

# Is It Baby-Friendly or Baby-UNFRIENDLY???

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# OBJECTIVES

- Define the Baby-Friendly Hospital Initiative
- Review the state of breastfeeding in the US
- Determine resources for breastfeeding guidelines
- Provide insight into the designation process

Raise your  
hand if:

Your hospital  
has been  
designated  
Baby-Friendly.





Raise your  
hand if:

Your hospital is  
in the 4-D  
pathway?



How many hospitals/birth centers worldwide have been designated

Baby-Friendly since 1991?

A. 5,000

B. 11,000

C. 15,000

D. 20,000



How many hospitals/birth  
centers worldwide have been  
designated  
Baby-Friendly since 1991?

D.20,000



How many Baby-Friendly hospitals  
are in the US?

A. 153

B. 455

C. 2167

D. 4891



How many Baby-Friendly hospitals  
are in the US?

B. 455



21.98 % US births occur in  
Baby-Friendly Hospitals

In 2007:  
2.9%





# Doctors Hospital's Baby-Friendly Journey



- 28 LDRPs
- Level 2 NICU
- 2500 deliveries annually

## 2016 Data

- 79% initiation rate
- 86% EBF rate



# Family-Centered Maternity Care in 2007



*Best Fed*  
**BEGINNINGS**  
Improving Breastfeeding Support in U.S. Hospitals

July 2012

- Funded by the CDC
- 90 hospitals
- 30 in the southeast
- 7 in Georgia

# “TWEAKING” took 2.5 years

- Formal staff education
- Physician education
- Data collection with set goals
- Further defining guidelines

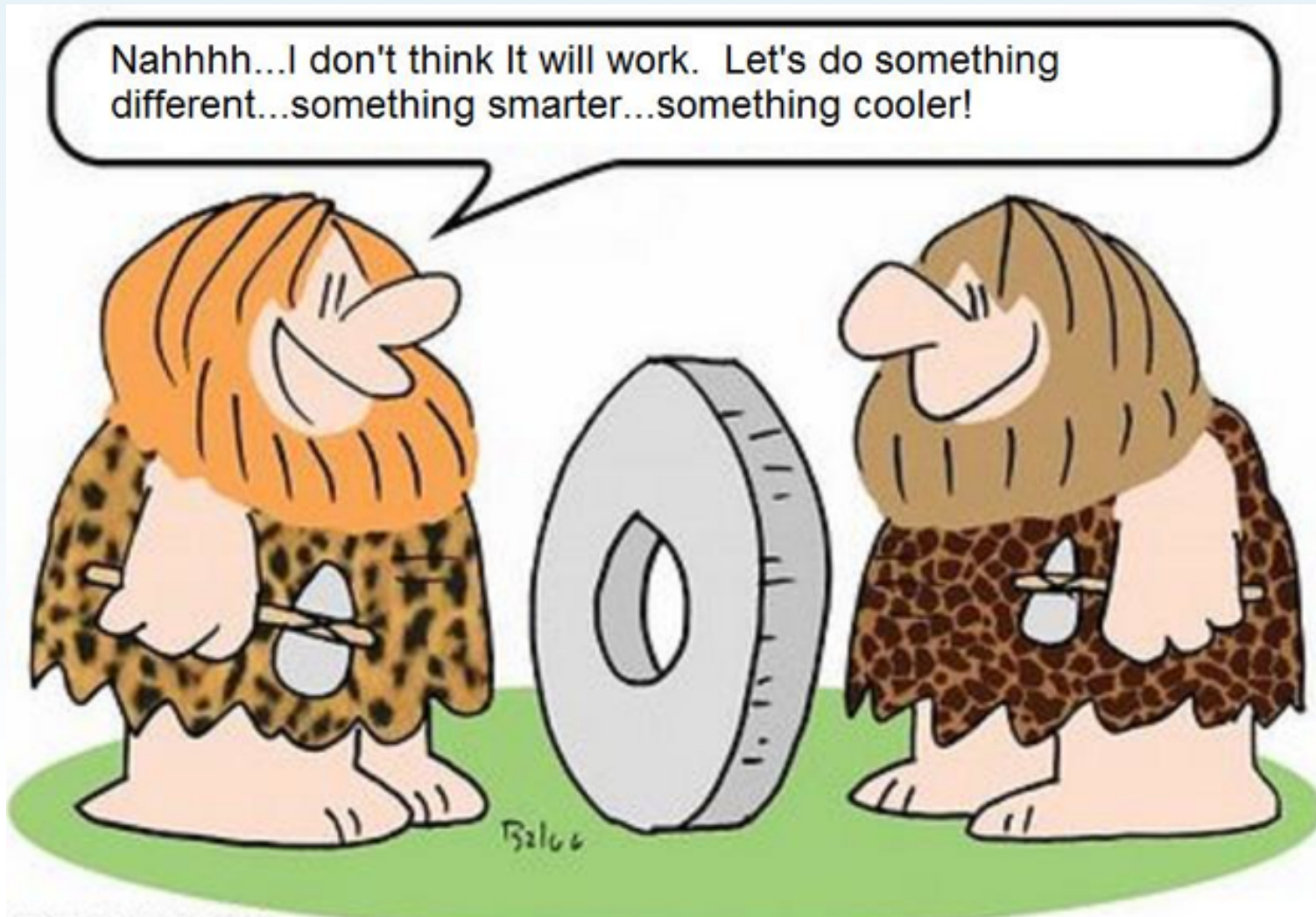
# Designated in March 2015

Baby-Friendly USA  
*The gold standard of care*





# Don't reinvent the wheel ...

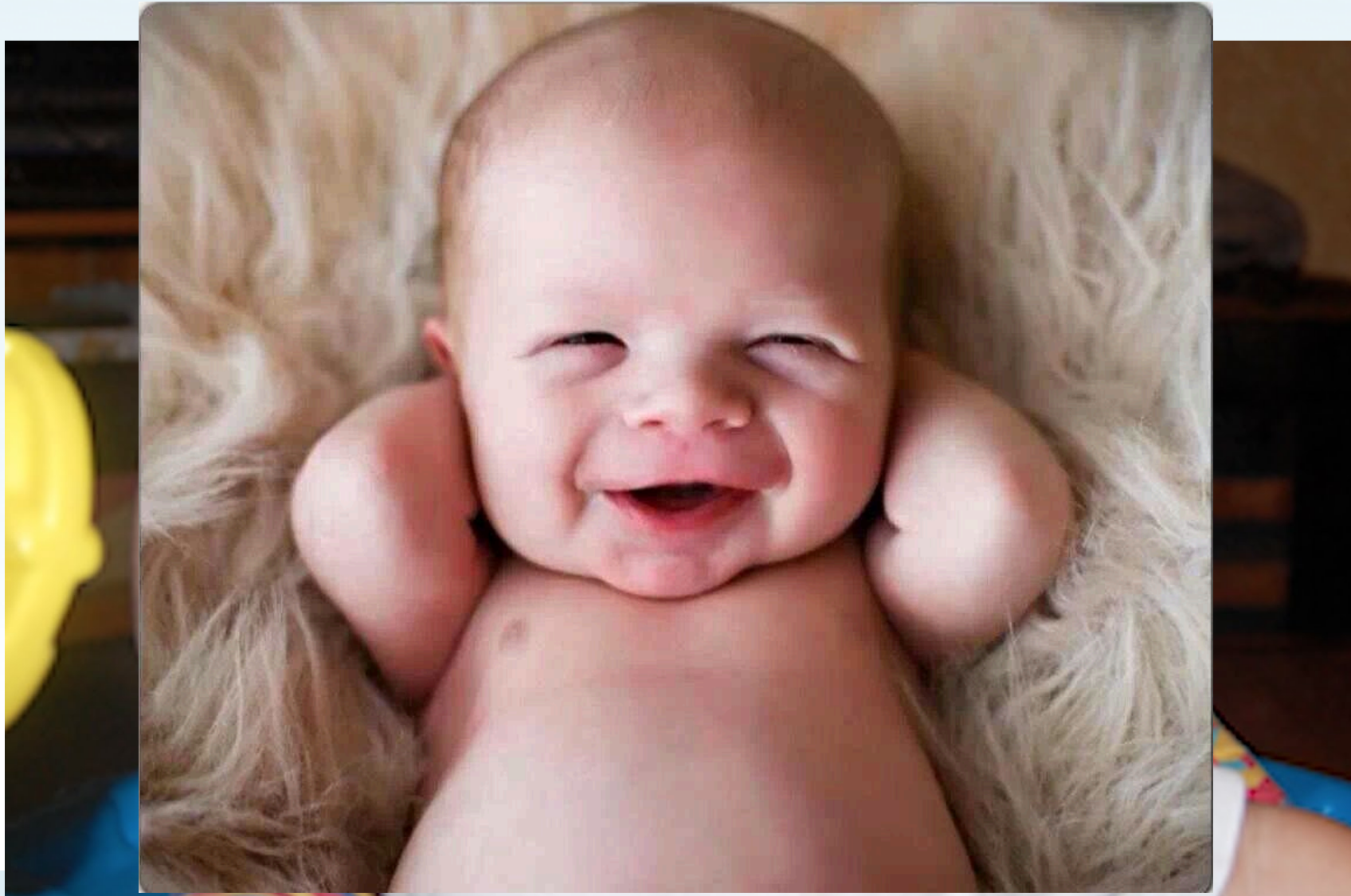


One COMMON challenge .....

# Culture Change



# Staff Reaction





We have  
to get  
back to  
basics

# The Baby-Friendly Hospital Initiative (BFHI)

...is a global program that was launched by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in 1991 to encourage and recognize hospitals and birthing centers that offer an optimal level of care for **infant feeding** and **mother/baby bonding**.

The BFHI assists hospitals in giving all mothers the information, confidence, and skills necessary to successfully initiate and continue breastfeeding their babies **OR** feeding formula safely, and gives special recognition to hospitals that have done so.



# Breastfeeding: Why all the fuss?



# Health Benefits

- **Juvenile Idiopathic Arthritis** – EBF >4 months may protect against development
- **Multiple Sclerosis**– Mothers who breastfeed longer may be at lower subsequent risk of developing MS.
- Women with MS who exclusively breastfeed have been found to have a lower risk of pp relapse.



# Healthcare Costs

2011 US Surgeon General's Call to Action  
to Support Breastfeeding

If 90% of families breastfed exclusively for 6 months ...

**\$13 Billion** **ANNUALLY**

# 2012 Breastfeeding Policy Scorecard for Developed Countries

## #1 - NORWAY

- 99% initiation rate
- 70% EBF at 3 months
- 80% of hospitals are Baby-Friendly

## #36 - US

- 75% initiation rate
- 35% EBF at 3 months
- 2% of hospitals are Baby-Friendly

## US in 2016

81%

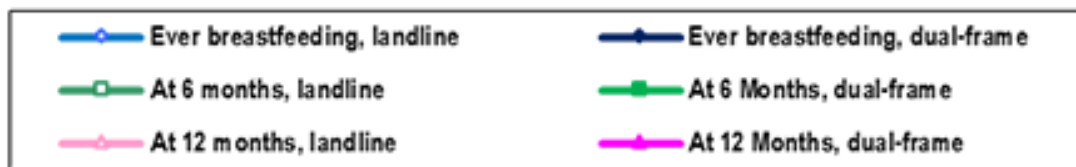
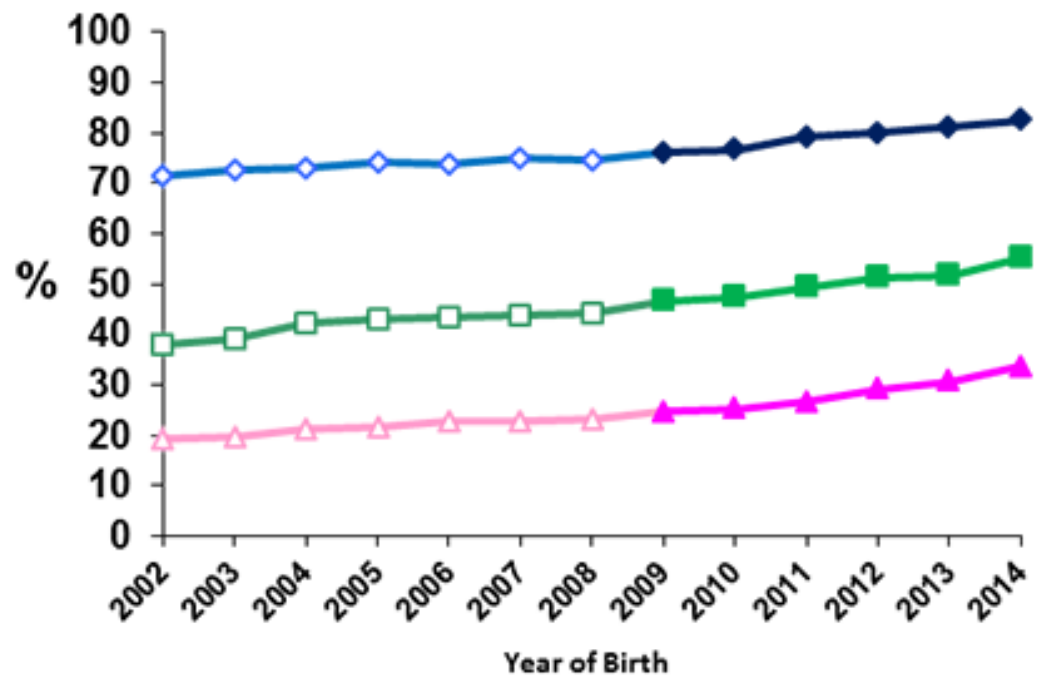
44%

8%

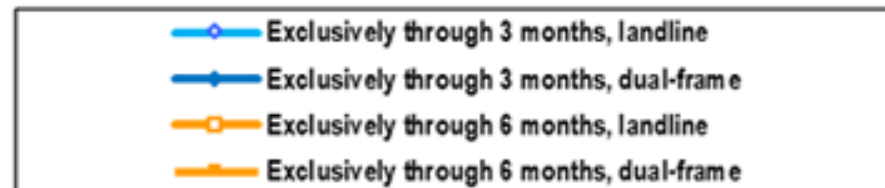
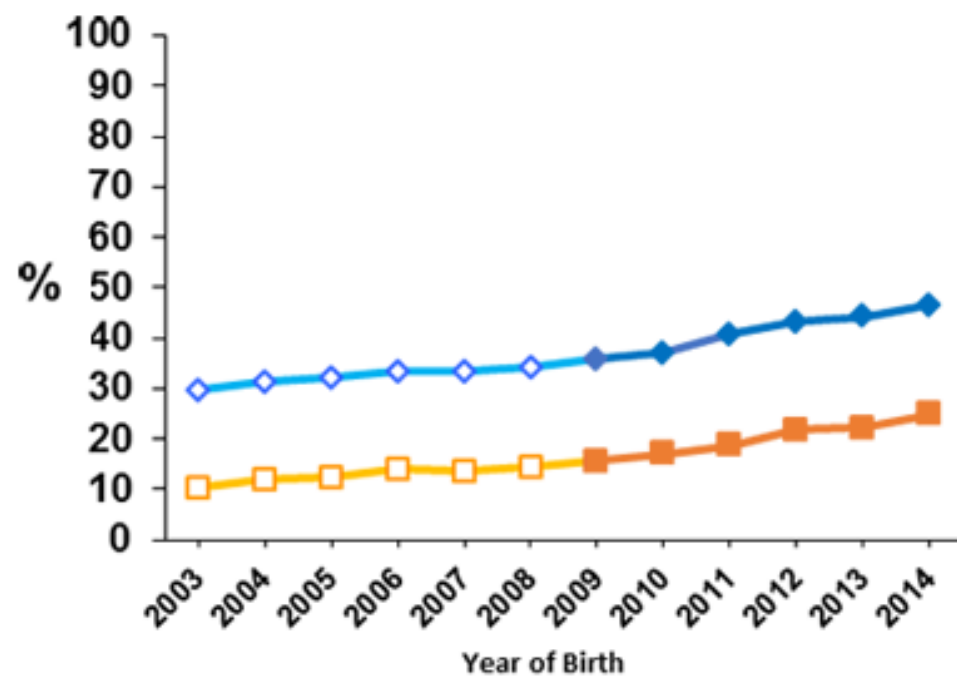
# Breastfeeding Among U.S. Children Born 2002–2014, CDC National Immunization Survey

Percentage of U.S. Children Who Were Breastfed, by Birth Year<sup>a,b</sup>

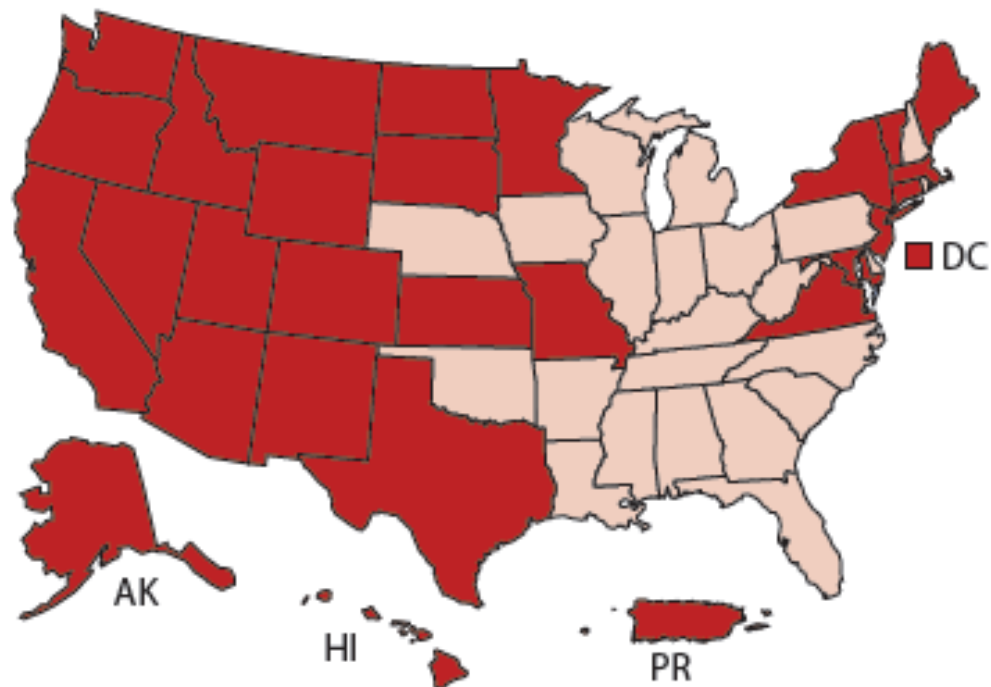
## Any Breastfeeding



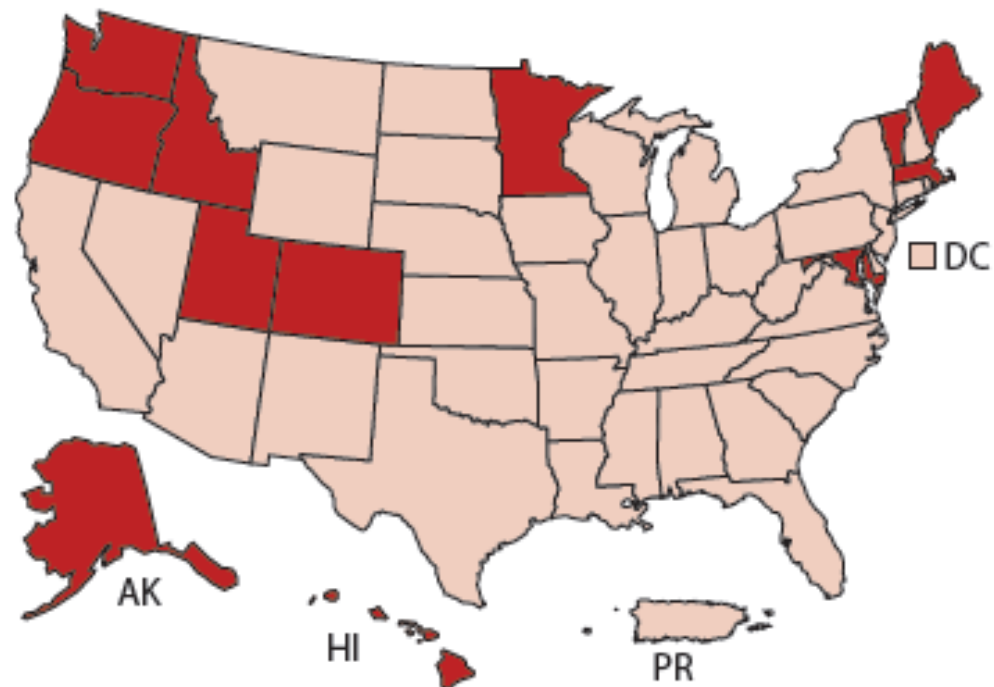
## Exclusive Breastfeeding<sup>c</sup>



States that met the HP2020 goal for initiation rate of 81.9%\*



States that met the HP2020 goal for 6 months duration of 60.6%\*



■ Met the HP2020 goal   □ Did not yet meet the HP2020 goal

■ Met the HP2020 goal   □ Did not yet meet the HP2020 goal

\*Among infants born in 2013

How did we go from  
breasts to bottles?



# Turn of the 20<sup>th</sup> Century Births moved to hospitals







*Babies Shown To*  
RELATIVES ONLY  
*Sunday & Wednesday*  
2-4 ..... 7-8

# Breastfeeding wasn't working

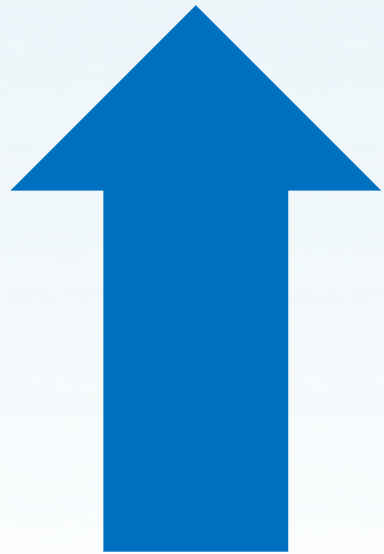


Women went to work OUTSIDE of the home





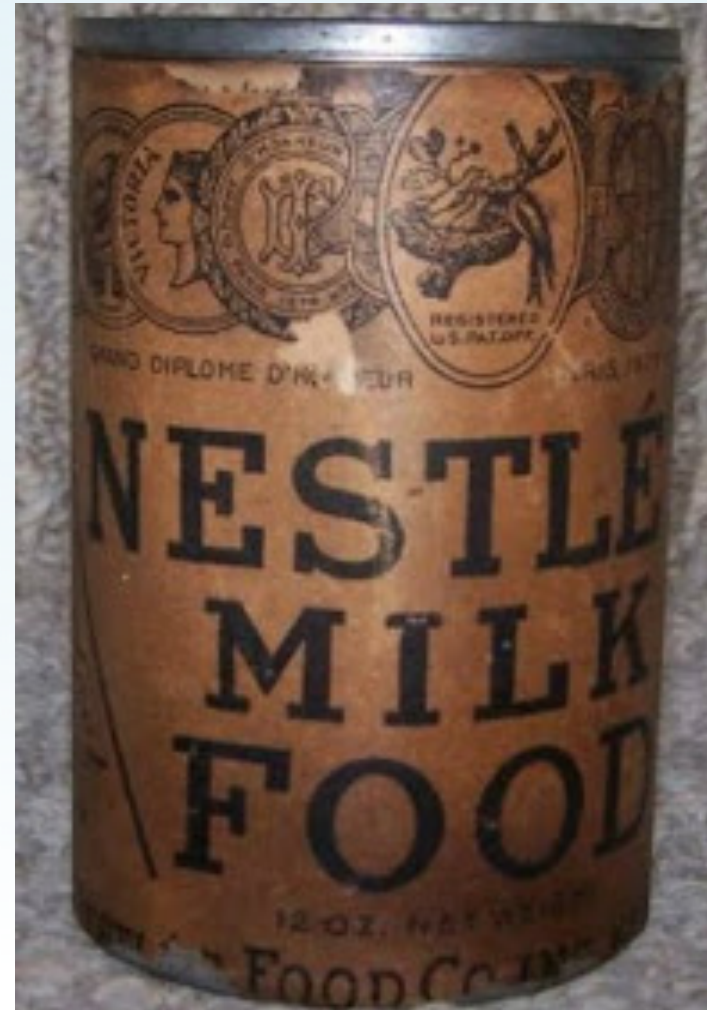
Between WW II and 1985  
women in the workforce



210%



Developed in 1860, by WW II infant formula was “A perfect nutriment for babies, children and invalids.”





How do you “un-do”  
decades of practice?



# What do you mean?



We've ALWAYS done it this way!!!!



Research latest guidelines??

References  
for Policies and Procedures??

**American Academy of Pediatrics**

**Academy of Breastfeeding  
Medicine**

# AAP

The medical, emotional and economic benefits of breastfeeding are significant, and recognized by a growing number of medical organizations, as well as hospitals that have been designated as “Baby Friendly” because of practices that support optimal breastfeeding. The American Academy of Pediatrics (AAP) -- which recommends exclusive breastfeeding for the baby’s first six months – supports those efforts.

Pediatrics, American Academy of Pediatrics, May 2017



## Baby-Friendly can make a difference

- In 2009, the AAP endorsed the Ten Steps program.
- Adherence to these 10 steps has been demonstrated to increase rates of breastfeeding initiation, duration, and exclusivity.

Breastfeeding and the Use of Human Milk, AAP Section on Breastfeeding

# Baby-Friendly can make a difference

Implementation of the following 5 postpartum hospital practices has been demonstrated to increase breastfeeding duration, irrespective of socioeconomic status:

- breastfeeding in the first hour after birth
- exclusive breastfeeding
- rooming-in
- avoidance of pacifiers
- and receipt of telephone number for support after discharge from the hospital

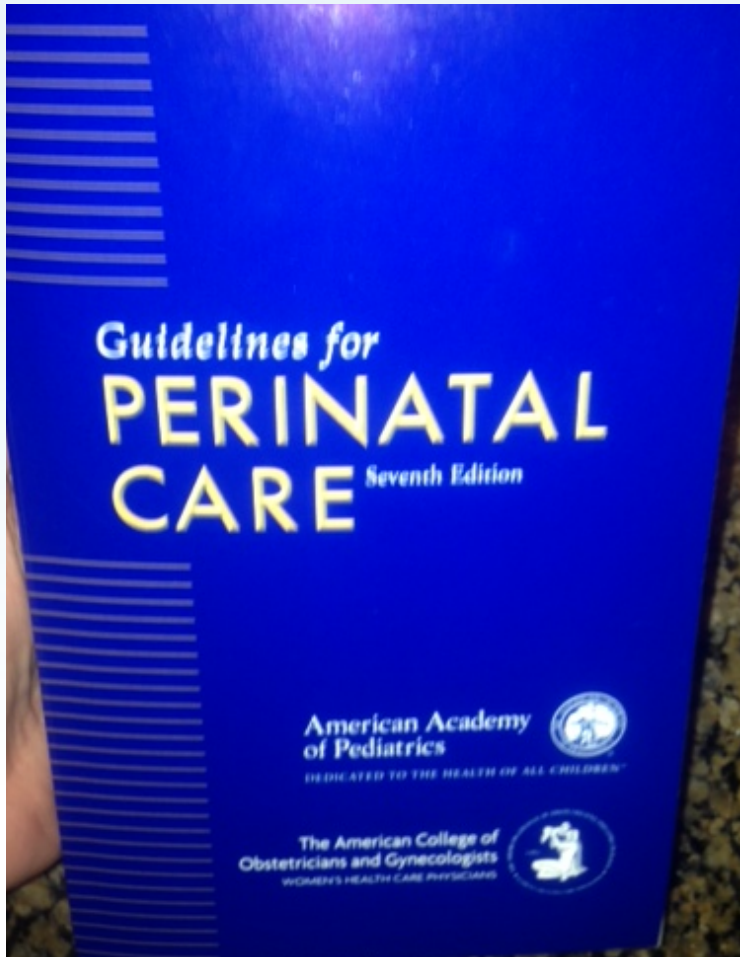
Breastfeeding and the Use of Human Milk, AAP Section on Breastfeeding

“Infants whose first breastfeed is delayed because of being weighed, measured, and cleaned do not breastfeed as long as infants who are immediately put skin-to-skin with the mother or put to the breast within the first hour after birth.”

Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies, 2013

“A Cochrane review of studies designed to evaluate the effectiveness of interventions to promote the initiation of breastfeeding found that institutional changes in maternity care practices effectively increased breastfeeding initiation and duration rates.”

# What are the AAP Guidelines/ABM Protocols?





What are the AAP Guidelines?

*“The ultimate decision on feeding of the infant is the mother’s. Pediatricians should provide parents with complete, current information on the benefits and methods of breastfeeding to ensure that the feeding decision is a fully informed one.”*

# Supplementing - AAP

## Supplementation

Supplemental feedings including water, glucose water, formula and other liquids should not be given to the breastfeeding infant unless ordered by the HCP after documentation of a medical indication.

# Alternative Feeding Methods - AAP

“Any collected colostrum will be fed to the newborn by **an alternative method**. Skin-to-skin contact will be encouraged. Until the mother’s milk is available, a collaborative decision should be made among the mother, nurse, and clinician about the need to supplement the baby, the type of formula, the volume, and **the mode of delivery.**”

# Skin-to-Skin - AAP

## Skin-to-skin Contact

Infants should be placed in direct skin-to-skin contact with their mothers immediately after delivery and should remain there until the first breastfeeding is completed.

# Rooming-In - AAP

## Rooming-In

From the time of delivery to discharge from the hospital, the mother and her healthy infant should be together continuously.



## Pacifiers - AAP

Mothers should be counseled to routinely offer breastfeeding rather than a pacifier, reinforcing that a pacifier should not be used to diminish the frequency or duration of breastfeeding. Scheduled breastfeeding should be discouraged.

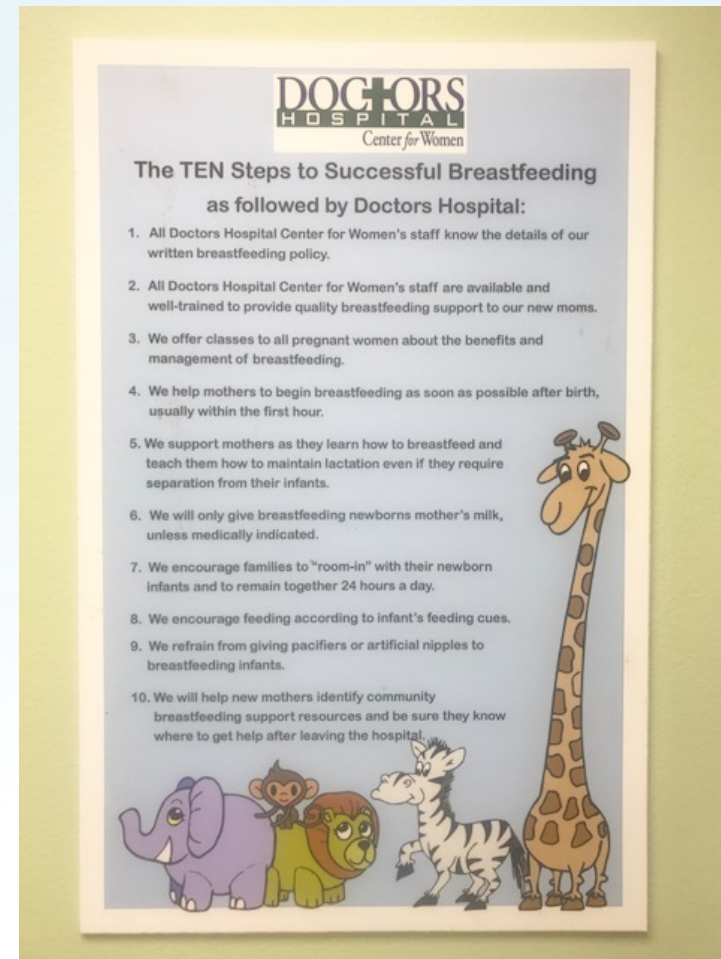
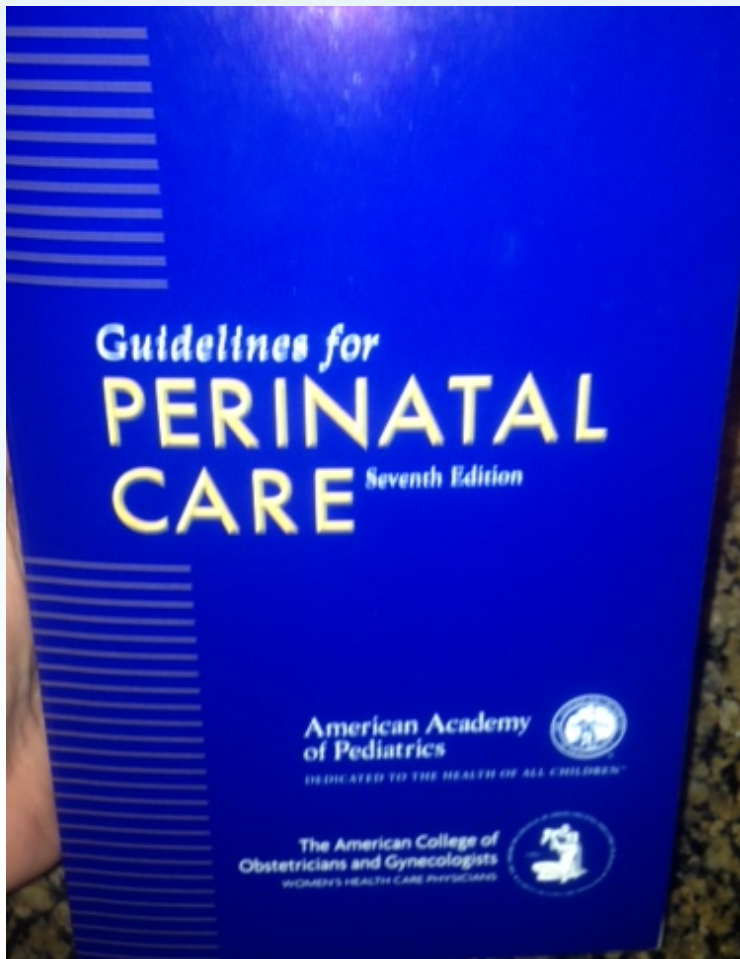


Sound  
familiar????

# Baby-Friendly 10 Steps

- Step 1: Policy
- Step 2: Train all staff
- Step 3: Prenatal education
- Step 4: BF within 1 hour
- Step 5: Support with BF, even if separated
- Step 6: No unnecessary supplementation
- Step 7: Rooming-in
- Step 8: Breastfeeding on demand
- Step 9: No artificial nipples or pacifiers
- Step 10: Support groups

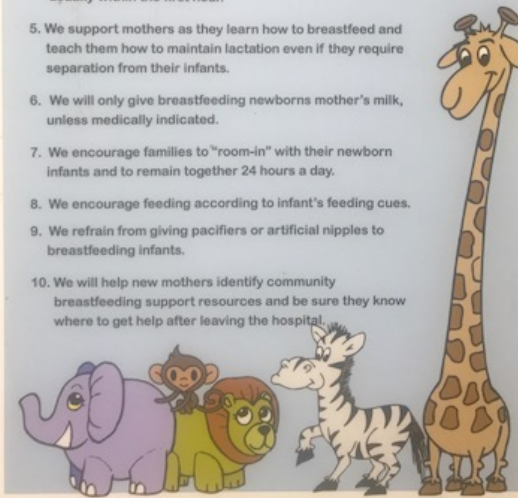
# It's called "Doing the Right Thing"



DOCTORS  
HOSPITAL  
Center for Women

## The TEN Steps to Successful Breastfeeding as followed by Doctors Hospital:

1. All Doctors Hospital Center for Women's staff know the details of our written breastfeeding policy.
2. All Doctors Hospital Center for Women's staff are available and well-trained to provide quality breastfeeding support to our new moms.
3. We offer classes to all pregnant women about the benefits and management of breastfeeding.
4. We help mothers to begin breastfeeding as soon as possible after birth, usually within the first hour.
5. We support mothers as they learn how to breastfeed and teach them how to maintain lactation even if they require separation from their infants.
6. We will only give breastfeeding newborns mother's milk, unless medically indicated.
7. We encourage families to "room-in" with their newborn infants and to remain together 24 hours a day.
8. We encourage feeding according to infant's feeding cues.
9. We refrain from giving pacifiers or artificial nipples to breastfeeding infants.
10. We will help new mothers identify community breastfeeding support resources and be sure they know where to get help after leaving the hospital.



# If not Baby-Friendly, consider this:

“One study found that mothers who stayed in hospitals that did not follow any of the steps were ~13 times more likely to stop breastfeeding before their infants were 6 weeks old than mothers who stayed at hospitals that followed six of the steps.”



What's  
the  
plan?



# What proved most valuable?

- Administration *MUST* be on board
- Breastfeeding Committee
- Peds and OB Champions
- Solid staff education
- Data Collection for Guidance

# Administration *MUST* be on board ...



- Your boss
- Your boss's boss
- Your boss's boss's boss

Whoever has the ability to affect change!

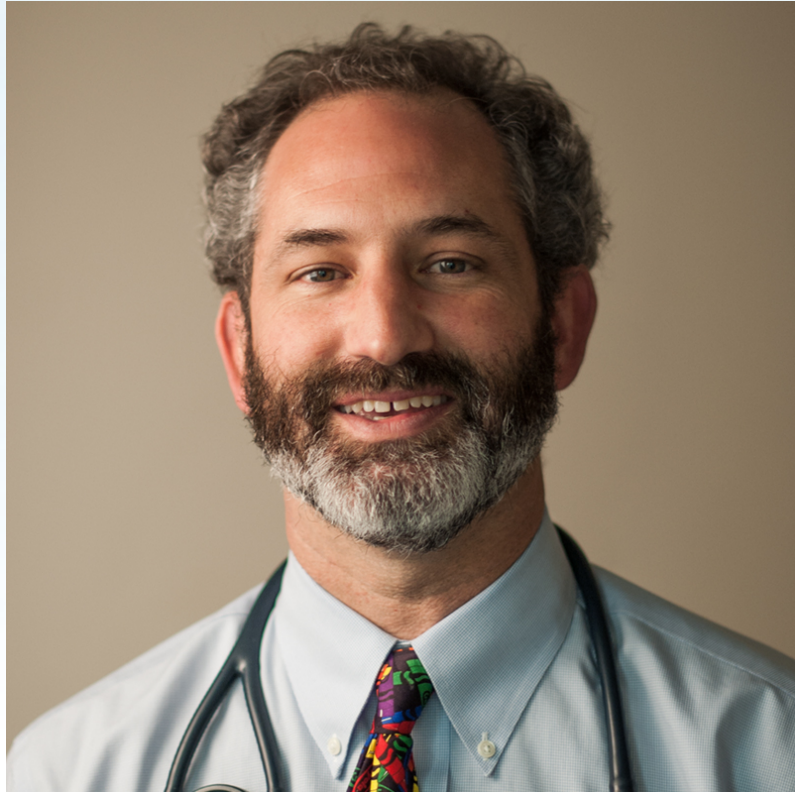


Committee – regular meetings

Every  
member  
“owned”  
a STEP.



# Physician champions

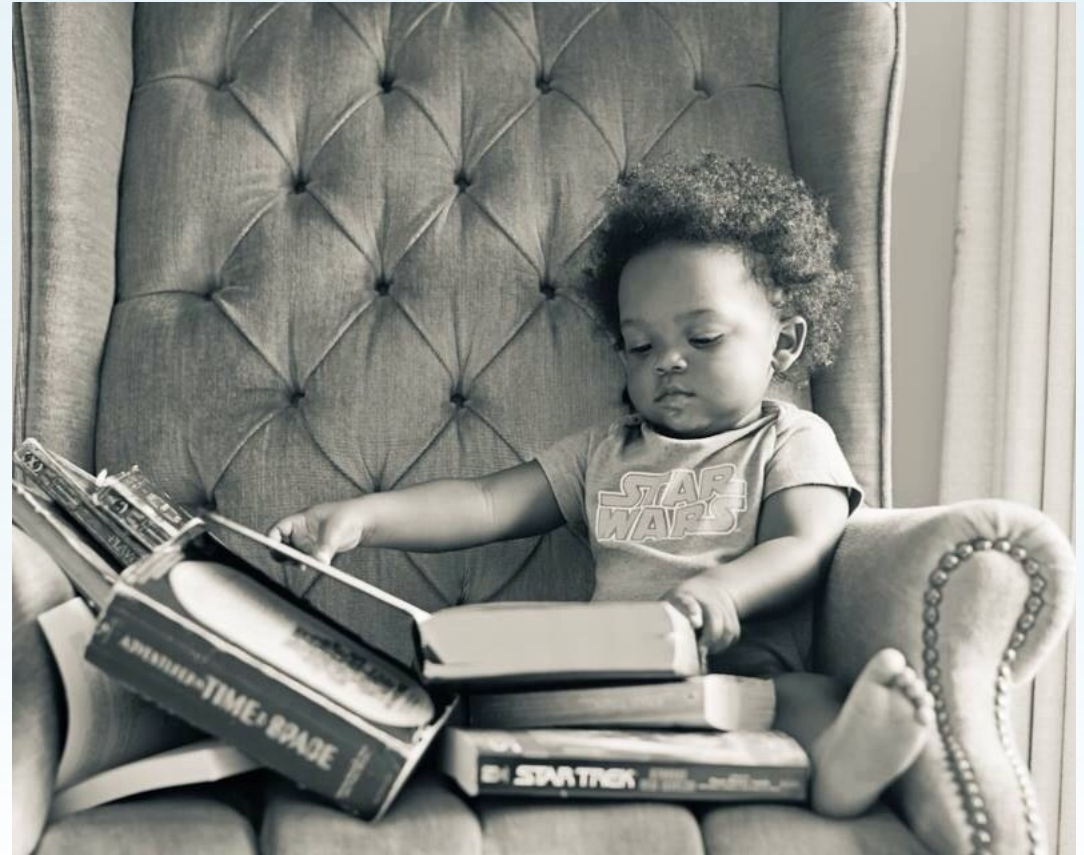




# Nurse EDUCATION



Mother's INFORMED Choice

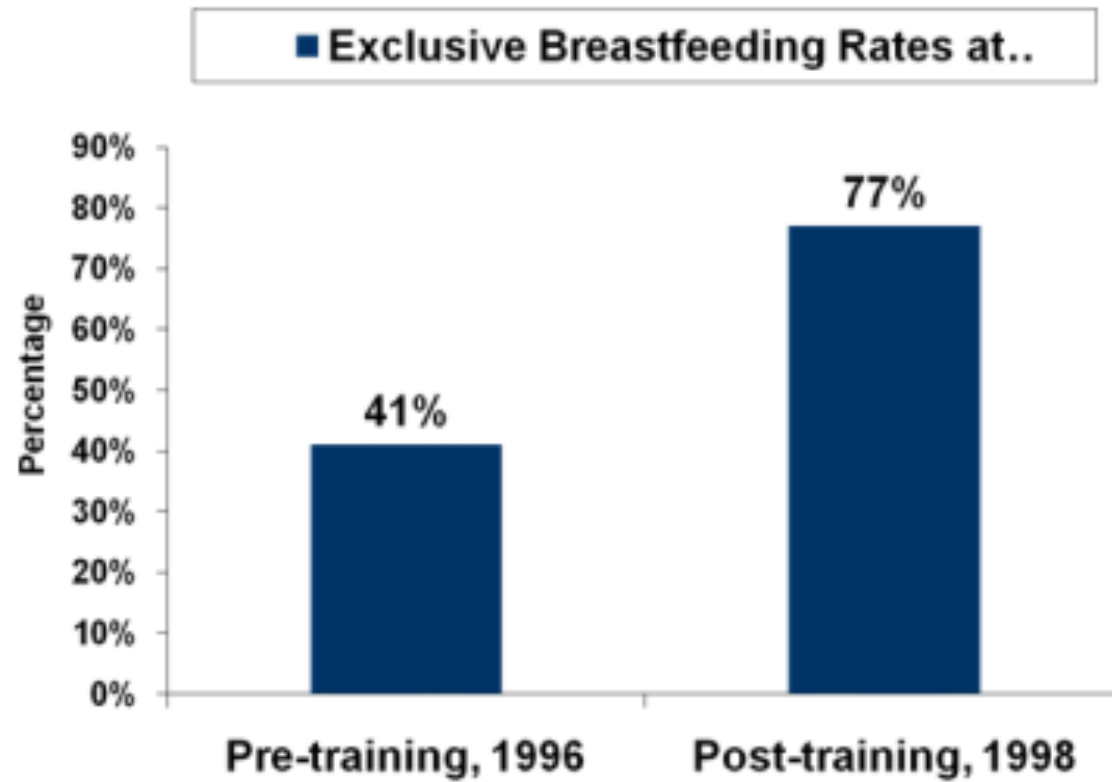


# Scenario

One of your patients is a G1P1. Today is PP#1. She was induced at 39 weeks, labored for 24 hours, had a C/S for FTP. Her pain has been adequately controlled. Foley was removed this morning at 6am.

8:30am – Mom calls you and says she needs to go to the bathroom. She states that it hurts too bad to move and that she needs to use the bedpan.

## Effect of breastfeeding training for hospital staff on exclusive breastfeeding rates at hospital discharge



# Data Collection

Chart Audits – for first few months to  
identify large areas of  
improvement

Mom Audits – Later in the process for  
tweaking

# Chart audits

# from chart tool:	1.a	1.b	n/a	2	3	4	5	6.a	6.b	6.c	7	8	9
					*Note: 3 & 4 should equal total # of charts								
Patient ID (1-50) *min of 10 and max of 50 charts:	Feeding Decision Documented	Intent to Breastfeed (Indicate N/A if no feeding decision indicated for 1.a)	Intent to Supplement (Total Yes in Column 1.a less Total Yes in 1.b)	Prenatal Instruction Complete & Documented	Vaginal Delivery Skin to Skin	Cesarean Section Delivery Skin to Skin	Assistance and Support with Breast-feeding (Indicate N/A if exclusive formula feeding)	Eligible to exclusively breast-feed	Received supplement other than that medically indicated	Exclusively breast-fed	Rooming in Documented at least 23 of every 24 hours	Feeding on Cue	Discharge Support (Indicate N/A if exclusive formula feeding)
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
<b>Total Yes</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total No</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total N/A</b>		0					0						0



# Chart audits

# from chart tool:	1.a	1.b	n/a	2	3	4
					*Note: 3 & 4 should equal total # of charts	
Patient ID (1-50) *min of 10 and max of 50 charts:	Feeding Decision Documented	Intent to Breastfeed (Indicate N/A if no feeding decision indicated for 1.a)	Intent to Supplement (Total Yes in Column 1.a less Total Yes in 1.b)	Prenatal Instruction Complete & Documented	Vaginal Delivery Skin to Skin	Cesarean Section Delivery Skin to Skin
39						
40						
41						
42						

# Chart audits

5	6.a	6.b	6.c	7	8	9
<b>Assistance and Support with Breast-feeding (Indicate N/A if exclusive formula feeding)</b>	<b>Eligible to exclusively breast-feed</b>	<b>Received supplement other than that medically indicated</b>	<b>Exclusively breast-fed</b>	<b>Rooming in Documented at least 23 of every 24 hours</b>	<b>Feeding on Cue</b>	<b>Discharge Support (Indicate N/A if exclusive formula feeding)</b>

# Mother audits – interview

## Step 6 - Supplementation

**2. When you considered feeding your baby formula, did a staff member explore your reasons?**

Yes  No

Follow up with this question:

**Did a staff member discuss with you the risks and benefits of various feeding options?**

Yes  No

**Can you remember specific information that you were given?**

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**2. Did the mother confirm that staff explored the reasons for her request?**

Yes  No

Did the mother confirm that staff provided education on the possible negative consequences of giving formula?

Yes  No

If yes to both, place a tally mark in column C of row 2 and mark as informed maternal choice in column E of row 1.

# Supplementation Data

<b>Mom</b>	<b>Supp</b>
#1	No
#2	No
#3	No
#4	No
#5	No
#6	Yes
#7	Yes
#8	Yes
#9	Yes
#10	Yes

50%

Supplementation rate

<b>Mom</b>	<b>Supp</b>	<b>Ed?</b>
#1	No	
#2	No	
#3	No	
#4	No	
#5	No	
#6	Yes	Yes
#7	Yes	Yes
#8	Yes	Yes
#9	Yes	No
#10	Yes	No

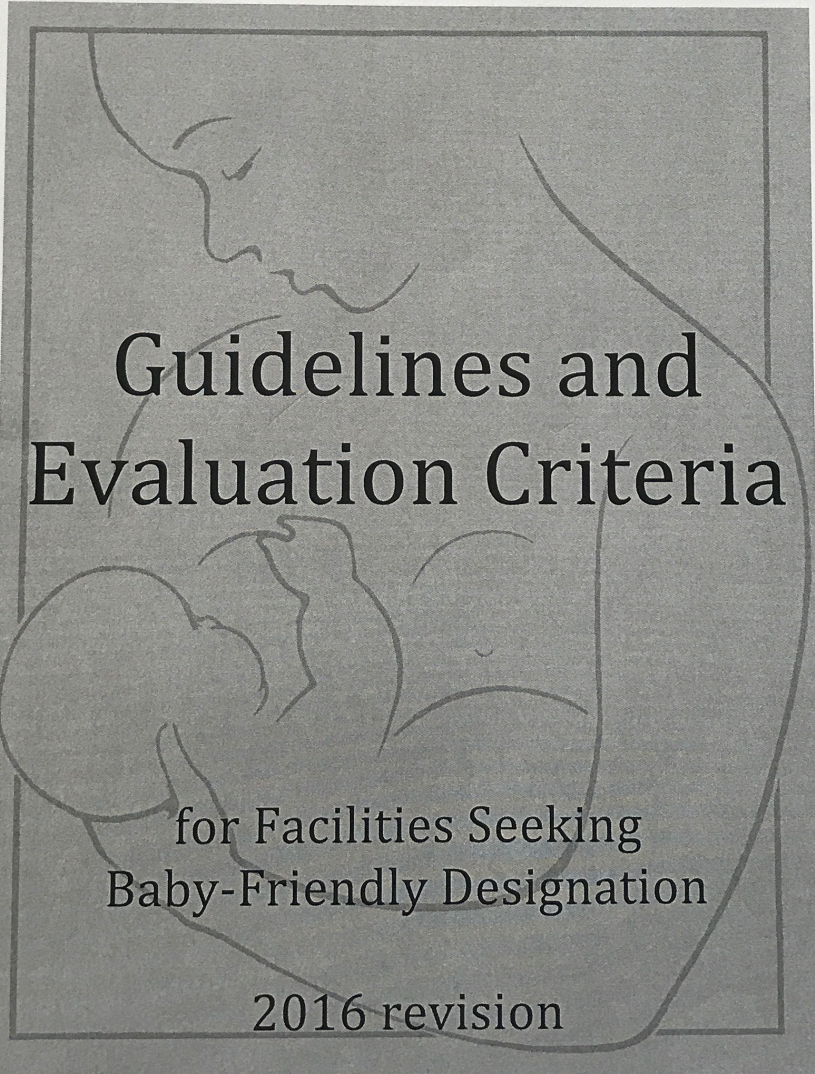
20%

Supplementation rate



# #1 Piece of Advice??

The Baby-Friendly Hospital Initiative



## Guidelines and Evaluation Criteria

for Facilities Seeking  
Baby-Friendly Designation

2016 revision

Baby-Friendly USA, Inc.



# Step 1

Have a written policy and communicate it to all staff.

- AAP Sample Hospital Breastfeeding Policy



**Breastfeeding Support**

**Tools for Clinicians**

## **Sample Hospital Breastfeeding Policy for Newborns**

**American Academy of Pediatrics Section on Breastfeeding**

- ALL employees complete a policy review assignment

# Step 2

Train all staff with the skills necessary to implement the policy

- BFHI doesn't endorse any particular program.
- Hospital's choice on how to educate
- 15 hours of "classroom"/5 hours of clinical skills



# Bulletin board in lounge



Before survey, posted questions around unit  
– gave candy for right answers

Preparing for our Baby-Friendly Survey

Why is it important for all women to receive information about the **benefits** of breastfeeding?

*To allow moms to make a fully-informed choice.*

Why is it important that all pregnant women receive information about the **management** of breastfeeding.

*To prepare them for breastfeeding.*

## Step 3

Inform all pregnant women about the benefits and management of breastfeeding

- Does hospital own any practices or have a clinic?
- Information in prenatal packet
- Offer breastfeeding class



## Step 4-9

4 – Help mothers initiate breastfeeding within one hour (STS)

5 – Show mothers how to breastfeed and how to maintain lactation, even if separated from their infants

6 – Give infants no food or drink other than breastmilk, unless medically indicated

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

## Step 4-9

8 - Encourage breastfeeding on demand

9 – Give no pacifiers or artificial nipples to breastfeeding infants

## Step 4-9

- This is your POLICY
- These are guidelines from the AAP and ABM
- Information and skills learned through mandatory education
- Audits are invaluable for discovering areas that need improvement

## Step 10

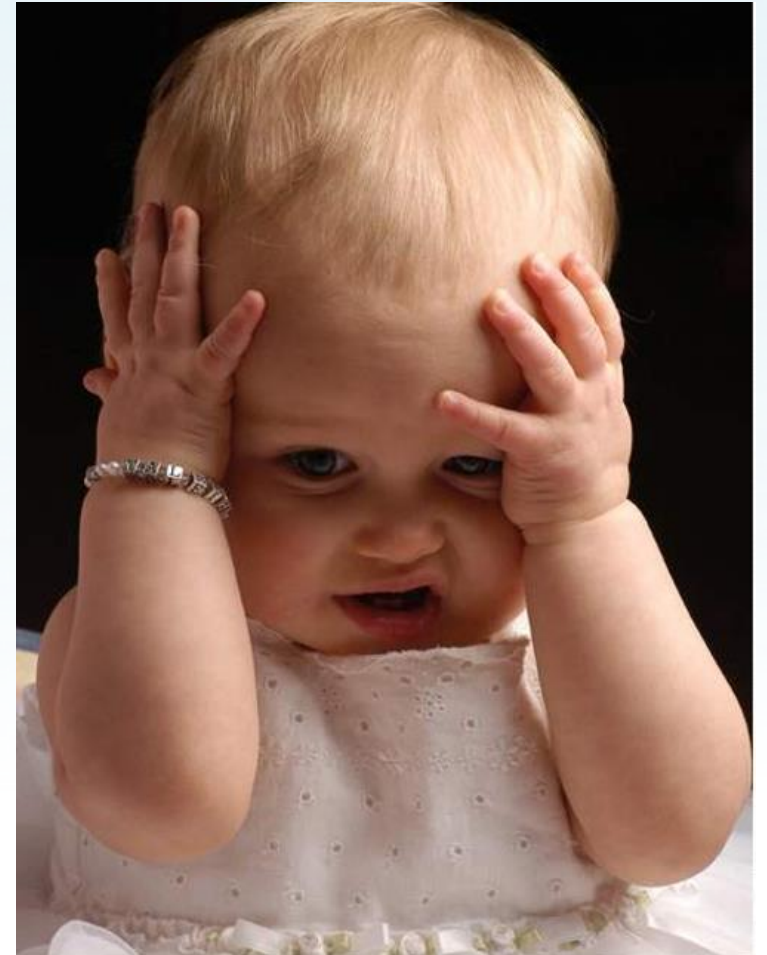
Foster the establishment of breastfeeding support groups and refer mothers to them on discharge

- New Mom's Handbook – with card attached
- Handout with community resources and breastfeeding information

# Last, but not least .....

## Formula Purchase

- Determine fair-market value
- 5 common items – average hospital discount
- Apply to average formula cost
- Must show calculations





If done right, Baby-Friendly:

- Follows AAP guidelines
- Educates staff/physicians – everyone is on same page
- Encourages moms to make an INFORMED choice
- Helps moms achieve goals

**... which isn't UNFRIENDLY at all!!**

# Need Support?

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