

# The Baby-Friendly Journey

The 4-D Pathway to Baby-Friendly  
Designation

# Speaker Disclosure

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- 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)

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- 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

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- 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.innocenti15.net)
- [http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)

# The Evidence

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## 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

- 143 Designated Facilities
- 508 working towards designation
  - 35 facilities are finishing up the COI program
    - Some are scheduled for assessment
    - Some are assessed and working on QI Projects
  - 212 facilities in the Discovery Phase
  - 138 facilities in the Development Phase
  - 43 facilities in the Dissemination Phase
  - 10 facilities in the Designation Phase
- 90 facilities to join through the Best Fed Beginnings Project
- 134 non-selected applicants will be invited

~3250 total birthing facilities in US

# 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?

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## 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?

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## 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?

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## 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

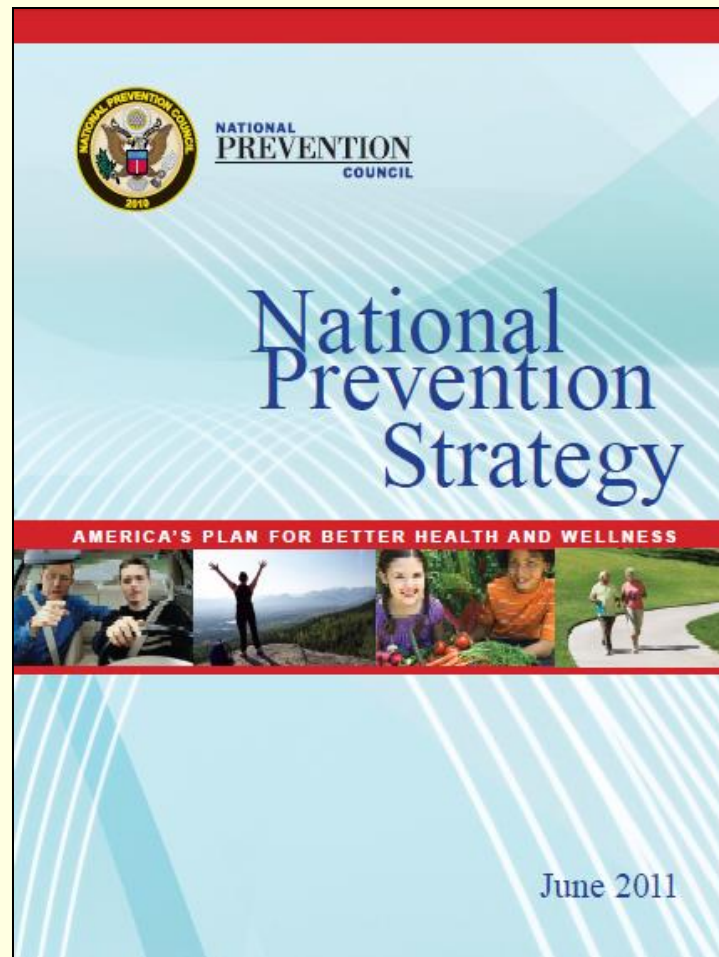


U.S. Department of Health and Human Services

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

***Accelerate implementation of the Baby-Friendly Hospital Initiative.***

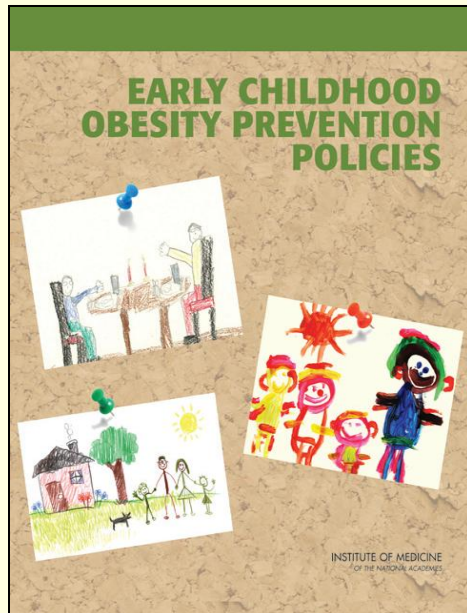
# Why pursue Baby-Friendly Designation?



**Support policies and programs that promote Breastfeeding.**

# Why pursue Baby-Friendly Designation?

## IOM Report

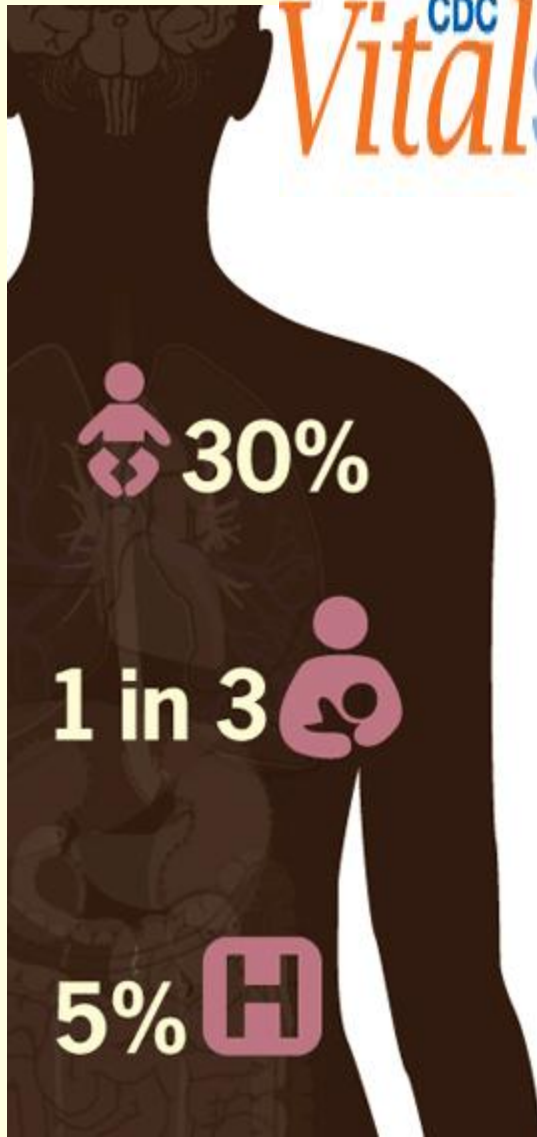


**Recommendation 4-1: Adults who work with infants and their families should promote and support exclusive breastfeeding for 6 months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more.**

**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%.**

**\*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

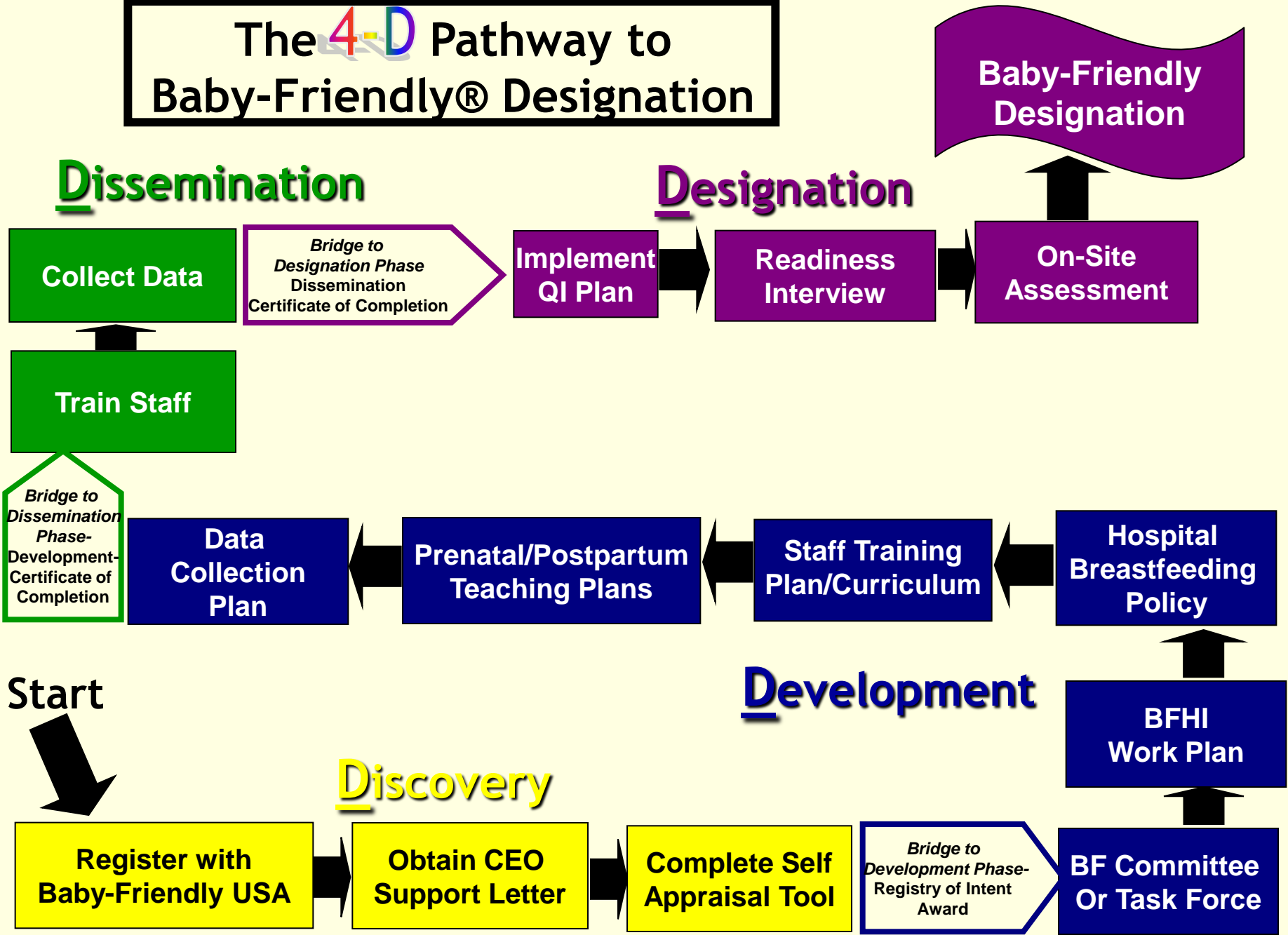
**Breastfeeding is natural for you and your baby, but it is a skill that needs to be learned. Speak up and ask questions about breastfeeding before your baby is born and while you are in the hospital. This will help you continue to breastfeed after you go home.**



# The Baby-Friendly Journey

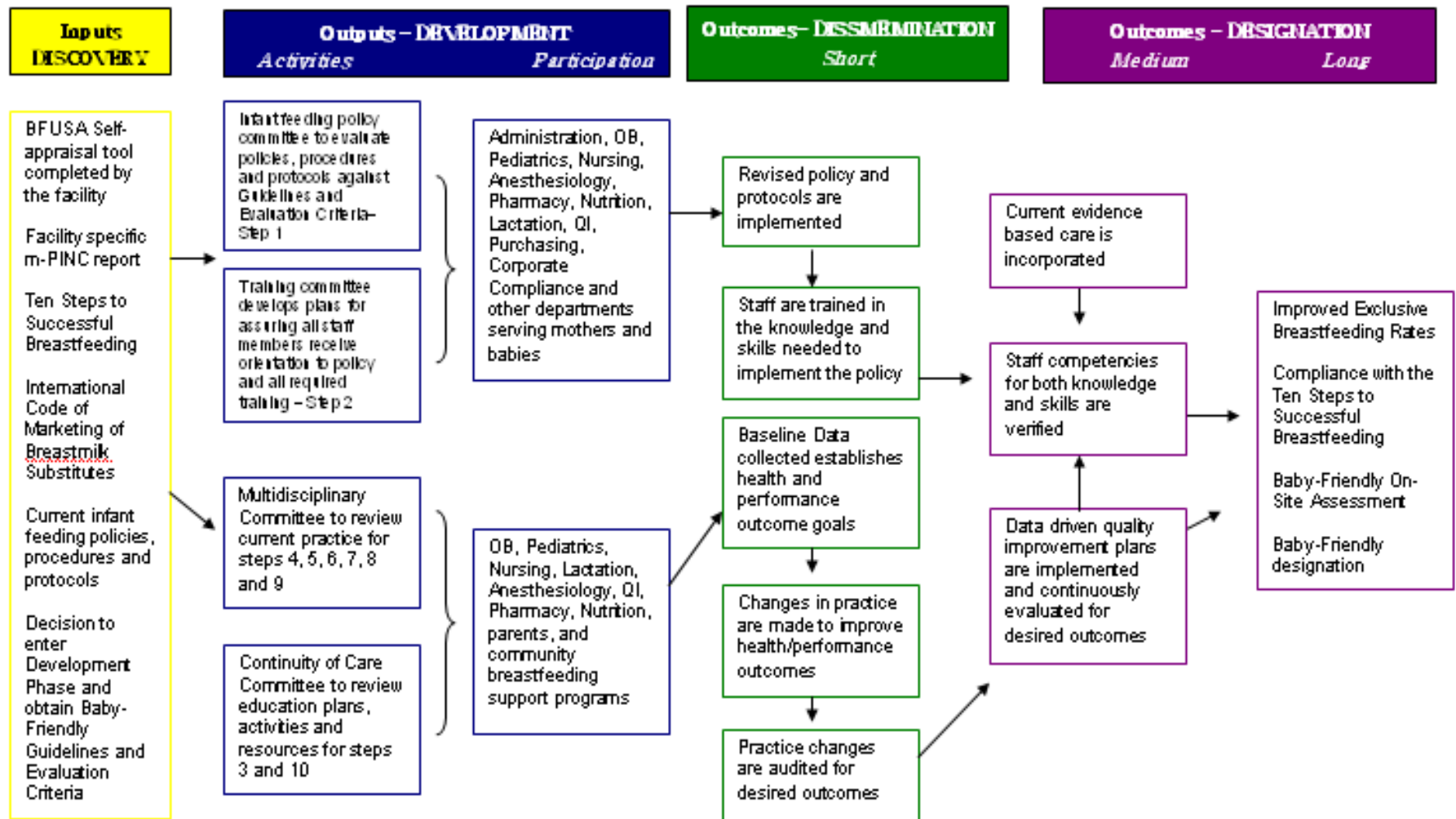
4 – D Pathway tools to prepare for the  
on-site assessment

# The 4-D Pathway to Baby-Friendly® Designation

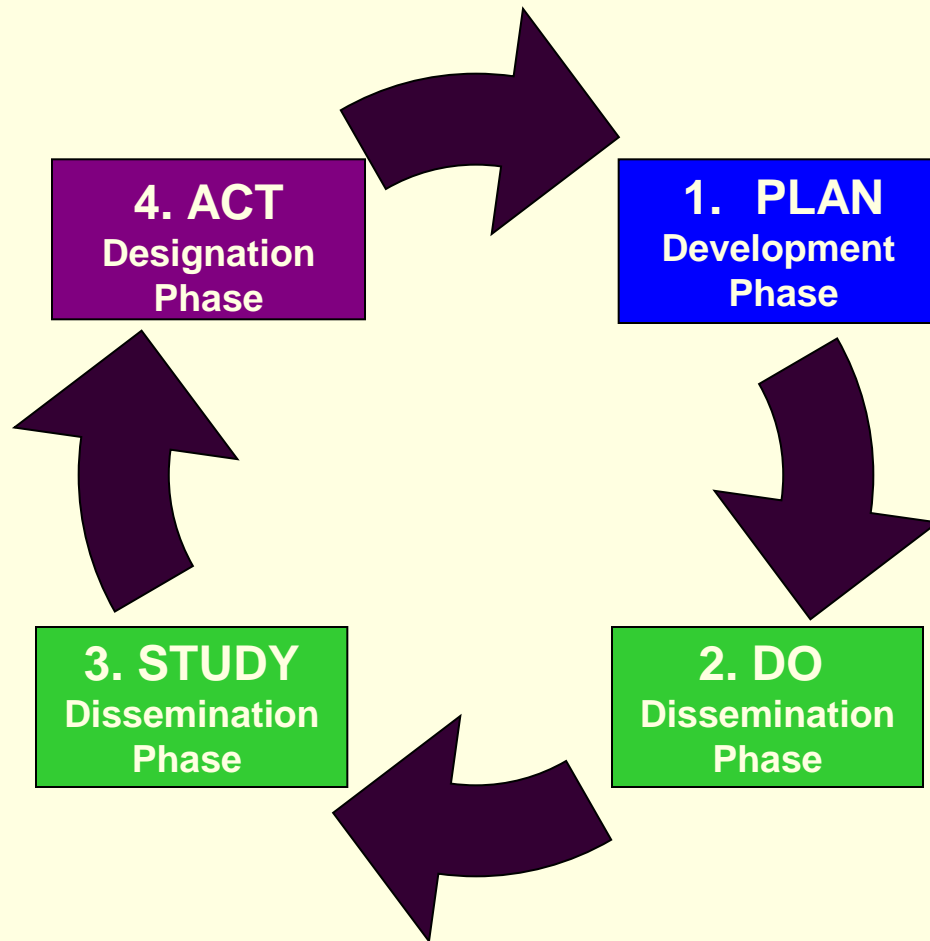


# Baby-Friendly Logic Model

**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

## 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

## 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. 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

## Dissemination Phase

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

# DISCOVERY

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



# DEVELOPMENT

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

# DEVELOPMENT

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

# BFUSA Support

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

# DISSEMINATION

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

# DESIGNATION

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- 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

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- 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.

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- 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

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- 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

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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

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- 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?

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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

# How the 4-D Pathway Helps Facilities Hospital Challenges

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- Patient education is fragmented, incomplete and undocumented

# How the 4-D Pathway Helps Facilities BFUSA Response

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- 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

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- 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

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- 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

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- 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

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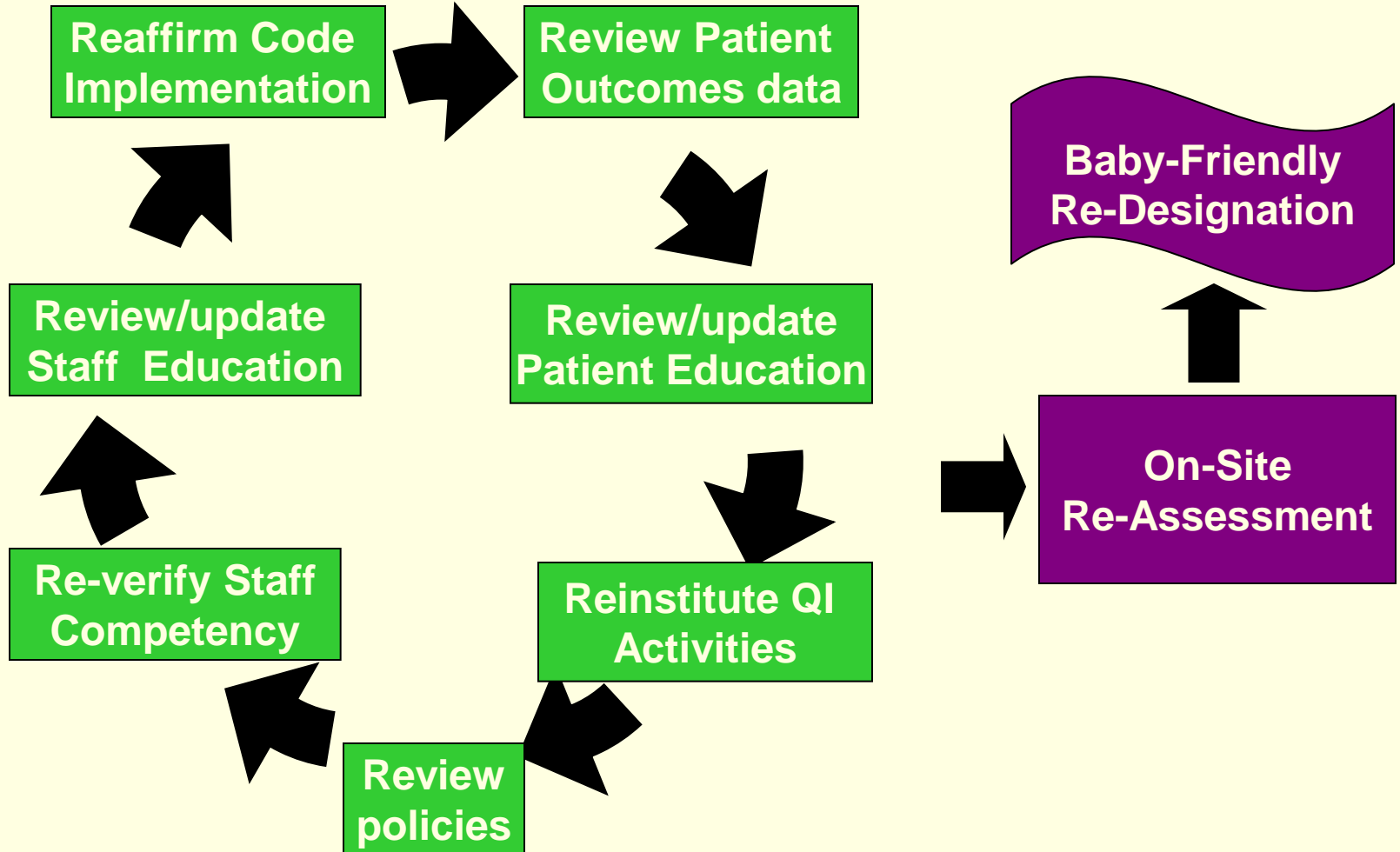
- Designation is for 5 years
- Beginning in 2017 Re-designation will be conferred through an on-site assessment
- Current re-designations are conducted through a review of data and quality improvement projects

# Re-Designation Process

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

# Baby-Friendly Re-Designation





QUESTIONS???



Florida Breastfeeding  
Coalition, Inc.

**Baby Steps to Baby Friendly  
“Florida Quest for Quality Maternity Care Award”**

[www.flbreastfeeding.org/hospital.htm](http://www.flbreastfeeding.org/hospital.htm)

To listen to and view slides to all 4 Webinars  
[www.flbreastfeeding.org/webinars.htm](http://www.flbreastfeeding.org/webinars.htm)

**Baby Friendly USA**

[www.babyfriendlyusa.org](http://www.babyfriendlyusa.org)