2016 BABY-FRIENDLY USA GUIDELINES AND REDESIGNATION PROCESS

BECKY MANNEL, BS, IBCLC, FILCA

BECOMING BABY-FRIENDLY IN OKLAHOMA PROJECT LEAD

OKLAHOMA BREASTFEEDING RESOURCE CENTER

DISCLOSURE

- I **DO NOT** have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

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OBJECTIVES

- DESCRIBE THE **KEY CHANGES** FOUND IN THE 2016 GUIDELINES AND EVALUATION CRITERIA

- DESCRIBE THE BABY-FRIENDLY **RE-DESIGNATION PROCESS** FOR 2017 AND BEYOND

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20 YEARS OF BABY-FRIENDLY

SAADEH, JHL 2012

What have we learned?

- **Breastfeeding saves lives**
- Ensuring early and effective breastfeeding can have **long-term effects** on breastfeeding duration
- Wrong practices still occur such as separation of mothers and babies and inadequate staff training
- Most sustainable when **continuously monitored** by facilities themselves
- The Baby-Friendly Hospital Initiative is most successful when regarded as part of continuum of care within hospitals and clinics and is built as part of the hospital accreditation system.

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JAMA PEDS COMMENTARIES

BABY-FRIENDLY USA RESPONSE :

HTTPS://WWW.BABYFRIENDLYUSA.ORG/GET-STARTED/THE-GUIDELINES-EVALUATION-CRITERIA

- *"UNINTENDED CONSEQUENCES OF CURRENT BREASTFEEDING INITIATIVES"* IS FILLED WITH COMMENTS NOT SUPPORTED BY RESEARCH.

- **SAFETY IS AN IMPORTANT COMPONENT!**

NOT SAFE!

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AAP SIDS TASK FORCE
AND
COMMITTEE ON FETUS AND NEWBORN

"SAFE SLEEP AND SKIN-TO-SKIN CARE IN THE NEONATAL PERIOD FOR HEALTHY TERM NEWBORNS". PEDIATRICS 2016

PROVIDES SOUND ADVICE FOR SAFE WAYS TO PRACTICE SKIN-TO-SKIN CARE AND ROOMING IN

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JAMA PEDS COMMENTARIES

BFUSA RESPONSE :

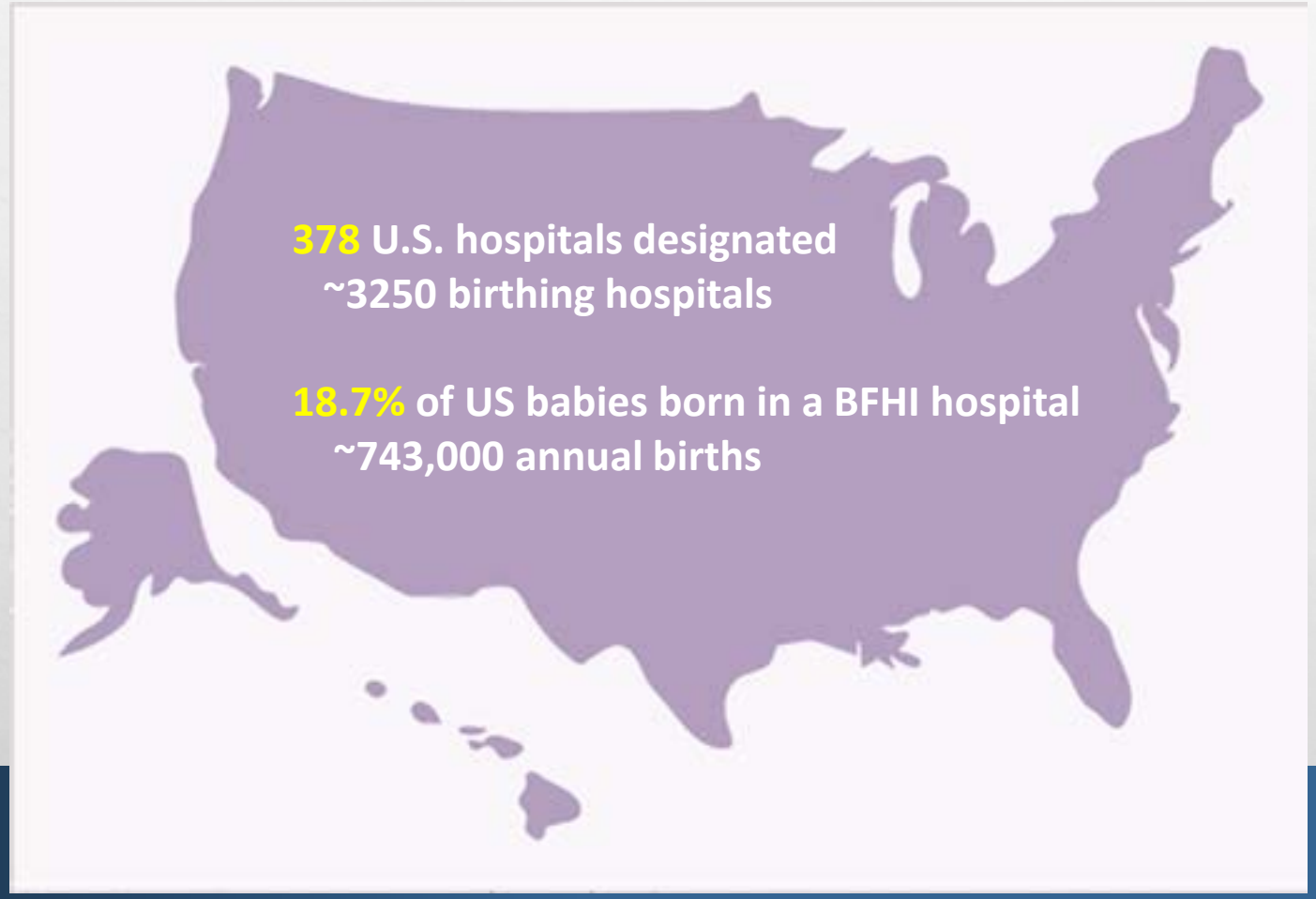
- BABY-FRIENDLY PRACTICES ARE DESIGNED TO BE RESPONSIVE TO A MOTHER'S CHOICE, BUT IT IS **EXPECTED TO BE HER INFORMED CHOICE**
  - NOT ABOUT MAKING A MOTHER FEEL GUILTY; IT IS ABOUT ***PREVENTING HER REGRET FOR DECISIONS MADE WITHOUT THE PROPER INFORMATION***

- BABY-FRIENDLY POLICIES PROTECT THE MOTHER FROM THE INFLUENCES OF COMMERCIAL INTERESTS

- BABY-FRIENDLY PRACTICES REPRESENT A **SIGNIFICANT CULTURE CHANGE** FOR MOST INSTITUTIONS.

Baby-Friendly USA

The gold standard of care



U.S. Data
As of 10-5-16

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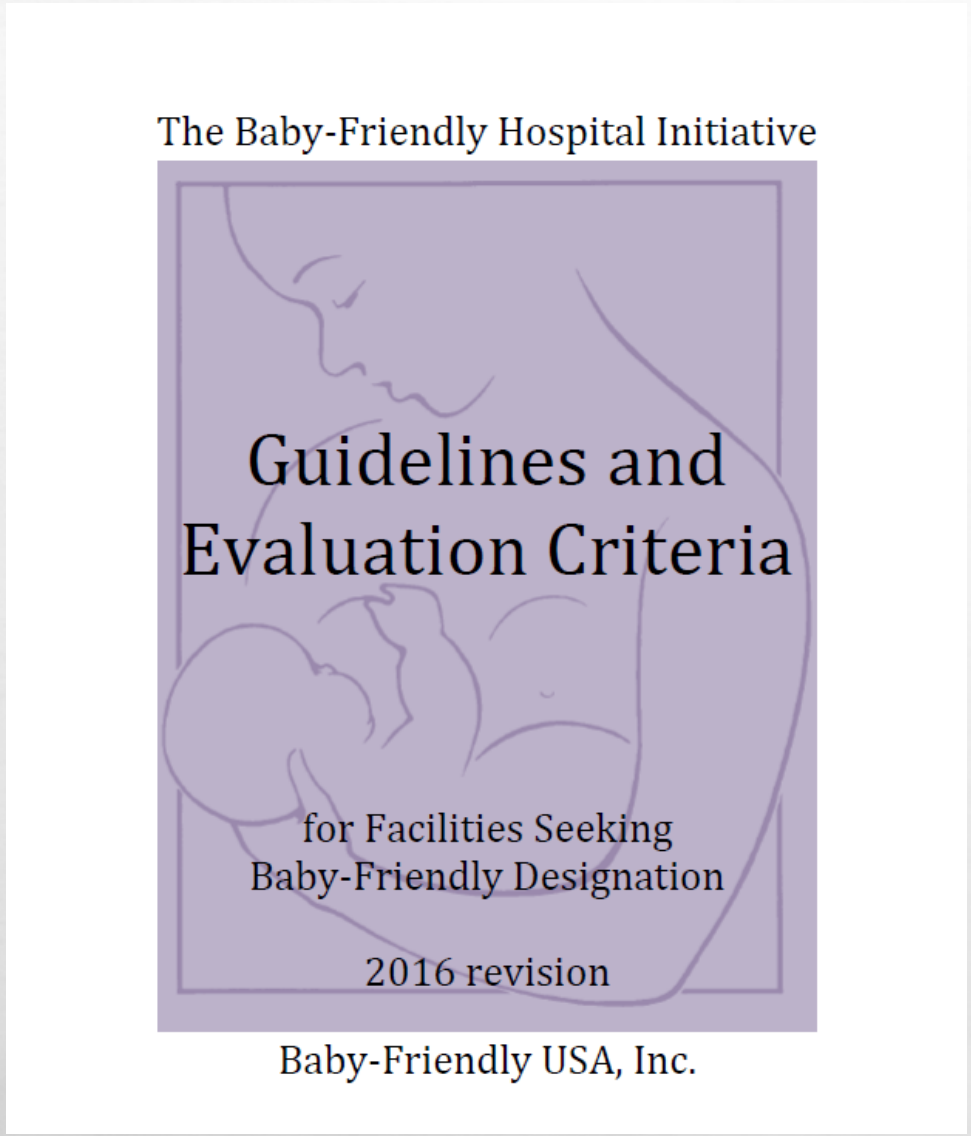

New Guidelines July 2016

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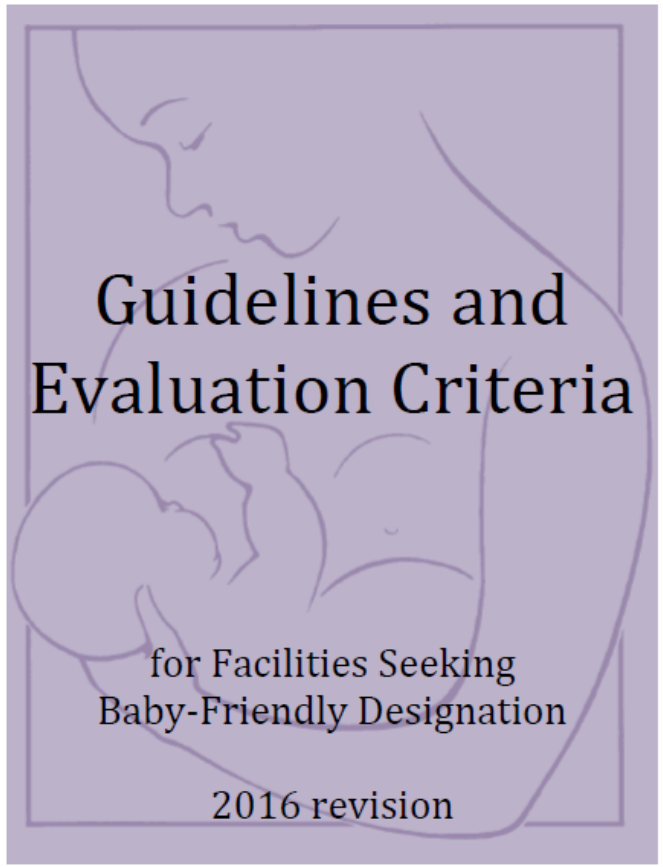

Guideline: ***the standard of care to strive to achieve for all patients***

Criteria for Evaluation: ***the minimum standard that must be achieved in order to become designated as Baby-Friendly***

Always strive to achieve 100%.

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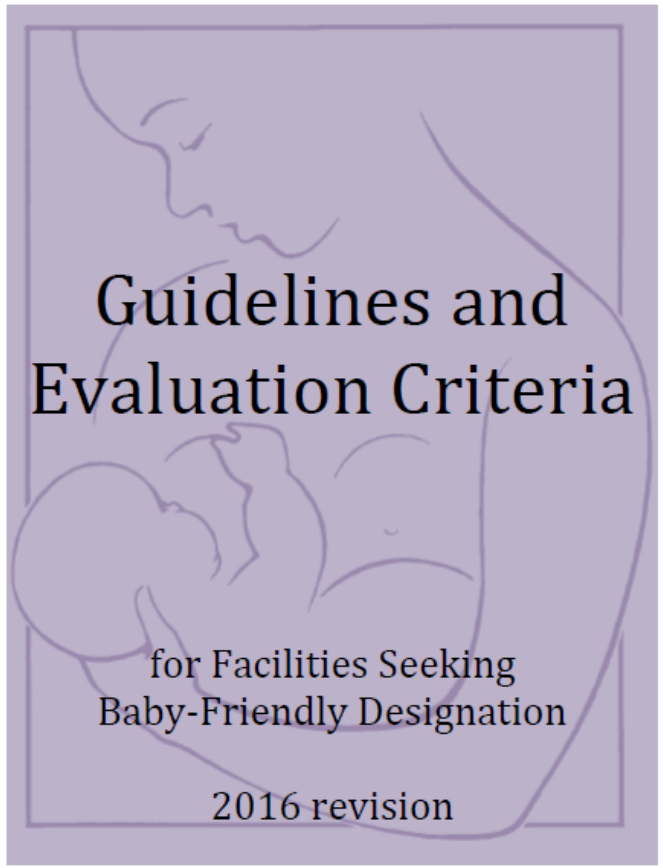

The Guideline states "all mothers…"

The Criteria for Evaluation states "80% will report…"

Always strive to achieve 100%.

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Summary of Changes to the Guidelines and Evaluation Criteria

The table below summarizes differences between the 2010 and 2016 versions of the U.S. Baby-Friendly *Guidelines and Evaluation Criteria*.

Baby-Friendly® designated facilities must come into compliance with the 2016 *Guidelines and Evaluation Criteria* by October 31, 2018. For facilities seeking designation, on-site assessments that take place after October 31, 2018 will be assessed using the 2016 *Guidelines and Evaluation Criteria.*

Section	Change	Additional information
Preamble	Moved the 8 principles upon which the guidelines, criteria, and the assessment and award processes are predicated from the Preamble to the location described below.	These important tenets behind the GEC were often overlooked by facilities due to their placement in the Preamble.
Guidelines and Evaluation Criteria	Placed the 8 tenets upon which the guidelines, criteria, and the assessment and award processes are predicated into the body of the Guidelines and Evaluation Criteria. (The word "principles" was also changed to "tenets.")	Relocating these important tenets to a more prominent location will call greater attention to them.
Guidelines and Evaluation Criteria	Added 3 Fundamental Principles of the U.S. BFHI to the original 8 tenets, which are: 1. Well-constructed, comprehensive policies effectively guide staff to deliver evidence-based care. 2. Well-trained staff provide current, evidence-based care. 3. Monitoring of practice is required to assure adherence to policy.	Provides additional information to help build a stronger understanding of the program framework.

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New Guidelines July 2016

- MUST COME INTO COMPLIANCE WITH THE 2016 *GUIDELINES AND EVALUATION CRITERIA* BY OCTOBER 31, 2018

- ON-SITE ASSESSMENTS THAT TAKE PLACE AFTER OCTOBER 31, 2018 WILL BE ASSESSED USING THE 2016 *GUIDELINES AND EVALUATION CRITERIA*

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WHICH ONES DO WE USE???

- *TO AVOID PUBLIC CONFUSION,* ***ALL ASSESSMENTS TAKING PLACE BETWEEN NOW AND OCTOBER 31, 2018 WILL BE DONE USING THE 2010 GUIDELINES****.*
- *EVEN IF HOSPITALS WISH TO BE ASSESSED USING THE NEW CRITERIA PRIOR TO THAT DATE, WE HAVE MADE A STRATEGIC DECISION NOT TO DO SO.*
- *RATIONALE: WHEN HOSPITALS ARE DESIGNATED WITHIN THE SAME TIMEFRAME BUT HELD TO DIFFERENT STANDARDS, IT CAN RESULT IN PUBLIC CONFUSION.*

Communication from Trish MacEnroe, Executive Director, BFUSA

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FUNDAMENTAL PRINCIPLES

- THE HEALTH CARE DELIVERY ENVIRONMENT SHOULD BE NEITHER RESTRICTIVE NOR PUNITIVE AND SHOULD FACILITATE INFORMED HEALTH CARE DECISIONS ON THE PART OF THE MOTHER AND HER FAMILY.

- THE HEALTH CARE DELIVERY ENVIRONMENT SHOULD BE SENSITIVE TO CULTURAL AND SOCIAL DIVERSITY.

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FUNDAMENTAL PRINCIPLES

- THE MOTHER AND HER FAMILY SHOULD BE **PROTECTED** WITHIN THE HEALTH CARE SETTING **FROM FALSE OR MISLEADING PRODUCT PROMOTION** AND/OR ADVERTISING.

- EACH PARTICIPATING FACILITY ASSUMES FULL RESPONSIBILITY FOR ASSURING THAT ITS **IMPLEMENTATION OF THE BFHI IS CONSISTENT WITH ALL OF ITS SAFETY PROTOCOLS.**

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NEW
FUNDAMENTAL PRINCIPLES

- WELL-CONSTRUCTED, COMPREHENSIVE POLICIES EFFECTIVELY GUIDE STAFF TO DELIVER EVIDENCE-BASED CARE.
- WELL-TRAINED STAFF PROVIDE CURRENT, EVIDENCE-BASED CARE.
- MONITORING OF PRACTICE IS REQUIRED TO ASSURE ADHERENCE TO POLICY.

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STEP 1

- REVISED GUIDELINE 1.3 AND CRITERION 1.3.1 LANGUAGE REGARDING **REQUIRED POSTINGS** TO READ:
  - THE TEN STEPS TO SUCCESSFUL BREASTFEEDING (TEN STEPS) AND A STATEMENT INDICATING THE FACILITY'S ADHERENCE TO THE WHO INTERNATIONAL CODE REQUIREMENTS RELATED TO THE PURCHASE AND PROMOTION OF BREAST MILK SUBSTITUTES, BOTTLES, NIPPLES, PACIFIERS, AND OTHER INFANT FEEDING SUPPLIES SHOULD BE PROMINENTLY DISPLAYED….

Why is Being Baby-Friendly® So Important?

This facility upholds the World Health Organization/UNICEF "Ten Steps to Successful Breastfeeding" published in a joint statement entitled:

"Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services"

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

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.
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.
6. Give infants no food or drink other than breastmilk, unless *medically* indicated.
7. Practice rooming-in – allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

The Ten Steps to Successful Breastfeeding form the basis of the Baby-Friendly Hospital Initiative, a worldwide breastfeeding quality improvement project created by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

Baby-Friendly hospitals and birth centers also uphold the International Code of Marketing of Breast Milk Substitutes by offering parents support, education and educational materials that promote the use of human milk rather than other infant food or drinks, and by refusing to accept or distribute free or subsidized supplies of breastmilk substitutes, nipples and other feeding devices.

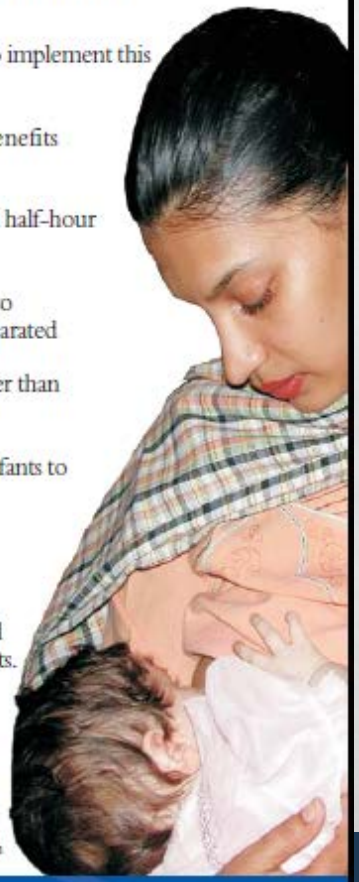
INTEGRIS
Women's Center
BAPTIST

The Lactation Center

10 Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
   Give newborn infants no food or drink other than breastmilk, unless medically indicated.
6. Practice rooming-in – allow mothers and infants to remain together – 24 hours a day.
7. Encourage breastfeeding on demand.
8. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
9. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.



In addition, Baby-Friendly hospitals do not accept or distribute free or low-cost supplies of breastmilk substitutes, nipples or pacifiers.

(From Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services. A Joint WHO/UNICEF Statement published by the World Health Organization.

WOMEN'S & NEWBORN CENTER

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STEP 2

Becoming Baby-Friendly in Oklahoma

- ADDED A DESCRIPTION OF THE REQUIRED CONTENT FOR HEALTH CARE PROVIDER TRAINING TO GUIDELINE 2.1. THE GUIDELINE INCLUDES THE FOLLOWING LANGUAGE:
  - AT MINIMUM, ALL HEALTH CARE PROVIDERS MUST HAVE A TRUE UNDERSTANDING OF:
    - BENEFIT OF EXCLUSIVE BREASTFEEDING
    - PHYSIOLOGY OF LACTATION
    - HOW THEIR SPECIFIC FIELD OF PRACTICE IMPACTS LACTATION
    - HOW TO FIND OUT ABOUT SAFE MEDICATIONS FOR USE DURING LACTATION
  - IF HEALTH CARE PROVIDERS DO NOT TEACH SPECIFIC SKILLS, IT IS NOT EXPECTED THAT THEY BE ABLE TO DESCRIBE OR DEMONSTRATE THEM. HOWEVER, IT IS EXPECTED THAT THEY WILL **KNOW TO WHOM TO REFER A MOTHER**

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STEP 2

Becoming Baby-Friendly in Oklahoma

- ADDED TO GUIDELINE 2.1 THE FOLLOWING <u>EXAMPLES OF TRAINING FOR STAFF OUTSIDE OF MATERNITY</u>:
  - PHARMACIST - IMPORTANCE OF EXCLUSIVE BREASTFEEDING, **MEDICATIONS** ACCEPTABLE FOR BREASTFEEDING
  - SOCIAL WORKER, DISCHARGE PLANNER - IMPORTANCE OF EXCLUSIVE BREASTFEEDING, **COMMUNITY RESOURCES** THAT SUPPORT BREASTFEEDING
  - ANESTHESIOLOGIST - IMPORTANCE OF EXCLUSIVE BREASTFEEDING, IMPORTANCE OF **IMMEDIATE SKIN-TO-SKIN CONTACT**

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STEP 2

Becoming Baby-Friendly in Oklahoma

- ADDED CRITERION 2.1.8 FOR ASSESSMENT OF HEALTH CARE PROVIDER KNOWLEDGE OF BREASTFEEDING MANAGEMENT.
  - OF HEALTH CARE PROVIDERS ***WITH PRIVILEGES***, AT LEAST 80% WILL BE ABLE TO CORRECTLY ANSWER 4 OUT OF 5 QUESTIONS

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STEP 3

Becoming Baby-Friendly in Oklahoma

- REVISED GUIDELINE 3.3 TO READ:
  - ALL FACILITIES SHOULD **FOSTER THE DEVELOPMENT OF, OR COORDINATE SERVICES WITH**, PROGRAMS THAT MAKE EDUCATION ABOUT BREASTFEEDING AVAILABLE TO PREGNANT WOMEN.
  - ALL FACILITIES SHOULD **FOSTER RELATIONSHIPS WITH COMMUNITY-BASED PROGRAMS** THAT MAKE AVAILABLE INDIVIDUAL COUNSELING OR GROUP EDUCATION ON BREASTFEEDING AND **COORDINATE MESSAGES** ABOUT BREASTFEEDING WITH THESE PROGRAMS. THE EDUCATION SHOULD BEGIN IN THE FIRST TRIMESTER WHENEVER POSSIBLE.

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STEP 5

Becoming Baby-Friendly in Oklahoma

- REVISED THE LANGUAGE REGARDING INITIATION OF BREAST MILK EXPRESSION FOR MOTHERS WHO ARE SEPARATED FROM THEIR INFANTS IN GUIDELINE 5.2 TO READ:
  - THE ROUTINE STANDARD OF CARE SHOULD INCLUDE PROCEDURES THAT ASSURE THAT *MILK EXPRESSION IS BEGUN AS SOON AS POSSIBLE BUT* ***NO LATER THAN 6 HOURS AFTER BIRTH***, EXPRESSED MILK IS GIVEN TO THE INFANT AS SOON AS THE INFANT IS MEDICALLY READY, AND THE MOTHER'S EXPRESSED MILK IS USED BEFORE ANY SUPPLEMENTATION WITH BREAST MILK SUBSTITUTES WHEN MEDICALLY APPROPRIATE. FOR HIGH RISK AND SPECIAL NEEDS INFANTS WHO CANNOT BE SKIN-TO-SKIN IMMEDIATELY OR CANNOT SUCKLE, *BEGINNING MANUAL EXPRESSION WITHIN ONE HOUR IS RECOMMENDED*.

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STEP 6

Becoming Baby-Friendly in Oklahoma

- REMOVED OUTDATED LANGUAGE REFERENCING THE JOINT COMMISSION'S PERINATAL CARE CORE MEASURE SET PC-05 ELIGIBILITY CRITERIA FOR EXCLUSIVE BREASTFEEDING.

Changes to Breast Milk Feeding Performance Measures PC-05a and PC-05

Effective with October 1, 2015, discharges, The Joint Commission is retiring the Perinatal Care (PC) core measure PC-05a: Exclusive Breast Milk Feeding Considering Mother's Initial Feeding Plan and revising PC-05: Exclusive Breast Milk Feeding.

PC-05a: Retirement

Feedback from key stakeholders—including health care organizations; the Centers for Disease Control and Prevention (CDC); the American College of Obstetricians and Gynecologists (ACOG); the American Academy of Pediatrics (AAP); the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN); and The Joint Commission's Perinatal Care Technical Advisory Panel—indicate that capturing data on mothers' preference to not exclusively breast feed has been challenging. Also, some organizations may be concentrat-

Check® website. However, because some women do not want to exclusively breast feed despite recommendations, and since The Joint Commission is not accounting for these preferences, The Joint Commission expects that performance on PC-05 will remain well below 100%. Therefore, as reported in *Joint Commission Online* (*see* March 18, 2015, issue at http://www.jointcommission.org/issues), PC-05 will not be included in the *Top Performer on Key Quality Measures*® recognition program. In addition, PC-05 will not be included in the composite rate for Performance Improvement (PI) Standard PI.02.01.03, element of performance (EP) 1.* Available evidence suggests that a performance rate of 70% on PC-05 is an achievable target for hospitals.

Exclusive Breast Milk Feeding: Resources

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STEP 9

Becoming Baby-Friendly in Oklahoma

- REVISED CRITERION 9.1.2 TO READ:
  - OBSERVATIONS IN THE POSTPARTUM UNIT AND ANY WELL-BABY OBSERVATION AREAS WILL INDICATE THAT AT LEAST 80% OF BREASTFEEDING INFANTS ARE **NOT** USING BOTTLES.

- EXPLANATION:
  - BREASTFEEDING BABIES REQUIRING SUPPLEMENTS WILL BE OFFERED ALTERNATIVE METHODS
  - FACILITIES ARE EXPECTED TO PROVIDE EXCELLENT PATIENT CENTERED EDUCATION TO ENCOURAGE AT LEAST 80% OF FAMILIES TO UTILIZE THE ALTERNATIVE FEEDING METHODS

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APPENDIX B

- REMOVED LANGUAGE OUTLINING SPECIFIC MEDICAL REASONS FOR USE OF BREAST MILK SUBSTITUTES AND REPLACED IT WITH THE LANGUAGE BELOW:
  - **DEVELOP A PROTOCOL/PROCEDURE** THAT DESCRIBES THE CURRENT, EVIDENCE-BASED MEDICAL INDICATIONS FOR SUPPLEMENTATION.
  - A FACILITY MAY **UTILIZE THE RECOMMENDATIONS OF NATIONAL AND INTERNATIONAL AUTHORITIES** (E.G. CDC, WHO, AND ABM) IN DEVELOPING THIS PROTOCOL/PROCEDURE
  - THE FACILITY IS RESPONSIBLE FOR **ENSURING** THAT ITS MEDICAL INDICATIONS FOR SUPPLEMENTATION ARE **SUPPORTED BY CURRENT EVIDENCE**.

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DESIGNATION IS NOT THE END OF THE ROAD

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Post Designation Process

- DESIGNATION IS FOR 5 YEARS

- BEGINNING IN 2017 RE-DESIGNATION WILL BE CONFERRED THROUGH AN ON-SITE ASSESSMENT

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- STAY VIGILANT AND PREVENT PRACTICE SLIPPAGE.
- KEEP AUDITING ALL THE STEPS ALL YEAR LONG. ROUTINE AUDITS SERVE AS AN EARLY WARNING SYSTEM.
- IT IS EASIER TO MAINTAIN A PRACTICE THAN TO FIX ONE THAT HAS SLID.
- MAINTAIN YOUR TASK FORCE TO HELP MONITOR POLICY, TRAINING AND ADHERENCE TO THE MOST CURRENT GUIDELINES.

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Post Designation Process

- ASSIGNED QI PROJECTS ON SPECIFIC STEPS EACH YEAR
  - YEARS 1-3 = QI PROJECTS/REPORTS
  - YEARS 4-5 = RE-DESIGNATION PREPARATION (DISSEMINATION/DESIGNATION PHASES)
- STEPS ARE ASSIGNED BY BFUSA
- MUST USE BFUSA SUPPLIED TOOLS
- ANNUAL FEE TO BFUSA

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Re-Designation Process

- ON-SITE ASSESSMENTS WILL BE CONDUCTED FOR ALL FACILITIES WHOSE DESIGNATION EXPIRES IN 2017.

- OVER A 5 YEAR PERIOD OF TIME, THE FACILITY WILL HAVE AUDITED ALL 10 STEPS AND SHOULD BE WELL PREPARED FOR THE ON-SITE RE-ASSESSMENT.

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On-Site Assessment

- LEADERSHIP INTERVIEWS
- PATIENT INTERVIEWS
- STAFF AND PROVIDER INTERVIEWS
- REVIEW OF FACILITY'S:
  - POLICY
  - EDUCATION/CURRICULA
  - MEDIA/PATIENT MATERIALS
  - INVOICES

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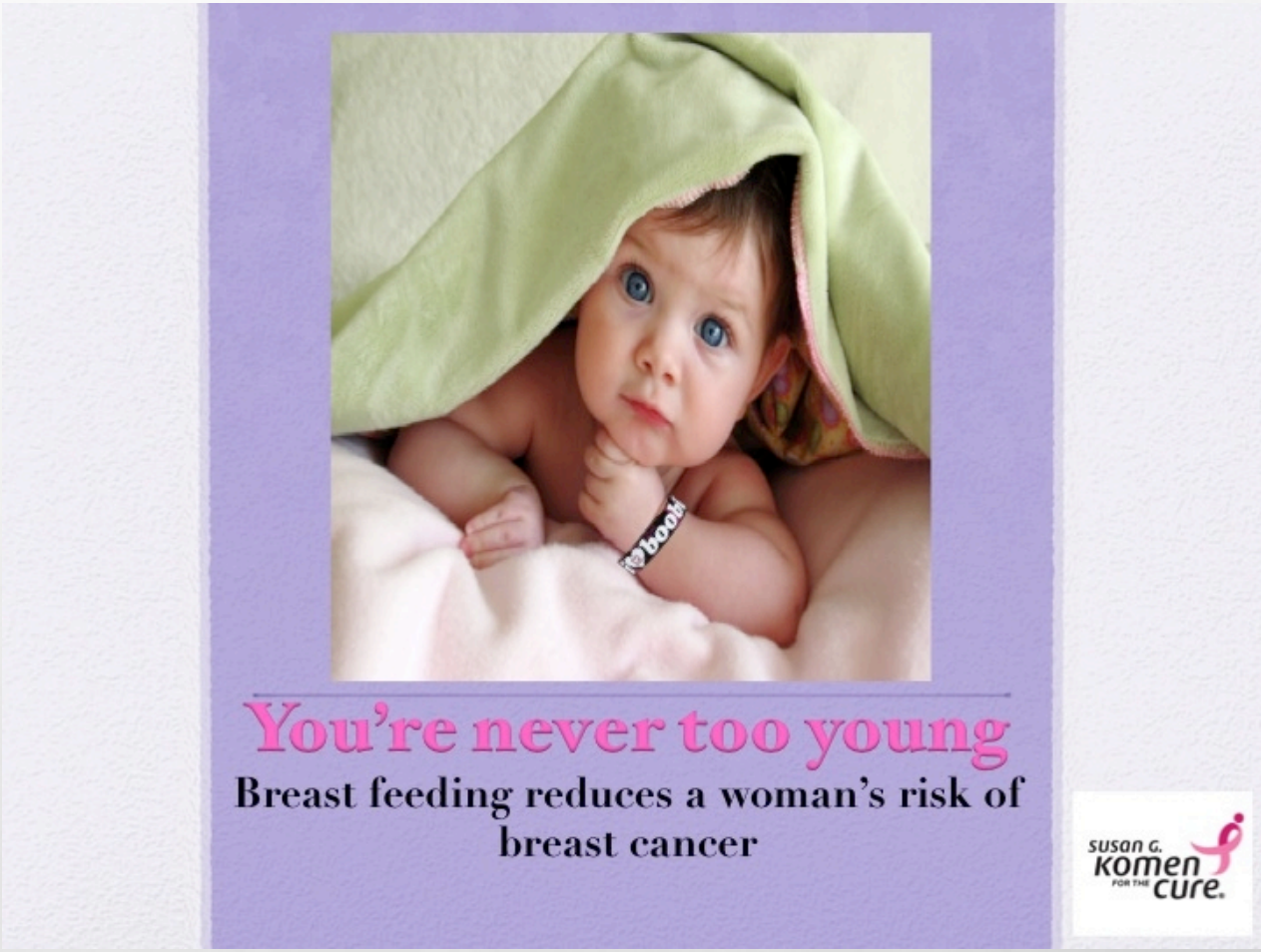
What if we don't pass?

- EXTERNAL REVIEW BOARD (ERB) IDENTIFIES SUB-STEPS TO BE IMPROVED
- FACILITY MAKES NECESSARY IMPROVEMENTS
- ASSESSOR COMES ON-SITE TO RE-EVALUATE SUB-STEPS NOT PASSED OR FACILITY ASSIGNED QI TO COMPLETE
- ERB REVIEWS FINDINGS OF REVISIT/QI AND MAKES DETERMINATION

QUESTIONS?



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UPCOMING WEBINARS

- NOVEMBER 9: **SUPPORTING HISPANIC BREASTFEEDING FAMILIES**
  - *PRESENTED BY REGINA MARIA ROIG-ROMERO, MPH, MCHES, IBCLC*
- DECEMBER WEBINAR: **GETTING BUY-IN FROM THE COMMUNITY**
  - *PRESENTED BY CLIFTON KENON, JR., DNP, MSN, RN, IBCLC*

PLEASE COMPLETE WEBINAR EVALUATION!

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SKIN TO SKIN

- Skin-to-skin means your baby is placed belly-down on your bare chest right after birth.
- The nurse or care provider dries your baby off, puts a hat on your baby, and covers you both with a blanket.
- Skin-to-skin in the first hour makes breastfeeding easier for both baby and mom. Newborns love skin-to-skin contact, and it helps moms and babies relax after labor.
- Compared with babies who are swaddled or placed in a crib, skin-to-skin babies stay warmer and calmer, have better blood sugar, and cry less. They also breastfeed better and nurse longer.
- Skin-to-skin time is great for dads, too! If mom is too tired, have dad or another family member do skin-to-skin.

ROOMING-IN

- Rooming-in means keeping moms and babies together for the entire hospital stay.
- Moms and dads learn early feeding cues when their baby stays with them.
- Babies are safer when they stay in the room with their moms. Your baby should not be taken from your room except for major procedures.

FEEDING YOUR BABY

- Feed your baby in the first hour of life and feed often.
- Only give your baby breastmilk for the first six months. You will make less milk if you give formula.
- Feed based on cues from your baby, not on the time. Babies feed better if they are fed on cue. Your baby will eat when hungry and stop when full.
- Pacifiers and bottles can lead to trouble nursing, missed feedings, and less milk supply.

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www.ouhsc.edu/breastfeeding

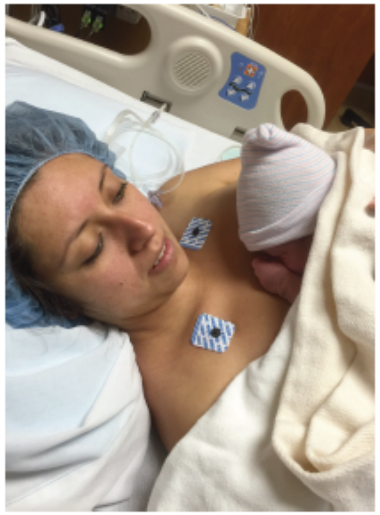
Supported by Oklahoma State Department of Health (OSDH) and the OU Health Sciences Center OB/GYN Department

Get 24 hour help, call the Oklahoma Breastfeeding Hotline 877-271-MILK (6455)

(#115757, 09/2016)

PIEL A PIEL

- Piel a piel significa que su bebé se coloca boca abajo sobre su pecho descubierto inmediatamente después del nacimiento.
- La enfermera o el proveedor de cuidado seca a su bebé, le pone un gorrito a su bebé, y los cubre a ambos con una cobija.
- Piel a piel en la primera hora permite que el amamantamiento sea más facil para el bebé y la madre. Los recién nacidos aman el contacto de piel a piel, y ayuda a las madres y a los bebés relajarse después del parto.
- En comparación con los bebés que están envueltos en su cobija o se colocan en una cuna, los bebés que tienen contacto piel a piel se mantienen más cálidos y más tranquilos, tienen un mejor nivel de azúcar, y lloran menos. También amamantan mejor y por más tiempo.
- ¡Tener momentos de piel a piel es ideal para los papás también! Si la mamá está demasiado cansada, el padre u otro miembro de la familia hacen el contacto piel a piel.



ALOJAMIENTO CONJUNTO

- El alojamiento conjunto significa mantener a las madres y los bebés juntos durante toda la estancia en el hospital.
- Las madres y los padres aprenden las señales tempranas de alimentación cuando el bebé se queda con ellos.
- Los bebés están más seguros cuando se mantienen en la habitación con sus madres. Su bebé no debe ser tomado de su habitación, excepto para los procedimientos importantes.

ALIMENTANDO A SU BEBÉ

- Alimente a su bebé en la primera hora de vida y alimente seguido.
- Sólo alimente a su bebé con leche materna durante los primeros seis meses. Usted va a producir menos leche si se le da la fórmula.
- Alimente en base a las señales de su bebé, no por el tiempo. Los bebés se alimentan mejor si son alimentados en el momento justo. Su bebé va a comer cuando tiene hambre y parar cuando está lleno.
- Chupones y biberones pueden conducir problemas para alimentar, perder tiempos de comida, y menos producción de leche.

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www.ouhsc.edu/breastfeeding

Apoyado por el Departamento de Salud del Estado de Oklahoma (OSDH) y
el Departamento de Obstetricia y Ginecología del Centro de Ciencias de la Salud de la Universidad de Oklahoma.

Obtenga ayuda las 24 horas, llame a la Línea de Lactancia Materna de Oklahoma 877-271-MILK (6455)

OBRC BREASTFEEDING TRAINING FOR HEALTH CARE STAFF

- 15-HOUR ONLINE COURSE DESIGNED TO HELP TRAIN ALL HEALTHCARE STAFF IN SKILLS NECESSARY TO IMPLEMENT THE TEN STEPS TO SUCCESSFUL BREASTFEEDING
- $30/PERSON FOR HOSPITALS ENROLLED IN THE BECOMING BABY-FRIENDLY IN OKLAHOMA PROJECT
- $60/PERSON FOR HOSPITALS NOT CURRENTLY ENROLLED
- TRIAL ACCESS IS AVAILABLE FOR CLINICAL EDUCATION OR WOMEN'S SERVICES MANAGERS WHO WOULD LIKE TO PREVIEW THE COURSE
- WWW.OUHSC.EDU/BREASTFEEDING/TRAINING.ASPX

OKLAHOMA BREASTFEEDING RESOURCE CENTER

BECOMING BABY-FRIENDLY IN OKLAHOMA
5TH ANNUAL SUMMIT

- FRIDAY, FEBRUARY 24, 2017 AT SAMIS EDUCATION CENTER
- KEYNOTE SPEAKERS:
  - MELISSA BARTICK, MD, MSC
  - CYNTHIA GOOD MOJAB, LMHCA, IBCLC
- $240 EDUCATION STIPEND FOR HOSPITALS ATTENDING:
  - BBFOK HOSPITALS CAN RECEIVE UP TO 8 STAFF REGISTRATIONS FOR THE 15 HOUR ONLINE TRAINING
  - NON-BBFOK HOSPITALS CAN RECEIVE UP TO 4 STAFF REGISTRATIONS
    - SEE WEBSITE FOR DETAILS: HTTP://WWW.OUHSC.EDU/BREASTFEEDING/BABY-FRIENDLY/UPCOMINGEVENTS.ASPX

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