



Baby-Friendly USA®
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Implementing the Baby-Friendly NICU Designation in the United States



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Speaker Disclosures

- 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

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Objectives

- Describe the work that has been done on the designation by the BFHI-US NICU Task Force to date.
- Illustrate some of the challenges before us in implementing the BFHI-US NICU designation.
- Identify barriers to implementing the Ten Steps in the NICU.
- List solutions to identified barriers.



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WHY NICU?

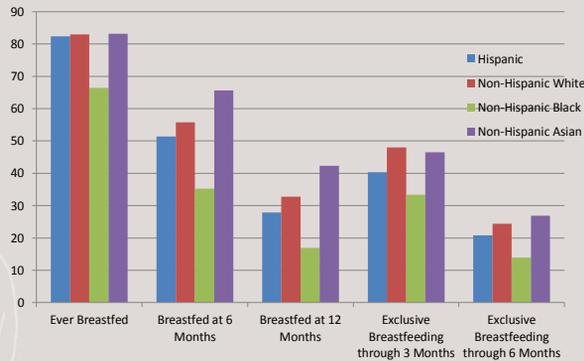
Importance of a Baby-Friendly NICU Designation



Photo courtesy of
K. Marinelli MD

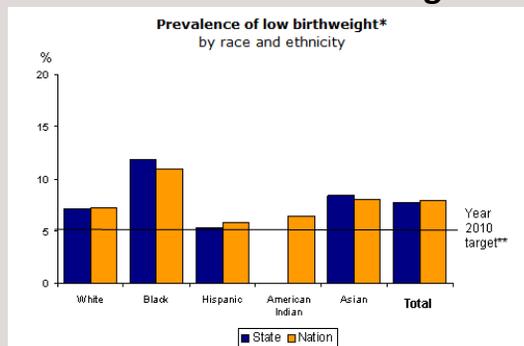


Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born in 2012



SOURCE: http://www.cdc.gov/breastfeeding/data/nis_data/index.htm

Which mothers are most likely to deliver infants of low birthweight?



* Low Birthweight includes VLBW < 1500 g and LBW = 1500- <2500 g.
** Year 2010 target: Reduce low birthweight to < 5.0 percent.

http://www.cdc.gov/pednss/how_to/interpret_data/case_studies/low_birthweight/who.htm accessed 1/25/16

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FUNDAMENTAL PRINCIPLES

1. Policy drives practice.
2. Well trained staff safely practice evidence-based care.
3. Monitoring of practice assures adherence to policy.



Photo courtesy of K. Marinelli MD



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Where are we now?



Photo courtesy of K. Marinelli MD





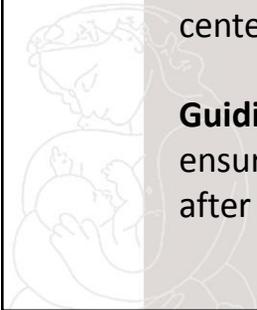
Baby-Friendly USA[®] Draft Guiding Principles

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Guiding principle 1: Our NICU staff focuses on the needs of the individual mother and her situation.

Guiding principle 2: This facility provides family-centered care within a supportive environment.

Guiding principle 3: Our health care system ensures continuity of care from pregnancy to after the infant's discharge.

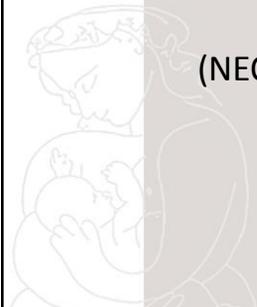


Baby-Friendly USA[®] Draft NICU Ten Steps

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Step 1: Have a written human milk and breastfeeding policy that is routinely communicated to all health care staff involved in the care of NICU mothers and infants.

(NEO-BFHI: Have a written breastfeeding policy that is routinely communicated to all health care staff.)

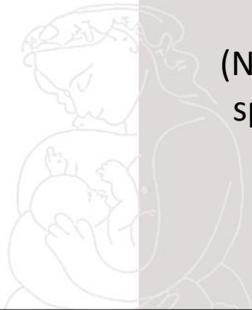


Baby-Friendly USA[®] **Draft NICU Ten Steps**

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Step 2: Educate and train all staff working with NICU infants, mothers and their families in the knowledge and skills necessary to implement NICU-related breastfeeding policies.

(NEO-BFHI: Educate and train all staff in the specific knowledge and skills necessary to implement this policy.)

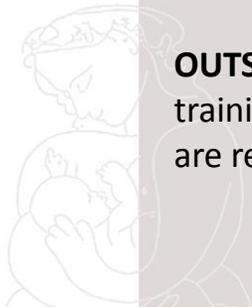


Baby-Friendly USA[®] **NICU Step 2 Issues**

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Step 2: Educate and train all staff working with NICU infants, mothers and their families in the knowledge and skills necessary to implement NICU-related breastfeeding policies.

OUTSTANDING ISSUE: Still working on the training requirements and defining which staff are required to receive the training.

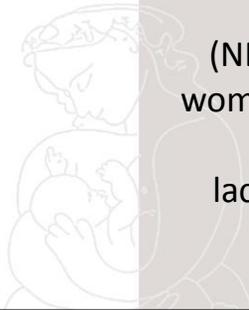


Baby-Friendly USA[®] **Draft NICU Ten Steps**

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Step 3: As early as possible, inform all pregnant women and their partners whose infants are known to be at risk for admission to the NICU about the benefits, initiation and management of lactation and breastfeeding.

(NEO-BFHI: Inform all hospitalized pregnant women at risk for preterm delivery or birth of a sick infant about the management of lactation and breastfeeding and benefits of breastfeeding.)

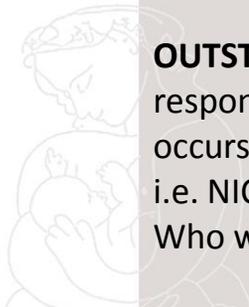


Baby-Friendly USA[®] **Draft NICU Ten Steps**

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Step 3: As early as possible, inform all pregnant women and their partners whose infants are known to be at risk for admission to the NICU about the benefits, initiation and management of lactation and breastfeeding.

OUTSTANDING ISSUE: Determining who is responsible for ensuring that prenatal education occurs and how to hold that entity accountable. i.e. NICU is in a free standing children's hospital. Who will see the HR pregnant women?

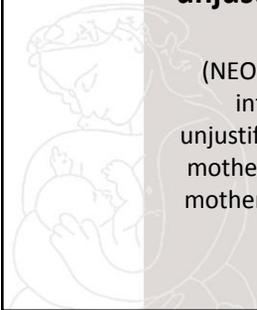


Baby-Friendly USA[®] **Draft NICU Ten Steps**

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Step 4: Place stable infants skin-to-skin on their mother immediately following birth for as long as possible, optimally for at least an hour. Facilitate and support early and continuous Kangaroo Mother Care (KMC) by parents or support persons without unjustified restrictions.

(NEO-BFHI: Encourage early, continuous, and prolonged mother–infant skin-to-skin contact (kangaroo mother care) without unjustified restrictions. Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.)



Baby-Friendly USA[®] **Draft NICU Ten Steps**

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Step 5: Show mothers how to initiate and maintain lactation at the earliest possible time and initiate breastfeeding with infant stability as the only criterion.

(NEO-BFHI: Show mothers how to initiate and maintain lactation and establish early breastfeeding with infant stability as the only criterion.)



Baby-Friendly USA[®] **Draft NICU Ten Steps**

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Step 5: Show mothers how to initiate and maintain lactation at the earliest possible time and initiate breastfeeding with infant stability as the only criterion.

OUTSTANDING ISSUE: Determining who is responsible for helping to initiate breastfeeding and how to hold that entity accountable.
i.e. NICU is in a free standing children's hospital.
Baby is born at a non-Baby-Friendly designated facility.



Baby-Friendly USA[®] **Draft NICU Ten Steps**

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Step 6: Give all infants no food or drink other than human milk unless medically indicated.

(NEO-BFHI: Give newborn infants no food or drink other than breast milk, unless medically indicated.)



Baby-Friendly USA[®] **Draft NICU Ten Steps**

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Step 7: Allow and encourage mothers and support persons to be with their infants and participate in their care, with unrestricted access, 24 hours a day.

(NEO-BFHI: Enable mothers and infants to remain together 24 hours a day.)



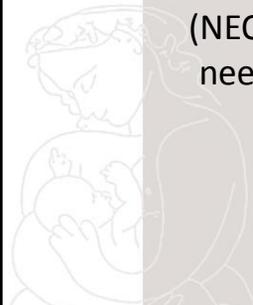
Photo courtesy of K. Marinelli MD

Baby-Friendly USA[®] **Draft NICU Ten Steps**

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Step 8: Encourage cue-based infant-driven breastfeeding as early as possible, with no weight or gestational age restrictions.

(NEO-BFHI: Encourage demand feeding or, when needed, semi-demand feeding as a transitional strategy for preterm and sick infants.)



Baby-Friendly USA[®] **Draft NICU Ten Steps**

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Step 9: Use alternatives to bottle feeding at least until breastfeeding is well established and use pacifiers and nipple shields only for therapeutic reasons.

(NEO-BFHI: Use alternatives to bottle-feeding at least until breastfeeding is well established and use pacifiers and nipple shields only for justifiable reasons.)



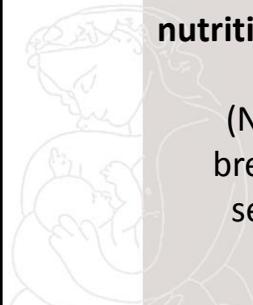
Photo courtesy of K. Marinelli MD

Baby-Friendly USA[®] **Draft NICU Ten Steps**

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Step 10: Prepare parents for continued breastfeeding by having a specific follow-up plan and ensuring post-NICU discharge access to clinical lactation support services and groups knowledgeable about the specific lactation and nutrition needs of post-NICU infants.

(NEO-BFHI: Prepare parents for continued breastfeeding and ensure access to support services/groups after hospital discharge.)

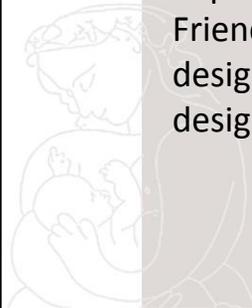


Baby-Friendly USA[®] **Questions to discuss**

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BFUSA will need to decide how the Baby-Friendly NICU designation relates to the regular Baby-Friendly designation.

In particular we are examining if the Baby-Friendly designation and the Baby-Friendly NICU designation be separate independent designations or linked.





Baby-Friendly USA[®] **Questions to discuss**
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What is the best way to
 Ensure that high risk pregnant women receive information about the importance of human milk and breastfeeding for their sick or pre-term infant?

What is reasonable for the NICU be held responsible for?




Baby-Friendly USA[®] **Questions to discuss**
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What are the challenges with:
 Placing stable infants skin-to-skin on their mother immediately following birth for as long as possible, optimally for at least an hour.

Facilitating and supporting early and continuous Kangaroo Mother Care (KMC) by parents or support persons without unjustified restrictions.

How can those challenges be overcome?



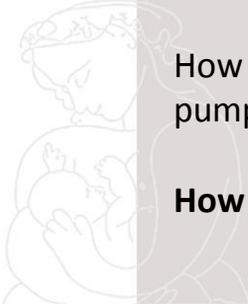


Baby-Friendly USA[®] **Questions to discuss**
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What are the challenges with:
 Showing mothers how to initiate and maintain lactation at the earliest possible time and initiate breastfeeding with infant stability as the only criterion?

How do we promote early skin to skin and pumping at the same time?

How can those challenges be overcome?




Baby-Friendly USA[®] **Questions to discuss**
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What are the challenges with:
 Allow and encourage mothers and support persons to be with their infants and participate in their care, with unrestricted access, 24 hours a day?

How can those challenges be overcome?



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Thank you!



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