THE BABY FRIENDLY® HOSPITAL INITIATIVE

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Disclosure
I disclose the following relationships with commercial companies:
I am on the Advisory Panel for ONY Inc.

Learning Objectives
At the end of this presentation the participant will be able to:
1. Discuss evidence based medicine supporting breastfeeding and the Baby-Friendly Hospital initiative.
2. Discuss the 10 steps to successful breastfeeding and their implementation.
3. List the current initiatives that are promoting Baby Friendly® status in United States, Texas and San Antonio.

AAP: 2012 Policy
"Pediatricians have a critical role in their individual practices, communities, and society at large to serve as advocates and supporters of successful breastfeeding."

Outline
Benefits of breastfeeding
What is the Baby Friendly® Hospital Initiative?
What are the 10 steps?
Does the initiative work?
What is happening across the nation and in San Antonio?

Benefits of Breastfeeding
- Children
- Maternal
- Societal
Breastfeeding: Reduces wide range of Pediatric health disorders

Risk Reductions: % Decrease
- Allergies, atopic dermatitis 42
- Asthma 27 no FHx, 40 with FH
- Otitis media 50
- NEC 50-90
- Pneumonia/respiratory 72
- Obesity 7-24
- SIDS 36


Summary of Breastfeeding Benefits
- Promotes optimal health outcomes for mothers and children
- Prevents infectious diseases for children
- Assures that children meet their full developmental potential
- Reduces health care costs
- Is environmentally conscious

What is the Baby Friendly® Initiative?
- International program launched by WHO and UNICEF in 1991 to protect, promote, and support breastfeeding.
- Quality Improvement and recognition program for maternity facilities that have created an optimal environment for appropriate infant feeding and mother-baby bonding.

Baby Friendly® Hospital Initiative
- Only 8.5% of the world’s 21,328 Baby Friendly® hospitals are in industrialized nations.
- As of November 2012, 149 US birth facilities (5.8%) have received and continue to maintain the Baby Friendly® award.
  - 7 in Texas
- A national survey of US Baby Friendly® hospitals identified 3 main barriers to meeting the Ten Steps and becoming Baby-Friendly:
  - paying for formula
  - clinician education
  - rooming-in

Baby Friendly® Hospital Initiative
- Maternity care facilities that provide unique/critical link in breastfeeding initiation and promotion.
- Designated maternity facilities must meet criteria demonstrating compliance with 10 step practice standards to include the international code on marketing breastmilk substitutes.
- Improve patient satisfaction, health outcomes for mother, baby, and family.

BABY FRIENDLY® APPROACH
Support and Encourage health care providers to change their work practices.
BABY FRIENDLY® APPROACH

Equip staff and mothers with skills and knowledge of how to address common breastfeeding issues.

10 STEPS

Step 1: Have a written breastfeeding policy that is communicated to all health care staff

- Written policy that establishes and promotes a philosophy that is congruent with current recommended practice.
- *Positive impact: hospital policies implementing the Ten Steps increase breastfeeding rates*


Step 2: Train all staff in skills necessary to implement this policy

Health professionals who have contact with breastfeeding women need the knowledge and skills to support them to breastfeed successfully.

- MD – 3 hours of CME
  [http://www.wellstart.org](http://www.wellstart.org)
- Nursing - 20 hours of interdisciplinary breastfeeding management to include 5 hours of supervised clinical experience

Step 3: Inform all pregnant women about the benefits/management of breastfeeding

- All women delivering in our facility will receive consistent positive messages about breastfeeding
- *Begin at first prenatal visit*

Los Dos Survey

People Involved in Decision:
- Partner: 42%
- Friends and family: 24%
- Healthcare professionals: 21%
- Media: 9%

When?
- 44% before pregnancy
- 46% during pregnancy
- 9% after their babies were born

Educate women on benefits of breastfeeding: prenatal

*Topics to be covered:*
- Benefits of breastfeeding
- Importance of exclusive breastfeeding
- Basics of breastfeeding management
Step 4: Help all mothers initiate breastfeeding within one hour of birth

- Uses alert period of newborn
- Babies put to breast soon after birth establish breastfeeding faster and it lasts longer
- Joint effort obstetricians, nursing staff, pediatricians/neonatologists

- AAP: Direct skin-to-skin contact with mother immediately after delivery until first feeding is accomplished.

2012 AAP STATEMENT

Skin to skin contact – the Golden Hour

- Place baby on mother’s chest/abd.
- Let baby start suckling when ready
- No hurry
- Delay non-urgent medical routines for at least one hour

Moore et al, The Cochrane Library 2009, Issue 1

COLOSTRUM....

Baby’s first immunization!

- Ideal nutrient and immunological substance to ensure newborn’s successful transition from the protected sterile intra-uterine environment to the non-sterile extra-uterine environment.
- Small in quantity but exact to the size of newborn stomach.

Step 5: Show mothers how to breastfeed and maintain lactation (even if separated from infant)

- How to hold and attach baby to breast
- Crucial for milk supply and pain-free feeding
- Infants feed 8-12 times in 24h

Correct Positioning

- Hold at level of the breast
- Body facing the breast with head and body aligned
**Insufficient Production**

Why mothers stop breastfeeding during the first year.
(CDC; n=1323)

<table>
<thead>
<tr>
<th>AGE</th>
<th>Insufficient Milk</th>
<th>Attachment Issues</th>
<th>Self Weaning Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 month</td>
<td>50%</td>
<td>54%</td>
<td>13%</td>
</tr>
<tr>
<td>1-2 months</td>
<td>56%</td>
<td>27%</td>
<td>20%</td>
</tr>
<tr>
<td>3-5 months</td>
<td>49%</td>
<td>11%</td>
<td>33%</td>
</tr>
<tr>
<td>6-8 months</td>
<td>50%</td>
<td>3%</td>
<td>48%</td>
</tr>
<tr>
<td>≥9 months</td>
<td>50%</td>
<td>2%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Ruowei et al, Pediatrics 2008

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**Step 5: Show mothers how to breastfeed and maintain lactation (even if separated from infant)**

- How to express, handle and properly store human milk
- Family support important
- Allows for return to workplace

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**Step 6: Give newborns no food/drink other than breastmilk unless medically indicated**

- No water
- No supplements

- **Medical Indications**
  - Maternal Illness
  - Infant Illness
  - Dehydration
  - Hypoglycemia
  - Prematurity

- **Maternal Request Education**

- Phone Apps for medications:
  - LactMed
  - InfantRisk

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**The Code**

- No advertising of breast milk substitutes to families.
- No free samples or supplies in the health care system.
- No promotion of products through health care facilities, including no free or low-cost formula.
- No contact between marketing personnel and mothers.
- No gifts or personal samples to health workers.
- No words or pictures idealizing artificial feeding, including pictures of infants, on the labels or product.
- Information to health workers should be scientific and factual only.
- All information on artificial feeding, including labels, should explain the benefits of breastfeeding and the costs and hazards associated with artificial feeding.
- Unsuitable products should not be promoted for babies.
- All products should be of high quality and take account of the climate and storage conditions of the country where they are used.

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**Immune Benefits of Breastfeeding**

- Secretory IgA and other immunoglobulins
- Antiviral and antibacterial factors
- Cellular immune components
- Cytokines, including interleukins
- Enzymes
- Nucleotides
Impact of formula supplementation

- Decreased frequency or effectiveness of suckling
- Decreased amount of milk removed from breasts
- Delayed milk production or reduced milk supply
- Some infants have difficulty attaching to breast after formula given by artificial nipple

Step 7: Practice rooming in (mothers/infants together 24h a day)

- Permits/encourages feeding on demand
- Infant cues identified earlier
- Increase breastfeeding initiation & duration

Determinants of lactation performance across time in an urban population from Mexico

- Milk came in earlier in the hospital with rooming-in where formula was not allowed
- Milk came in later in the hospital with nursery (p<0.05)
- Breastfeeding was positively associated with early milk arrival and inversely associated with early introduction of supplementary bottles, maternal employment, maternal body mass index, and infant age.

Step 8: Encourage breastfeeding on demand

- Essential for milk production
- Infant cues: hand to mouth activity, smacking lips, rooting indicate hunger
On demand, unrestricted breastfeeding

**Why?**

- Earlier passage of meconium
- Lower maximal weight loss
- Breast-milk flow established sooner
- Larger volume of milk intake on day 3
- Less incidence of jaundice


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**Step 9: No artificial nipples or pacifiers**

- Avoids nipple confusion
- Encourage suckling on breast (promotes establishment of milk supply via demand/supply principle)
- Supplement via cup/spoon/syringe
- AAP: limit pacifier-use for pain relief.
  - Because pacifier use is associated with reduction in SIDS, mothers instructed to use after breastfeeding is established, ~ 3-4 weeks of age

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**Step 10: Foster establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic**

- Assures that mothers and families are linked to breastfeeding support resources.

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**Support can include:**

- Early postnatal or clinic checkup
- Home visits
- Telephone calls
- Community services
  - Outpatient breastfeeding clinics
  - Peer counselling programmes
- AAP: Pediatricians should coordinate with community-based health care professionals and certified breastfeeding counselors to ensure uniform and comprehensive breastfeeding support.

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**Barriers to implementing Step 10**

- Lack of awareness of existing resources
- Lack of proactive resources

**Strategies for overcoming barriers**

- Partner with community breastfeeding resources
- Develop current breastfeeding resource lists
- Identify un-served and under-served breastfeeding support needs
- Collaborate with community partner
Resources

- WIC
  - http://www.breastmilkcounts.com
- La Leche League
  - http://www.lli.org
  - San Antonio La Leche League’s FREE 24-hour hotline – (210)341-9669
  - http://www.lli.org/Web/Texas.html
- Texas Department of State Health Services
  - http://www.dshs.state.tx.us/topicrelatedcontent.asp?itemsid=461

DOES THIS WORK?

PROBIT: Promotion of Breastfeeding Intervention Trial (Belarus) published in JAMA 2001

Republic of Belarus

- randomly assigned hospitals and polyclinics to an intervention group (n = 16; Baby-Friendly policies) or a control group (n = 15; practicing standard of care).
- Data obtained from 31 hospitals and 17,046 mother/infant pairs at 1, 2, 3, 6, 9, and 12 months.
- At 12 months, information was available from 97% of the participants.

Kramer et al, JAMA 2001

- 3 months, 73% of women who gave birth in the intervention hospitals were giving some breast milk compared with 60% of women who gave birth in control hospitals (OR 0.52; 95% CI 0.4 to 0.69).
- At 6 months, the rates were 50% versus 36% (OR 0.52; CI 0.39 to 0.71).

Boston

- Baby-Friendly® in place.
- Breastfeeding initiation rates rose from 58% (1995) to 87% (1999) (p < 0.001).
  - initiation rates among US born black women rose from 34% to 74%.
  - Exclusive breastfeeding rates increased from 6% to 34%.
- Boston Medical Center hospital breastfeeding rates remained elevated: 82% (2000) and 87% (2001)

- At 12 months, the rates were 20% versus 11% (OR 0.47; CI 0.32 to 0.69).
- Women from intervention hospitals were 7 X more likely to be exclusively breastfeeding at 3 months and 12 X more likely to be exclusively breastfeeding at 6 months.
- Rates of gastrointestinal disease and atopic eczema were lower among babies from intervention sites compared with babies from control sites.
ANSWERING THE NATION’S CALL

• Hospitals and health care providers should use maternity care practices that empower new mothers to breastfeed, such as the Baby Friendly® hospital standards.

mPINC report for Texas Facilities 2009

- Strengths:
  - 89% provide breastfeeding advice and instructions to patients who breastfeed or intend to breastfeed
  - 96% ask and record mother’s infant feeding decisions

- Needs Improvements
  - 21% adhere to evidenced guidelines against routine supplementation
  - 12% have comprehensive breastfeeding policies
  - 22% provide hospital discharge care
  - 53% annually assess staff competency for basic breastfeeding management and support.

  - 72% of 268 eligible facilities responded

Texas 2009 score – 62; ranked 33/52

- Labor and Delivery Care – 59
  - Lowest in initial breastfeeding within 1-2 hrs
- Feeding of Breastfed Infants – 73
  - Lowest in initial feeding as breastmilk
- Breastfeeding Assistance – 77
  - Lowest in staff observation and assessment
- Contact between mother and Infant – 70
  - Lowest in keeping babies in nursery at night
- Facility Discharge Care – 40
  - Lowest in having a discharge plan
- Staff Training – 53
  - Lowest in staff receiving education
- Structural/Organizational Aspects of Care – 63
  - Lowest in breastfeeding as prenatal education

Maternity Practices in Infant Nutrition and Care (mPINC) is a national survey conducted by the CDC every 2 years.

Scores are calculated and benchmark reports prepared for each participating facility to indicate their performance on the maternity practice domains included in the survey.

These reports help facilities identify practices needing improvement to better support breastfeeding.
• The Surgeon General identified 20 key actions to improve support for breastfeeding.
• Joint Commission - Speak Up Campaign - materials to assist mothers with obtaining appropriate breastfeeding support.
• Both recognize Baby Friendly®.

• Perinatal Core Measures:
  - 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

1/5 preschooler is at least overweight, and half of these are obese. Breastfeeding helps protect against childhood obesity. A baby’s risk of becoming an overweight child goes down with each month of breastfeeding.

In the US, most babies start breastfeeding, but within the first week, half have already been given formula, and by 9 months, only 31% of babies are breastfeeding at all.

The Baby Friendly Hospital® Initiative describes Ten Steps to Successful Breastfeeding that have been shown to increase breastfeeding rates by providing support to mothers.

Healthy People 2020 goals
• Increase the proportion of infants being breastfed
  - Ever to 81.9%
  - At 6 months to 60.5%
  - At 1 year to 34.1%
  - Exclusively through 3 months to 44.3%
  - Exclusively through 6 months to 23.7%

• Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and babies to 8.1% [Current: 5.8%]

Best Fed Beginnings Learning Collaborative Aim
• To enable participating hospitals to be designated as Baby Friendly® By September 30, 2014, or to have a Baby-friendly USA designation site visit scheduled.
Learning Collaborative Goals

- Increase the number of hospitals that are designated as Baby Friendly®
- Increase the proportion of births that occur in Baby Friendly® hospitals and thus, increase the proportion of infants who are breastfed
- Decrease the proportion of breastfed infants who receive any formula supplementation in the first two days of life
- Increase the proportion of infants who are exclusively breastfed at six months
- Reduce both geographic and racial/ethnic disparities in these breastfeeding rates

Benefits of Participating

- Fees associated with Baby-Friendly designation included
- In depth support from national and regional faculty
- Ongoing coaching and technical assistance
- Unlimited access to NICHQ’s ILab, an online learning community
- Engage and Learn from peers in your region
- Receive support to complete staff training for maternity care staff to satisfy the Baby-Friendly USA designation requirements
- Develop quality improvement knowledge and capacity that can be applied beyond the scope of this project

90 Hospitals selected from 235

- > 275,000 births/year in the 29 states with the lowest breastfeeding rates and highest rates of supplementation during the hospital stay.
  - **Texas**
    - Ben Taub General Hospital, Houston, TX
    - Children's Memorial Hermann Hospital, Houston, TX
    - Memorial Hermann, The Woodlands, The Woodlands, TX
    - Methodist Dallas Medical Center, Dallas, TX
    - Parkland Health and Hospital System, Dallas, TX
    - University Health System, San Antonio, TX

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