

Baby-Friendly usa[®]

The gold standard of care

Step 4 –

Help Mothers Initiate Breastfeeding Within 1 Hour of Birth:

Skin to Skin following Cesarean Birth

January 29, 2015



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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%.

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There are wide variations in facility structure and operations throughout the country

The guidelines cannot address each facility's specific situation, BFUSA is interested in outcomes

May be reinterpreted as new evidence guides us



- 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



Help mothers initiate breastfeeding within one hour of birth

This step is now interpreted as:

Place babies in skin-to-skin contact with their mothers immediately following birth until the first breastfeed, or at least one hour if not breastfeeding, and encourage mothers to recognize when their babies are ready to breastfeed.





Skin-to-Skin is for all mothers and babies, regardless of feeding method.



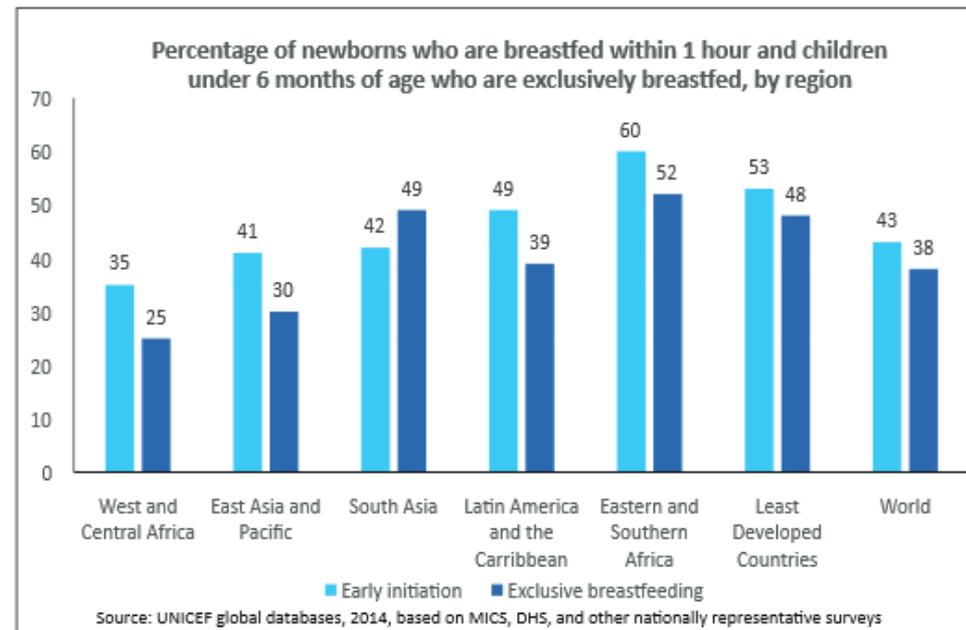
Recommended targets

The World Health Assembly target for breastfeeding* is:

- Increase the rate of exclusive breastfeeding in the first 6 months to at least 50% by 2025.

For 2030, a further aspirational and ambitious breastfeeding target should be set.

Figure 1: Early initiation and exclusive breastfeeding: much more can be done



GUIDELINE:

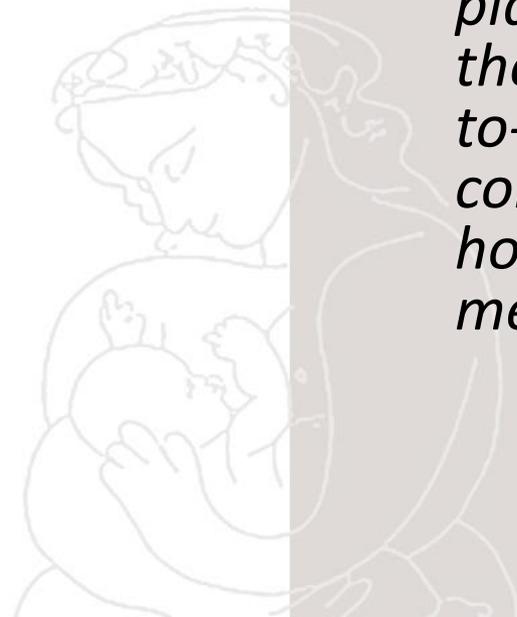
After cesarean birth, mothers will report that their babies were placed in continuous, uninterrupted skin-to-skin contact with them as soon as the mother was responsive and alert, with the same staff support identified above regarding feeding cues, unless separation was medically indicated.



Criteria for evaluation:

Of randomly selected mothers in the postpartum unit who have had cesarean births of a healthy baby:

at least 80% will confirm that their babies were placed in skin-to-skin contact with them as soon as the mother was responsive and alert and that skin-to-skin contact continued uninterrupted until the completion of the first feeding (or for at least one hour if not breastfeeding), unless there were medically justifiable reasons for delayed contact.



Criteria for evaluation - continued:

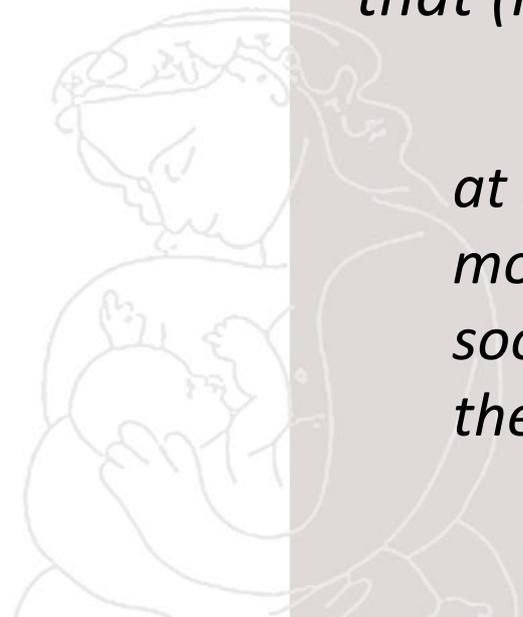
at least 80% will confirm that they were encouraged to look for signs for when their babies were ready to feed during this first period of contact and offered help, if needed. (The baby should not be forced to feed but, rather, supported to do so when ready.)



Criteria for evaluation - continued:

Observations of cesarean births and recovery, if necessary to confirm adherence to Step 4, show that (regardless of the mothers' feeding intentions):

at least 80% of the babies are placed with their mothers and are held continuously skin-to-skin as soon as mother was responsive and alert and until the completion of the first feeding,



Criteria for evaluation - continued:

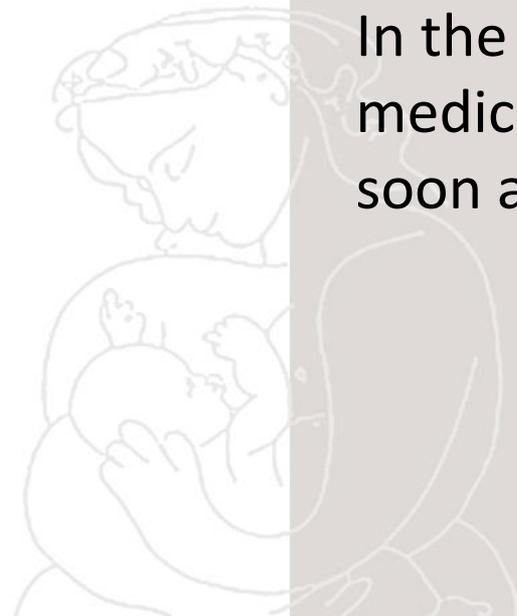
*Observations of cesarean births and recovery,
Continued:*

at least 80% of mothers are shown how to recognize the signs that their babies are ready to feed and offered help, or there are justified reasons for not following these procedures.



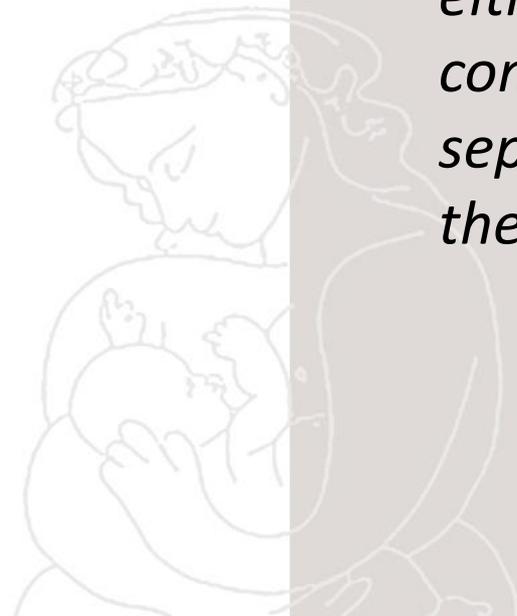
GUIDELINE:

In the event that a mother and/or baby are separated for medical reasons, skin-to-skin contact will be initiated as soon as the mother and baby are reunited.



Criteria for evaluation:

Of randomly selected mothers who gave birth either vaginally or via cesarean, at least 80% will confirm that in the event of medically-indicated separation, skin-to-skin contact was initiated when they were reunited with their babies.



Does Baby-Friendly USA require facilities to do Skin to Skin in the OR?



- Many facilities are safely encouraging and practicing STS in the OR
- Some report that have the same Maternity staff that function in L&D for circulating, scrub, newborn nurse and Recovery
- Some report that perform C/S physically on the same area of floor as L&D



- Moms with second C/S births report powerful stories of improved birth experiences with immediate STS compared to their first C/S when they did not hold their baby for hours
- We look forward to future research published from these facilities
- We encourage multi-disciplinary committees to brainstorm opportunities for early and safe STS following C/S



There are a number of factors that must be taken into consideration regarding initiation of Skin-to-Skin following a cesarean birth:

- Circumstances of the birth – emergency or planned
- Condition of the mother
- Condition of the baby



- How long the mother and baby are in the OR following the birth
 - Sometimes they are there long enough to experience Skin-to-Skin until first feed
 - Sometimes the surgical repair occurs quickly and mom and baby are transferred to a recovery area - mom and baby should be safely transferred and reunited in recovery without delay



- Infant safety always comes first
- There are states of alertness defined by anesthesia
- Mom needs to be awake enough to hold her baby safely
- If the mom is sleepy during the recovery time or later in post-partum, there should be someone in the room to assist the mother holding baby skin to skin



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