

Step by Step to Baby-Friendly™: Overcoming Myths, Mountains and Minutiae

Anne Merewood
PhD MPH IBCLC
Editor in Chief, *Journal of Human Lactation*
Associate Professor of Pediatrics, Boston University
School of Medicine
March 2013

Objectives

- ❖ Look at the 10 Steps
- ❖ Identify implementation strategies
- ❖ Identify what is tested
- ❖ Dispell myths

Baby-Friendly: The big picture



- ❖ August 2012: JHL on on BFHI
- ❖ Internationally, ALL sorts of things going on
- ❖ Changes, expansions, additions

The 10 Steps

- ❖ In 2009, WHO revamped the BFHI; suggested changes and additions
- ❖ This led to national level changes in many countries
- ❖ But, the 10 Steps have not changed and are not likely to

WHO/UNICEF: 2009

- ❖ The Baby-Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care
- ❖ 5 sections, organized and updated reflecting health evidence, lessons learned
- ❖ 1991-2009: 20,000 hospitals in 156 nations

Baby-Friendly international

- ❖ Calls for expansion to
 - The Community
 - Infants in special care
- ❖ Emphasis on Mother-Friendly Care
- ❖ HIV issues
- ❖ Re-affirming “global criteria”

International activity



"The Nordic Group"
- international
package on the
Baby-Friendly NICU



International activity

- ❖ Italy, Australia, NZ, Croatia – expanded to the community
- ❖ UK expanded to accrediting regional health centers and universities
- ❖ Norway certified 95% of NICUs
- ❖ US current focus on birthing site

Step 1



Have an infant feeding policy that is regularly communicated to all maternity staff

STEP 1: Implementation

- ❖ BF USA policy-making tools in Development packet
- ❖ Model Hospital Policy on Breastfeeding (COBA)
http://www.okbreastfeeding.org/uploads/Model_Breastfeeding_Policy_FINAL_2-11-09_3_.pdf
- ❖ JHL model policy: JHL 2012 28(3), Feldman-Winter et al

Step 1: How is it tested?

- ❖ BF USA policy check off/audit tool
- ❖ BF USA check and return at end of Development
- ❖ Rechecked prior to Designation

Step 1: Myths

- ❖ It's just a breastfeeding policy
- ❖ Model ABM/AAP policies will be ok

STEP 2

Train all health care staff in the skills necessary to implement the policy



Step 2: Implementation

- ❖ Maternity unit RNs need 20 hours (5 hands on)
- ❖ MDs...3 hours for same knowledge/skills (answer same questions) – AAP
- ❖ OK BCEP program



Step 2: Implementation

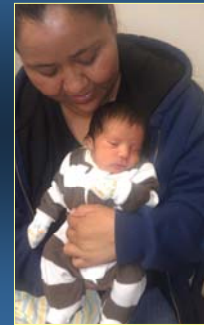


- ❖ Skills Fair:
 - Assess breastfeeding
 - Pumps
 - Alternative feeding methods
 - Hand expression
- ❖ Interdisciplinary
- ❖ Becky: your best resource!



Step 2 – How is it tested?

- ❖ BF USA will interview:
 - ❖ RNs, CNMs, MDs from postpartum on breastfeeding and maternity care
 - ❖ Prenatal and postpartum moms!



Step 2 -Myths

- ❖ BF USA, like Joint Commission, will hunt down staff in the corridors
 - ❖ But avoid blatant disrespect....
- ❖ The right response to “How do you fix a breastfeeding problem is
“Call Letitia Lactation Consultant”

STEP 3



Inform all pregnant women about the benefits and management of breastfeeding

Step 3: Implementation

- ❖ Plan prenatal ed in your hospital's associated clinic
- ❖ Develop prenatal teaching - to be done by 30 weeks
- ❖ Prompt providers - specific visits?
- ❖ Chart!

Step 3 - How is it tested?

- ❖ BF USA will interview prenatal moms
- ❖ Make sure you have enough moms!
- ❖ Postpartum moms also asked re prenatal education



Step 3 - Myths

- ❖ "Prenatal" is doing this already
- ❖ You are handing out info, so moms are (1) reading it and (2) well-informed
- ❖ You have to educate every prenatal provider on the planet

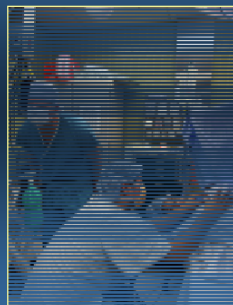
STEP 4

Help mothers initiate breastfeeding within 1 hour of birth



Step 4

- ❖ Put baby skin-to-skin at birth for at least 1 hour
- ❖ All babies, regardless of feeding method
- ❖ Cesareans in OR "when mom can respond"



Step 4: Implementation

- ❖ Clinicians must learn how to place skin to skin
- ❖ Routines may need to change
- ❖ Delay procedures; monitor baby



Step 4: How is it tested?

- ❖ Document in chart
- ❖ Moms asked



Step 4: Myths

- ❖ Skin to skin just 1 more thing to add in
- ❖ Unconscious moms will be dropping babies all over the OR

STEP 5



Show mothers how to breastfeed and maintain lactation even if they are separated from their infants

Step 5: Implementation

- ❖ Ensure NICU/transfer babies get human milk
- ❖ Mom to pump within 6 hours of birth
- ❖ Manual expression – all clinicians must learn, all moms must be able to describe!

STEP 5: How is it tested?

- ❖ Mom interviews
- ❖ Staff interviews
- ❖ Can doctors and nurses teach hand expression?
- ❖ Were moms taught hand expression?
- ❖ Becky's famous boobs

Step 5 - Myths

- ❖ They aren't really going to ask us doctors about hand expression.....



STEP 6

Give newborn breastfed infants no food or drink other than breast milk, unless medically indicated

Step 6: Implementation

- ❖ *Eligible infants should be exclusively breastfeeding; supplements for medical reasons only, and documented*
- ❖ *Offer alternative feeding method*
- ❖ *Hospital must pay for formula*

Step 6: Implementation

- ❖ *Formula feeders (medical reason or maternal choice)*
- ❖ *Info on safe preparation, handling, storage*
- ❖ *Document completion of formula preparation instruction*
- ❖ *Info on individual basis only (no group sessions)*

Step 6: Myths

- ❖ *The hospital will not have any formula any more*
- ❖ *Mothers will be forced to breastfeed*

STEP 7



Practice rooming-in - allow mothers and infants to remain together 24 hours a day

Step 7: Implementation



- ❖ *Separation: medical reasons only*
- ❖ *23/24 hours?*
- ❖ *Exams, baths, etc in room regardless of timeframe*



Step 7: How is it tested?

- ❖ When baby leaves room: Document!
- ❖ When baby comes back: Document!
- ❖ If baby goes for a non medical reason, Document - maternal ed AND times in and out



Step 7: From this.....



....to this: "Neonatal Observation Unit"

The best nursery is an empty nursery



Step 7: Myths

- ❖ Babies are safer in the nursery.....



2 new moms sue Brooklyn Hospital after baby mix-up!

Mom 1 Brown and Mom 2 Brown had baby girls on 1/31. Mom 1 "being monitored...and wasn't allowed to see her baby for 24 hours" during which time Mom 2 got the baby and breastfed her.. "But then a nurse told her later that the baby wasn't hers (there was also an incident at the nursery window between both families, arguing over the baby) and it took 30 mins to find baby 2. Mom 1's lawyer: "There are so many ways to prevent this from happening and the hospital failed in every way."

STEP 8

Encourage breastfeeding on demand

Step 8: Implementation

- ❖ Staff trained to teach cue feeding/on-demand
- ❖ 8-12 times/24 hours (AAP)
- ❖ NOT every 2 to 3 hours!!
- ❖ NOT for 10 or 15 minutes each side

Step 8: How is it tested?

- ❖ Maternal report
- ❖ Staff interviews

Step 8: Myths

- ❖ “On demand every 3 hours”



STEP 9

Give no pacifiers or artificial nipples to breastfeeding infants



Step 9: Implementation

- ❖ Educate why hospital doesn't give out
- ❖ Pacifiers available for painful procedures, NICU babies
- ❖ Families may provide own pacifiers if they want to use one
- ❖ Lock'em up.....



Step 9: Myths

- ❖ The nursery will be filled with screaming babies and no pacifiers
- ❖ All the parents will complain
- ❖ The NICU and OB for circls will not have pacifiers

STEP 10

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birthing center



Step 10: Implementation

- ❖ *AAP: Pediatrician/healthcare professional at 3-5 days of life*
- ❖ *Refer moms to community breastfeeding resources and support groups*
- ❖ *Offer resources in languages most frequently spoken/read by mothers delivering at this hospital*
- ❖ *WIC, LLL, Baby Café etc*

Step 10: Myths

- ❖ *Women will call you if they have a problem*