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

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Objectives

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

Baby-Friendly: The big picture

- August 2012: JHL 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

- 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
- 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.

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**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

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**Step 2 - How is it tested?**

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

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**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”

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**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*

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**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.

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**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).

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**Step 6: Myths**

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

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**STEP 7**

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

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**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

....to this: “Neonatal Observation Unit”
The best nursery is an empty nursery

Step 7: Myths
- Babies are safer in the nursery.......
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 circs 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.

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**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

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**Step 10: Myths**

- Women will call you if they have a problem