WHO Updates to the Ten Steps to Successful Breastfeeding: What That Means for Minnesota Hospitals

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Trish MacEnroe, BS, CDN, CLC
Disclosure

• This speaker discloses employment with Baby-Friendly USA, Inc.

• There are no other conflicts of interest.

• This presentation is not supported by any funds from companies that violate the International Code of Marketing of Breastmilk Substitutes.
Objectives

• Introduce new BFUSA Website and Logo

• Discuss the WHO/UNICEF Protecting Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services Guideline and Implementation Guidance

• Review the revised Ten Steps to Successful Breastfeeding

• Discuss the US Implementation Plans and Timelines

• Provide responses to some commonly asked questions
New BFUSA, Logo, Website and Pages
New Logo and Tag Line

Baby-Friendly USA

Upholding the Highest Standards of Infant Feeding Care.
Website:
www.babyfriendlyusa.org
Common Misunderstandings

Baby-Friendly USA believes it is our responsibility to present information accurately about the Baby-Friendly Hospital Initiative (BFHI). We owe this to the public and to the hospitals that have worked hard to earn the Baby-Friendly designation.

Therefore, we would like to set the record straight regarding some myths and misunderstandings we often hear or see on blogs and social media.

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>This Is Not True...</th>
<th>The Truth Is...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Feeding Method</td>
<td>“Baby-Friendly bases mothers on Self-Feeding.”</td>
<td>Our goal is for hospitals to create a supportive environment and provide optimal infant feeding care for every mother and baby. While health authorities agree that breastfeeding is normal, when nursing is not possible in certain situations, such as interruption or medical necessity, and that some mothers will decide to formula feed. Every mother has the right to her feeding choice, evidence-based information, and support from her community, so that she can decide what is best for her situation.</td>
</tr>
<tr>
<td></td>
<td>“Baby-Friendly takes away parents’ right to decide how to feed their infants.”</td>
<td>Our goal is to ensure mothers are fully informed of the importance of breastfeeding and to facilitate success for mothers who choose to breastfeed. Baby-Friendly designated hospitals are expected to treat all mothers with dignity and respect regardless of their infant feeding decision.</td>
</tr>
<tr>
<td>Infant Formula</td>
<td>“Baby-Friendly designated facilities are forbidden to use infant formula.”</td>
<td>Baby-Friendly designated facilities create an environment that is conducive to successful breastfeeding by offering an optimal level of care for infant feeding and...</td>
</tr>
</tbody>
</table>

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Safe Practices

Safety First

Patient safety is, of course, a critically important component of the Baby-Friendly Hospital Initiative (BFHI) and is of utmost concern to Baby-Friendly USA. Nothing is more important to BFHI than the safety and wellbeing of mothers and babies. Baby-Friendly practices are evidence-based and highly beneficial to both mother and baby when implemented properly.

Baby-Friendly protocols are designed to support Individualized care and appropriate clinical decision-making, not infallibility or rigid adherence at all cost. Healthcare providers are responsible for making clinical judgments on a case-by-case basis.

As part of training and evaluation criteria, BFHI participating facilities are responsible and accountable for ensuring that implementation of the BFHI is consistent with all of the safety protocols. Facilities can ensure all patients receive current, evidence-based care in a safe and culturally sensitive manner by having hardwired steps for breastfeeding management, verifying competencies, providing continuing education, and monitoring practices.

It is the responsibility of all healthcare providers to ensure procedures are sufficiently trained on the safe implementation of Baby-Friendly practices before they engage in the practices, as part of the resources for successful breastfeeding. The training would be provided during pre-service education, as recommended by the WHO and UNICEF in the 2009 BFHI Implementation Guidance, but it is not currently a component of many academic pre-service health programs in the US.

These practices in particular have been the subject of much of the discussion on safe practices in the BFHI implementation, training, and off-line with other addresses each section.

Supplementation

BFHI’s Guidelines and Evaluation Criteria clearly state that all practices associated with the Ten Steps to
New 4-D Pathway Graphic: Includes Sustainability of Practices

The 4-D Pathway to Baby-Friendly Designation
Designation Process

Getting Started

Your facility can make a commitment to improve infant feeding policies, practices, and procedures by embarking on the 4-D Pathway to Baby-Friendly designation. This program was designed to aid facilities in achieving the world-class Baby-Friendly designation. The method involves setting the high standards set by a team of global experts, while breaking the process down into manageable and achievable phases. Following the 4-D Pathway will assist facilities with implementation of the Baby-Friendly principles in a logical and efficient manner. The journey creates an environment that is supportive of breastfeeding or formula use by optimal infant feeding.

The 4-D Pathway is for all institutions, large and small, hospitals, for-profit and non-profit facilities, teaching hospitals, and hospitals at various stages of development in their breastfeeding education and support services, as well as birthing centers.

Facilities providing maternity care throughout the U.S. and Territories may earn the Baby-Friendly designation by successfully completing all 4 phases of the 4-D Pathway. Implementing the Guidance and Documentation for each phase is the assessment. The Baby-Friendly designation process requires verification of policies, procedures, action plans, quality improvement projects, staff training, and documentation verification, as well as a healthcare provider and an on-site steering panel. Upon successful completion of the process, as determined by the on-site assessment, the facility will be granted a license to use the Baby-Friendly certification mark.

What Are the Steps in the 4-D Pathway?

The 4-D Pathway is a tool for facilities to use to measure their progress along the journey to receive Baby-Friendly designation. To achieve the Baby-Friendly designation, facilities first register with Baby-Friendly USA, then complete all of the requirements in each of the four phases of the process. Ultimately, the facility

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Maintaining Designation

Baby-Friendly designation is an important part of the journey, but it is not the end point. The data collection, monitoring of practices and quality improvement activities are vital to ensure that the baby-friendly standards are maintained. facilities are responsible for ongoing adherence to the most current guidelines and evaluation criteria (CBE).

Baby-Friendly designation is conferred for a 5-year period. The 1st, 2nd, and 5th years post-designation are the Annual Quality Improvement (AQI) Phase. The 1st and 5th years post-designation are the Re-designation Phase. The 1st year is referred to as the “Designation” year and the 5th year is referred to as “Re-designation” year.

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Overview of the US BFHI and the 4-D Pathway
The Essence of BFHI

• “Breastfeeding is a vital component of:

  • realizing every child’s right to the highest attainable standard of health,

  • while respecting every mother’s right to make an informed decision about how to feed her baby,

  • based on complete, evidence-based information,

  • free from commercial interests, and

  • the necessary support to enable her to carry out her decision.”
Reverse long standing maternity care practices that supported a formula feeding culture.

Those practices include:

• Mother baby separation

• Early supplementation
BFHI Mission

By implementing practices that support breastfeeding

- Immediate Skin to Skin Care
- Early initiation of breastfeeding
- Keeping mothers and babies together throughout the hospital stay
- Supporting her with breastfeeding
What Is The BFHI?

• An accreditation program for maternity facilities that have created an optimal environment for appropriate infant feeding and mother-baby bonding

• An international program co-administered by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) in conjunction with national BFHI authorities
Accreditation Importance

• A status awarded to an organizations that has undergone a rigorous process of assessment by an independent body

• It certifies that the facility meets the Accradiator's brand and standard of service

• ACCREDITATION IS MARKETABLE

US Data

570 Designated Facilities

484 working towards designation

258 facilities in the Discovery Phase
34 facilities in the Development Phase
83 facilities in the Dissemination Phase
109 facilities in the Designation Phase

1,000,300 births  26% of US births

~2700 total birthing facilities in US

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Minnesota Data

• 12 Designated Facilities (as of 4/30/19)
  - 32.3% of MN Births
  - 22,156 MN Births

• 9 working towards designation (as of 4/30/19)
  - 6 facilities in the Discovery Phase
  - 1 facilities in the Development Phase
  - 1 facilities in the Dissemination Phase
  - 1 facilities in the Designation Phase in MN
<table>
<thead>
<tr>
<th>Country</th>
<th># Births in Country</th>
<th>% Births in BFHI Facilities</th>
<th># Births in BFHI Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>800,000</td>
<td>5.0%</td>
<td>40,000</td>
</tr>
<tr>
<td>Germany</td>
<td>715,000</td>
<td>19.6%</td>
<td>140,000</td>
</tr>
<tr>
<td>Italy</td>
<td>488,000</td>
<td>5.7%</td>
<td>27,816</td>
</tr>
<tr>
<td>Japan</td>
<td>1,004,250</td>
<td>4.0%</td>
<td>40,170</td>
</tr>
<tr>
<td>New Zealand</td>
<td>61,000</td>
<td>96.5%</td>
<td>58,865</td>
</tr>
<tr>
<td>Russia</td>
<td>1,800,000</td>
<td>21.0%</td>
<td>378,000</td>
</tr>
<tr>
<td>Spain</td>
<td>419,000</td>
<td>4.5%</td>
<td>18,855</td>
</tr>
<tr>
<td>Minnesota</td>
<td>68,584</td>
<td>32.3%</td>
<td>22,156</td>
</tr>
<tr>
<td>US</td>
<td>3,855,500</td>
<td>26%</td>
<td>1,000,300</td>
</tr>
</tbody>
</table>
Guidelines and Evaluation Criteria (GEC)

- Guideline - the standard of care to strive to achieve for all patients

- Criteria for Evaluation – the minimum standard that must be achieved in order to become designated as Baby-Friendly

- Describe the expectations for implementation of the Ten Steps to Successful Breastfeeding

- Always strive to achieve 100%
• The Guideline states “all mothers…”

• The Criteria for Evaluation states “80% will report…”

• Always strive to achieve 100%
Intentionally Broad Wording

- There are wide variations in facility structure and operations throughout the country

- The guidelines cannot address each facility’s specific situation
The Challenge

• Review the Guidelines and Evaluation Criteria (GEC)
• Consider the facility specific circumstances and how to implement the GEC in the context of:
  - Resources
    • Staffing
    • Physical plant
  - Facility circumstances
Form a Multi-Disciplinary Committee

- The Guidelines and Evaluation Criteria and Ten Steps to Successful Breastfeeding:
  - Contain multiple sub-steps
  - Impact many areas of the facility
  - Impact many disciplines within the facility
Form a Multi-Disciplinary Committee

Allows for

• A comprehensive view of the implementation of the Guidelines and Evaluation Criteria

• Division of the workload
The 4-D Pathway
The 4-D Pathway to Baby-Friendly Designation

**D1 Discovery**
- Register with Baby-Friendly USA
- Obtain CEO Support Letter
- Complete Self Appraisal and Facility Data

**D2 Development**
- Registry of Intent Award
- Multidisciplinary Committee
- BFHI Work Plan
- Development Phase Certificate of Completion
- Data Collection Plan
- Prenatal/Postpartum Teaching Plans
- Staff Training Plan
- Infant Feeding Policy

**D3 Dissemination**
- Train Staff
- Implement Plans, Policy and the International Code
- Collect Data
- Dissemination Phase Certificate of Completion

**D4 Designation**
- Implement QI Plan
- On-Site Assessment
- Readiness Interview

**Baby-Friendly USA**
www.babyfriendlyusa.org
Discovery Phase

- Information Packet
  - What is the BFHI
  - 10 Steps to Successful Breastfeeding
  - International Code of Marketing of Breastmilk Substitutes

- Self Appraisal Tool

- Sample CEO Support Letter
Development Phase

- Guidelines and Evaluation Criteria
- Model Action Plans
- Fair Market Price Information
- Policy development tool
- Policy check off tool
- Community survey
- Patient education planning template
Development Phase

- Staff training requirements
- Staff training planning template
- Staff education documentation tool
- Data Collection planning template
Development Phase - BFUSA Support

- Review and provide feedback:
  - Action Plans
  - Infant feeding policy
  - Staff training plan
  - Patient education plan
  - Data collection plan
Dissemination Phase

Audit tools

• Code implementation
• Policy implementation
• Staff competency
• Staff knowledge
• Training implementation
• Patient knowledge
• Infant Feeding Outcomes
Designation Phase

- Form to request Readiness Assessment Interview
- Worksheet to
  - calculate fair market pricing for formula, bottles and nipples and
  - calculate facility’s formula requirements
- Attestation of purchase of formula, bottles and nipples
- Assessment overview check list
- Form to request On-Site Assessment
Designation Phase

- BFUSA/Facility participate in Readiness Assessment Telephone Interview
- Facility works with purchasing department to implement requirement to purchase infant formula, bottles and nipples
- Facility prepares for the on-site assessment
- BFUSA support in planning for on-site assessment
To attain Baby-Friendly designation:

- **Implement** the Ten Steps to Successful Breastfeeding and The Code

- **Invite** a Baby-Friendly survey team when it is determined that the Ten Steps are in place

- **Undergo** an on-site survey looking at the knowledge and practice of staff and the experience of mothers and babies
The On-Site Assessment
Assessment Activities

Quantitative and Qualitative Interviews with:

- CEO
- Senior nursing administrator
- Director/Manager, Prenatal Service
- Director/Manager, Maternity & NICU/SCU
- Training coordinator
- Baby-Friendly project coordination team
- Purchasing agent
Assessment Activities

Interviews with randomly selected key informants:

- Health care providers with privileges on maternity
- Nursing staff (day and evening shifts)
- Prenatal woman >28 weeks gestation
- Mothers of vaginal delivery
- Mothers of cesarean delivery
- Mothers of babies in NICU/SCU
The following items are examined:

- Infant feeding policy and other standards
- Prenatal education curricula
- Staff training curricula
- Patient education materials (including aps)
- Discharge packs
- Posted documents and media
- Charts when clarification is needed
- Vendor invoices for formula and related feeding equipment
Random observations are made throughout the survey of:

- staff competency with breastfeeding teaching
- birth practices
- location of babies on the unit
- mothers’ feeding competency
- visible messages about infant feeding
Assessment Activities

- Assessment findings are compiled into a report
- Report is submitted to the national office
- National office blinds the report and sends to the External Review Board (ERB)
- ERB reviews and votes to
  - Designate
  - Designate with Conditions
  - Fail – Revisit
  - Fail – Quality Improvement
What if the facility doesn’t pass?

- ERB identifies sub-steps to be improved
- Facility makes necessary improvements
- Assessor comes on-site to re-evaluate sub-steps not passed
- ERB reviews findings of revisit and makes determination
- (Most facilities pass on 1st revisit)
Only after passing internal and external review, may a facility refer to itself as a “Baby-Friendly” designated facility.
The Effectiveness of the BFHI
Breastfeeding Initiation and Duration

- Implementation of the BFHI is associated with an increase in breastfeeding initiation and duration.


Reducing Racial Disparities in Breastfeeding

Increased compliance with the Ten Steps with is associated with a decrease in racial disparities in breastfeeding.

Protecting, Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services - The Difference between the Guideline and Implementation Guidance
Overview of WHO Guidance

• 2 related documents
WHO Guideline

For WHO purposes:

- a “Guideline” is a document that contains a WHO health recommendation about a health intervention

- WHO issues both clinical and public health/public policy guidelines

- Implementation guides are NOT guidelines
• WHO considers “implementation guidance” to be a strategy and/or series of strategies that may be utilized to implement a recommendation about a health intervention
GOAL of Updated BFHI Implementation Guidance

• Reinvigorate the BFHI

• Encourage wider spread adoption of practices to support breastfeeding

• Set attainable goals for countries who have very low adoption of the practices

• Calls for a scaling up of the BFHI to 100% coverage
Revised 10 Steps

Box 1. Ten Steps to Successful Breastfeeding (revised 2018)

Critical management procedures

   b. Have a written infant feeding policy that is routinely communicated to staff and parents.
   c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Key clinical practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants’ cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.
Revised 10 Steps to Successful Breastfeeding
Next Steps for the US
Revised 10 Steps

• In the past, when updates were made to the BFHI, WHO rolled out an entire package, including updated self-appraisal, data collection, audit and assessment tools.

• They also simultaneously rolled out updated training materials and guidance.
Updates from WHO

2018 Materials are coming out incrementally

- Revised training course – under development anticipated rollout November/December 2019
- FAQs to be posted to their website by June 2019
- Additional technical guidance documents are still forthcoming
US Status and Instructions

• Continue to follow the current guidelines and evaluation criteria until otherwise notified.

• BFUSA convened an expert panel to guide the change process for the US.
US Status and Instructions

• Expert Meeting – August 6-7, 2018 Atlanta

• BFUSA Clinical Committee – October 18-19, 2018

• Strong alignment between the Experts and Clinical Committee
US Status and Instructions

Revise Guidelines and Evaluation Criteria

• First draft
  - BFUSA Clinical Director, Tammy Titus
  - December 2018

• Review draft
  - Clinical Committee/ Expert Panel
  - February 2019

• Second draft
  - BFUSA Clinical Team
  - April 2019
• Requested feedback and comments from 7 National Professional Medical Associations
  - Comments due by July 12

• Second Expert Meeting
  - Clinical Committee/ Expert Panel
  - July 22/23 2019

• Final Document (Pending WHO Training Info)
  - BFUSA Clinical Team
  - October 2019
US Status and Instructions

Update all 4-D Pathway materials – October - December

• **Discovery Phase**
  - Facility data sheet
  - Facility self-appraisal

• **Development Phase**
  • 22 Information, instruction and planning documents
  • 11 Review and feedback documents

• **Dissemination Phase**
  • 7 Audit Tools
  • 2 Instruction documents
US Status and Instructions

Update all 4-D Pathway materials – Continued

• Designation Phase
  - 5 Instruction documents
  - Readiness Assessment template
  - 7 Assessment Tools
  - Report template

• Annual Quality Improvement

• Re-Designation
US Status and Instructions

• Finalize
  - Guidelines and Evaluation Criteria rollout date
  - Date for facilities to comply
  - How to manage new reduced standards with currently designated facilities

• Notify training companies and patient education materials companies

• Update portal in the website
• Continue to follow the 2016 Guidelines and Evaluation Criteria

• Notifications of changes to the US program will be made in the following manner:
  - Announcement on the public portion of the BFUSA website
  - Announcement in the secure portion of the BFUSA website
  - Announcement to all BFUSA contacts via electronic newsletter (likely Constant Contact)
  - Request key organizations to forward announcement to their memberships
Commonly Asked Questions
Commonly Asked Questions

What changes are anticipated to be made to the designation process?
BFUSA Response

• Prior to the WHO making changes to the BFHI, in 2016 BFUSA updated our GEC with the intention of implementing the criteria as of November 1, 2018.

• Assessment of the 2016 criteria were delayed by 1 month and began on December 1, 2018.

• No other changes are anticipated until further review of the 2018 materials are completed.
Commonly Asked Questions

How do the WHO recommendations in the 2018 Implementation Guidance impact the assessment of the 2016 Guidelines and Evaluation Criteria?
BFUSA Response

- As of December 1, 2018 we are conducting assessments using the 2016 criteria.

- REMINDER: we announced in June 2018 that we are not implementing the stricter Step 9 criteria.
Is Baby-Friendly USA updating any of the Ten Steps based on the WHO changes, if so, when, any updates for the NICU?
BFUSA Response

- BFUSA convened an expert panel in August 2018. We received feedback on all areas of the 2018 WHO Guidance.

- The BFUSA Clinical Committee of the Board met to review the expert panel recommendations.

- The expert panel did recommend that the NICU be kept as a separate initiative.

- A NICU program is under development – no specific release date planned.
- BFUSA developed a self-appraisal tool and clinical guidance document.

- It was sent to several professional organizations for comment in 2017.

- Comments have been incorporated into the 2 documents.

- Seeking funding to field test the materials.
Commonly Asked Questions

Any tips or steps to help make NICU’s as Baby-Friendly as possible?
BFUSA Response

- Help mothers who have babies in the NICU to express milk/pump as soon as possible.

- Monitor the use of human milk in the NICU.

- Implement as many of the 10 Steps as are feasible and safe for the NICU setting.
Commonly Asked Questions

Are you looking to update the Audit tools soon?

Some of the questions are redundant and cumbersome.
BFUSA Response

- We have recently updated some of the audit tools.

- Our ultimate goal is to create a fewer number of streamlined audit tools.
Commonly Asked Questions

What are the most difficult parts of Baby-Friendly Hospital Initiative to be prepared for re-certification?
BFUSA Response

- BFUSA uses the most current Guidelines and Evaluation Criteria to conduct re-designation assessments.

- Documentation of staff training that took place 5-6 years ago.

- Documentation of the 5 hours of clinical competency.

- Changes in the facility organizational structure since initial designation (Acquired a prenatal service, discontinued NICU etc.)
Commonly Asked Questions

Any suggestions or tips to keep in mind?
BFUSA Response

- Keep the Multi-disciplinary committee together
- Review audit results
- Review results of RAI feedback
- Review and update infant feeding policy
- Review Fair Market Price and check with purchase to confirm ongoing payments
A million thanks... from the more than a million mothers and babies you care for.