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

May 17, 2019
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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

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.
New Logo and Tag Line

Baby-Friendly USA

Upholding the Highest Standards of Infant Feeding Care.

Website: www.babyfriendlyusa.org

New page: Common Misunderstandings

Safe Practices
New 4-D Pathway Graphic: Includes Sustainability of Practices

The 4-D Pathway to Baby-Friendly Designation

Designation Process

Overview of the US BFHI and the 4-D Pathway

Maintaining Designation
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."

BFHI Mission

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 Accreditor'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

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

Country | # Births in Country | % Births in BFHI Facilities | # Births in BFHI Facilities
---|---|---|---
France | 800,000 | 5.0% | 40,000
Germany | 715,000 | 19.6% | 140,000
Italy | 488,000 | 5.7% | 27,816
Japan | 1,004,250 | 4.0% | 40,170
New Zealand | 61,000 | 96.5% | 58,865
Russia | 1,800,000 | 21.0% | 378,000
Spain | 419,000 | 4.5% | 18,855
Minnesota | 68,584 | 32.3% | 22,156
US | 3,855,500 | 26% | 1,000,300
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 to Baby-Friendly Designation
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 - 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
  - 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

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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

Assessment Activities

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 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

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

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.


Breastfeeding Initiation and Duration

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

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

2017 Guideline

2018 BFHI Implementation Guidance
2018 BFHI Implementation Guidance

- 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)

1. Ensure that breastfeeding is expressly supported and encouraged in all policy and practice.
2. Encourage all nursing mothers to exclusive breastfeeding if possible until 4-6 months of age.
3. Support appropriate use of solid foods and other liquids for the breastfeeding infant.
4. Encourage all breastfeeding mothers to continue breastfeeding on demand for at least 6 months.
5. Support the choice of exclusive breastfeeding for at least 6 months and then shift to appropriate complementary feeding with breastfeeding continued until 12 months of age.
6. Encourage all breastfeeding mothers to breastfeed their infant for at least 12 months.
7. Support the choice of exclusive breastfeeding for at least 6 months and then shift to appropriate complementary feeding with breastfeeding continued if desired, up to 2 years of age or longer.
8. Support the choice of exclusive breastfeeding for at least 6 months and then shift to appropriate complementary feeding with breastfeeding continued if desired, up to 2 years of age or longer.
9. Support the choice of exclusive breastfeeding for at least 6 months and then shift to appropriate complementary feeding with breastfeeding continued if desired, up to 2 years of age or longer.
10. Support the choice of exclusive breastfeeding for at least 6 months and then shift to appropriate complementary feeding with breastfeeding continued if desired, up to 2 years of age or longer.
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

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

US Status and Instructions

• 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

US Instructions

- **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?

- 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?

- 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.

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.

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

Commonly Asked Questions

Any suggestions or tips to keep in mind?

A million thanks…from the more than a million mothers and babies you care for