


Revisions to the Guidelines and Evaluation Criteria

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Speaker Disclosures

- 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

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Objectives

- Learners will be able to
 - Describe the purpose of the two key WHO/UNICEF documents: Protecting Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services Guideline and Implementation Guidance
 - Describe critical changes found in the Interim GEC to Steps 7 and 9
 - Describe the US BFHI plans for the future

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US Data



604 Designated Facilities

- 433 working towards designation
 - 257 facilities in the Discovery Phase
 - 18 facilities in the Development Phase
 - 68 facilities in the Dissemination Phase
 - 90 facilities in the Designation Phase

1,100,000 births 28.5% of US births
~2700 total birthing facilities in US

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Oklahoma Data


10 Designated Facilities
15,205 births

6 working towards designation

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




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Country	# Births in Country	% Births in BFHI Facilities	# Births in BFHI Facilities
France	800,000	5.0%	40,000
Germany	715,000	19.6%	140,000
Italy	488,000	5.7%	27,816
Japan	1,004,250	4.0%	40,170
New Zealand	61,000	96.5%	58,865
Russia	1,800,000	21.0%	378,000
Spain	419,000	4.5%	18,855
US	3,855,500	28.5%	1,100,000

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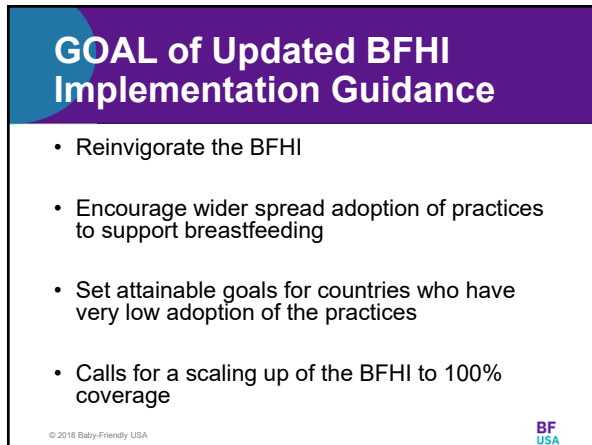
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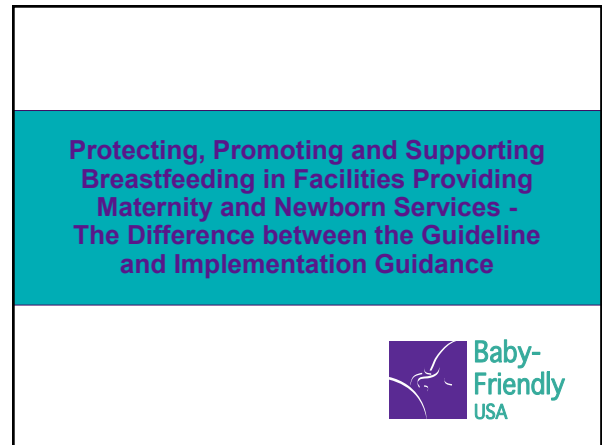
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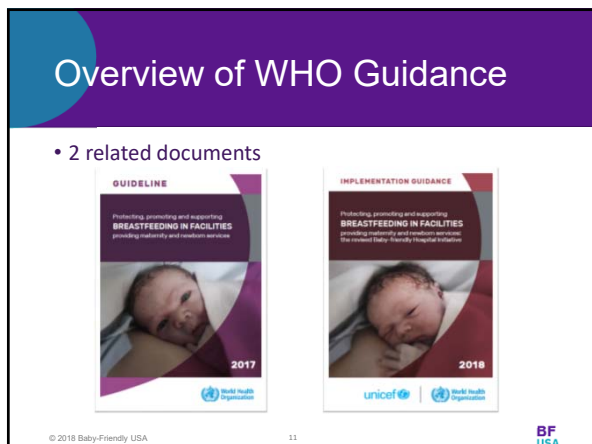
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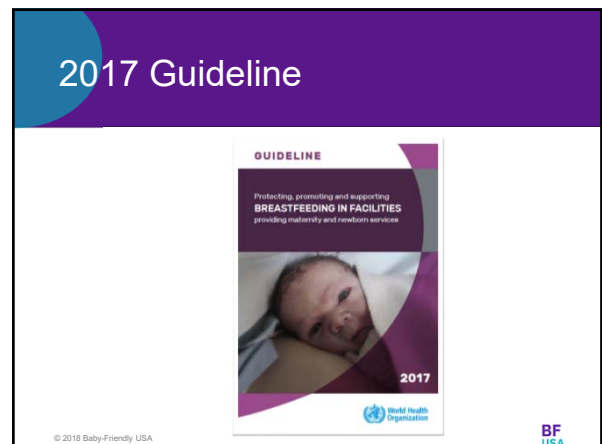
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WHO Guideline

For WHO purposes:

- a "Guideline" is a document that contains a WHO health recommendation about a health intervention
- WHO issues both clinical and public health/public policy guidelines
- Implementation guides are NOT guidelines

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2018 BFHI Implementation Guidance



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2018 BFHI Implementation Guidance


- WHO considers "implementation guidance" to be a strategy and/or series of strategies that may be utilized to implement a **recommendation** about a health intervention

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What is the process for updating the Guidelines and Evaluation Criteria for the US?




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US Process for Updating Guidelines

- Developed a crosswalk between BFUSA 2016 GEC and WHO 2018 Implementation Guidance
 - May 2018
- Identified new standards to be immediately implemented
 - June 2018
- Rolled out 2016 GEC v2 with adjustments to Step 9
 - July 2018
- Convened Expert Panel
 - July 2018

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US Process for Updating Guidelines

Revised Guidelines and Evaluation Criteria based on WHO 2018 materials

- First draft
 - Prepared by BFUSA Clinical Director
 - December 2018
- Review draft
 - Clinical Committee/ Expert Panel
 - February 2019
- Second draft
 - BFUSA Clinical Team
 - April 2019

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US Process for Updating Guidelines

- Requested feedback and comments from 7 National Professional Medical Associations
 - Comments due by July 12
- Second Expert Meeting
 - Clinical Committee/ Expert Panel
 - July 22/23 2019
- Interim GEC Document
 - December 9, 2020
- Final Document to align with WHO 2018 (Pending agreement with WHO on training and competencies)
 - 2nd Quarter 2020???

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Working Cover



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Key Content and Format

Introduction

- Brief history of the BFHI
- Background on the WHO revision process
- Background on the BFUSA revision process
- Components of each step
- Discussion of the Ten Step revision process including chart comparing the revised 2018 Ten Steps to the original version
- Importance of breastfeeding
- Section on culture and equity

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Key Content and Format

Steps

- Step number, name and infographic – identical to WHO/UNICEF
- Rationale - mostly WHO/UNICEF some US clarification
- Implementation Guidance - mostly WHO/UNICEF with US clarification

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Key Content and Format

Steps

- Considerations for Safe Implementation of Practice – US additions based on government and/ professional medical association clinical recommendations and policy documents
- Standards - - mostly WHO/UNICEF some US clarification (WHO percentages were removed and incorporated into Criteria for Evaluation)

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Key Content and Format

Steps

- Criteria for Evaluation – US designed based on statements in Implementation Guidance and Global Standards
- Additional Resources - US additions based on government and/professional medical association materials and resources (no proprietary resources were included)

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Key Content and Format

Appendices

- Patient Education Topics
- Indicators For Facility Monitoring of Key Clinical Practices
- Competency Skills List
- Affiliated Prenatal Services Questionnaire
- Acceptable Medical Reasons For Breast Milk Substitutes
- Definitions of Terms and Abbreviations
- Expert Panel Members
- GEC Clarification Statements
- References

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Key Challenge

- Some of the new steps have more stringent criteria (Step 2) and will take a longer time to implement
- Some of the new steps will have more flexible criteria and there is an expectation they will be immediately implemented.
- Can one document do both?

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Resolution

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Summary of changes in Interim GEC – Continue to use the Original Ten Steps

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Step 2 – Staff Training

Page 11 - ADDED THE WORDS “**completion of**”

2.1.3 Criterion for evaluation: The designated health care professional(s) will provide documentation that training for breastfeeding and parent teaching for formula preparation and feeding is provided for all health care staff caring for mothers, infants and/or young children and that new staff are oriented on arrival and scheduled for the **completion of** training within 6 months (for example, by providing a list of new staff who are scheduled for training).

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Rationale

Provides clarification that all policy orientation and new staff training are to be completed by 6 months after hire date.

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Step 3 – Prenatal Education

Page 13 REMOVED

3.2.2 Criterion for evaluation: Of the randomly selected pregnant women in the third trimester who are using the facility prenatal services, at least 80% will confirm that a staff member has talked with them or offered a group talk that includes information on breastfeeding.

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Step 3 – Prenatal Education

Page 13 REPLACED WITH NEW

3.2.2 Criterion for evaluation: At least 80% of pregnant women will report that a staff member at the affiliated prenatal services **entered into a conversation with them on the necessary topics, either one-on-one or in small groups, or by following up to education provided through another learning mode [videos, podcasts, texts] based on their specific needs.**

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Rationale

- Technology is considered a viable mechanism for providing education on various topics.
- The WHO Guidance stresses the importance of conversations about breastfeeding with mothers and families to clarify questions and address concerns.
- The revised criterion addresses both issues.

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Step 5 – Help with infant feeding

Page 18 ADDED REFERENCE TO UPDATED SAFE FORMULA PREPARATION GUIDANCE

5.3 Guideline: Mothers who feed formula should receive written instruction, not specific to a particular brand, and verbal information about safe preparation, handling, storage, and feeding of infant formula (See Appendix D - Formula: Safe Preparation, Storage and Feeding). Staff should document completion of formula preparation instruction and safe feeding in the medical record. This information should be given on an individual basis only to women who are feeding formula or mixed feeding their infants.

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Appendix D – Safe Formula Prep

Page 34 - Safe preparation, feeding, and storage of formula instruction must **follow the recommendations of leading national or international authorities and must include:**

1. appropriate hand hygiene
2. cleaning infant feeding items [bottles, nipples, rings, caps, syringes, cups, spoons, etc.] and workspace surfaces
3. appropriate and safe reconstitution of concentrated and powdered infant formulas
4. accuracy of measurement of ingredients

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Appendix D – Safe Formula Prep

Continued

5. safe handling of formula
6. proper storage of formula
7. appropriate feeding methods which may include feeding on cue, frequent low volume feeds, paced bottle techniques, eye-to-eye contact, and holding the infant closely
8. **powdered infant formula is not sterile and may contain pathogens that can cause serious illness in infants younger than 3 months**

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Appendix D – Safe Formula Prep

National and international authorities include:

- American Academy of Pediatrics
- Centers for Disease Control and Prevention
- Food and Drug Administration
- United States Department of Agriculture
- World Health Organization

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Step 5 – Help with infant feeding

IMPACTS THE ASSESSMENT OF

5.3.1 Criterion for evaluation: Of maternity staff members, at least 80% can describe how mothers who are feeding formula can be assisted to safely prepare and feed formula to their infants.

5.3.3 Criterion for evaluation: Of mothers who are feeding formula, at least 80% will report that they have been provided education about preparing and giving their infants feeds and can describe the advice they were given.

We will look for education on powdered infant formula not being sterile

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Rationale

- Aligns with the recommendations of the majority of federal agencies
- Aligns with AAP recommendations

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Step 7 – Rooming In

Page 19 - REMOVED LANGUAGE

7.1 Guideline: ... When a mother requests that her infant be cared for in the nursery, the health care **staff should explore the reasons for the request** and should encourage and educate the mother about the advantages of having her infant stay with her in the same room 24 hours a day. If the mother still requests that the infant be cared for in the nursery, the process and informed decision should be documented. ...

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Step 7 – Rooming In

Page 19 - REPLACED WITH NEW

7.1 Guideline: ... When a mother requests that her infant be cared for in the nursery, the health care **staff should sensitively engage her in a conversation to learn more about the reasons for the request. Considering the importance of rooming-in, staff should work to resolve any medical reasons, safety-related reasons, or maternal concerns...**

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Step 7 – Rooming In

Page 19 - REPLACED WITH NEW

7.1 Guideline: ... **If there is separation, the mother should be provided:**

- access to feed her infant at any time and
- with a plan that she will be reunited with her infant as soon as her infant displays feeding cues.

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Rationale

Encourages conversation between hospital staff and mother.

It is intended to sound less authoritative.

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Step 7 – Rooming In

Page 20 - ADDED REASONS FOR SEPERATION

7.1.2 Criterion for evaluation: Of randomly selected mothers with healthy term infants, at least 80% will report that since they came to their room after birth (or since they were able to respond to their infants in the case of cesarean birth), their infants have stayed with them in the same room day and night except for up to one hour per 24-hour period, unless they report the following:

- medically justifiable reason for a longer separation or,
- safety-related reason for a longer separation or,
- an informed decision (maternal request for separation).

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Step 7 – Rooming In

Page 20 - ADDED NEW CRITERION

7.1.3 Criterion for evaluation: Of mothers and infants who have been separated for more than a total of one hour in a 24-hour period, at least 80% will have the justifiable or safety related reasons for the separation, evidence of parental counseling (in the event of parental choice) clearly documented in the medical record.

NOTE: Former criteria 7.1.3 has been renumbered to 7.1.4

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Step 7 – Rooming In

LANGUAGE WAS ADJUSTED

7.1.4 Criterion for evaluation: Observations in the postpartum unit and any well-baby observation areas and discussions with mothers and staff confirm that at least 80% of the mothers and infants are rooming-in or have documented medically justifiable reasons, safety-related reasons, or informed maternal decision for separation.

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Rationale

Guides staff in BFHI designated facilities to use clinical judgement specially as it relates to rooming in.

Responds to the concerns raised by some mothers.

Requires documentation of reasons for separation.

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Step 9 – Bottles, nipples & pacifiers

Page 21 - ADDED LANGUAGE UNDER THE STEP TITLE

This Step is now interpreted as:

Counsel mothers on the use and risks of feeding bottle, teats and pacifiers.

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Step 9 – Bottles, nipples & pacifiers

Page 20 – REMOVED LANGUAGE

9.1 Guideline: When a mother requests that her breastfeeding infant be given a bottle, the health care staff should explore the reasons for this request, address the concerns raised, educate her on the possible consequences to the success of breastfeeding, and discuss alternative methods for soothing and feeding her infant.

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Step 9 – Bottles, nipples & pacifiers

Page 20 – REPLACED WITH

9.1 Guideline: ...When a mother requests that her breastfeeding infant be given a bottle, the health care staff should engage in a conversation about the reasons for this request, address the concerns raised, educate her on the possible consequences to the success of breastfeeding, and discuss alternative methods for soothing and feeding her infant...

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Step 9 – Bottles, nipples & pacifiers

Page 21 - REMOVED:

9.1.1 Criterion for evaluation: Of breastfeeding mothers, at least 80% will report that:

- to the best of their knowledge, their infants have not been fed using bottles, or
- if they are using bottles, bottle use was requested after receipt of appropriate education and counseling from staff

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Step 9 – Bottles, nipples & pacifiers

Page 21 - REPLACED WITH NEW:

9.1.1 Criterion for evaluation: At least 80% of breastfeeding mothers that are unable to feed their baby directly at the breast or needed/chose additional supplementation will report:

- A. Alternative feeding methods were offered and
- B. If requesting bottles, mothers can describe one possible impact that bottles and artificial nipples might have on breastfeeding.

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Step 9 – Bottles, nipples & pacifiers

REMOVED – NO REPLACEMENT

9.1.2 Criterion for evaluation: Observations in the postpartum unit and any well-baby observation areas will indicate that at least 80% of breastfeeding infants are not using bottles, or, if they are, their mothers have been informed of the risks and this education is documented in the medical record.

NOTE: Former criteria 9.1.3 has been renumbered to 9.1.2

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Step 9 – Bottles, nipples & pacifiers

REMOVED LANGUAGE

9.2 Guideline: ...When a mother requests that her breastfeeding infant be given a pacifier, the health care staff should explore the reasons for this request...

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Step 9 – Bottles, nipples & pacifiers

REPLACED WITH

9.2 Guideline: ...When a mother requests that her breastfeeding infant be given a pacifier, the health care staff should engage in a conversation about the reasons for this request...

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Step 9 – Bottles, nipples & pacifiers

Page 22 - REMOVED

9.2.1 Criterion for evaluation: Of breastfeeding mothers, at least 80% will report that:

- to the best of their knowledge, their infants have not sucked on pacifiers, or
- that pacifier use was limited to painful procedures, or
- that pacifier use was chosen by the infant's parents after receipt of appropriate education and counseling from staff.

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Step 9 – Bottles, nipples & pacifiers

Page 22 - REPLACED WITH NEW

9.2.1 Criterion for evaluation: At least 80% of breastfeeding mothers can describe one possible impact that pacifiers might have on breastfeeding.

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Step 9 – Bottles, nipples & pacifiers

Page 22 - REMOVED – NO REPLACEMENT

9.2.2 Criterion for evaluation: Observations in the postpartum unit and any well-baby observation areas will indicate that at least 80% of breastfeeding infants are not using pacifiers, or, if they are, their mothers have been informed of the risks and this education is documented in the medical record.

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Step 9 – Bottles, nipples & pacifiers

Page 22 - ADDED

9.2.2 Quality Improvement Criterion – not for designation: At least 80% of breastfeeding mothers can describe what the appropriate time is for introducing the pacifier.

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Step 9 – Bottles, nipples & pacifiers

Page 22 - ADDED


9.2.3 Quality Improvement Criterion – not for designation: At least 80% of health care professionals can describe when the appropriate time is for introducing the pacifier.

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Step 9 – Bottles, nipples & pacifiers

RENUMBERED FORMER 9.2.3 to 9.2.4

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Step 9 – Bottles, nipples & pacifiers

RATIONALE

More flexible than our current Step 9 Criteria for Evaluation.

Aligns with the 2018 WHO Implementation Guidance.


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International Code

ADDED Reference to updated Safe Sleep Guidance

Criterion for evaluation: Observations in the antenatal and maternity services and other areas where nutritionists and dietitians work indicate that no materials that promote breast milk substitutes, bottles, nipples, pacifiers * or other infant feeding supplies are displayed or distributed to mothers, pregnant women, or staff. (*See **Appendix D: Exclusive Breastfeeding, Pacifiers, and Safe Sleep**)

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International Code

RATIONALE

Supports breastfeeding and SIDS reduction messages.

Aligns with the more flexible language for Step 9 of 2018 WHO Implementation Guidance.

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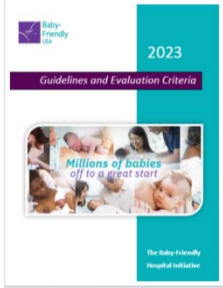
What is next?




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Finalize 2023 GEC



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Adopt the Revised 10 Steps

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The Ten Steps to Successful Breastfeeding

2018 Revised	Original
<p>1 A. Comply fully with the <i>International Code of Marketing of Breast-milk Substitutes</i> and relevant World Health Assembly resolutions.</p> <p>1 B. Have a written infant feeding policy that is routinely communicated to staff and parents.</p> <p>1 C. Establish ongoing monitoring and data-management systems.</p> <p>2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.</p>	<p>1. Have a written breastfeeding policy that is routinely communicated to all health care staff.</p> <p>2. Train all health care staff in the skills necessary to implement this policy.</p>

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The Ten Steps to Successful Breastfeeding

2018 Revised	Original
<p>3. Discuss the importance and management of breastfeeding with pregnant women and their families.</p> <p>4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.</p> <p>5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.</p>	<p>3. Inform all pregnant women about the benefits and management of breastfeeding.</p> <p>4. Help mothers initiate breastfeeding within one hour of birth.</p> <p>5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.</p>

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The Ten Steps to Successful Breastfeeding

2018 Revised	Original
<p>6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.</p> <p>7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.</p> <p>8. Support mothers to recognize and respond to their infants' cues for feeding.</p>	<p>6. Give infants no food or drink other than breast-milk, unless medically indicated.</p> <p>7. Practice rooming-in – allow mothers and infants to remain together 24 hours a day.</p> <p>8. Encourage breastfeeding on demand.</p>

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The Ten Steps to Successful Breastfeeding

2018 Revised	Original
<p>9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.</p> <p>10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.</p>	<p>9. Give no pacifiers or artificial nipples to breastfeeding infants.</p> <p>10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.</p> <p>Comply with the International Code of Marketing of Breast-milk Substitutes.</p>

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Helpful Resources

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Step 1 - ABM Model Hospital Policy



<https://www.bfmed.org/assets/7%20ABM%20Model%20Maternity%20Policy%20Supportive%20of%20Breastfeeding%20English.pdf>

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ABM Model Hospital Policy

- Current – released in November 2018
- Evidence based – 194 References
- Comprehensive – addresses all Ten Steps
- Offers guidance on safe implementation of practice

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Steps 4 & 7



Lori Feldman-Winter, Jay P. Goldsmith, **Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns**, *Pediatrics* 2016;138: originally published online August 22, 2016;

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Roll-out date for 2023 GEC

- Still to be decided
- Will be announced via Constant Contact
- Notices will be placed on the portal

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A million thanks...from the more than a million mothers and babies whose care you helped improve



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