Current Issues Impacting the Baby-Friendly Hospital Initiative

January 26, 2017

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
Objectives

Participants will be able to describe
- Implementation requirements for the 2016 Guidelines and Evaluation Criteria
- BFUSA responses to safety concerns and identify where in the BFHI safety is addressed
- Racial disparities in access to maternity care practices and differences in breastfeeding rates

Topics

2016 Guidelines
( Expectations for both designation and re-designation )

Safety Issues
- Skin to Skin Care
- Rooming-In

Pacifiers

Safe Sleep

BFHI - NICU update
407 Designated Facilities (1/26/17)

701 working towards designation

274 facilities in the Discovery Phase
98 facilities in the Development Phase
169 facilities in the Dissemination Phase
160 facilities in the Designation Phase

20.01% (798,000) births in BFHI Hospitals

~3100 total birthing facilities in US

California DATA

86 Designated Facilities
201,628 births
5% of US births
(Counts KP Orange and Ventura County as 1 each)

66 working towards designation

18 facilities in the Discovery Phase
8 facilities in the Development Phase
16 facilities in the Dissemination Phase
24 facilities in the Designation Phase

~75,000 births (missing data for some hospitals)
Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born in 2012


SOURCE: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6333a2.htm
2016 Guidelines and Evaluation Criteria

What’s New???
GUIDELINES AND EVALUATION CRITERIA - Summary of Changes

Summary of Changes to the Guidelines and Evaluation Criteria

The table below summarizes differences between the 2010 and 2016 versions of the U.S. Baby-Friendly Guidelines and Evaluation Criteria. Baby-Friendly designated facilities must come into compliance with the 2016 guidelines and evaluation criteria by October 31, 2016. New facilities seeking designation on-site assessments that take place after October 31, 2016 will be assessed using the 2016 guidelines and evaluation criteria.

<table>
<thead>
<tr>
<th>Change</th>
<th>Additional/Information</th>
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<tbody>
<tr>
<td>Perinatal Action Plan</td>
<td>Developed a new set of plans to guide the implementation of the guidelines and evaluation criteria.</td>
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<td>Association with Criteria</td>
<td>Facilitates greater alignment with the core components of the program.</td>
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Fundamental Principles

1. Well-trained staff provide care that is evidence-based.
2. Well-trained staff provide care that is evidence-based.
3. Monitoring of practice is required to ensure adherence to policy.

The guidelines and evaluation criteria for hospital and birthing center implementation of the U.S. Baby-Friendly Hospital Initiative:

Step 1: Have a written breastfeeding policy that is routinely communicated to all health care staff.

Step 2: All health care staff who assist mothers and infants will be educated on the guidelines and evaluation criteria before they are assigned patient care.

Step 3: Have equipment available for use by breastfeeding mothers.

Step 4: Have a policy on breastfeeding that is routinely implemented.

Step 5: Have a process for evaluating breastfeeding success and addressing breastfeeding problems.

Step 6: Have a process for assessing and responding to the needs of breastfeeding mothers and infants.

Step 7: Have a process for promoting breastfeeding in the hospital and birthing center environment.

Step 8: Have a process for reporting breastfeeding success and problems.

Step 9: Have a process for providing support to breastfeeding mothers and infants after discharge from the hospital or birthing center.
Well-constructed, comprehensive policies effectively guide staff to deliver evidence-based care.

Well-trained staff provides current, evidence-based care.

Monitoring of practice is required to assure adherence to policy.

Breastfeeding is the optimal method of infant feeding and should be promoted as the norm.

Facilities should use evidence-based practices to support breastfeeding.

The environment should not be restrictive or punitive and should facilitate informed decisions.
The health care delivery environment should be sensitive to cultural and social diversity.

The family should be protected from false or misleading product promotion and/or advertising that undermines informed choices regarding infant care practices.

When formula is being fed to the infant, it is crucial that safe and appropriate methods of formula mixing, handling, storage, and feeding are taught to the parents.

Recognition as a Baby-Friendly institution should have both national and international credibility and prestige.
Participation of any facility in the U.S. BFHI is entirely voluntary and is available to any institution providing birthing services.

Each participating facility assumes full responsibility for assuring that its implementation of the BFHI is consistent with all of its safety protocols.

GUIDELINES AND EVALUATION CRITERIA – Summary of Tenets

GUIDELINES AND EVALUATION CRITERIA
Addition of a numbering system

<table>
<thead>
<tr>
<th>Section</th>
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<tbody>
<tr>
<td>Guidelines and Evaluation Criteria</td>
<td>added numbering to each guideline and criteria for evaluation.</td>
<td>provides a mechanism to reference a specific item in the guidelines and evaluation criteria document.</td>
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</table>

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

Guidelines and criteria only for facilities with an affiliated prenatal clinic or services

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

3.1.1 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.
## Baby-Friendly USA

### GUIDELINES AND EVALUATION CRITERIA - Step 2 Changes

<table>
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<th>Section</th>
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</table>
| Step 2 | Added to guideline 2.3 the following examples of training for staff outside of maternity:  
  - Pharmacists: importance of exclusive breastfeeding, medications acceptable for breastfeeding  
  - Social worker, discharge planner: importance of exclusive breastfeeding; community resources that support breastfeeding  
  - Anesthesiologist: importance of exclusive breastfeeding, importance of immediate eye-to-eye contact  
  - Radiology: importance of exclusive breastfeeding, where to find out about safe medications for use during lactation, where to find appropriate information on use of radiotopes during lactation  
  - Dietary: importance of exclusive breastfeeding, practices that support breastfeeding  
  - Housekeeping staff: importance of exclusive breastfeeding, practices that support breastfeeding, the facility’s philosophy on infant nutrition, who to call when a mother needs help |

**Additional Information:** Provides some examples of training topics for staff outside of maternity.

- All healthcare providers with privileges, not only those who are employed, need to meet the requirement for training. The revision also provides clarification regarding the specific breastfeeding management knowledge base expected of a provider.

Step 2 | Added criterion 2.18 for assessment of healthcare provider knowledge of breastfeeding management:

  - Of healthcare providers with privileges, at least 80% will be able to correctly answer 4 out of 5 questions demonstrating they have a true understanding of the benefit of exclusive breastfeeding, physiology of lactation, how their specific field of practice impacts lactation, and how to find out about safe medications for use during lactation.

### Baby-Friendly USA

### GUIDELINES AND EVALUATION CRITERIA - Step 3 Changes

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<tbody>
<tr>
<td>Step 3</td>
<td>Revised header for the second set of Guidelines to say “Guidelines and criteria for all facilities with or without an affiliated prenatal clinic or services”</td>
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**Provides clarification that this particular section refers to all facilities.**

Step 5 | Revised guideline 3.3 to read:

  - All facilities should foster the development of, or coordinate services with, programs that make education about breastfeeding available to pregnant women. All facilities should foster relationships with community-based programs that make available individual counseling or group education on breastfeeding and coordinate messages about breastfeeding with these programs. The education should begin in the first trimester whenever possible. |

**Provides clarification that the Baby-Friendly philosophy of coordinating services and breastfeeding messages with community partners is a critical aspect of prenatal education.**

Step 5 | Revised criteria 3.3.1 and 3.3.2 to read:

  - **3.3.1 Criterion for evaluation:** The nursing director/manager will report that the facility fosters relationships with community-based programs that make available individual counseling or group education on breastfeeding and coordinates messages about breastfeeding with these programs.

  - **3.3.2 Criterion for evaluation:** The nursing director/manager will report that the facility has fostered the development of or coordinated services with one or more of the following programs: in-house breastfeeding education, childbirth education, hospital pre-registration visits, hospital tours, in-patient services, etc. |

**Aligns the criteria for evaluation with the revised guideline.**
### GUIDELINES AND EVALUATION CRITERIA - Step 5 Clarification

<table>
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<tr>
<th>Step 5</th>
<th>Revised the language regarding initiation of breast milk expression for mothers who are separated from their infants in guideline 5.2 to read:</th>
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<tr>
<td></td>
<td>The routine standard of care should include procedures that assure that milk expression is begun as soon as possible but no later than 6 hours after birth, expressed milk is given to the infant as soon as the infant is medically ready, and the mother’s expressed milk is used before any supplementation with breast milk substitutes when medically appropriate. For high risk and special needs infants who cannot be skin-to-skin immediately or cannot suckle, beginning manual expression within one hour is recommended.</td>
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<tr>
<td></td>
<td>The language of criterion 5.2.3 was revised to, &quot;...as soon as possible, but no later than 6 hours after their infants’ births...&quot;</td>
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Whenever possible, skin-to-skin care is the first priority immediately following birth. For high risk and special needs infants who cannot be skin-to-skin immediately or cannot suckle, beginning manual expression within one hour and offering the infant a small amount of colostrum is recommended.

### GUIDELINES AND EVALUATION CRITERIA - Step 6 Clarification

<table>
<thead>
<tr>
<th>Step 6</th>
<th>Removed outdated language referencing the Joint Commission’s Perinatal Care Core Measure Set PC-05 eligibility criteria for exclusive breastfeeding.</th>
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<tr>
<td></td>
<td>Updates to the Joint Commission materials and data collection requirements occur at different intervals than updates to the Baby-Friendly USA materials and requirements. Reference to specific data elements was removed to avoid risking publication of outdated information.</td>
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**NOTE:** On Data Sheets submitted to BFUSA, facilities will continue to have the option of reporting their exclusive breastfeeding data as collected for PC-05 or may opt to use facility-specific tracking that excludes true medical indications to supplement and contraindications to breastfeed as identified in the two ARM protocols, Supplementation Protocol and Model Hospital policy Protocol.
### GUIDELINES AND EVALUATION CRITERIA - Step 9 Clarification

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<tr>
<td>Step 9</td>
<td>Revised criterion 9.1.2 to read: Observations in the postpartum unit and any well-baby observation areas will indicate that at least 80% of breastfeeding infants are not using bottles.</td>
<td>Provides clear expectation that breastfeeding infants who are supplemented are offered the supplement through an alternative feeding device. NOTE: The scoring of documented parental education for BOTTLE use is different from the scoring of documented parental education for PACIFIER use in the Step 9 Criteria for Evaluation. For BOTTLE use, documented parental education is NOT scored as an acceptable answer in the 80% minimal criteria. Facilities are expected to provide excellent patient centered education to encourage at least 80% of families to utilize the alternative feeding methods. For pacifier use, documented parental education is scored as an acceptable answer in the 80% minimal criteria, due to a variety of factors beyond the control of the facility. However, facilities are expected to provide excellent patient centered education to encourage families to avoid pacifiers while breastfeeding is being established.</td>
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### GUIDELINES AND EVALUATION CRITERIA – Appendix A Clarification

| Appendix A | The language remains the same. However, rationale is offered for why no specific timeframes for each topic and/or subtopic are provided in Appendix A. | When outlining the required topics and subtopics for the 20 hour training, specific timeframes for each topic have not been included. This is an intentional decision to allow trainers the flexibility necessary to deliver participant centered programs. Given the vast abundance of breastfeeding training opportunities over the past decade, many trainers enter the classroom with a strong mastery of one topic, but require extra time to develop a sufficient mastery of a different topic. |
All assessments conducted on or after November 1, 2018 will be performed using the 2016 GEC. This includes:

- Designation assessments
- Re-Designation assessments
- Facilities in the Re-Designation Classes of both 2017 and 2018 will have their assessments scheduled prior to November 1, 2018
- Currently designated facilities whose designations expire after 2018 should begin now to incorporate the revised criteria
Safety Issues and BFUSA’s response

• Safety has always been a BFUSA priority.

• Tenet 11: “.... Each participating facility assumes full responsibility for assuring that its implementation of the BFHI is consistent with all of its safety protocols.”
Safety checks are built into the 4-D pathway:

- Infant feeding policy review
- Staff training requirements and review
- Patient education plans review
- Auditing of practices
- Readiness Assessment Interview

Implementation of any of the Ten Steps is expected to occur simultaneously with hospital safety protocols.

The wording of the 10 steps themselves may not suggest a potential for risk. However, the specific guidelines for Baby-Friendly designation provide the cause for concern.
• Media blitz

**Baby-Friendly Hospital Can, Paradoxically, Be Unsafe for Newborns**

By Elisa Brane

**Response to safety concerns**

October 2016

**Implementation of the Ten Steps to Successful Breastfeeding Saves Lives**

Joan Younger Wehr, MTS, Lawrence Bode, MD

The Baby-Friendly Hospital Initiative (BFHI), developed in 1991 by the World Health Organization and the United Nations Children’s Fund (UNICEF) to improve maternity care practices and breastfeeding rates, has been implemented globally in more than 762 countries. The core elements of the BFHI are the Ten Steps to Successful Breastfeeding which have been endorsed by the American Academy of Pediatrics. A recent meta-analysis of studies evaluated the BFHI found that implementation of the BFHI was associated with breastfeeding by 40% (95% CI, 31%-48%) and any breastfeeding by 66% (95% CI, 54%-77%). The meta-analysis reviewed 29 studies that found the BFHI to be effective in increasing breastfeeding rates.
Response to safety concerns

THE GUIDELINES EVALUATION CRITERIA

(If you have come to this page looking for 5 & 6 paragraphe below.)

Recently there was an article published in another medical journal in this week's and Nature Science.

Another recent article in... and Nature Science.

SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment

SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment
Response to safety concerns

SAFETY OF BABY-FRIENDLY PRACTICES

1. Bundesamt für Gesundheit (2021) "Maternal and Newborn Health in Switzerland". Retrieved from [Link].


Response to safety concerns

- BFUSA staff training, expert consultant
- Communication with CDC
- Letters to the editor of JAMA
  - To be published soon
Response to safety concerns

To Address:

1. Knowledge of the practices of STS and rooming-in.
2. STS positioning skills for both mother and baby.
3. Nursing and provider responsibilities.
Step 9: Give no pacifiers or artificial nipples to breastfeeding infants.

AAP STATEMENT ON SIDS AND OTHER SLEEP RELATED DEATHS:
For breastfed infants, pacifier introduction should be delayed until breastfeeding is firmly established. 40 Infants who are not being directly breastfed can begin pacifier use as soon as desired.


AAP STATEMENT ON BREASTFEEDING AND THE USE OF HUMAN MILK: Because pacifier use has been associated with a reduction in SIDS incidence, mothers of healthy term infants should be instructed to use pacifiers at infant nap or sleep time after breastfeeding is well established, at approximately 3 to 4 weeks of age. 129–131

AAP SECTION ON BREASTFEEDING. Breastfeeding And The Use Of Human Milk: Pediatrics. Volume 129, Number 3, March 2012
Safe Sleep

“The safest place for an infant to sleep is on a separate sleep surface designed for infants close to the parents’ bed. However, the AAP acknowledges that parents frequently fall asleep while feeding the infant. Evidence suggests that it is less hazardous to fall asleep with the infant in the adult bed than on a sofa or armchair, should the parent fall asleep...”

BFHI NICU Update

BFHI Task Force

- Developed a self-appraisal tool -
  Will be testing the tool

- Developed clinical guidance to accompany the self-appraisal tool

- Developed an extensive Bibliography