

# Baby-Friendly usa<sup>®</sup>

*The gold standard of care*

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

January 29, 2015



Baby-Friendly USA®  
*The gold standard of care*

**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%.**

## THE BABY-FRIENDLY HOSPITAL INITIATIVE

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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



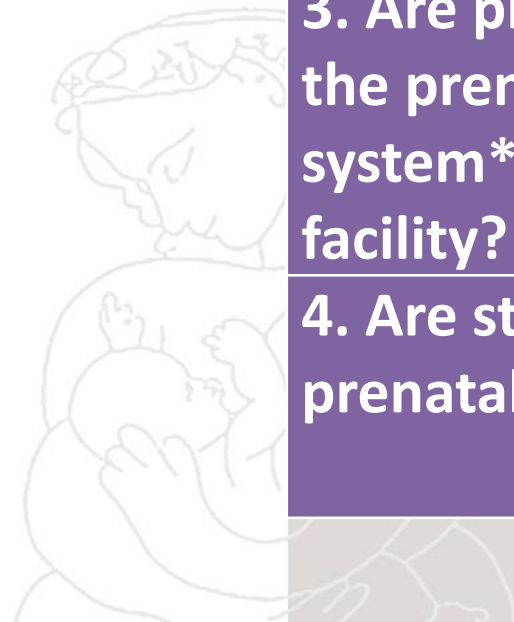
## Step 3 Has Two Different Sets of Evaluation Criteria

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



## WHAT CONSTITUTES AN AFFILIATED PRENATAL CLINIC OR SERVICE?

<b>1. Are providers who deliver primary prenatal care at the prenatal service employed by the facility?</b>	<b>YES</b>
<b>2. Are providers who deliver primary prenatal care at the prenatal service employed by the same system* that employs staff at the facility?</b>	<b>YES</b>
<b>3. Are providers who deliver primary prenatal care at the prenatal service contracted by the facility or system* to provide prenatal services on behalf of your facility?</b>	<b>YES</b>
<b>4. Are staff who provide care or education at the prenatal service employed by the facility?</b>	<b>YES</b>



## WHAT CONSTITUTES AN AFFILIATED PRENATAL CLINIC OR SERVICE?

5. Are staff who provide care or education at the prenatal service employed by the same system that employs staff at the facility?

YES

6. Are staff who provide care or education at the prenatal service contracted by the facility or system to provide prenatal services on behalf of your facility?

YES

7. Are prenatal services offering primary prenatal care owned by the facility or the system\* that owns the facility?

YES

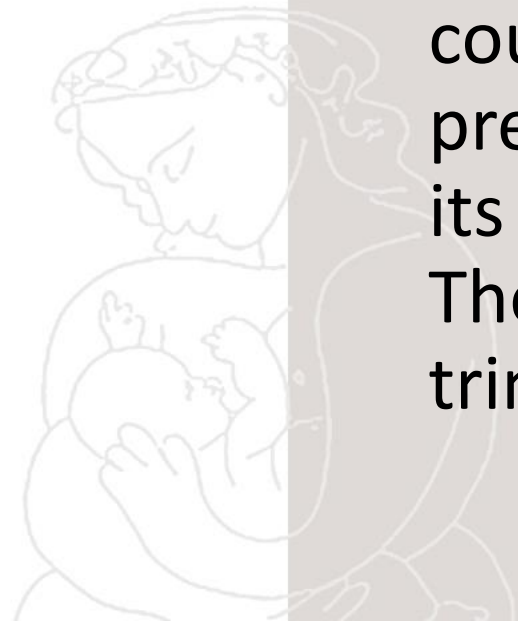
8. Do marketing or patient information materials imply that primary prenatal care is offered by the facility? Consider the facility or system website, brochures, and media marketing campaigns.

YES



## 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.

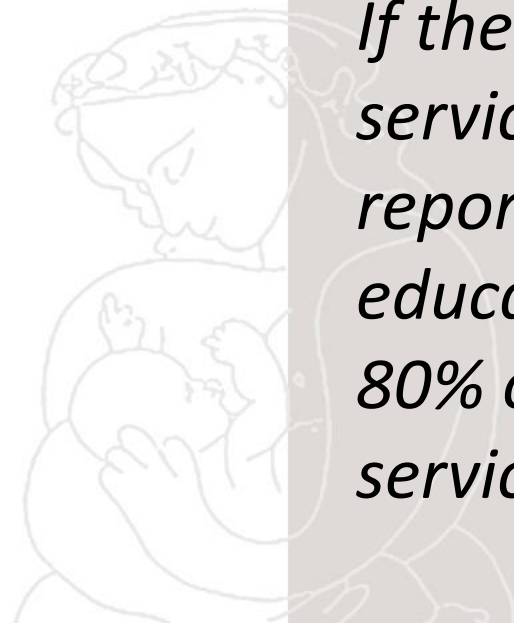




## **Step 3: FOR FACILITIES WITH AFFILIATED PRENATAL CLINIC/SERVICES**

### ***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:*

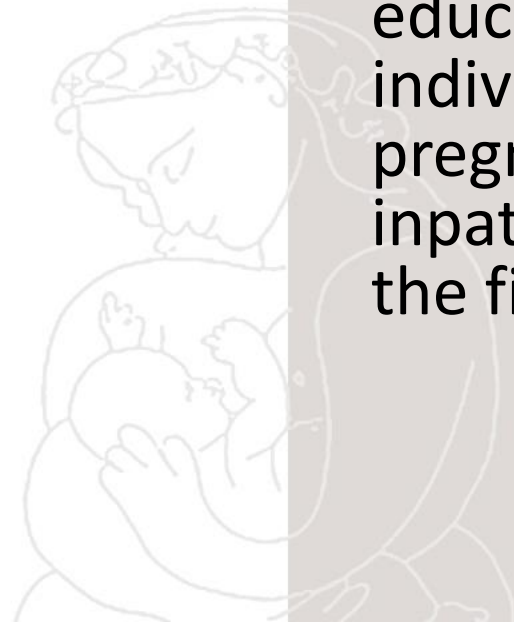
- at least 80% will confirm that a staff member has talked with them or offered a group talk that includes information on breastfeeding.*
- at least 80% are able to adequately describe what was discussed about two of the following topics: importance of skin-to-skin contact, rooming-in, and risks of supplements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



## **Step 3: FOR FACILITIES WITHOUT AFFILIATED PRENATAL CLINIC/SERVICES**

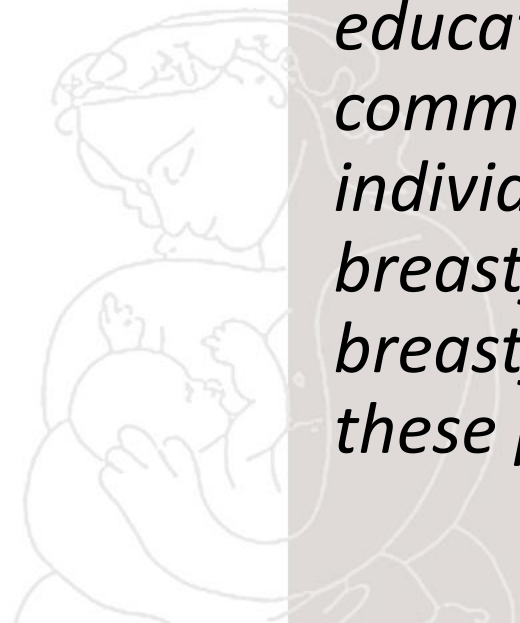
### **GUIDELINE:**

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.



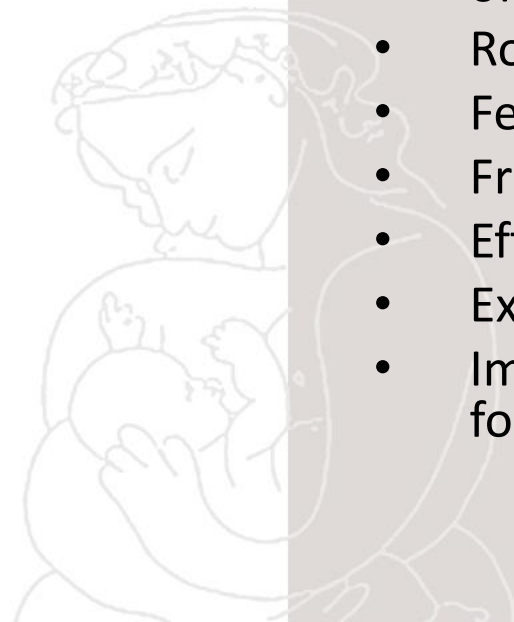
## ***Criteria for evaluation:***

*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.





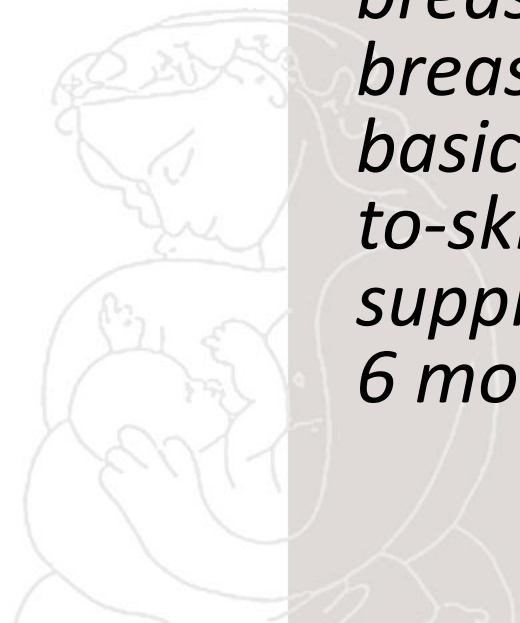
## **GUIDELINE Continued:**

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).*



BFUSA considers Step 3 to be a key component of Continuity of Care

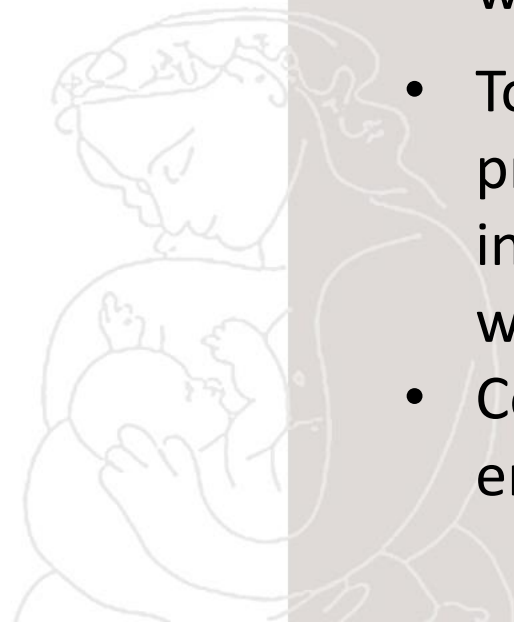
The goal of Continuity of Care is to assure accuracy and consistency of information provided to pregnant and post partum women

BFUSA encourages the creation of Continuity of Care Committees



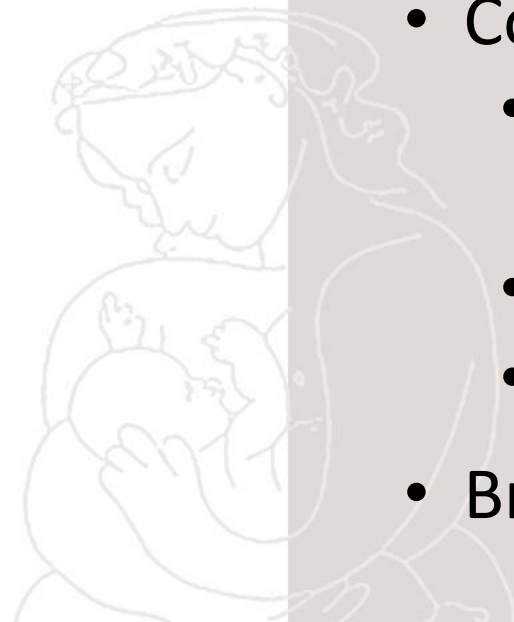
## Purpose of Continuity of Care Committees

- 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



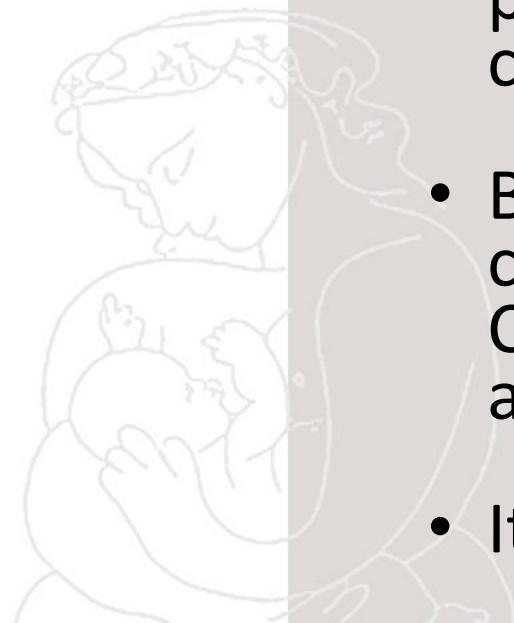
## Who should be included:

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



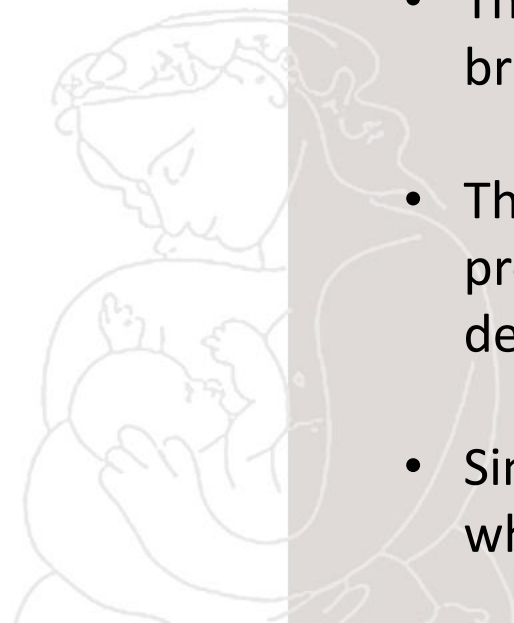
## How does the BFUSA Continuity of Care Survey Factor into Step 3?

- 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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