

The Baby-Friendly Journey

The 4-D Pathway to Baby-Friendly
Designation

Speaker Disclosure

- 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

What is the Baby-Friendly Hospital Initiative? (BFHI)

- A QI and recognition program for maternity facilities that have created an optimal environment for appropriate infant feeding and mother-baby bonding
- An international program co-administered by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in conjunction with national BFHI authorities

Background of BFHI Internationally

- Ten Steps to Successful Breastfeeding, published by WHO & UNICEF in 1989
- International Code of Marketing of Breast-milk Substitutes (the “Code”) 1981
- Innocenti Declaration (1990/2005)

- <http://whqlibdoc.who.int/publications/9241561300.pdf>
- www.innocenti15.net
- http://www.who.int/nutrition/publications/code_english.pdf

The Evidence

The Ten Steps to Successful Breastfeeding have been demonstrated to increase both initiation and duration of breastfeeding

DiGirolamo AM, LM.Grummer-Strawn and SB Fein. 2008. Effect of Maternity-Care Practices on Breastfeeding Pediatrics122;S43-S49

Merten, S, et al. 2005. Do Baby-Friendly Hospitals Influence Breastfeeding Duration on a National Level? Pediatrics 116; e702-e708.


Philipp BL et al. 2001. Baby-Friendly Hospital Initiative Improves Breastfeeding Initiation Rates in a US Hospital Setting. Pediatrics 108(3):677-681.

DiGirolamo AM, LM Grummer-Strawn, S Fein. 2001. Maternity care practices: implications for breastfeeding. Birth 28:94-100.

Kramer MS et al. 2001. Promotion of Breastfeeding Intervention Trial (PROBIT): A randomized trial in the Republic of Belarus. JAMA 285:413

The US Data

- 125 designated “Baby-Friendly” hospitals and birth centers
- ~350 hospitals and birth centers have officially signaled their plans to complete the process
- More are on the way...



Answering the Nation's Call



Why Pursue Baby-Friendly Designation?



SOLVING THE PROBLEM
OF CHILDHOOD OBESITY
WITHIN A GENERATION

White House Task Force on Childhood Obesity
Report to the President

MAY 2010



Recommendation 1.3:
Hospitals and health care providers should use maternity care practices that empower new mothers to breastfeed, such as the Baby-Friendly hospital standards.

Quality Practice Measures

Benchmark Report

Fake Medical Center

123 Street Road
Any City, ST 99999

Facility ID: H9999



2009 Survey



WHY Pursue Baby-Friendly Designation?

Healthy People 2020 goals

- Increase the proportion of infants being breastfed
 - Ever to 81.9% [2006: 74.0%]
 - At 6 months to 60.5% [2006:43.5%]
 - At 1 year to 34.1% [2006: 22.7%]
 - Exclusively through 3 months to 44.3% [2006: 33.6%]
 - Exclusively through 6 months to 23.7% [2006: 14.1%]
- Studies show that the Baby-Friendly Hospital Initiative increases BF initiation and duration

<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26>

WHY Pursue Baby-Friendly Designation?

Healthy People 2020 goals

- Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and babies to 8.1% [2007 baseline: 2.9%]
- Baby-Friendly Hospital Initiative implements the Ten Steps to Successful Breastfeeding, which is that recommended care

WHY Pursue Baby-Friendly Designation?

Healthy People 2020 goals

- Reduce the percentage of breastfed infants who receive formula before 2 days of age to 14.2% [2006 baseline: 24.2%]
- Joint Commission Perinatal Core Measures track exclusive breastmilk feeding
- **Step 6 – Give newborn infants no food or drink other than breastmilk, unless medically indicated**

WHY Pursue Baby-Friendly Designation?

The Surgeon General's Call to Action
to Support Breastfeeding

2011

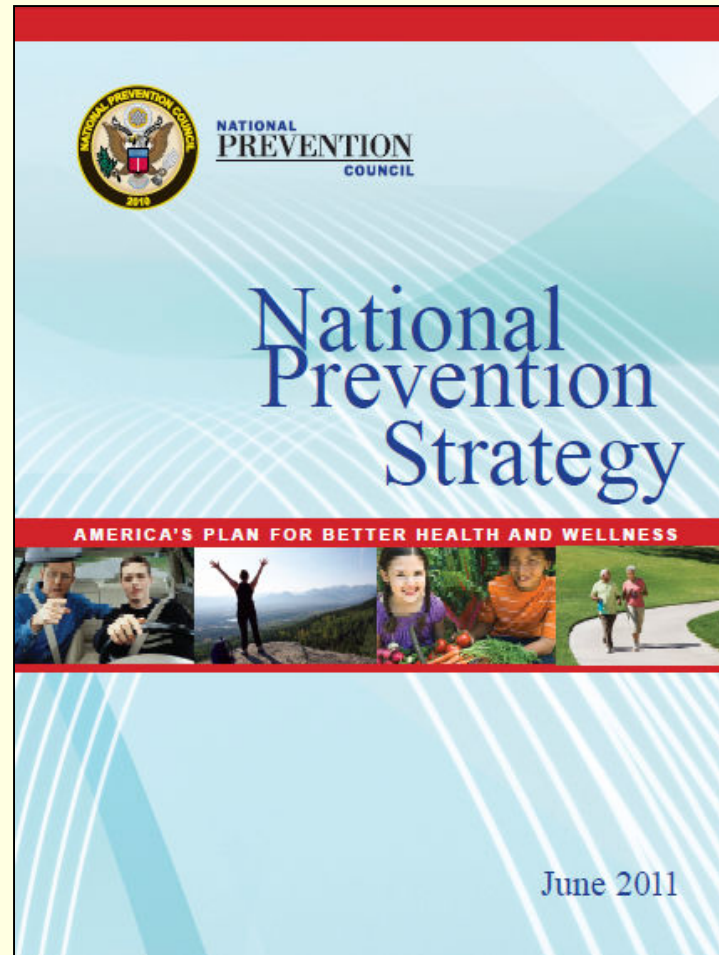


U.S. Department of Health and Human Services

ACTION 7. Ensure that maternity care practices throughout the United States are fully supportive of breastfeeding.

Accelerate implementation of the Baby-Friendly Hospital Initiative.

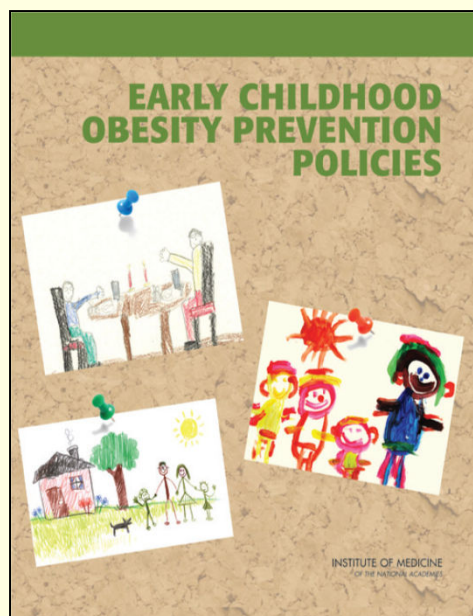
Why pursue Baby-Friendly Designation?



Support policies and programs that promote Breastfeeding.

Why pursue Baby-Friendly Designation?

IOM Report

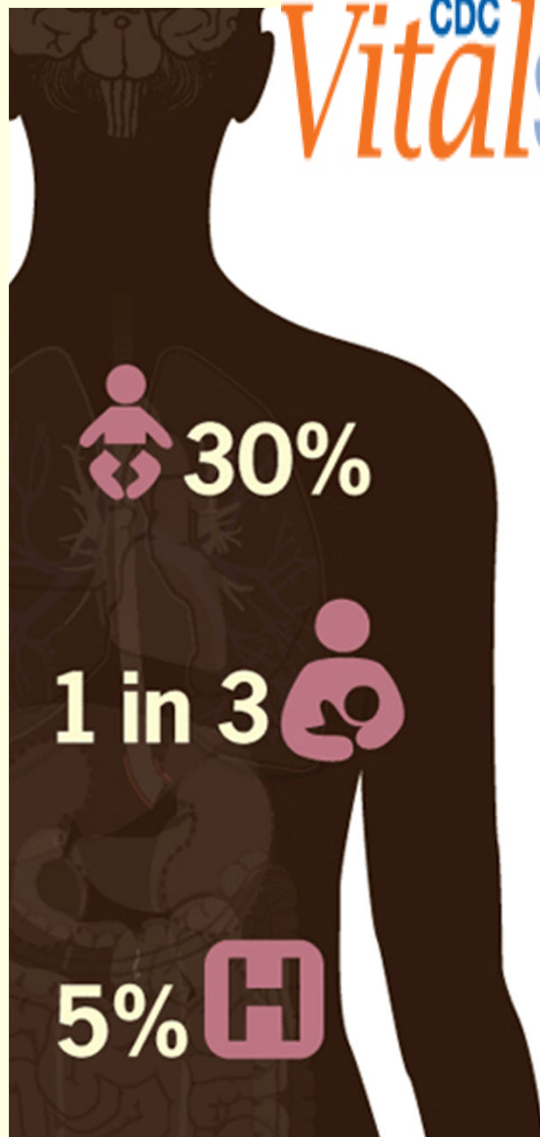


Recommendation 4-1: Adults who work with infants and their families should promote and support exclusive breastfeeding for 6 months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more.

Hospitals and other health care delivery settings improving access to and availability of lactation care and support by implementing the steps outlined in the Baby-Friendly Hospital Initiative and following American Academy of Pediatrics (AAP) policy recommendations.



August 2011
Hospital Support for Breastfeeding
Preventing obesity begins in hospitals



***Breastfeeding for 9 months reduces a baby's odds of becoming overweight by more than 30%.**
Hospital Support for Breastfeeding

***Even mothers who want to breastfeed have a hard time without hospital support; about 1 mother in 3 stops early without it.**

***About 5% of US babies are born in hospitals that are designated Baby-Friendly**

<http://www.cdc.gov/vitalsigns/Breastfeeding/index.html>

Perinatal Core measure set Includes exclusive breast Milk feeding

- [PC-01](#) Elective Delivery
- [PC-02](#) Cesarean Section
- [PC-03](#) Antenatal Steroids
- [PC-04](#) Health Care-Associated Bloodstream Infections in Newborns
- [PC-05](#) Exclusive Breast Milk Feeding



The Joint Commission Speak Up: What you need to know about breastfeeding

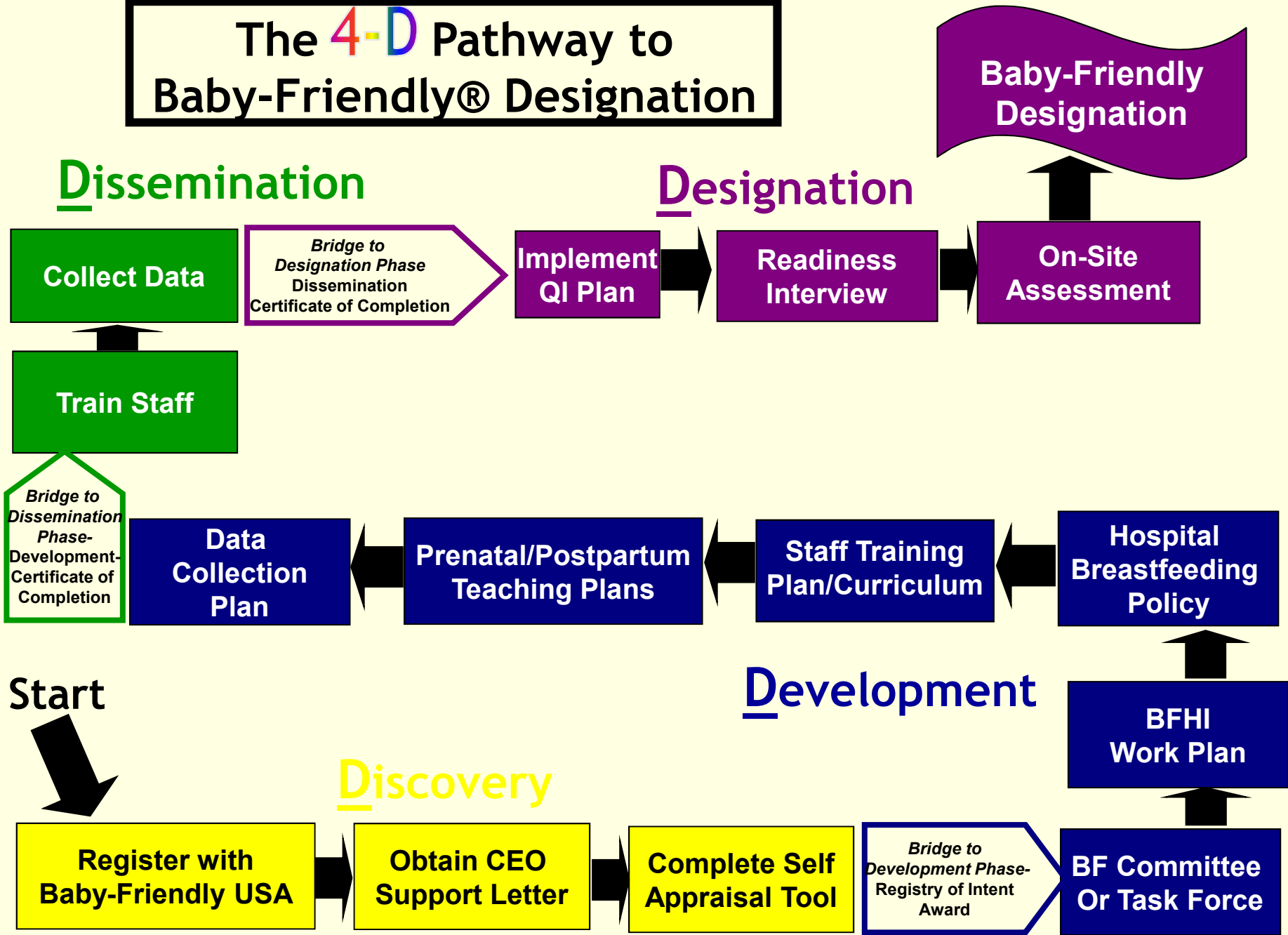
Breastfeeding is natural for you and your baby, but it is a skill that needs to be learned. Speak up and ask questions about breastfeeding before your baby is born and while you are in the hospital. This will help you continue to breastfeed after you go home.



The Baby-Friendly Journey

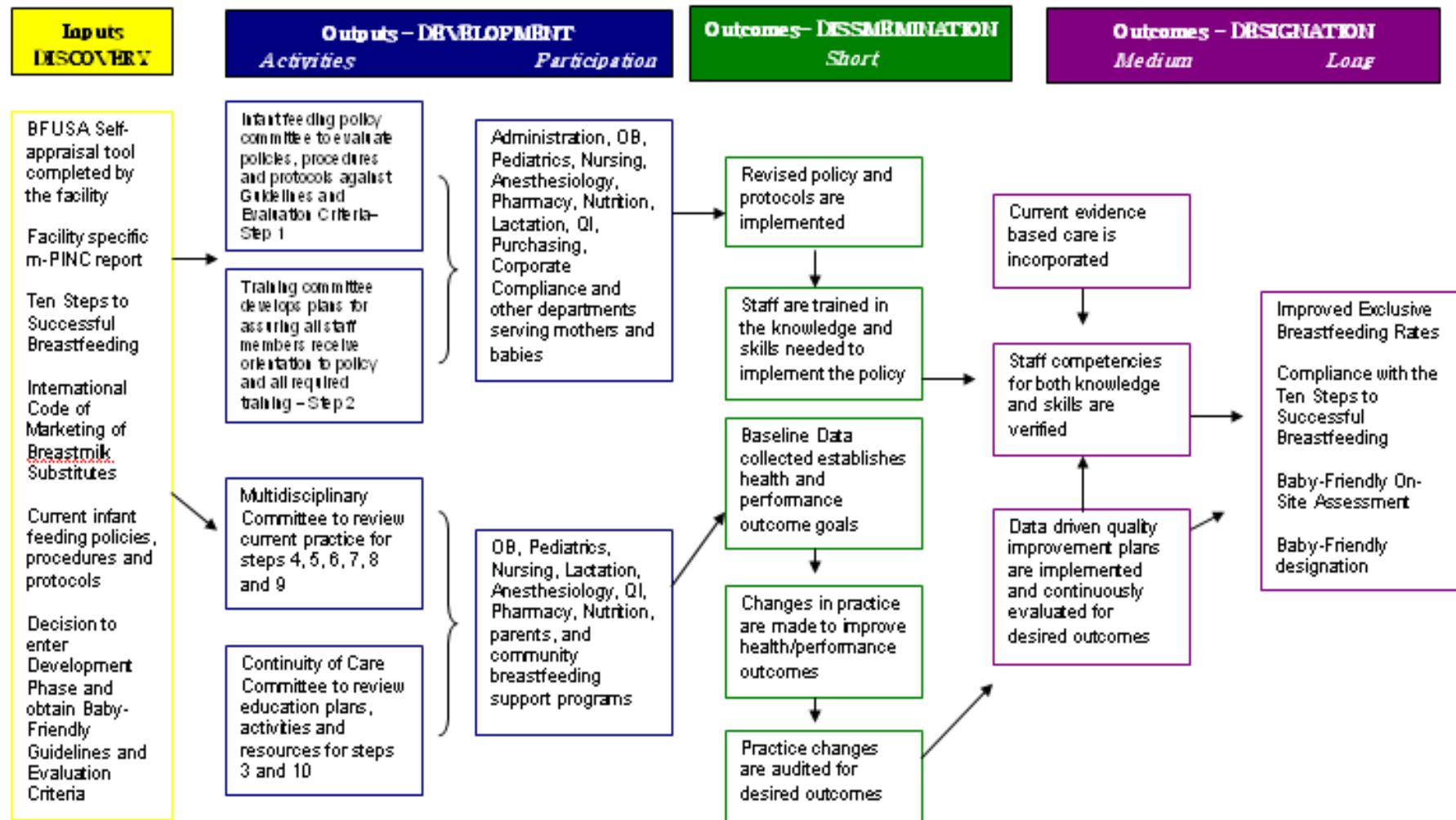
4 – D Pathway tools to prepare for the
on-site assessment

The 4-D Pathway to Baby-Friendly® Designation

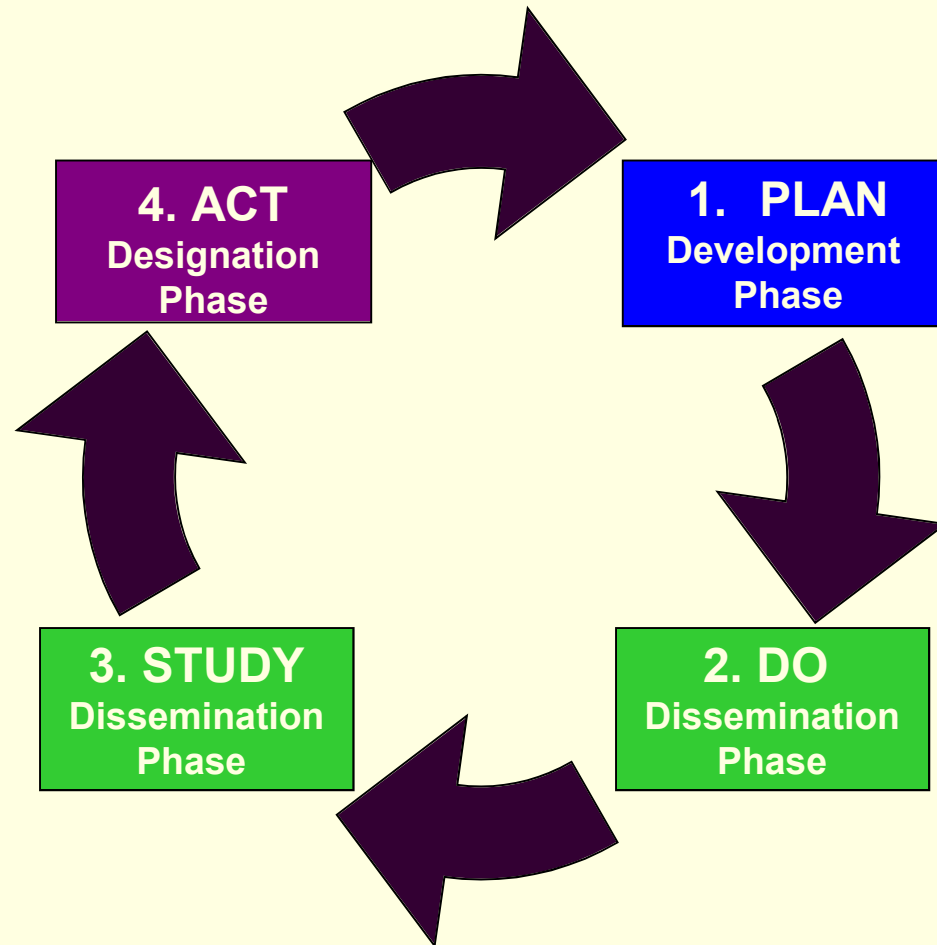


Baby-Friendly Logic Model

Situation: Healthy People 2020 goals call for an increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and babies, an increase the proportion of infants being breastfed and a reduction in the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life. To meet these goals, existing maternity care practices need to be evaluated against current evidence, the Ten Steps to Successful Breastfeeding, and the Baby-Friendly Guidelines and Evaluation Criteria and changes to current practice may need to be implemented.



4-D Pathway is a PDSA – Plan, Do, Study, Act



Discovery Phase

1. Learn about BFHI
2. Decide to seek designation

Development Phase

1. Read guidelines and evaluation criteria
2. Involve key stakeholders
3. Read mPINC and self appraisal results
4. Revised policy/protocols
5. Decide on new approach
6. Develop implementation plan
7. Determine data to evaluate success
8. Determine training needs

Dissemination Phase

1. Collect baseline data
2. Train the key players
3. Implement plan
4. Collect data

Designation Phase

1. Implement revised plan
2. Continue to audit practices
3. Continue collect data
4. Compare results to evaluation criteria
5. Readiness assessment with BFUSA
6. Implement identified actions
7. Prepare for on-site assessment

Dissemination Phase

1. Audit practices
2. Review audit outcomes and data
3. Compare results to evaluation criteria
4. Develop corrective action plan
5. Train staff in revised plan

DISCOVERY

- Information Packet
 - What is the BFHI
 - 10 Steps
 - International Code of Marketing of Breastmilk Substitutes
- Self Appraisal Tool
- Sample CEO Support Letter

DEVELOPMENT

- Guidelines and Evaluation Criteria
- Model Action Plans
- Budget planner
- Policy development tool
- Policy check off tool
- Community survey
- Patient education tool

DEVELOPMENT

- Staff training requirements
- Staff education documentation tool
- Data Collection plan template
- BFHI power point presentation

BFUSA Support

- Review and provide feedback
 - Action Plans
 - Infant feeding policy
 - Staff training plan
 - Patient education plan
 - Data collection plan

DISSEMINATION

- Audit tools
 - Code implementation
 - Policy implementation
 - Staff competency
 - Staff knowledge
 - Training implementation
 - Patient knowledge
 - Infant Feeding Outcomes

DESIGNATION

- BFUSA and Facility participate in Readiness Assessment Telephone Interview
- Facility works with purchasing department to implement requirement to purchase infant formula, bottles and nipples
- Facility preparation for the on-site assessment materials
- BFUSA support in planning for your on-site assessment



The On-Site Assessment

What facilities need to prepare for

On-Site Assessment

- Quantitative and Qualitative
- Interviews with:
 - CEO
 - Senior nursing administrator
 - Purchasing agent
 - Nurse manager, Prenatal Service
 - Unit manager, Maternity & NICU/SCU
 - Training coordinator
 - Baby-Friendly project coordination team

Assessment Interviews, cont.

- Randomly selected key informants:
 - physicians with privileges on maternity
 - nursing staff (day and evening shifts)
 - prenatal woman >32 wks gest
 - mothers of vaginal delivery
 - mothers of cesarean delivery
 - mothers of babies in NICU/SCU

Assessment Activities

- The following items are examined:
 - breastfeeding policy and other standards
 - prenatal education curricula
 - staff training curricula
 - educational material given to parents
 - discharge packs
 - posted documents and media
 - charts when clarification is needed
 - vendor invoices for formula and related feeding equipment

Assessment Activities

Random observations are made throughout the survey of:

- staff competency with breastfeeding teaching
- birth practices
- location of babies on the unit
- mothers' feeding competency
- visible messages about infant feeding

Assessment Activities

- Report is compiled by assessors
- Report is reviewed by External Review Board
- Assessment standards: 80+% compliance on most items
- ERB determines:
 - Designation, or
 - Reassessment of failed step(s)

What if the facility doesn't pass?

- ERB identifies sub-steps which must be improved
- Facility makes necessary improvements
- Assessor is sent to evaluate sub-steps not passed
- ERB reviews findings of revisit and makes determination
- (Most facilities pass on 1st revisit)

Designation

- Only after passing internal and external review, may a facility refer to itself as a “Baby-Friendly” facility

How the 4-D Pathway Helps Facilities

Hospital Challenges and Baby-Friendly
USA, Inc. Responses

How the 4-D Pathway Helps Facilities Hospital Challenges

- The facility has not embraced the initiative, Baby-Friendly is viewed as a lactation department project.
- The facility is not always aware that the maternity department is even working towards Baby-Friendly designation

How the 4-D Pathway Helps Facilities BFUSA Response

- Require CEO Letter of Support
- Encourage formation of multi-disciplinary team to implement the Guidelines and Evaluation Criteria
- Encourage multi-disciplinary team to review the results of mPINC and BFUSA self-appraisal tool and develop a workplan to address low scoring areas
- Review and provide feedback on plan

How the 4-D Pathway Helps Facilities Hospital Challenges

- Facility breastfeeding/infant feeding policy and/or supporting documents are not comprehensive
- Facility has other policies, protocols and or procedures that countermand the breastfeeding/infant feeding policy

How the 4-D Pathway Helps Facilities

BFUSA Response

- Provide a policy development guidance tool
- Provide a policy check off tool
- Review and provide feedback on the policy
- Provide a Quality Improvement Audit tool
- Inquire about policy changes, review policy during assessment

How the 4-D Pathway Helps Facilities Hospital Challenges

- Records on the day of assessment show that staff are not fully trained
- Initial training complete, but new employees have not received the required training
- Staff training took place too close to assessment, skills are not fully integrated
- Staff competencies were not verified

How the 4-D Pathway Helps Facilities BFUSA Response

- Require a comprehensive training plan to address
 - address initial training,
 - new hire training,
 - competency verification and
 - continuing education
- Provide the list of required training topics
- Provide a spreadsheet to document training
- Review and provide feedback on training plans

How the 4-D Pathway Helps Facilities BFUSA Response

- Provide Quality Improvement Audit Tools
- Inquire about training, review training records during assessment

How the 4-D Pathway Helps Facilities Hospital Challenges

- Patient education is fragmented, incomplete and undocumented

How the 4-D Pathway Helps Facilities BFUSA Response

- Require development of patient education plans
- Review and provide feedback on patient education plans
- Provide Quality Improvement Audit Tools
- Inquire about patient education, review plans, materials and records during assessment

How the 4-D Pathway Helps Facilities Hospital Challenges

- Facilities not measuring health outcomes
- Facilities not measuring performance outcomes
- Facilities not comparing their work to the Baby-Friendly Guidelines and Evaluation Criteria.

How the 4-D Pathway Helps Facilities BFUSA Response

- Require facilities to prepare a data collection plan
- Require facilities to audit health and performance outcomes



Re-designation Process

Maintaining excellence

Success is a journey...not a destination

- Achieving Baby-Friendly designation is an important part of the journey...but it is not the end point
- On-going data collection and quality improvement activities are vital to ensuring that facilities maintain the standard of care they worked hard to achieve

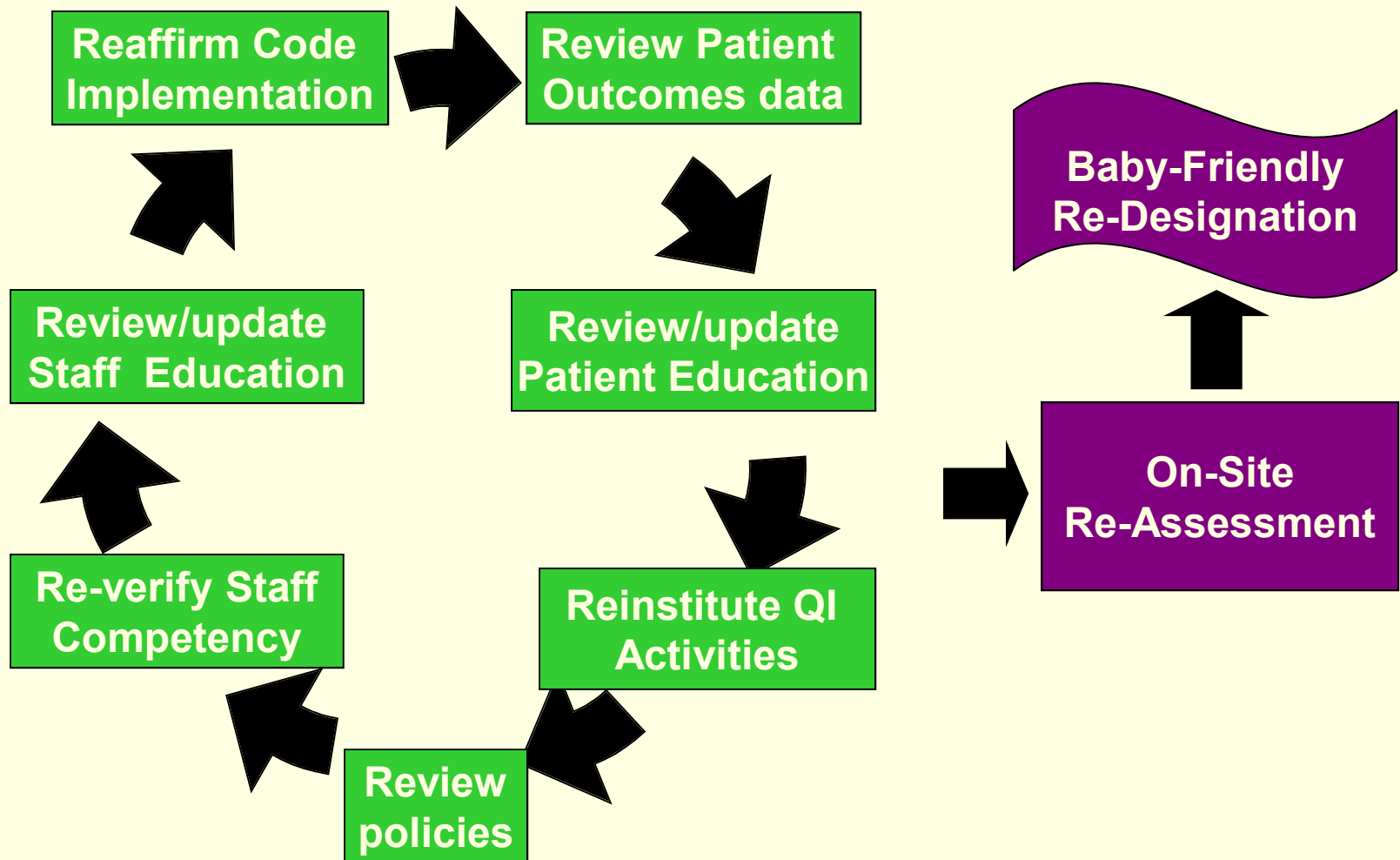
Re-Designation Process

- Designation is for 5 years
- Beginning in 2017 Re-designation will be conferred through an on-site assessment
- Current re-designations are conducted through a review of data and quality improvement projects

Re-Designation Process

- Designated facilities are expected to conduct QI projects on 2 steps per year
- There is an annual fee to BFUSA

Baby-Friendly Re-Designation



California Specific Questions

Submitted in advance via e-mail

California Specific Questions

- I keep hearing that there is no set ratio of number of LCs to total birth rate for the hospital. Is this true or are the surveyors looking for a certain number of LCs to monthly or yearly birth rate?

BFUSA Response

- It is true that there is no set ratio of number of LCs to total birth rate
- The Baby-Friendly assessment does not look at the number or type of any credentialed providers at a facility
- It assesses the amount and quality of breastfeeding training each provider has received

California Specific Questions

- We are often asked how many pumps a hospital needs on hand to meet the needs of their population.
- With the Baby Friendly initiative in mind, what is the best formula for calculating their pump needs without undermining Breastfeeding?
- For example, it is appropriate/recommended to have a pump in every room?

BFUSA Response

- The mission of Baby-Friendly is to give each mother the knowledge, skills and confidence to successfully breastfeed her baby
- A pump in every room could be construed by a mother that the hospital feels she should use the equipment, whether or not she needs to and may undermine her confidence in her ability to breastfeed

BFUSA Response

- Each facility should calculate the number of pumps needed according to their census and the acuity of their patients. Recent research shows that hand expression during the first 3 days postpartum is more effective than a breast pump in removing colostrum. A pump in every room may prevent evidence based practice if staff are using equipment as an intervention rather than basing interventions on evidence.

California Specific Questions

- I am curious about how long it usually takes a hospital to go through the 4D pathway to Baby-Friendly Designation.
- I would also like to know more about the fees that are involved to go through the process and to maintain the designation.

BFUSA Response

- Timeframes will vary based on the number of steps in place at a facility when they join the pathway
- The 4-D Pathway is flexible to allow facilities to move at their own pace
- BFUSA envisioned it would take about 2.5 years
- FYI - there are 5 facilities that have moved into the Designation Phase in ≤ 15 months

BFUSA Response

- Fees are posted on our website @ http://www.babyfriendlyusa.org/eng/docs/4-D%20Pathway%20fee%20schedule%2012%2010_Rev.pdf
- Currently they are \$2,000/phase or year
- Annual designated facility maintenance fee is \$1000

California Specific Questions

- How do the surveyors verify that the hospital is buying all the formula to meet that requirement?

BFUSA Response

- Prior to the on-site assessment, facilities are asked to sign an attestation of purchase of all formula, bottles and nipples at fair market value
- Assessors will review a selected number of invoices while on-site

California Specific Questions

- Can you clarify what Baby Friendly deems acceptable with regard of use of branded material for in-patient and out-patient settings?
- Specifically, if the posters/product literature/answer sheets/instructions are specific to a product utilized/provided by the hospital, is it approved by Baby-Friendly for use by the hospital?

BFUSA Response

- Facilities are instructed to follow the BFUSA Guidelines and Evaluation Criteria and their own corporate compliance policies
- BFUSA Guidelines and Evaluation Criteria may be found on our home page http://www.babyfriendlyusa.org/eng/docs/4-D%20Pathway%20fee%20schedule%2012%2010_Rev.pdf
- It is highly appropriate to provide individual patients with company specific product literature about a product they are using
- The general philosophy of BFUSA is that health care workers and facilities should promote positive health messages rather than specific products.

BFUSA Response

- Health care facilities should be using materials that do not promote a specific brand or product or that purport to act in the same manner as breastfeeding or breast milk.

California Specific Questions

- What is BFUSAs position on utilizing Webinar and DVD for in-servicing for staff members?

BFUSA Response

- Those are both acceptable methods for training and in-servicing staff
- In addition, we have posted on our website a comprehensive Step 2 - Staff Training Questions and Answers document
- http://www.babyfriendlyusa.org/eng/docs/Q&A%20-20Step%202%20Staff%20Training%20Requirements%20_%202011.pdf

California Specific Questions

- What quality measures do they employ in order for the hospital to maintain their Baby-Friendly status? Do they use the same standards?

BFUSA Response

- They are the same standards as outlined in the Guidelines and Evaluation Criteria

California Specific Questions

- If the hospital is not giving formula away but asks their patients upon discharge to “demand” their formula from the WIC Program how does the Baby-Friendly USA handle this issue?

BFUSA Response

BFUSA strongly supports hospitals and WIC Programs to work together in a cooperative manner to best meet the needs of the patient.

This includes:

- Coordinating prenatal education
- Meeting each individual's nutritional needs
- Coordinating postpartum education and support

California Specific Questions

- Is there information or data that demonstrates the cost benefits to hospitals to become baby friendly?

BFUSA Response

Cost Comparison of Baby Friendly and Non– Baby Friendly Hospitals in the United States

Jami DelliFraine, Jim Langabeer II, Janet F. Williams, Alice K. Gong, Rigoberto I. Delgado and Sara L. Gill, *Pediatrics* 2011;127;e989; originally published online March 21, 2011;

<http://pediatrics.aappublications.org/content/127/4/e989.full.html>



QUESTIONS???

