Overview of the US BFHI and the 4-D Pathway

October 27, 2015
Participants will be able to:

Describe the advantages of birthing facilities achieving the Baby-Friendly Designation

Describe the Ten Steps to Successful Breastfeeding

Describe the process for becoming a Baby-Friendly designated facility
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 Substances.
WHAT IS THE BFHI?

• An accreditation 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
What is Accreditation?

• A status awarded to an organization that has undergone a rigorous process of assessment by an independent body.

• It certifies that the facility meets the Accreditor's brand and standard of service.

• Accreditation is marketable.


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Why Seek Baby-Friendly Designation?

March 20, 2015
# 10 - Elevate the facility reputation by receiving a globally prestigious award

# 9 - Enhance the environment of competence among staff

# 8 - Enhance leadership and team skills among staff
# 7 - Deliver evidence-based, patient-centered care

# 6 - Improve patient satisfaction

# 5 - Improve health outcomes for mothers and babies
# 4 - Demonstrate a commitment to quality improvement

# 3 - Meet corporate compliance requirements

# 2 - Meet Joint Commission perinatal core measures for exclusive breast milk feeding
# 1 - Babies are born to be breastfed
ANSWERING THE NATION’S CALL

Why pursue Baby-Friendly designation?
Achieve 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%]
Achieve 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%]
Achieve 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%]
ACTION 7. Ensure that maternity care practices throughout the United States are fully supportive of breastfeeding.

Accelerate implementation of the Baby-Friendly Hospital Initiative.
IOM Report

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.
• Hospitals can:
  • Implement the Ten Steps to Successful Breastfeeding and work towards achieving Baby-Friendly designation.
  • Use CDC's Maternity Practices in Infant Nutrition and Care (mPINC) survey customized reports to improve maternity care practices that support breastfeeding.
  • Work with doctors, nurses, lactation care providers, and organizations to create networks that provide clinic-based, at-home, or community breastfeeding support for mothers.
Helps improve facility mPINC scores
UNICEF reports that there were nearly 20,000 Baby Friendly Hospitals worldwide (2006)
388 Designated Facilities 
19.2% of US Births 
765,500 US Births 

712 working towards designation 

276 facilities in the Discovery Phase 
100 facilities in the Development Phase 
173 facilities in the Dissemination Phase 
163 facilities in the Designation Phase 

~3100 total birthing facilities in US
0 Designated Facilities
0% of WV Births
0 WV Births

7 working towards designation

2 facilities in the Discovery Phase
2 facilities in the Development Phase
3 facilities in the Dissemination Phase
0 facilities in the Designation Phase

~23 total birthing facilities in WV
**WV mPINC**

**Breastfeeding is a public health priority.**

Breastfeeding is associated with decreased risk for infant mortality and morbidity as well as maternal morbidity, and provides optimal infant nutrition. Healthy People 2020 establishes breastfeeding initiation, continuation, and exclusivity as national priorities.

**West Virginia’s 2013 Survey Results**

<table>
<thead>
<tr>
<th>West Virginia’s mPINC Score</th>
<th>69</th>
</tr>
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<tbody>
<tr>
<td>West Virginia’s 2013 Survey</td>
<td>45</td>
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**Changes in maternity care practices improve breastfeeding rates.**

There are many opportunities to protect, promote, and support breastfeeding in West Virginia. Opportunities such as those listed below can help West Virginia bring local maternity care practices to all West Virginia hospitals.

- **Examining West Virginia regulations for maternity facilities and evaluate their evidence-based practices.**
- **Sponsor a West Virginia-wide Summit of key decision-making staff at maternity facilities to highlight the importance of evidence-based practices for breastfeeding.**
- **Encourage and support hospital staff across West Virginia to be trained in providing care that supports mothers to breastfeed.**
- **Establish links among maternity facilities to share information and strategies to support breastfeeding in West Virginia.**
- **Implement evidence-based practices in medical care settings across West Virginia that support efforts to enhance breastfeeding.**
- **Integrate maternity care into related hospital-wide Quality Improvement Efforts across West Virginia.**
- **Promote utilization of the Joint Commission Perinatal Care Core Measures Set including exclusive breast milk feeding at hospital discharge in West Virginia hospital data collection systems.**

**Questions about the mPINC survey?**

- **Infant death: The focus of the mPINC survey includes infants who die in the first 28 days after birth.**
- **Nursing staff: The focus of the mPINC survey includes all registered nurses and licensed practical nurses.**
- **Pediatricians and family practice physicians: The focus of the mPINC survey is on pediatricians and family practice physicians who delivered at least 100 infants in the study period.**
- **Promotion of breastfeeding: The focus of the mPINC survey includes breastfeeding at discharge.**

**References**

1. CDC. (2013). *Breastfeeding and prevention of infant mortality and morbidity as well as maternal morbidity, and provides optimal infant nutrition. Healthy People 2020 establishes breastfeeding initiation, continuation, and exclusivity as national priorities.*
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©2013 Baby-Friendly USA, Inc.
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~23 total birthing facilities in WV
## Changes in maternity care improve breastfeeding outcomes.

CDC’s mPINC Reports have what you need to understand and improve care across West Virginia:
- 2015 survey scores and ranks
- Action ideas to improve outcomes
- Trends across all mPINC surveys:
  - **TOTAL SCORES** averaging all hospitals’ scores
    - **POLICIES** for staff training and infant feeding care
    - **PRACTICES** in supplementing breastfed infants
    - **PROTOCOLS** for support after discharge to home

### West Virginia 2015 Survey Results

<table>
<thead>
<tr>
<th>Year</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>55</td>
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<tr>
<td>2009</td>
<td>58</td>
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<tr>
<td>2013</td>
<td>69</td>
</tr>
<tr>
<td>2015</td>
<td>73</td>
</tr>
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### uDEAL RESPONSES TO SELECTED ITEMS in West Virginia hospitals for 2007–2015:

- **Complete Hospital Policies**:
  - Percentage of West Virginia hospitals with ideal responses (2007–2015)

- **Appropriate Feeding Practices**:
  - Supplemental feeding is done in feeding of breastfed infants

- **Adequate Discharge Protocols**:
  - Hospital provides appropriate discharge planning (infants & other multi-modal supports)

### mPINC Care Dimensions

- **Labor and Delivery Care**: 84
- **Feeding of Breastfed Infants**: 81
- **Breastfeeding Assistance**: 83
- **Contact Between Mother and Infant**: 77
- **Hospital Discharge Care**: 72
- **Staff Training**: 46
- **Structural & Organizational Aspects of Care Delivery**: 71

### USE THESE RESULTS.

**Action ideas**:
- Use your mPINC summary data to:
  - Help hospitals meet Joint Commission Perinatal Care Core Measure breastfeeding requirements.
  - Ensure hospital staff across West Virginia are trained in infant feeding care.
  - Celebrate interest in the Baby-Friendly Hospital Initiative and show how to use mPINC to work toward Baby-Friendly designation.

**mPINC** works.
- See questionnaires, past survey results, and read about mPINC.
  - Go to [www.cdc.gov/mpinc](http://www.cdc.gov/mpinc)
  - Scan this code:

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**Overall Rank**: 44th

**Total Score**: 73
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

Describe the expectations for implementation of the Ten Steps to Successful Breastfeeding

Always strive to achieve 100%
**Ten Steps to Successful Breastfeeding**

**STEP 1:** Have a written breastfeeding policy that is routinely communicated to all health care staff.

**STEP 2:** Train all health care staff in the skills necessary to implement this policy.

**STEP 3:** Inform all pregnant women about the benefits and management of breastfeeding.

**STEP 4:** Help mothers initiate breastfeeding within one hour of birth.

**STEP 5:** Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
Ten Steps to Successful Breastfeeding

• **STEP 6:** Give infants no food or drink other than breastmilk unless medically indicated.

• **STEP 7:** Practice rooming-in – allow mothers and infants to remain together twenty-four hours a day.

• **STEP 8:** Encourage breastfeeding on demand.

• **STEP 9:** Give no pacifiers or artificial nipples to breastfeeding infants.

• **STEP 10:** Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.
The Guideline states “all mothers…”

The Criteria for Evaluation states “80% will report…”

Always strive to achieve 100%
• Well-constructed comprehensive policies effectively guide staff to deliver evidence based care

• Well trained staff are able to effectively practice evidenced based care

• Monitoring of practice is required to assure adherence to policy and evidence
There are wide variations in facility structure and operations throughout the country

The guidelines cannot address each facility’s specific situation
Review the Guidelines and Evaluation Criteria (GEC)
Consider the facility specific circumstances and how to implement the GEC in the context of:
- Resources
- Staffing
- Physical plant
- Facility circumstances

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4-D Pathway: The US Process for Becoming Baby-Friendly Designated
The 4-D Pathway to Baby-Friendly Designation

**Dissemination**
- Collect Data
  - Bridge to Dissemination Phase
  - Dissemination Certificate of Completion
- Train Staff

**Designation**
- Implement QI Plan
- Readiness Interview
- On-Site Assessment

**Development**
- Data Collection Plan
- Prenatal/Postpartum Teaching Plans
- Staff Training Plan

**Discovery**
- Register with Baby-Friendly USA
- Obtain CEO Support Letter
- Complete Self Appraisal Tool
- BFHI Work Plan
- BF Committee Or Task Force

**Bridge to**
- Discover Phase - Registry of Intent Award
- Development Phase - Certificate of Completion
- Designation Phase - Award
- Dissemination Phase - Certificate of Completion

**Baby-Friendly**
- USA
- BFHI Work Plan
The Guidelines and Evaluation Criteria and Ten Steps to Successful Breastfeeding:

• Contain multiple sub-steps
• Impact many areas of the facility
• Impact many disciplines within the facility
Allows for

• A comprehensive view of the implementation of the Guidelines and Evaluation Criteria

• Sharing the work
OB Pediatrics
Nursing Lactation
Administration Anesthesiology
Pharmacy Nutrition
Corporate Compliance Purchasing
Quality Improvement Parents
Information Technology Marketing
Departments serving mothers/babies
Community breastfeeding support programs

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Information Packet

• What is the BFHI
• 10 Steps to Successful Breastfeeding
• International Code of Marketing of Breastmilk Substitutes

Self Appraisal Tool

Sample CEO Support Letter

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• Guidelines and Evaluation Criteria
• Model Action Plans
• Budget planner
• Policy development tool
• Policy check off tool
• Community survey
• Patient education planning template
• Staff training requirements
• Staff training planning template
• Staff education documentation tool
• Data Collection planning template
• BFHI power point presentation
Review and provide feedback:

- Action Plans
- Infant feeding policy
- Staff training plan
- Patient education plan
- Data collection plan
Audit tools

• Code implementation
• Policy implementation
• Staff competency
• Staff knowledge
• Training implementation
• Patient knowledge
• Infant Feeding Outcomes
• Form to request Readiness Assessment Interview
• Worksheet to
  • calculate fair market pricing for formula, bottles and nipples and
  • calculate facility’s formula requirements
• Attestation of purchase of formula, bottles and nipples
• Assessment overview check list
• Form to request On-Site Assessment
• BFUSA/Facility participate in Readiness Assessment Telephone Interview
• Facility works with purchasing department to implement requirement to purchase infant formula, bottles and nipples
• Facility prepares for the on-site assessment
• BFUSA support in planning for on-site assessment
To attain Baby-Friendly designation:

- **Implement** the Ten Steps to Successful Breastfeeding and The Code
- **Invite** a Baby-Friendly survey team when it is determined that the Ten Steps are in place.
- **Undergo** an on-site survey looking at the knowledge and practice of staff and the experience of mothers and babies.
The 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
Randomly selected key informants:

- Health care providers with privileges on maternity
- Nursing staff (day and evening shifts)
- Prenatal woman >32 weeks gestation
- Mothers of vaginal delivery
- Mothers of cesarean delivery
- Mothers of babies in NICU/SCU
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
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
What if the facility doesn’t pass?

- ERB identifies sub-steps to be improved
- Facility makes necessary improvements
- Assessor comes on-site to re-evaluate sub-steps not passed
- ERB reviews findings of revisit and makes determination
- (Most facilities pass on 1st revisit)
Only after passing internal and external review, may a facility refer to itself as a “Baby-Friendly” designated facility.
EMPower

• Large scale project funded by the CDC
• Abt Associates, Carolina Global Breastfeeding Institute and Population Health Improvement Partners
• 93 hospitals participating in EMPower
• Each hospital has a QI and Breastfeeding Coach
• 4 WV hospitals participating in EMPower
Safety of BFHI Practices
SAFETY OF BABY-FRIENDLY PRACTICES

Safety is an important component of the Baby-Friendly Hospital Initiative (BFHI). This is addressed in the Guidelines and Evaluation Criteria (GEC), which clearly state, “Each participating facility assumes full responsibility for assuring that its implementation of the BFHI is consistent with all of its safety protocols.” It also indicates that all practices associated with the Ten Steps to Successful Breastfeeding be implemented in a sensitive manner that is responsive to the family’s needs.

SAFE SLEEP and PACIFIERS

On October 24, 2016 the AAP released SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment (click here to download). This update includes the statement “For breastfed infants, pacifier introduction should be delayed until breastfeeding is firmly established. Infants who are not being directly breastfed can begin pacifier use as soon as desired.”

Recently there has been some public discussion about the BFHI philosophy that mothers and infants remain together throughout the hospital stay, in particular, the practices of rooming-in and skin-to-skin care.

ROOMING-IN
For More Information
Visit our Website
Thank you