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Steps 3 and 10- The Continuity of Care Steps

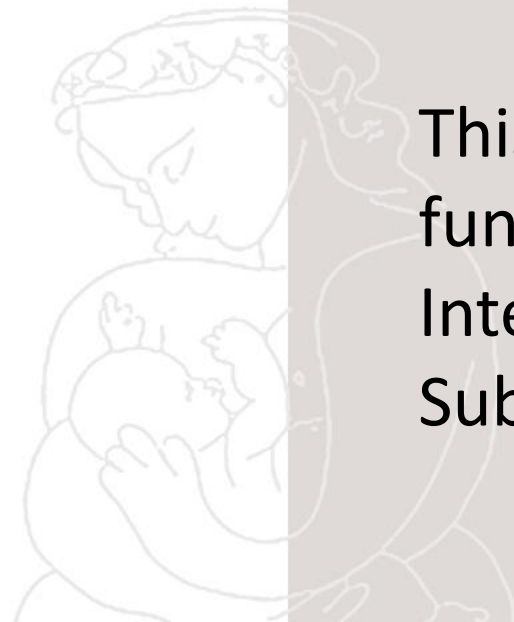
January 29, 2014



The 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



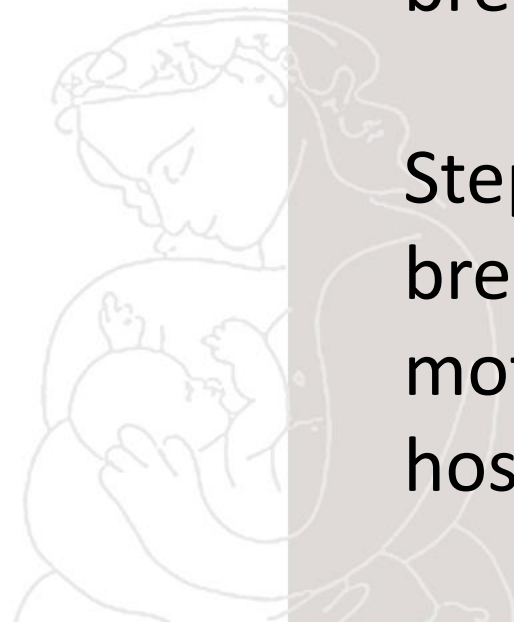
The goal of ***Continuity of Care*** is to assure accuracy and consistency of information provided to pregnant and post partum women



What are the Continuity of Care Steps?

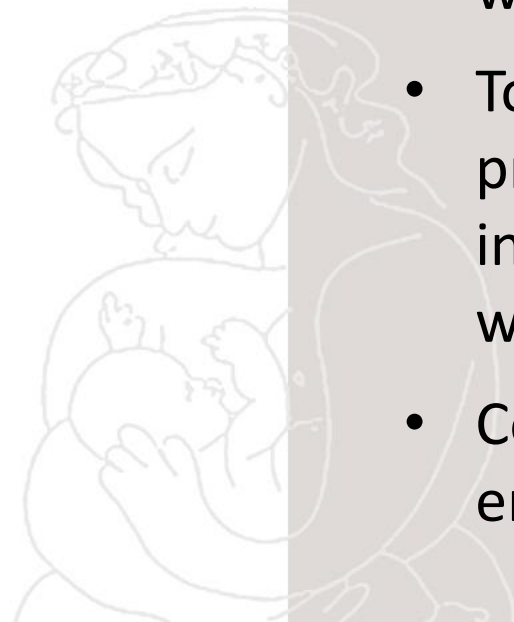
Step 3 - Inform all pregnant women about the benefits and management of breastfeeding

Step 10 - Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center



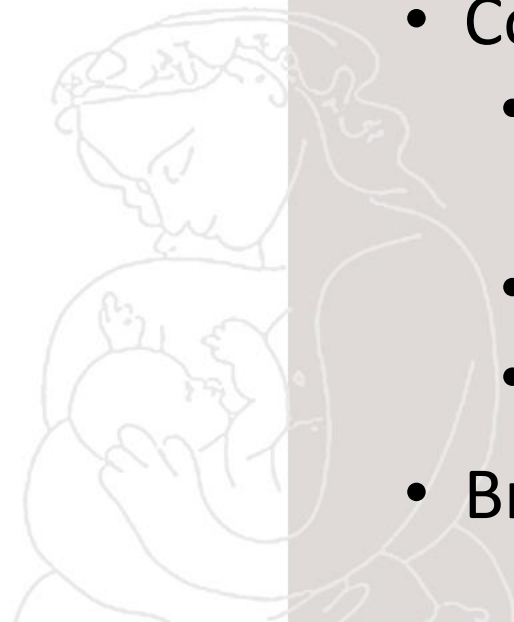
Purpose of Continuity of Care Committees

- To assure that an adequate number and type of breastfeeding education and support services are available to pregnant and post partum women
- To assure that care providers and educators are providing consistent, evidence-based information to pregnant and post partum women
- Continuity of Care Committees are strongly encouraged, but not required by BFUSA



Who should be included:

- Depends upon community resources
- Community Health Care Providers/Staff
- Community Programs
 - La Leche and other peer support programs
 - WIC
 - Parenting Programs
- Breastfeeding Coalitions



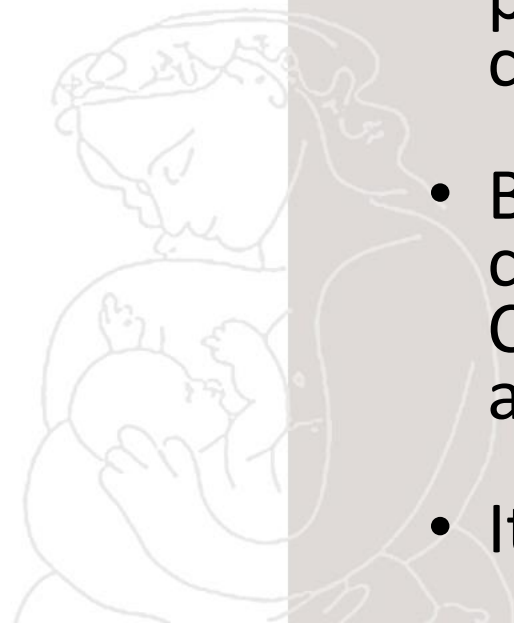
Who should be included:

- Nurse Family Partnership Programs
- Home Health Programs
- Private Practice Lactation Consultants
- Hunger Advocates
- Think creatively about who else in the community may be interested



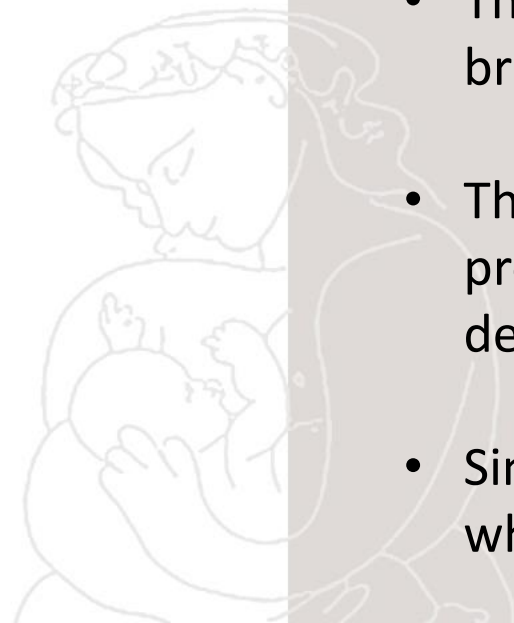
How does the BFUSA Continuity of Care Survey Factor into Steps 3 and 10?

- Dev_6_Continuity of Care Survey was designed to assist facilities in gathering information about education provided to prenatal and postpartum women in the community
- BFUSA envisioned it being used to compile and share data at Continuity of Care meetings about existing community activities
- It is NOT mandatory



Should Family Practice Providers who deliver babies be surveyed?

- Prenatal providers are key players in preparing pregnant women to experience the 10 step practices at the hospital
- They are also key players in preparing women to breastfeed
- The goal of Continuity of Care and the survey is to promote consistent messaging among all providers delivering at the facility
- Since the survey is not mandatory, facilities may choose who they wish to participate



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MOST IMPORTANT TOOL

**THE BABY-FRIENDLY HOSPITAL
INITIATIVE**

**GUIDELINES AND EVALUATION CRITERIA
FOR
FACILITIES SEEKING
BABY-FRIENDLY DESIGNATION**

OFFICIAL DOCUMENT

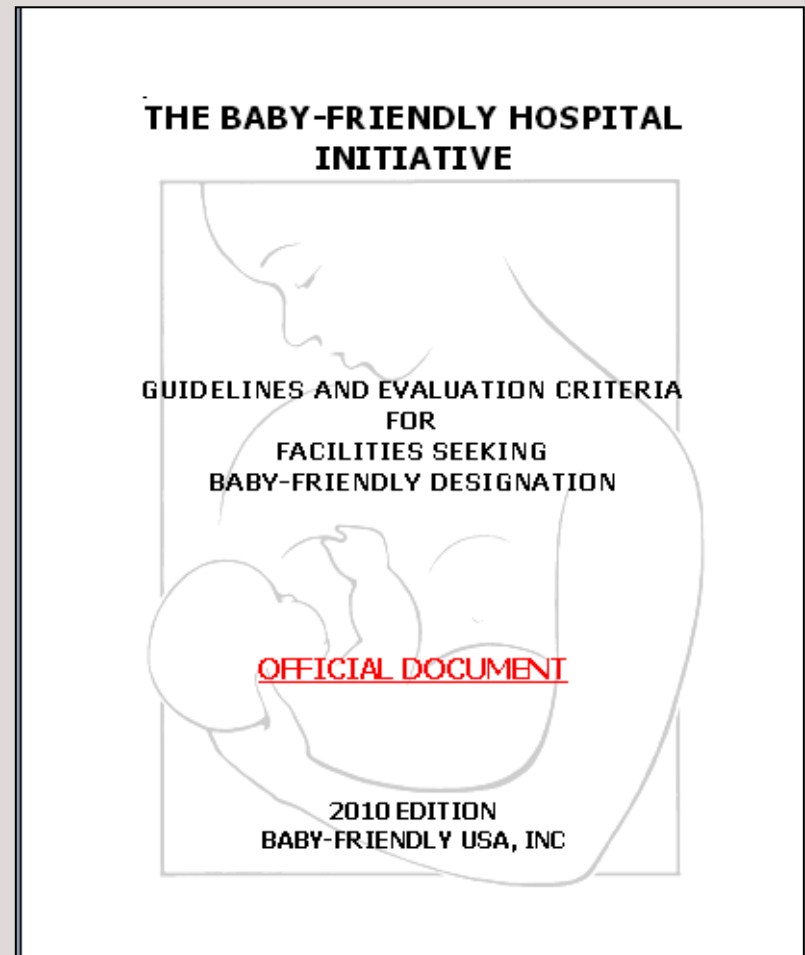
**2010 EDITION
BABY-FRIENDLY USA, INC**



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

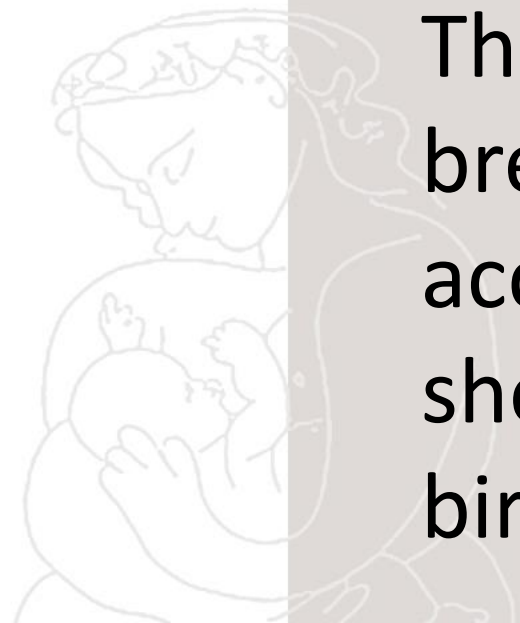
Criteria for Evaluation – the minimum standard that must be achieved in order to become designated as Baby-Friendly

Always strive to achieve 100%.



Inform all pregnant women about the benefits and management of breastfeeding

This step lays the foundation for breastfeeding and the mother's acceptance of the care practices she will experience at the birthing facility



Step 3 Has Two Different Sets of Evaluation Criteria

1. WITH Affiliated Prenatal Clinic or Services
2. WITHOUT An Affiliated Prenatal Clinic or Services



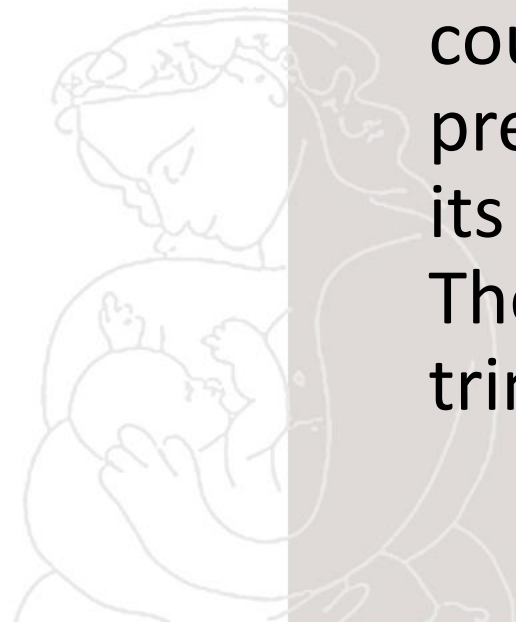
WHAT CONSTITUTES AN AFFILIATED PRENATAL CLINIC OR SERVICE?

Prenatal care is offered by facility
employees



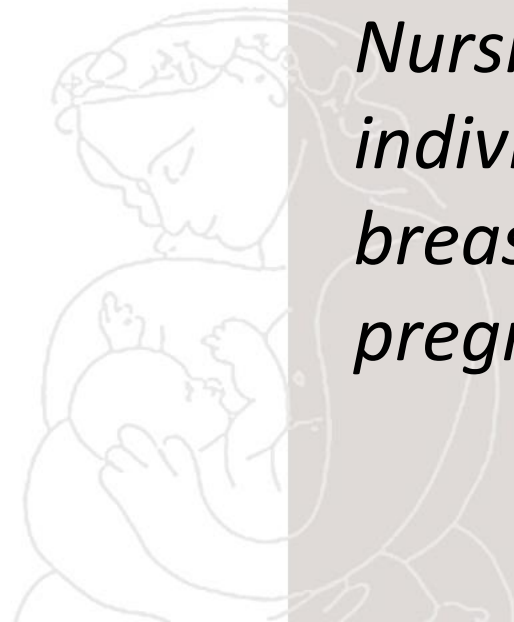
Step 3: FOR FACILITIES WITH AFFILIATED PRENATAL CLINIC/SERVICES

GUIDELINE: Education about breastfeeding, including individual counseling, should be made available to pregnant women for whom the facility or its associated clinics provide prenatal care. The education should begin in the first trimester, whenever possible.



Step 3: FOR FACILITIES WITH AFFILIATED PRENATAL CLINIC/SERVICES

Criteria for evaluation: *If the facility has an affiliated prenatal clinic or services, the Nursing Director/Manager will report that individual counseling or group education on breastfeeding is given to at least 80% of the pregnant women using those services.*



GUIDELINE: The education should cover:

- Importance of exclusive breastfeeding,
- Non-pharmacologic pain relief methods for labor,
- Importance of early skin-to-skin contact and early initiation of breastfeeding
- Rooming-in on a 24-hour basis,
- Feeding on demand or baby-led feeding,
- Frequent feeding to help assure optimal milk production,
- Effective positioning and attachment,
- Exclusive breastfeeding for the first six months,
- Importance of breastfeeding after 6 months when other foods are given.



GUIDELINE Continued: Individualized education on the documented contraindications to breastfeeding and other special medical conditions should be given to pregnant women when indicated.



Criteria for evaluation: *A written description of the content of the prenatal education will be available and will cover, at minimum, the importance of breastfeeding, the importance of exclusive breastfeeding for about six months, and basic breastfeeding management.*



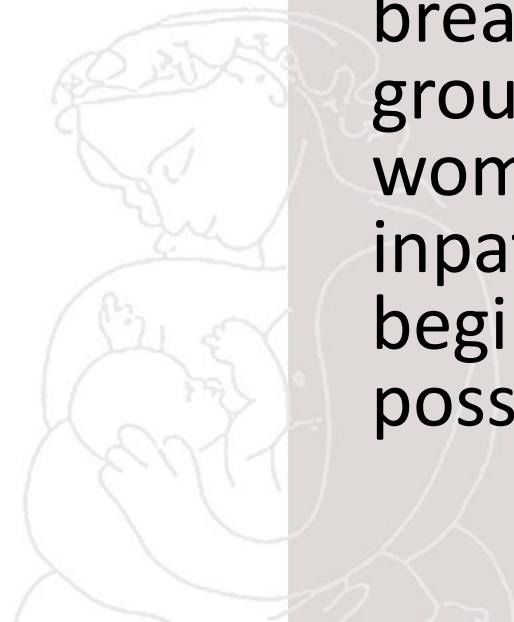
Criteria for evaluation: *Of the randomly selected pregnant women of in the third trimester who are using the facility prenatal services:*

- *at least 80% will confirm that a staff member has talked with them or offered a group talk that includes information on breastfeeding.*
- *at least 80% are able to adequately describe what was discussed about two of the following topics: importance of skin-to-skin contact, rooming-in, and risks of supplements while breastfeeding in the first 6 months.*

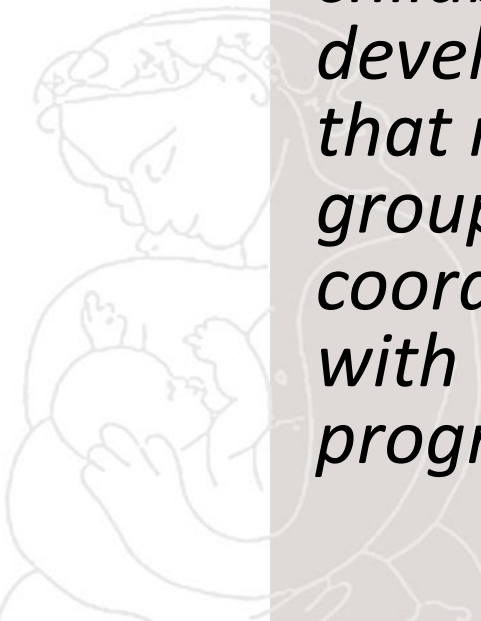


Step 3: FOR FACILITIES WITHOUT AFFILIATED PRENATAL CLINIC/SERVICES

GUIDELINE: The facility should foster programs that make education about breastfeeding, including individual and group counseling, available to pregnant women for whom the facility provides inpatient services. The education should begin in the first trimester, whenever possible.

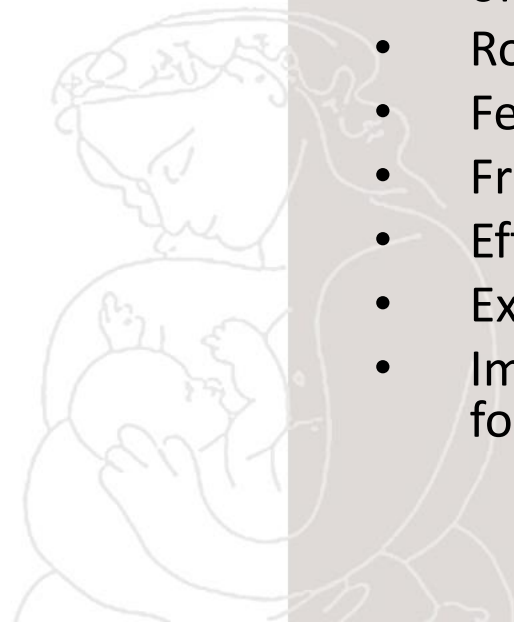


Criteria for evaluation: *If the facility does not have an affiliated prenatal clinic or services, the Nursing Director/Manager will report that the facility has provided in-house breastfeeding education (e.g. through childbirth education), and/or fostered the development of community-based programs that make available individual counseling or group education on breastfeeding, and coordinated messages about breastfeeding with those messages given by these programs.*



GUIDELINE: The education should cover:

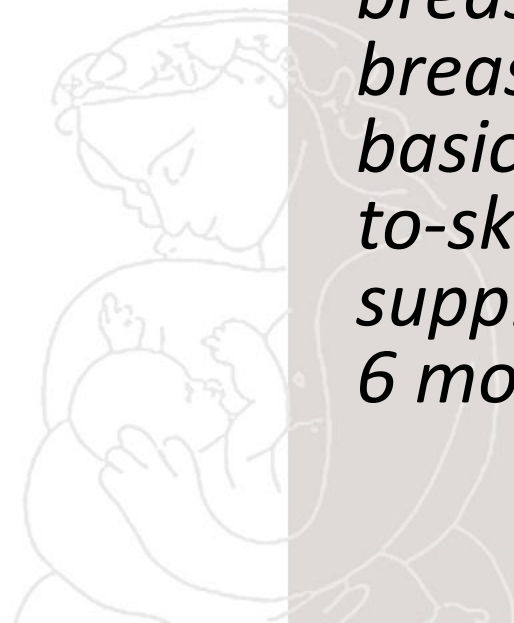
- Importance of exclusive breastfeeding,
- Non-pharmacologic pain relief methods for labor,
- Importance of early skin-to-skin contact and early initiation of breastfeeding
- Rooming-in on a 24-hour basis,
- Feeding on demand or baby-led feeding,
- Frequent feeding to help assure optimal milk production,
- Effective positioning and attachment,
- Exclusive breastfeeding for the first six months,
- Importance of breastfeeding after 6 months when other foods are given.



GUIDELINE Continued: Individualized education on the documented contraindications to breastfeeding and other special medical conditions should be given to pregnant women when indicated.



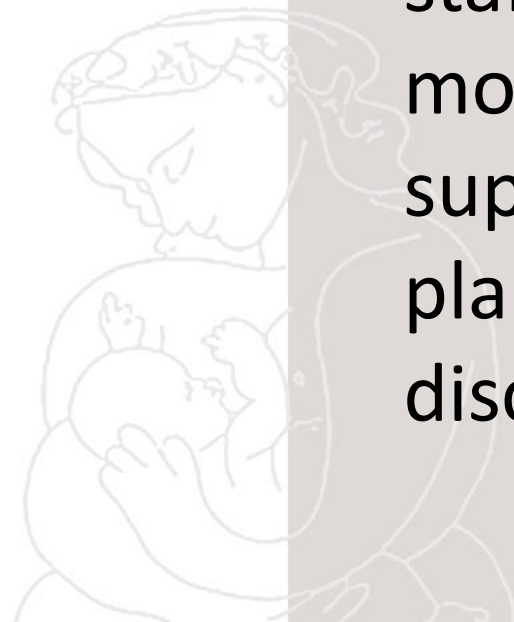
Criteria for evaluation: A written description of the in-house and/or community-based programs and projects the facility has fostered will be available and will cover, at minimum, the importance of breastfeeding, the importance of exclusive breastfeeding for about six months, and basic breastfeeding management (e.g., skin-to-skin contact, rooming-in, and risks of supplements while breastfeeding in the first 6 months).



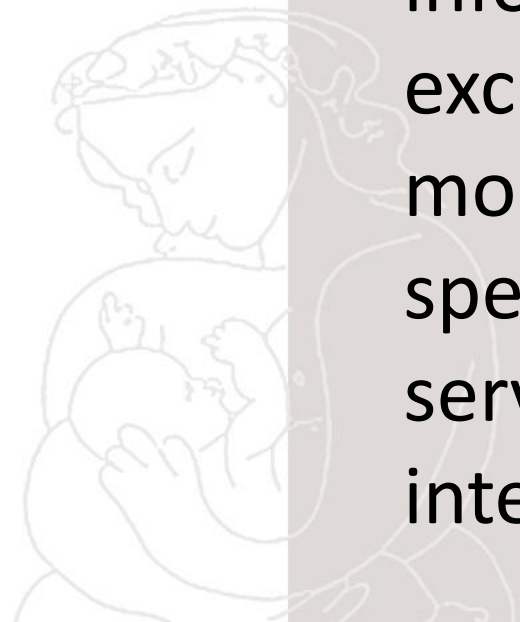
Foster the development of breastfeeding support groups and refer mother's to them upon discharge from the hospital or birth center



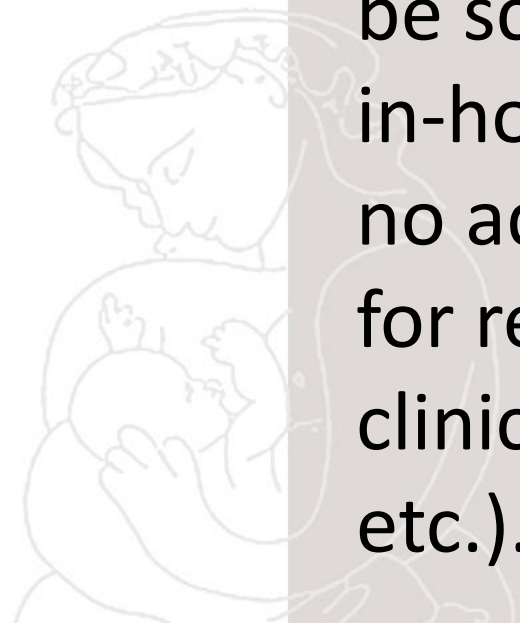
GUIDELINE: The designated health care professional(s) should ensure that, prior to discharge, a responsible staff member explores with each mother and a family member or support person (when available) the plans for infant feeding after discharge.



GUIDELINE Continued: Discharge planning for the breastfeeding mothers and infants should include information on the importance of exclusive breastfeeding for about 6 months and available and culturally specific breastfeeding support services without ties to commercial interests.

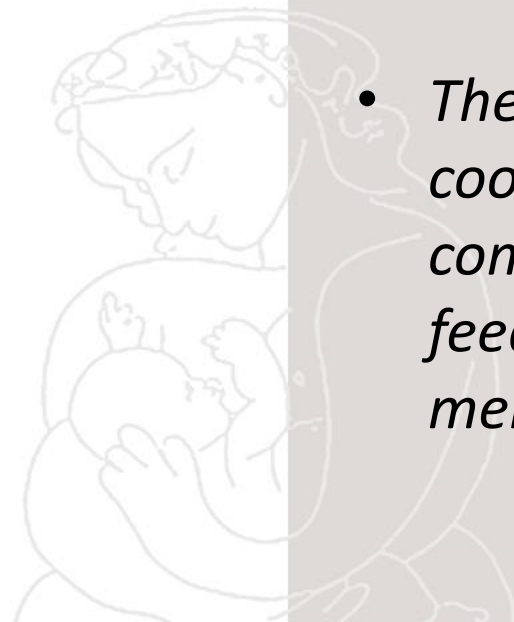


GUIDELINE Continued: An early post-discharge follow-up appointment with their pediatrician, family practitioner or other pediatric care provider should also be scheduled. The facility should establish in-house breastfeeding support services if no adequate source of support is available for referral (e.g., support group, lactation clinic, home health services, help line, etc.).



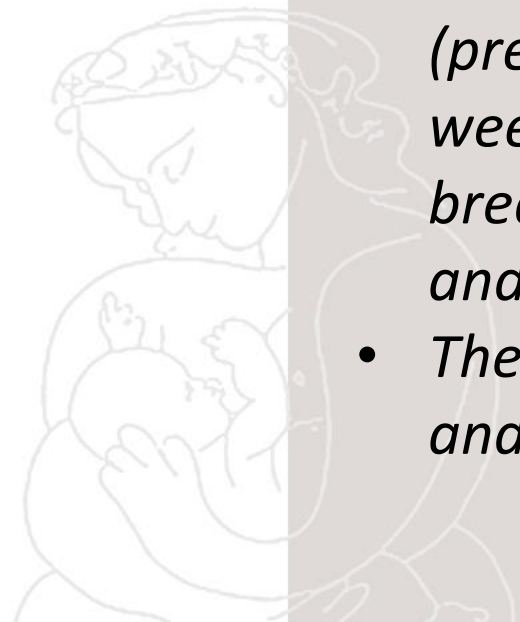
Criteria for evaluation: The director of maternity services will report that:

- *Mothers are given information on where they can find support if they need help with feeding their babies after returning home.*
- *The facility fosters the establishment of and/or coordinates with mother support groups and other community services that provide breastfeeding/infant feeding support to mothers, and the designated staff member can describe at least one way this is done.*



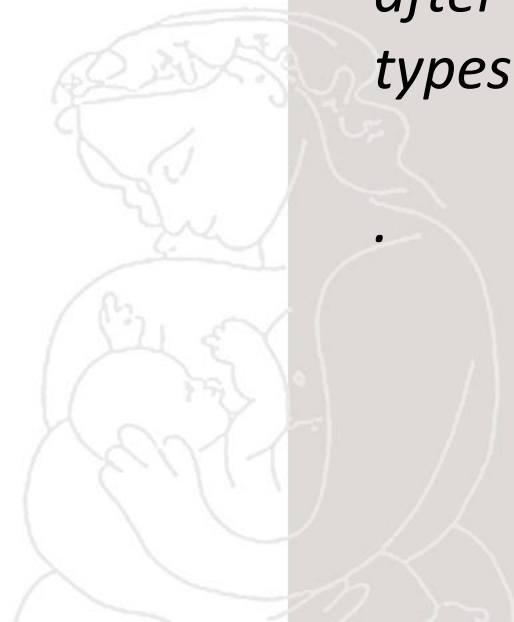
Criteria for evaluation continued: The director of maternity services will report that:

- The staff assures that mothers and babies receive breastfeeding assessment and support after discharge (preferably 2-4 days after birth and again the second week) at the facility or in the community by a skilled breastfeeding support person who can assess feeding and give any support needed.*
- The staff can describe an appropriate referral system and adequate timing for the visits.*



Criteria for evaluation continued:

A review of documents indicates that printed information is distributed to mothers before discharge on how and where mothers can find help on feeding their infants after returning home and includes information on the types of help available.



Criteria for evaluation continued:

Of randomly selected mothers, 80% of those who are breastfeeding will report that they have been given information about how to get help from the facility and how to contact support groups, peer counselors, or other community health services if they have questions about feeding their babies after return home, and can describe at least one type of help that is available.



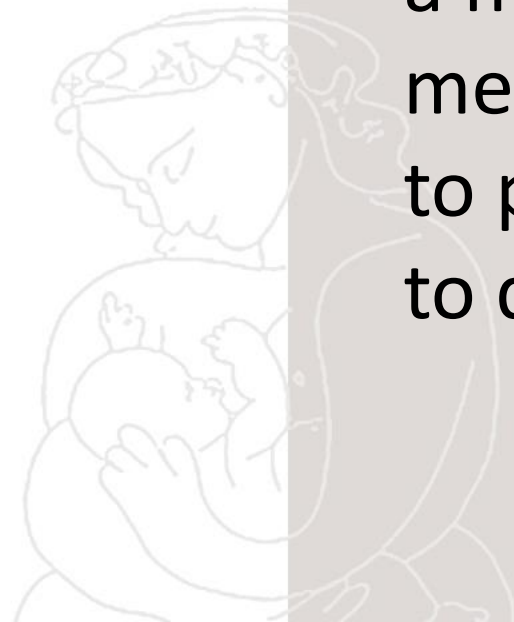
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Steps 3 and 10- Questions and Answers



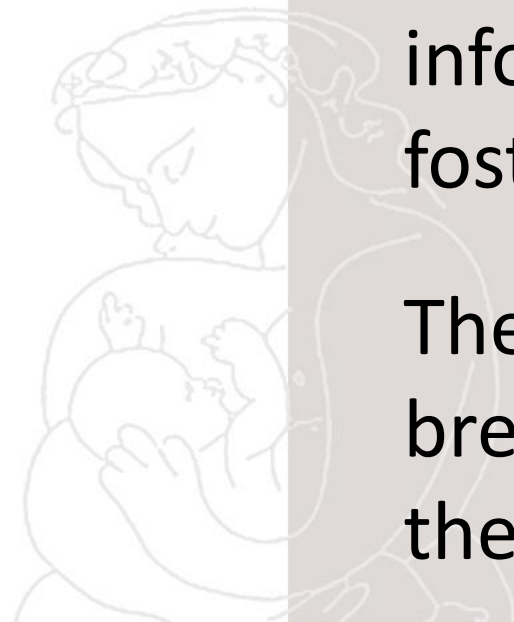
We do not have affiliated prenatal clinics or services and the hospital offers a breastfeeding class 2-3 times a month. How does our hospital meet Step 3 if we don't have access to pregnant women until they come to deliver?



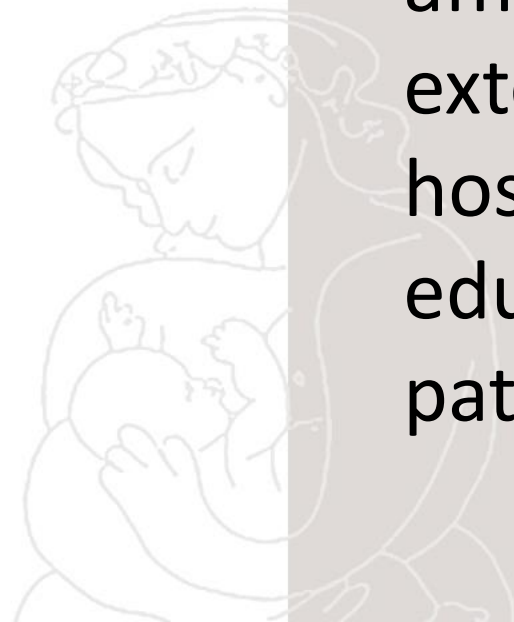
This facility would be assessed using the criteria for facilities without affiliated prenatal clinic/services

Assessors will look at written information about community programs fostered by the facility

The agenda for the hospital breastfeeding class should indicate all of the required topics were covered

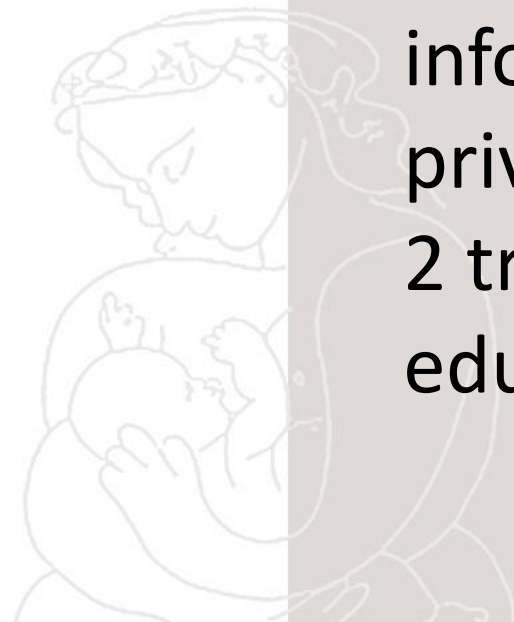


We have some affiliated and some nonaffiliated clinics. Since there is no accountability required of non affiliated provider offices to what extent does Baby-Friendly hold the hospital accountable for the education they provide to their patients?



This facility would be assessed using the criteria for facilities with affiliated prenatal clinic/services

Assessors will also look at written information about efforts made to private physicians to participate in Step 2 training and provide prenatal education in accordance with Step 3



How far do we have to go with educating private physicians? Do we have to visit their office and make certain they don't have formula packs and materials?



Assessors will look at written information about efforts made to private physicians to participate in Step 2 training and provide prenatal education in accordance with Step 3

BFUSA does not assess the private practices of physicians not employed by the facility



Will Baby-Friendly interview mothers regarding prenatal care in English and Spanish? What about other ethnic groups such as Somali, Vietnamese, Chinese...?



Mom's who speak languages other than English are included in the assessment

During the assessment, facilities are expected to make the same translation services available to the assessors as is available to care providers



Is it true that Baby-Friendly will not audit charts for documentation of breastfeeding education?



The focus of the assessment for Step 3 is:

- Affirmation from nursing leadership that education is provided
- Education topics provided to mothers
- Mother's knowledge
- Fostering the development of community programs



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