



# Baby Steps to Baby-Friendly

Achieving Baby-Friendly certification

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# My Baby-Friendly Experience

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- Process began in 2004
- Certified since 2006
- Recertified in 2011
- 450 Births per year
- Level 2 Nursery

# What Motivated Us?

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An energetic, determined midwife had a vision for us

- To do NORMAL well
- Part of establishing a marketing niche



# Why Support Breastfeeding?

It is the **NORMAL** way to feed babies

The majority of women in our state are choosing to breastfeed

This is what the consumer wants



# Reasons to Breastfeed

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- Priming of the Infant Gut
  - Colostrum coats the digestive system creating a barrier from allergens and bacteria that enter the gut.
    - No gut priming for Infants fed formula
    - Feeding formula to the breastfed infant can interfere with priming.
- Formula offers no immunity protection
- SIDS risk increased with formula

# Mom likes to hear benefits for her

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- Convenient, free
- Heart disease, high blood pressure, breast cancer
- Bond with baby



# Supporting Breastfeeding

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## Is it the Hospital's Job?

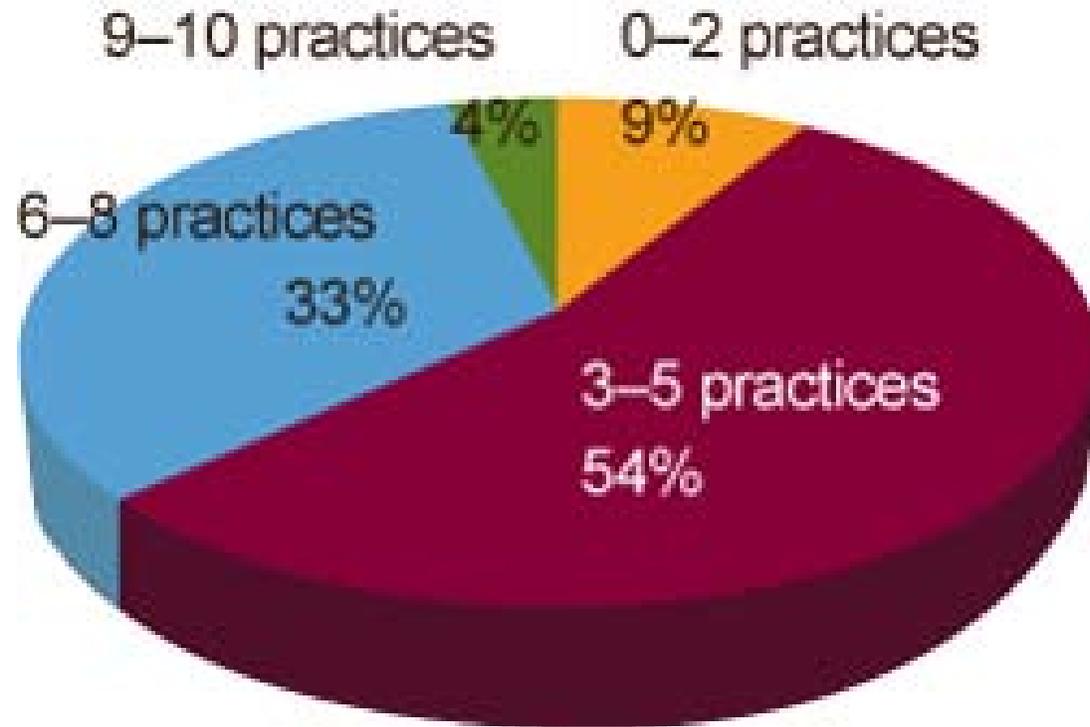
The CDC - Vital Signs 2011

**Hospitals should do more to help mothers start and continue breastfeeding.**

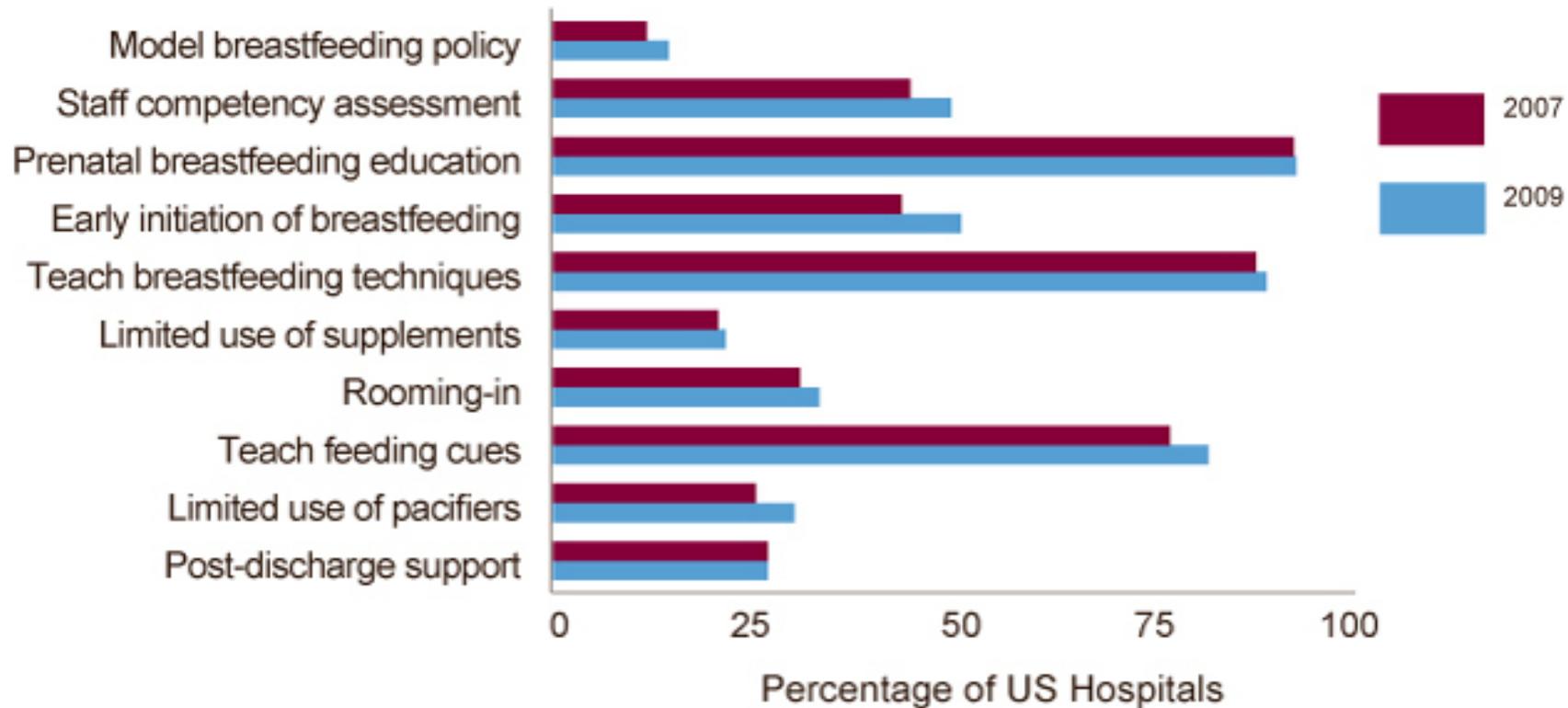
Hospitals that wait to start the first breastfeed, or separate babies from mothers, or routinely give formula to breastfeeding babies make it harder for mothers and babies to be able to breastfeed.

When hospitals support mothers to feed their babies only breast milk, it helps mothers to continue feeding only breast milk at home.

## Percentage of hospitals by number of recommended policies and practices to support breastfeeding in 2009



# Percentage of US hospitals with recommended policies and practices to support breastfeeding, 2007 and 2009



SOURCE: CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)

# From a Business Point of View

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Why become Baby-Friendly when you can adapt all these practices but NOT follow all steps?

- Like purchasing formula

Baby-Friendly certification has a marketing value

- The healthcare consumer wants support with breastfeeding
- They want to be able to keep their babies with them
- They don't want to go to a hospital who is resistant to their requests
  
- "I did not want to go to a hospital where I was going to have to fight for what I wanted."

# Does everyone think Baby-Friendly is a good thing?

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No. This is a lack of education.

Mostly from health care providers.

Common Misperceptions

Hospital will force women to breastfeed

Mother has to provide her own formula

# Spreading the Word

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- Educate all hospital staff on Baby-Friendly
  - Brief “commercial” during orientation
  - Short computer based learning module
- Speak in the community
- Use local media

# Pekin Hospital is a feather in our cap

By Michelle Teheux

Pekin Daily Times

Posted Aug 17, 2011

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“...One of the things we all dreamed of at that time — I’m speaking of the early ’90s — was having a local hospital designated as “Baby Friendly.” But it seemed like an impossible dream, on par with winning the lottery. No local hospital even came close to offering ideal care for nursing mothers and babies.

...Almost every mother I knew at that time had a story about her baby being given a bottle against her orders by some high-handed nurse who thought she knew better, and I was determined to keep that from happening to my babies. Although certain individual nurses could be wonderful, standard hospital policies were contrary to best practices.

Mothers of my generation could only dream of giving birth in a hospital that provided a nurturing, nursing-friendly environment. While mothers are free to use bottles and formula if they choose, and while in rare cases it’s necessary, there’s no question that breastfeeding is the gold standard and that hospitals should do everything they can to encourage and assist every mother who has chosen to nurse.

Pekin Hospital follows the practices that research shows best support breastfeeding. While I’m sure most other hospitals have made great strides in the last 20 years, they still haven’t made all the changes that would allow them to be designated Baby Friendly.

For that, you must go to Pekin Hospital — one of Pekin’s true jewels. ‘

by [Fred Zwicky](#)

# Lactation training at Pekin Hospital

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## [The Eye](#) a Journal Star photo blog

“Being a new parent is quite the roller coaster ride. For a new mom, a quiet moment that calms the storm is often the bond of nursing. I don’t know this personally. But, that’s what my wife says about our three kids. Of course some were more of a storm than others. No names. The guilty know who they are.

Pekin Hospital recently was named a ‘baby-friendly’ hospital by the United Nation’s Children’s Fund and World Health Organization, one of only three Illinois hospitals to earn the distinction. Their emphasis on mother-baby bonding and lactation training gave us the opportunity to meet Donna and Alan Vaughn of Pekin and their new son, Caleb.”

# Effects of media coverage

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- Parents mention those media stories when questioned as to why they choose our hospital.
- One month after The Journal Star blog and story ran, a Dad told me they decided to change hospitals because of that story.
- How many new patients do you have to attract to offset the costs associated with Baby-Friendly?

# Community Perception

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- Even if the public does not know what Baby-Friendly is really about they are impressed that the local hospital “got some kind of award.”

Shout this from the rooftops

Let them know you are working on it

They just know that “Pekin Hospital is really nice to babies.”

# What About the Physicians?

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- Education at Committee Meetings
  - Administration
  - Respected Peer
  - Unit Director
- Some will listen to the Voice of the Consumer
  - Patient Surveys

# Baby-Friendly Certification Process

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## 1. Discovery Phase

- What are we doing now?
  - mPINC data
  - Patient Survey
- Develop a Survey
  - This is how Baby-Friendly surveyors collect their data
  - Along with chart audits
  - Do it yourself so you can anticipate where you are
  - And how well you are achieving your goals

# Baby-Friendly Certification Process

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## 2. Development Phase

- Baby-Friendly Task Force
- Policy
- Staff Training Plan
- Data Collection Plan

## 3. Dissemination Phase

- Roll Out Plan
- Train Staff
- Make Practice Changes

# Main Focus Today

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Staff Training

Data Collection

Formula Purchase

- These are the areas where many facilities get overwhelmed
  - Getting these started well will avoid barriers later

# Development Phase

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## Task Force

- Representatives from different areas of hospital
  - OB
  - Peds
  - ER
  - Imaging
  - Pharmacy
  - Administration
  - Midwife / Obstetrician
  - IT
  - Anesthesia

# Policy

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## Academy of Breastfeeding Medicine

- Model Hospital Policy
- Good Place to Start

<http://www.bfmed.org/Media/Files/Protocols/English%20Protocol%207%20Model%20Hospital%20Policy.pdf>

# Staff Training

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How to do this?

- Group Training
  - Opportunity for exchange of ideas
  - Staff voices can be heard
  - Increases potential for ownership
  - Willingness to change
  - Instructor will be able to gauge staff buy in from group training
- Hospital computer based training
- Pay for online training



# Staff Resistance

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More from “veteran” nurses

“We have always done it this way”

“No one asked me if I wanted us  
to be Baby-Friendly”



# Most resistant staff

Interestingly...

- Nurses who breastfed with no problems
- “If women really want to breastfeed, they will”

They did not buy into the fact that hospital practices make a difference

# Personal Experience of Nurses

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Staff have to let go of their own personal experiences

Encourage them to work through this

This is not about their birth or their baby

It is about the current evidence

# Mothers shared their personal stories

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- Spoke to the staff about 4 different birth experiences.
- Very honest about how staff comments, actions affected her birth
- Helped them understand why their support is so important to the mom
- It may be a day at work for the nurse.
- It is a major life experience and lasting memory for the family.



# Most supportive staff

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Those who contributed ideas that were used

Nurses who regretted their own feeding experience

The staff who like to learn



## Bonus result of staff education

I have seen many of our nurses change their personal views about birth and breastfeeding.

Education and knowledge is empowering. It is vital to change.



# Jenni...

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Since working at a Baby-Friendly Hospital, my views as a nurse and mother have been radically changed.

Breastfeeding and birth are NORMAL processes. It is amazing how far our society has gotten from believing this.

Women's bodies were created to grow our babies for nine months, deliver them out of our bodies in a very capable and miraculous way, and then to continue to be their unique provider of comfort and nourishment for a long time after.

It is amazing what our bodies were designed to do. We were made for this.

And Baby Friendly encourages and allows that natural process to occur.

# Staff Buy In

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Getting staff to understand and accept the changes that are being made will help to avoid barriers later

How will these changes affect them?

- Practices
- Charting

# The Positive Spin

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## Skin-to-Skin Immediate and Uninterrupted

- Breastfeeding will be better established
- Baby is more stable
- Skin-to-Skin is an easy problem solver – less time in nursery
  - Optimal baby warmer
  - Grunting
  - Not eating
  - Pain perception for mom

Baby stays in room for assessment

Charting gets done during this skin-to-skin time after birth



# Consistent Education

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- Better for families

- Inconsistent teaching is one of the most common complaints I hear from moms delivering at other hospitals in our area

Less conflict between staff members

Affects hospital reputation when fewer moms are complaining in the community



# Charting

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Staff accountability

Constant reminder of current practices

Tool for data collection

# Data Collection – What?

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## Prenatal Education

- Benefits and Management
- Exclusivity

## Skin-to-Skin

- Immediate and Uninterrupted
- To breast within first hour
- Delay weight and measure

## Rooming In

- Practiced
- Lengths of Separation
- What procedures can be done in the room

# Data Collection – What?

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## Feeding Management

- Cue Based
- Positioning shown
- Establish supply
- Maintain supply even if separated
- Hand expression

## NICU

- Kangaroo Care practiced?
- Express milk within six hours
- Pumping routine

# Data Collection – What?

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## Formula feeding education

- To formula feeding mothers only
- Preparation
- Feeding Cues
- Feeding Amounts and Methods

## Breastfeeding rates

- Initiation
- Exclusive
- Document maternal request for formula
  - Reason
  - Educated on Risks

# Data Collection – What?

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## Pacifiers and Nipples

- Not using them with breastfed babies

## Formula and compliance with The WHO Code

- Provide Invoices for formula purchase
- Staff knows why we don't give free formula
- No advertising materials for infant feeding products
- No freebies to staff

# Purchasing Formula

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## Conversation with purchasing manager

“This is the first time anyone has come to me asking me to start paying for something we have been getting for free.”

He was not smiling.



# Calculating Cost

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Pay fair market value

What percentage of retail price does facility pay for other supplies?

- Wipes
- Diapers
- Tissues

Pay that same percentage of retail for formula

Beware of the formula company's "great deal"

# Old Expectations...

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At what point do we stop saying

“But we’ve always  
done it this way”

We don’t get other supplies or  
food for free

# New Thoughts...

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At what point do we stop marketing for the formula companies?

In a way that sabotages the healthiest infant feeding possible?



# How much does all this cost?

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- Backpack - \$3.00
- Formula and nipple cost per formula baby –  
\$10 for 2 day stay



# Data Collection – How?

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Seem complicated? Overwhelming?

We collect this data via 4 sources

# Patient Discharge Survey

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- Type of birth
- Skin-to-skin
  - Immediate and Uninterrupted
- Delayed weight and measure
- Rooming In
- Breastfeed within an hour
- Exclusive Breastfeeding
- Why did you choose our hospital?
- Staff recognition



# Patient Discharge Survey

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## Other practices to track

- Pacifier use
- Bottle use
- Procedures such as bath, PKU done in room
- Hand expression
- Follow up resources given

# Breastfeeding Summary

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## All Birth and Discharge Information

- Weights
- Postpartum practices
- Bili levels

## Maternal and Infant Risk Factors



# Charting

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Rarely have to go to the chart for data

- Skin to Skin timeliness
- Delay weight and measure
- Exclusivity
- Rooming In
- Reasons for deviation from standard practice



# Outpatient Assessments

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Majority of our couplets have an outpatient visit

- Collect data on
  - Rooming In
  - Post Partum practices
  - Exclusivity
- Simple questions asked as history collection



# Have a headache?

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- It may seem like a lot of work but it makes data collection for Baby-Friendly reports much easier
- And, most importantly allows the facility to see where they are at any given point.
- Reward staff for each goal achieved!

# Is This All Worth It?

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## The Baby-Friendly Effect

- Baby-Friendly certification typically in top 3 answers when customers asked why they chose our hospital
- Breastfeeding rate increased an average of 15%
- Increased percentage of market share outside of our primary market



# Is It Worth It?

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- Benefits Mom and Babies
- Consistent , Quality Care
- Is a Great Marketing Tool
  
- Yes! It's Worth It!



# Questions?

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