


Safe Implementation of Baby-Friendly Practices

February 28, 2020
Trish MacEnroe, BS, CDN, CLC
Chief Executive Officer




1

Disclosure

- This 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.

© 2018 Baby-Friendly USA




2

Objectives

Participants will be able to:

- Describe 2 aspects of communication that contribute to safe implementation of Baby-Friendly practices
- Describe 2 resources that can assist with safe implementation of Baby-Friendly practices

© 2018 Baby-Friendly USA



3

“Breastfeeding is a vital component of:

realizing every child’s right to the highest attainable standard of health,
while respecting every mother’s right to make an informed decision about how to feed her baby,
based on complete, evidence-based information,
free from commercial interests, and
the necessary support to enable her to carry out her decision.”

© 2018 Baby-Friendly USA



4

Communication as a key strategy for safe implementation of Baby-Friendly practices




5

Foundational skills for supporting breastfeeding

1. Use “Listening and Learning” Skills whenever engaging in a conversation with a mother and/members of her family and support team
2. Use skills for building confidence and giving support whenever you engage in a conversation with a mother
3. Engage in conversations with pregnant women, mothers and families about breastfeeding and infant feeding.

© 2018 Baby-Friendly USA



6

Foundational skills for supporting breastfeeding

1. Use "Listening and Learning" Skills

- Ask open questions to learn more about her knowledge of breastfeeding and her concerns
- Paraphrase back to her the key issues she expressed to demonstrate you understand her
- Use words and body language which show interest and empathy
- Avoid statements and body language which sound and appear judgmental

© 2018 Baby-Friendly USA

7



7

Foundational skills for supporting breastfeeding

2. Use skills to build the mother's knowledge, skills and confidence in her ability to successful breastfeed

- Accept what a mother thinks and feels (example)
- Recognize and praise what going well
- Give practical help with what she feels is not going well
- Make one or two achievable suggestions
- Avoid telling her "what she must do"

© 2018 Baby-Friendly USA

8



8

Foundational skills for supporting breastfeeding

3. Engage in conversations about breastfeeding and infant feeding.

- initiate the conversation about infant feeding in an open manner
- assess what she knows
- affirm correct information
- fill in the gaps where information is lacking
- gently correct mis or outdated information

© 2018 Baby-Friendly USA

9



9

WHO Breastfeeding Counselling Guideline



Guideline: counselling of women to improve breastfeeding practices. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO. <https://www.who.int/nutrition/publications/guidelines/counselling-women-improve-bf-practices/en/>

© 2018 Baby-Friendly USA

10



10

Key WHO Breastfeeding Counselling Recommendations

• Breastfeeding counselling should be provided:

- to all pregnant women and mothers with young children.
- in both the antenatal period and postnatally, and up to 24 months or longer.
- at least 6 times, and additionally as needed.

© 2018 Baby-Friendly USA

11



11

WHO Breastfeeding Counselling Definition

- Counselling is a process and interaction between counselors and pregnant women or mother. Breastfeeding counseling is therefore not intended to be a "top-down" intervention of "telling women what to do."

© 2018 Baby-Friendly USA

12



12

WHO Breastfeeding Counselling Aim

- The aim of breastfeeding counselling is to empower women to breastfeed, while respecting their personal situations and wishes.
- Breastfeeding counselling is, therefore, never to be forced up any women. This would be contrary to the concept of counselling. Rather, counselling is made available and accessible to all pregnant women and mothers, particularly those who are considering or already breastfeeding.

© 2018 Baby-Friendly USA 13

13

Key WHO Breastfeeding Counselling Recommendations

- Breastfeeding counselling should be provided
 - through face to face counselling – additional counselling may be provided through telephone or other remote modes.
 - As a continuum of care, by appropriately trained health care professionals and community based lay and peer breastfeeding counselors.

© 2018 Baby-Friendly USA 14

14

Key WHO Breastfeeding Counselling Recommendations

- Breastfeeding counselling should
 - Anticipate and address important challenges and contexts for breastfeeding, in addition to establishing skills, competencies and confidence among mothers.
 - Common challenges include mothers who are returning to work, obese, adolescent, primiparous, carrying multiples, have mental health issues, have infants with special needs, deliver by c-section, require guidance for breastfeeding in public spaces

© 2018 Baby-Friendly USA 15

15

Critical Role of Supporting Breastfeeding

- SAFELY implement the practices that support breastfeeding that are embodied in the Ten Steps to Successful Breastfeeding.

© 2018 Baby-Friendly USA 16

16

Revised Ten Steps to Successful Breastfeeding

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

© 2018 Baby-Friendly USA 17

17

Revised Ten Steps to Successful Breastfeeding

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

© 2018 Baby-Friendly USA 18

18

Revised Ten Steps to Successful Breastfeeding

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

© 2018 Baby-Friendly USA 19

19

Revised Ten Steps to Successful Breastfeeding

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

© 2018 Baby-Friendly USA 20

20

The International Code of Marketing of Breast-milk Substitutes

- 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.

© 2018 Baby-Friendly USA 21

21

The International Code of Marketing of Breast-milk Substitutes

- 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.

© 2018 Baby-Friendly USA 22

22

Safe Implementation of each of these practices

23

Multi-disciplinary Breastfeeding Committee

- Consider joining or forming a multi-disciplinary Committee at your hospital:
 - Develop/refine infant feeding policy to support breastfeeding
 - Plan, implement and evaluate practices to support breastfeeding
 - Plan staff training program and competency verification for breastfeeding management
 - Review patient education materials
 - Conduct ongoing quality improvement activities

© 2018 Baby-Friendly USA 24

24


Step 1 - Have a written breastfeeding policy that is routinely communicated to all health care staff.

- Policy drives practice
- A comprehensive, up to date, well referenced policy supports staff with implementing patient centered, culturally appropriate evidenced based care


© 2018 Baby-Friendly USA 25 

25

ABM Model Hospital Policy




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

© 2018 Baby-Friendly USA 26 

26

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

© 2018 Baby-Friendly USA 27 

27

Step 2 - Train all health care staff in the skills necessary to implement this policy.

- Training for nursing staff on maternity should comprise a total of 20 hours, inclusive of the 15 sessions identified by UNICEF/WHO and 5 hours of supervised clinical experience.
- Health care providers (physicians, midwives, physician assistants, and advanced practice registered nurses) with privileges for labor, delivery, maternity, and nursery/newborn care should have a minimum of 3 hours of breastfeeding management education pertinent to their role.

© 2018 Baby-Friendly USA 28 


28

Step 2 - Train all health care staff in the skills necessary to implement this policy.

- Training is a critical aspect of safe implementation of practices. It should provide:
 - Knowledge
 - Skills
 - Attitudes

to provide breastfeeding support to mothers


NOTE: Work is underway on the development of a competency verification tool

© 2018 Baby-Friendly USA 29 

29

Step 3 - Inform all pregnant women about the benefits and management of breastfeeding.

- All pregnant women must have basic information about breastfeeding in order to make an informed decision about infant feeding.
- A review of 18 qualitative studies by WHO revealed that mothers felt that infant feeding was NOT discussed enough in the prenatal period AND...
- and that there is not enough discussion of what to expect with breastfeeding

© 2018 Baby-Friendly USA 30 

30

Step 3 - Inform all pregnant women about the benefits and management of breastfeeding.

- Mothers want more practical information about breastfeeding.
 - importance of breastfeeding,
 - what to expect with breastfeeding
 - understanding of the maternity care practices that facilitate its success.
- Mothers also need to be informed that birth practices have a significant impact on the establishment of breastfeeding. ¹

© 2018 Baby-Friendly USA

31



31

Step 4 - Help mothers initiate breastfeeding within one hour of birth.

- Safely implement immediate Skin to Skin (within 5 minutes of birth)
- Continuous STS for at least one hour and until the first feed.
- Support the mother to initiate breastfeeding.

(Supporting the initiation of breastfeeding is defined as placing the baby on the mother's chest for breastfeeding and gently coaching the mother to allow baby to move and attach to the breast.)

© 2018 Baby-Friendly USA

32



32

Step 4 - Help mothers initiate breastfeeding within one hour of birth.

- Staff should provide continuous monitoring of both mother and infant during this period.
- Routine procedures should be delayed until the end of this period.
- Interventions should be on an as needed basis.
- Gently coach mothers by pointing out key infant behaviors.

© 2018 Baby-Friendly USA

33



33

Resource



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

34

Step 5 - Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.

Mothers need practical support to initiate and maintain breastfeeding.

Mothers need practical support to manage common difficulties.

All mothers need individualized attention, but especially first-time mothers and those at high risk

Trained staff should observe at least one feed every shift.

© 2018 Baby-Friendly USA

35



35

Practical Support Defined

- Emotional
- Motivational
- Imparting information
- Teaching concrete skills

© 2018 Baby-Friendly USA

36



36

Step 6 - Give infants no food or drink other than breast-milk, unless medically indicated.

- Exclusive breast milk feeding is the optimal feeding method for most infants.
- When mothers don't want to breastfeed or request a supplemental feed:
 - gently explore the reasons for this request,
 - address the concerns raised
 - educate her about the possible impact on the success of breastfeeding.
 - the success of breastfeeding, to the health of her infant

© 2018 Baby-Friendly USA

37



37

Step 7 – Practice rooming-in – allow mothers and infants to remain together 24 hours a day.

- Rooming-in should be the standard of care and families should be educated about its importance.
- Studies show nurses' attitudes, frequent hospital interruptions, and pain strongly influence the postpartum mothers rooming-in experience.
- Strive toward implementing interventions that will help to create a positive rooming-in experience for postpartum mothers.

Theo L.O, Drake E. Rooming-In: Creating a Better Experience. *J Perinat Educ.* 2017;26(2):79–84. doi:10.1891/1058-1243.26.2.79

© 2018 Baby-Friendly USA

38



38

Step 7 – Practice rooming-in – allow mothers and infants to remain together 24 hours a day.

- Mother's request for separation:
 - Understand what is driving the mother's request.
 - Open up a critical conversation
 - Honor the mother's perspective and unique circumstances, while exploring what is behind it.
- All new mothers are tired. The point of rooming-in is to enable mothers to learn and respond to their infants' feeding and other cues.
- Explore ways to safely support mothers and babies staying together.

© 2018 Baby-Friendly USA

39



39

Step 8 - Encourage breastfeeding on demand.

Help mothers to:

- recognize cues that infants use to signal readiness to begin and end feeds
- understand that physical contact and nourishment are both important
- no restrictions should be placed on the frequency or length of feeding
- understand that newborns usually feed a minimum of 8 times in 24 hours

© 2018 Baby-Friendly USA

40



40

Step 9 - Give no pacifiers or artificial nipples to breastfeeding infants.

This step is now interpreted as "counsel mothers on the use and risks of feeding bottles, teats [artificial nipples] and pacifiers."

- Educate all breastfeeding mothers about how the use of bottles and artificial nipples may interfere with the development of optimal breastfeeding.
- If pacifiers replace suckling and thus reduce the number of times an infant stimulates the mother's breast physiologically, this can lead to a reduction of maternal milk production.

© 2018 Baby-Friendly USA

41



41

Step 9 - Give no pacifiers or artificial nipples to breastfeeding infants.

- Pacifiers may interfere with the mother's ability to recognize feeding cues.

© 2018 Baby-Friendly USA

42



42

Step 10 - Foster the establishment of breastfeeding support groups & refer mothers to them on discharge

Mothers need sustained support to continue breastfeeding.

Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction.

AAP recommends that **every** infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge to include evaluation for feeding and jaundice.

© 2018 Baby-Friendly USA 43

43

Practice in Accordance with the International Code of Marketing of Breast-milk Substitutes

- WHO revised Ten Steps explains the responsibility of health care facilities and professionals for implementing the *International Code* and places it prominently in Step 1, setting the stage for the *International Code* to be embodied in all aspects of patient care.

© 2018 Baby-Friendly USA 44

44

What is the harm?

Potential Conflict	Allowing companies that manufacture and/or market breast-milk substitutes, feeding bottles and artificial nipples [including pacifiers] to sponsor and/or host trainings, events, meetings, and scientific seminars on breastfeeding.
---------------------------	---

© 2018 Baby-Friendly USA 45

45

Potential Harm

- It associates the name of the respected health facility with a particular company.
- It implies facility endorsement of that company and/or its products.
- This may unintentionally sway staff to recommend products to patients that are not specific to their needs.

© 2018 Baby-Friendly USA 46

46

What is the harm?

Potential Conflict	Staff attending trainings sponsored by companies that manufacture and/or market breast-milk substitutes, feeding bottles and artificial nipples [including pacifiers].
---------------------------	--

© 2018 Baby-Friendly USA 47

47

Potential Harm

Receipt of meals and/or free registration to meetings creates a potential obligation to favor that company's products over other products.

© 2018 Baby-Friendly USA 48

48

What is the harm?

Potential Conflict	Individual staff engaging with the companies that manufacture and/or market breast-milk substitutes, feeding bottles and artificial nipples [including pacifiers].
---------------------------	--

© 2018 Baby-Friendly USA 49

49

Potential Harm

- The staff member may be influenced about a product based on sales information rather than unbiased scientific evidence.

© 2018 Baby-Friendly USA 50

50

What is the harm?

Potential Conflict	Receipt of awards and gifts by the staff or facility from companies that manufacture and/or market breast-milk substitutes, feeding bottles and artificial nipples [including pacifiers].
---------------------------	---

© 2018 Baby-Friendly USA 51

51

Potential Harm

It associates a company's name with a respected staff member setting that staff member up as "role model" for others.

This may imply the staff member's endorsement of a product or company.

© 2018 Baby-Friendly USA 52

52

Practice Safely

- Receive adequate training prior to implementing a new practice
- Work within established hospital systems to implement practice changes
 - Don't leave this workshop and experiment on your own

© 2018 Baby-Friendly USA 53

53

Oklahoma State Breastfeeding Rates

54

Oklahoma Breastfeeding Rates

State/Territory	Ever breastfed	Breastfeeding at 6 months	Breastfeeding at 12 months	Exclusive breastfeeding through 3 months	Exclusive breastfeeding through 6 months	Breastfed infants receiving formula before 2 days of age	Live births occurring at Baby-Friendly facilities, 2018
US National [§]	83.2	57.6	35.9	46.9	24.9	17.2	26.1
Oklahoma	75.9	49.0	31.0	44.2	21.6	16.8	21.7

Source: CDC 2018 Breastfeeding Report Card
<https://www.cdc.gov/breastfeeding/data/reportcard.htm> accessed 2/16/20

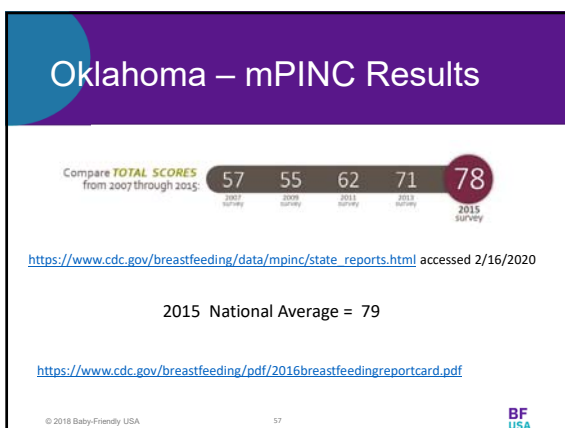
55

Maternity Practices in Infant Nutrition and Care - mPINC

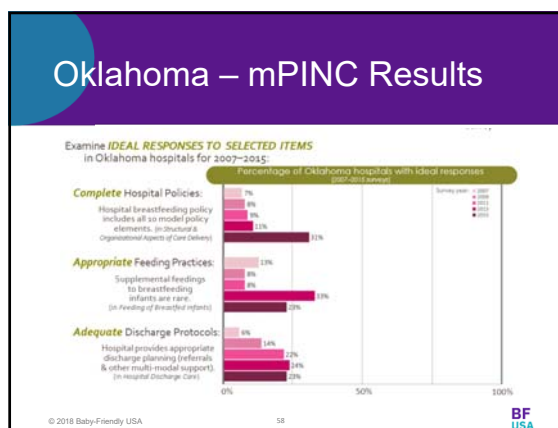
What is mPINC?
 mPINC is CDC's national survey of maternity practices in infant nutrition and care.

What does mPINC measure?
 Survey questions measure infant feeding care practices, policies, and staffing expectations in place at hospitals that provide maternity services.

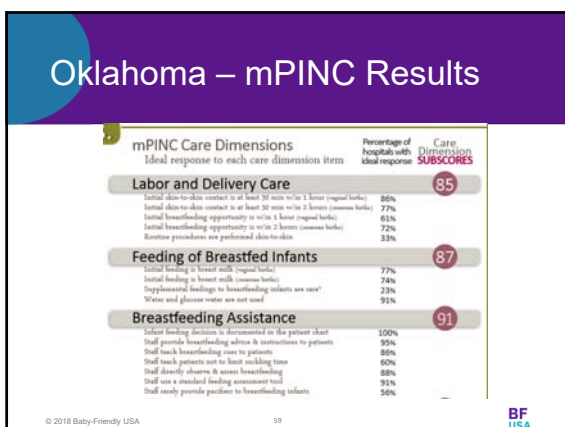
56



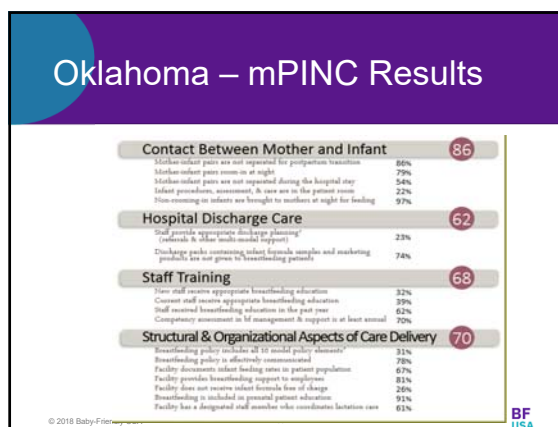
57



58



59



60

A million thanks...from the more than a million mothers and babies you care for



© 2018 Baby-Friendly USA

BF USA

61