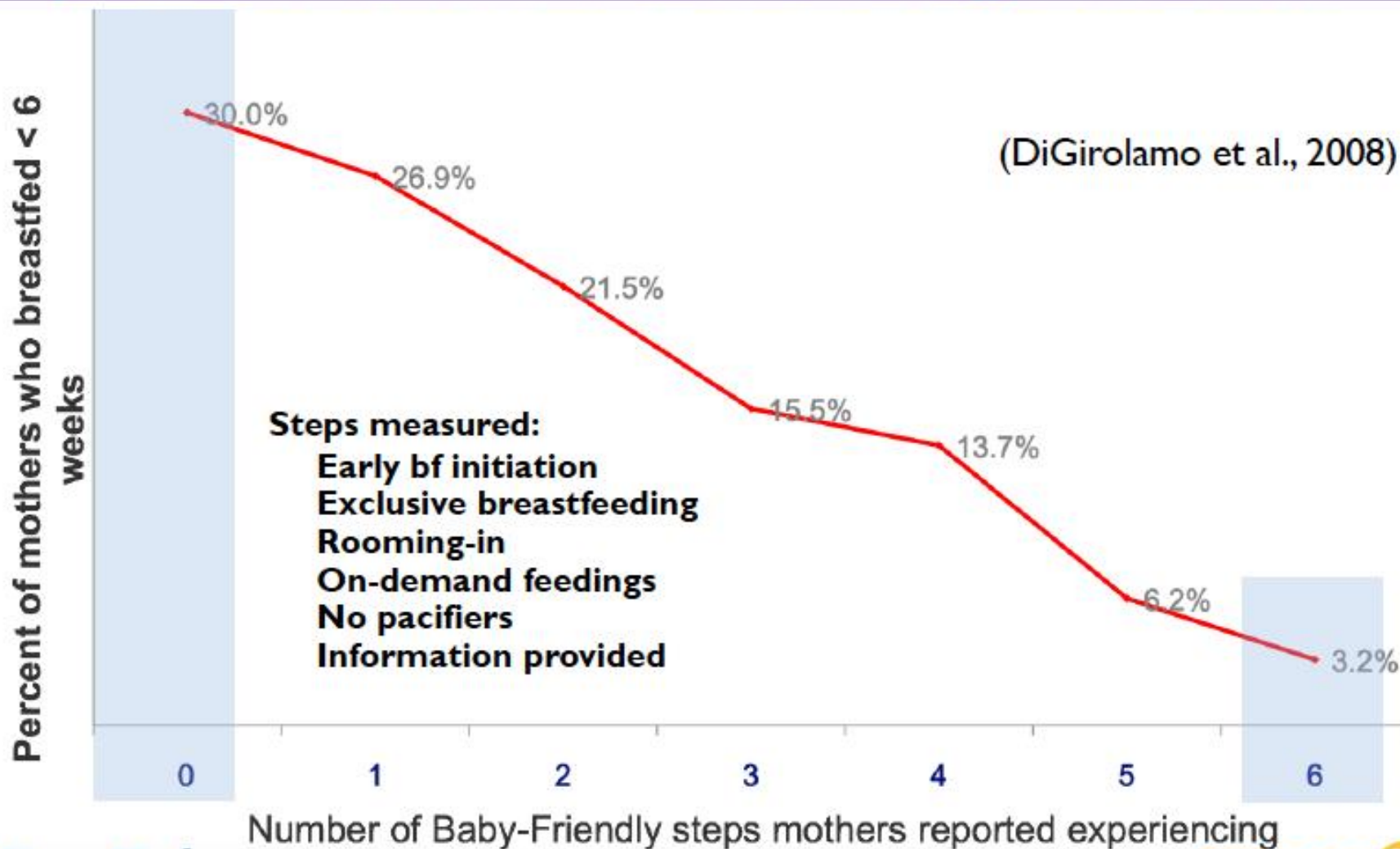
# Best Fed Beginnings

- 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

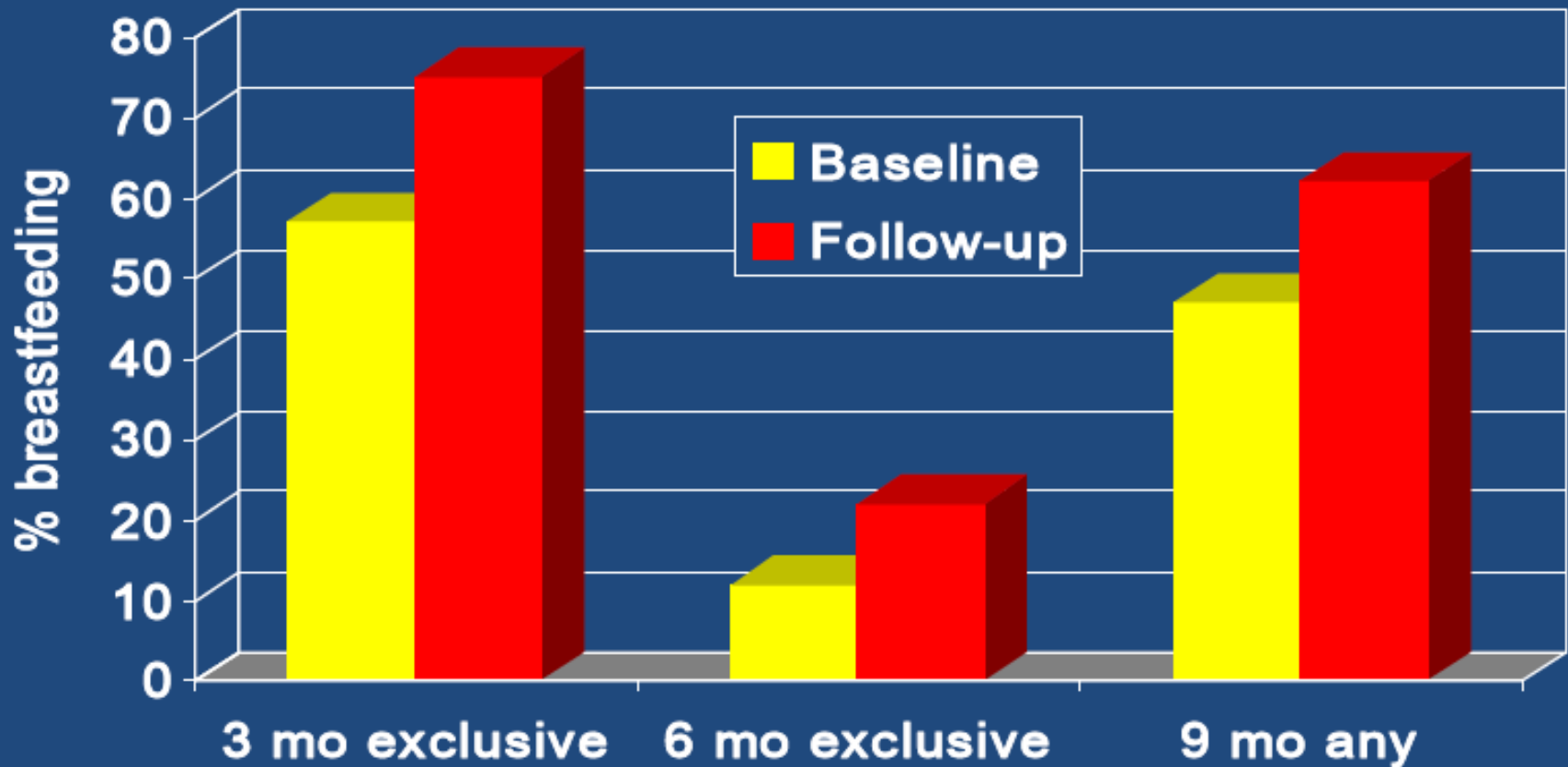
# Step 6

- 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



# Reducing supplemental feeds affects breastfeeding months later



Source: *Nylander, et al. 1991*

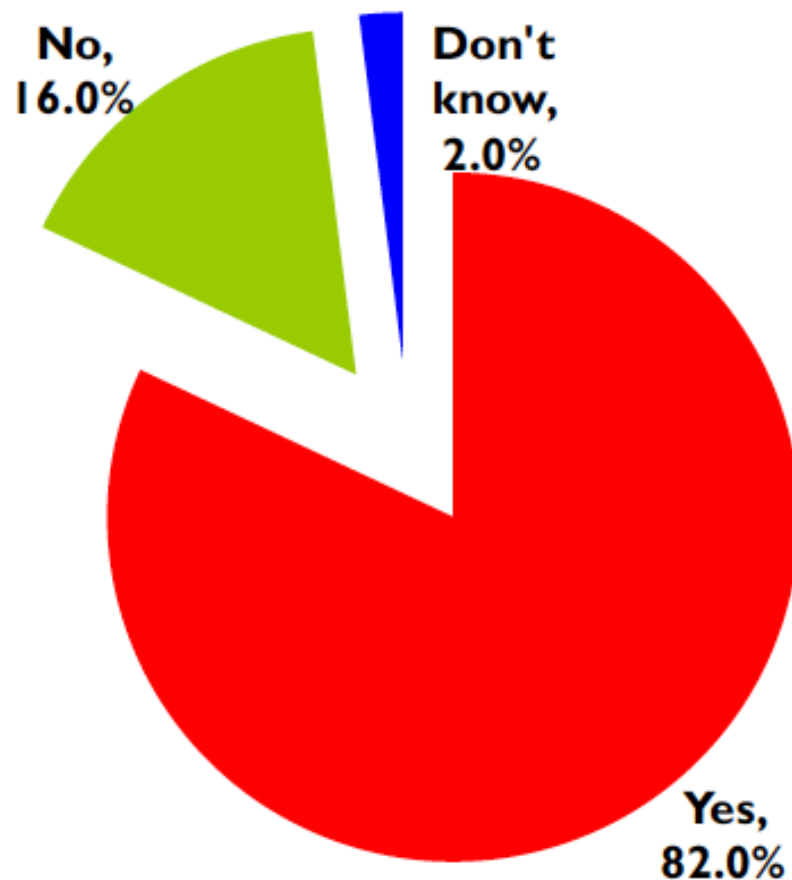
# Formula Supplementation

- 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?





# 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 feedings 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.