

Baby-Friendly usa[®]

The gold standard of care

WIC Local Agencies
Partnering with
Hospitals for Step 10
of the BFHI

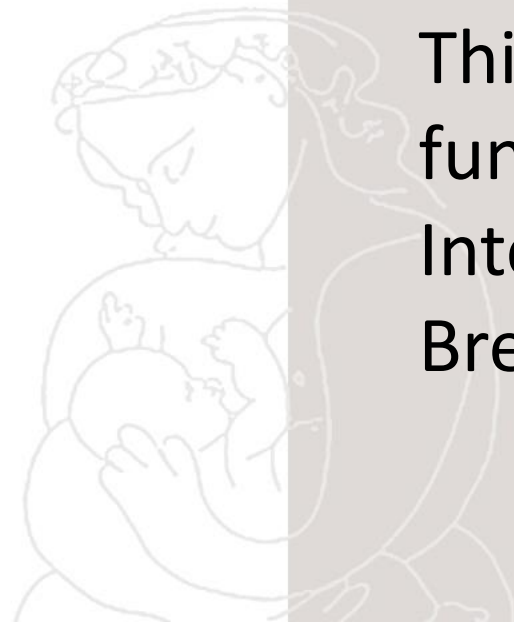
January 30, 2015



The speaker discloses employment with Baby-Friendly USA, Inc.

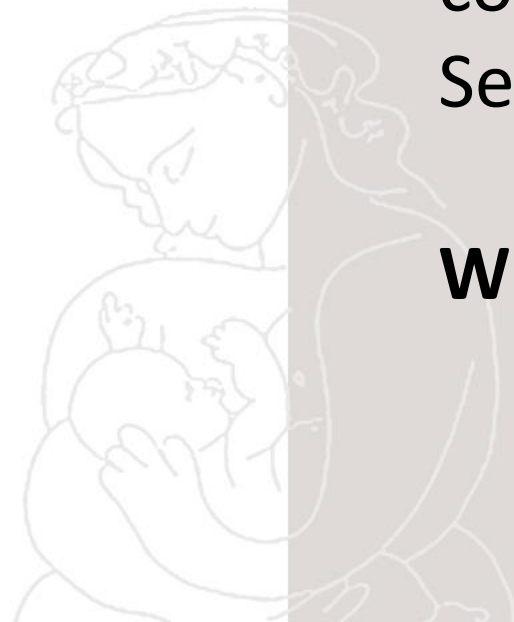
There are no other conflicts of interest

This presentation is not supported by any funds from companies that violate the International Code of Marketing of Breastmilk Substitutes



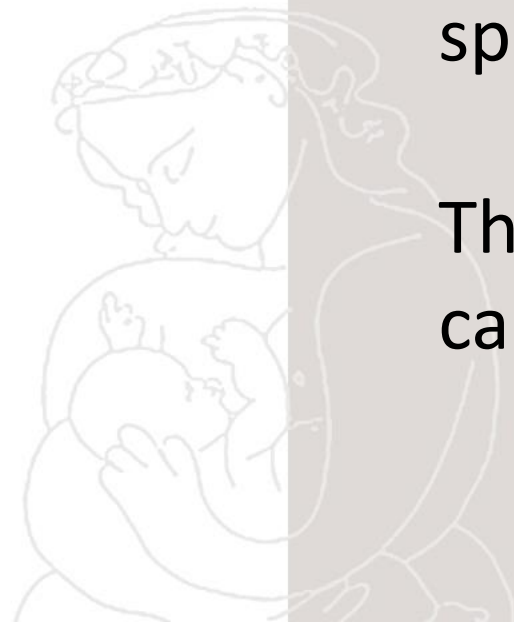
The Baby-Friendly Hospital Initiative (BFHI) establishes a solid framework for communities to build ***Continuity of Care*** Services for breastfeeding families

WIC is a key partner in ***Continuity of Care***



The goal of ***Continuity of Care*** is to assure the accuracy and consistency of information provided to pregnant and post partum women throughout the spectrum of care

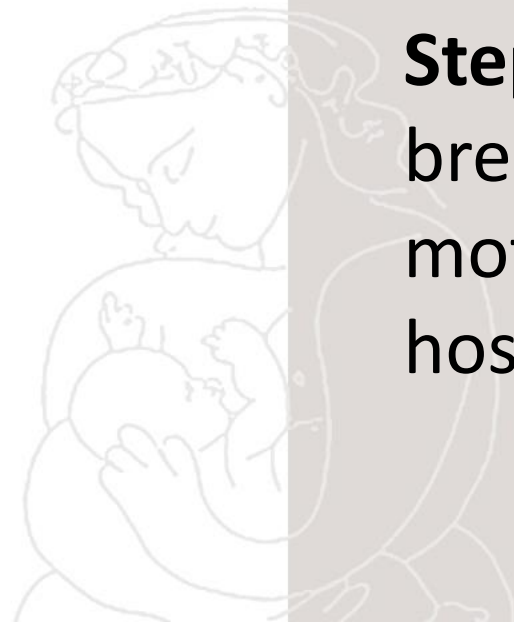
This includes both out- and in-patient care



The BFHI *Continuity of Care* Steps

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

Step 10 - Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center

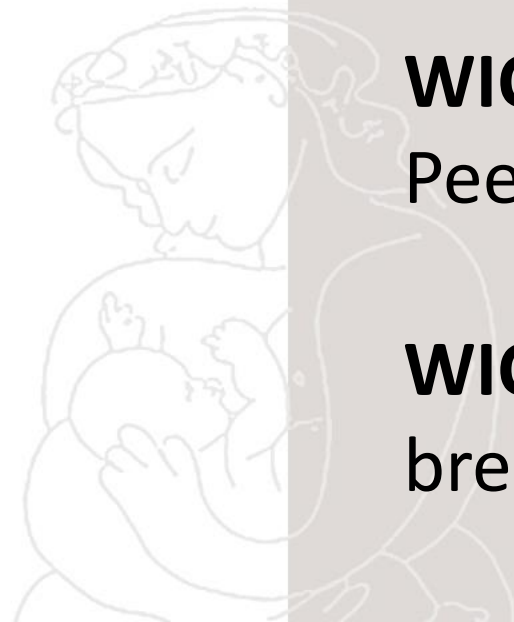


Hospitals and WIC are natural partners

WIC works with both pregnant and post partum women

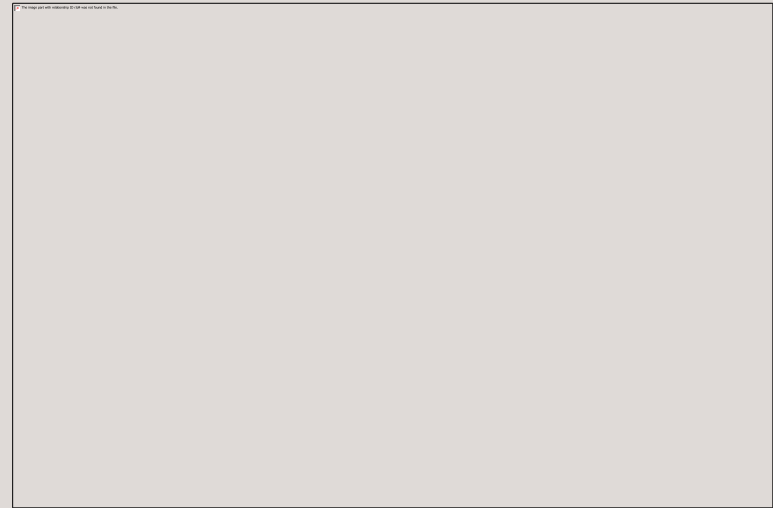
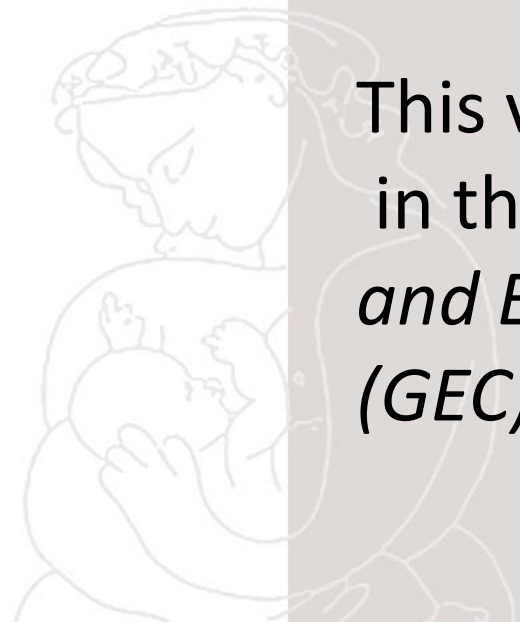
WIC has a very effective Breastfeeding Peer Counselor program

WIC is incentivized to increase exclusive breastfeeding rates



Baby-Friendly USA (BFUSA) envisioned Baby-Friendly designated hospitals taking a lead role in creating ***Continuity of Care Committees*** in their service area

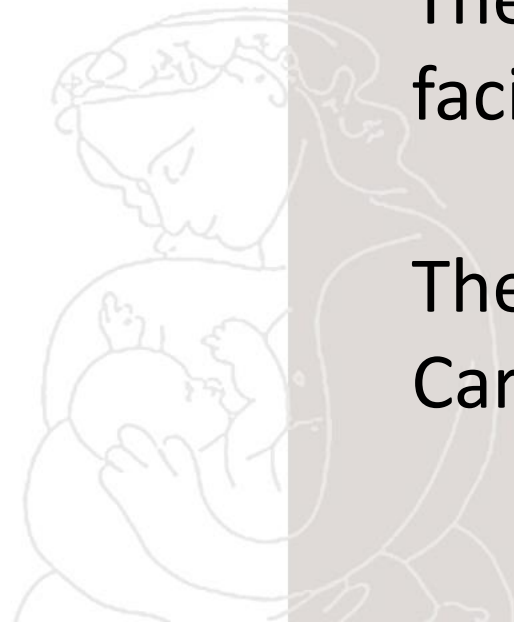
This vision was unveiled in the *2010 Guidelines and Evaluation Criteria (GEC)*



Inform all pregnant women about the benefits and management of breastfeeding

The Global Criteria only addresses facilities who have affiliated prenatal care

The US Criteria also includes Continuity of Care



Step 3 for US BFHI Has Two Different Sets of Evaluation Criteria

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

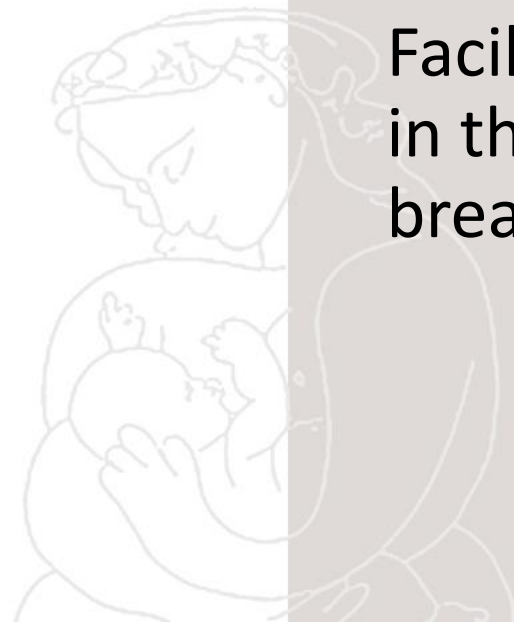


Provide women with evidence-based information that empowers them to make informed decisions about infant feeding and the maternity care practices they will experience in the hospital or birth center.



It is expected that all facilities will reach out to their community to foster relationships for ***continuity of care*** and consistency of the evidenced-based breastfeeding message.

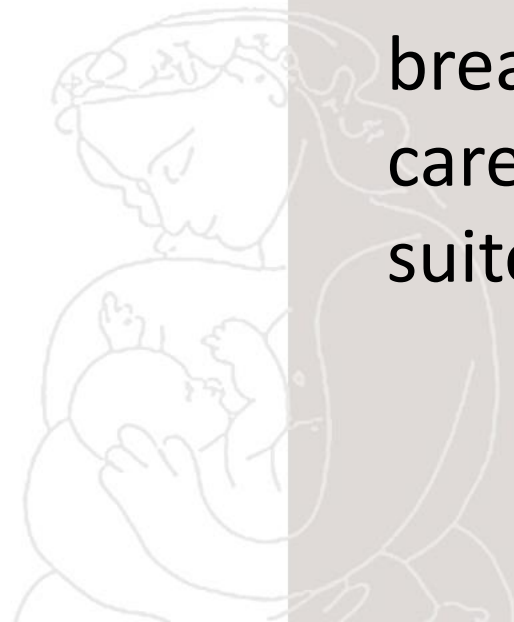
Facilities are encouraged to utilize relationships in the community to increase opportunities for breastfeeding education.



When prenatal services are not affiliated with the facility, the facility seeking Baby-Friendly designation might not have policy development and enforcement capabilities.



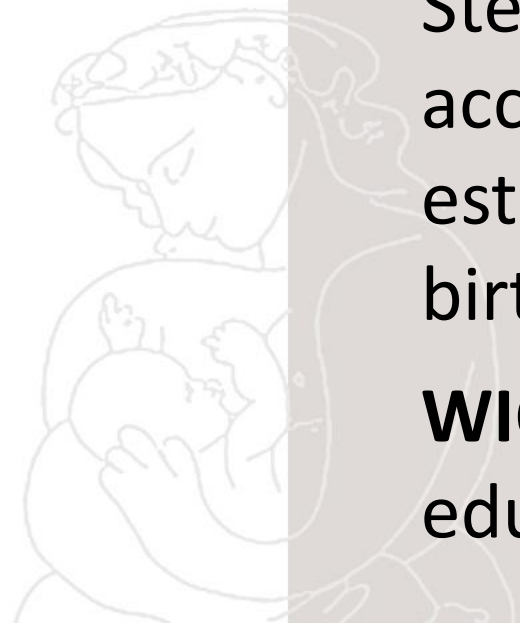
Still, it is vitally important to support and encourage providers to incorporate evidenced-based education into their care so that families are not learning about breastfeeding management or maternity care practices for the first time in the labor suite.



It is a mutual interest of both **WIC** and the **birth facility** to deliver effective Step 3 education and to play a role with ***Continuity of Care*** within the community

Step 3 lays the foundation for the acceptance of the care practices that establish breastfeeding delivered by the birthing facility

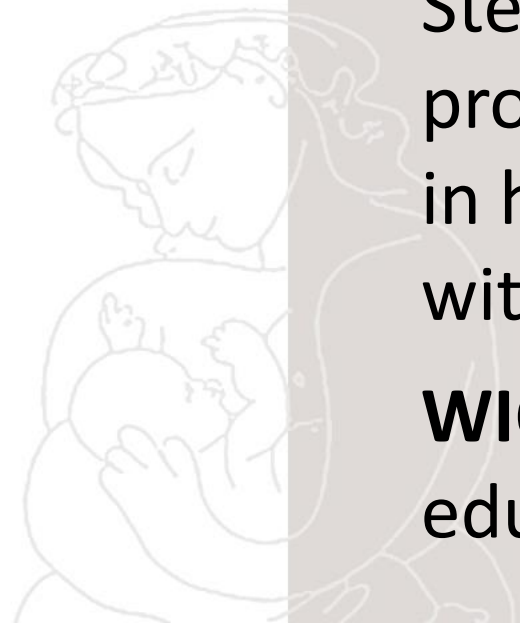
WIC has the opportunity to assist with this education



It is a mutual interest of both WIC and the birth facility to assure effective Step 10 support to mothers and to play a role with ***Continuity of Care*** within the community

Step 10 is vital for resolving early feeding problems and building mother's confidence in her ability to breastfeed. This assists with exclusivity and duration

WIC has the opportunity to assist with this education



Community, religious and cultural leaders within the community **may assist with increasing acceptance to evidence based practices that have not been traditionally embraced by a specific group**

- Exclusive breastfeeding – avoiding teas
- Offering colostrum
- Rooming-in – an issue for some cultures with large families



Community, religious and cultural leaders **may assist with changing the practices around welcoming the baby into the community**

- Encouraging the community to support the new family with bonding time and wait until they return home before visiting
- Community “new mom errand” programs



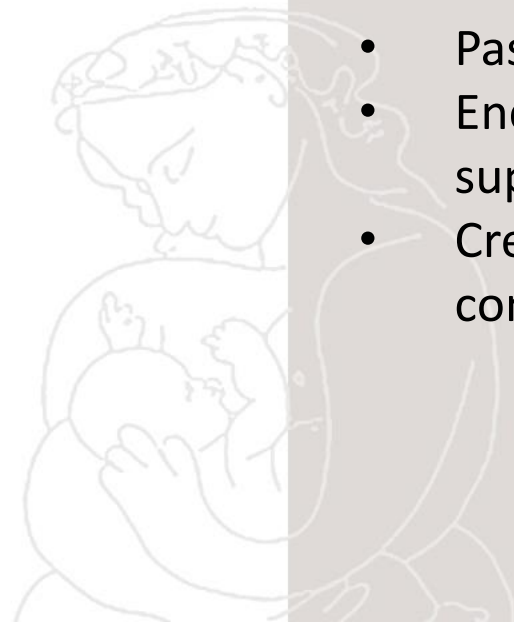
Community, religious and cultural leaders may be an effective way to reach members of different generations and educate them on the importance of not interfering with evidence based practices that are new to them

- Supplementation (los dos, giving grandma a chance to feed baby)
- Sending the baby to the nursery so mom can rest
- Pacifiers



Community, religious and cultural leaders **may become motivated to assist with changes within the community to support breastfeeding mothers**

- Pass laws to protect, promote and support breastfeeding
- Encourage employers to implement workplace lactation supports
- Create/fund breastfeeding support groups and/or other community programs such as Baby-Cafes



Community, religious and cultural programs **may inadvertently sabotage breastfeeding and/or partner with companies that violate the International Code of Marketing of Breast Milk Substitutes**

- Michigan and Newark, NJ accepted funding from a formula company to do obesity prevention programming
- Some infant safety programs sabotage the Tens Steps to Successful Breastfeeding and are funded by formula companies.



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

GUIDELINES AND EVALUATION CRITERIA
FOR
FACILITIES SEEKING
BABY-FRIENDLY DESIGNATION

OFFICIAL DOCUMENT

2010 EDITION
BABY-FRIENDLY USA, INC

Baby-Friendly USA®
The gold standard of care

Thanks for all you do

