



OKLAHOMA BREASTFEEDING RESOURCE CENTER

Becoming Baby-Friendly in Oklahoma

June 19, 2019 Webinar

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Becoming Baby-Friendly in Oklahoma Project





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.

The OBRC Team



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Meet Our Team



Becky Mannel, MPH, IBCLC, FILCA



Petra Colindres, MA, RD/LD, IBCLC



Sara Bellatti, MS



Amanda Parsons, MA, RD/LD, IBCLC

Oklahoma Breastfeeding Hotline Team



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Cyndi Garcia, Jayme Provine, Cassidy Hotz, Paula Freeman, Keri Hale,
Petra Colindres, Charissa Larson, Jaclyn Huxford

Announcements

- *To see past BBFOK webinars, go to: [BBFOK Webinars](#)*
- *June is National Safety Month!*
 - *Remember Baby-Friendly practices emphasize patient safety*
 - *See 2018 Summit presentation with safety info at end:*
 - [Business Case for Baby-Friendly](#)
 - *See March webinar for safety bundle on rooming-in:*
 - [March Webinar, Steps 7&8](#)
 - *Teaching formula-feeding parents how to safely prepare formula feedings is a Baby-Friendly practice too*

Announcement: CDC's mPINC Survey!!

Deadline: June 28, 2019

- 3 OK hospitals notified that CDC was unable to make contact
- If not sure if your hospital survey was submitted, email:

cdcmpincsurvey@battelle.org

The Evidence Behind Baby-Friendly Steps 9 & 10

(Pacifiers and Community Support)



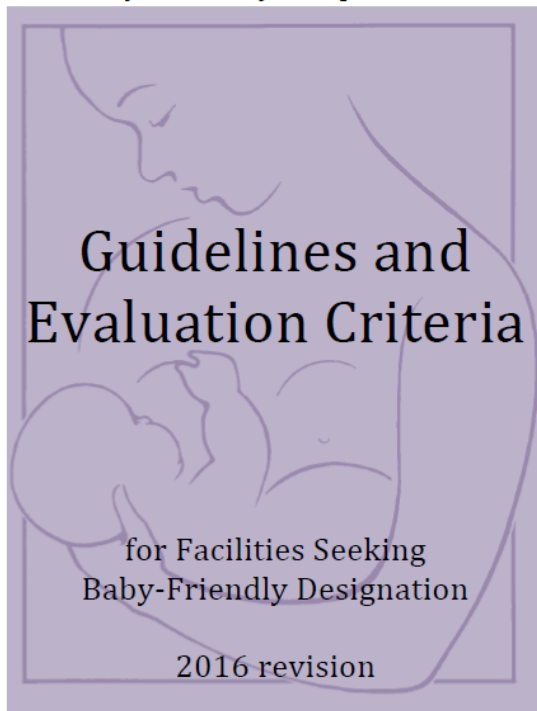
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- Agency for Healthcare Research and Quality. Breastfeeding Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries. Comparative Effectiveness Review Number 210, July 2018.
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BFUSA Guidelines and Evaluation Criteria: KEY TENETS

The Baby-Friendly Hospital Initiative

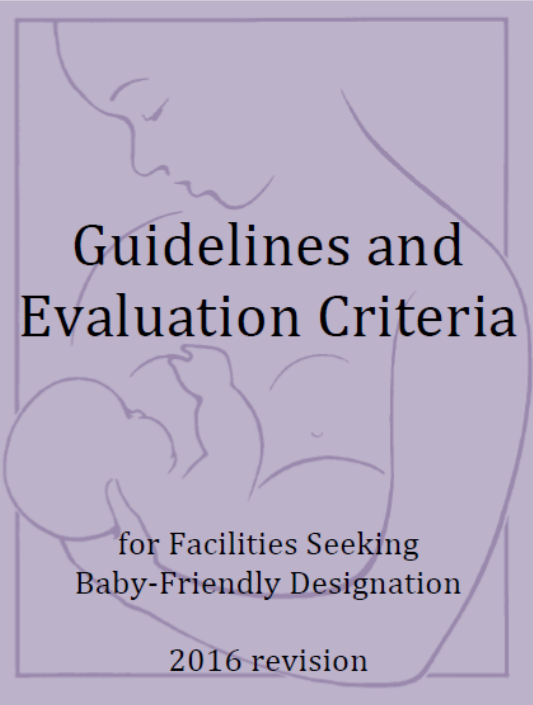


Baby-Friendly USA, Inc.

- ***Breastfeeding** has been recognized by scientific authorities as the **optimal method of infant feeding** and should be promoted as the norm within all maternal and child health care facilities.*
- *The most sound and **effective procedural approaches** to supporting breastfeeding and human lactation in the birthing environment **that have been documented in the scientific literature** to date should be followed by the health facility.*

BFUSA Guidelines and Evaluation Criteria: KEY TENETS

The Baby-Friendly Hospital Initiative



Baby-Friendly USA, Inc.

- *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**.*
- *The mother and her family should be **protected** within the health care setting **from false or misleading product promotion** and/or advertising which interferes with or undermines informed choices regarding infant health care practices.*

WHO Guideline (review of evidence to support the Ten Steps)

Target audience:

Policy-makers and expert advisers, technical staff of institutions involved in design, implementation and scaling-up of programs for infant and young child feeding.

May also be used by healthcare professionals and universities to disseminate information.





BFUSA Guidelines and Evaluation Criteria

Step 9: Pacifiers & Artificial Nipples

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



Step 9: Avoid Pacifiers & Artificial Nipples

9.1 Guideline: Health care professionals, including nursery staff, should educate all breastfeeding mothers about how the use of bottles and artificial nipples may interfere with the development of optimal breastfeeding.

Any fluid supplementation (whether medically indicated or following informed decision of the mother) should be given by tube, syringe, spoon, or cup in preference to an artificial nipple or bottle.



Step 9: Avoid Pacifiers & Artificial Nipples

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
- discuss alternative methods for soothing and feeding her infant

If the mother still requests a bottle, the process of counseling and education and the informed decision of the mother should be documented.

Step 9: Avoid Pacifiers & Artificial Nipples

- **9.2 Guideline:** Health care professionals, including nursery staff, should educate all breastfeeding mothers about how the use of pacifiers may interfere with the development of optimal breastfeeding.
- Breastfeeding infants should not be given pacifiers by the staff of the facility, with the exception of:
 - limited use to decrease pain during procedures when the infant cannot safely be held or breastfed (pacifiers used should be discarded after these procedures)
 - by infants who are being tube-fed in NICU
 - or for other rare, specific medical reasons.
- If the breastfeeding mother still requests a pacifier, the process of counseling and education and informed decision should be documented.



Step 9: Avoid Pacifiers & Artificial Nipples

9.1 Guideline:

When a mother requests that her breastfeeding infant be given a pacifier, 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
- discuss alternative methods for soothing and feeding her infant

If the mother still requests a pacifier, the process of counseling and education and the informed decision of the mother should be documented.



WHO: Review of evidence to support the Ten Steps

Feeding practices and additional needs of infants

QUESTION 1: Should infants (P) not be allowed to use pacifiers or dummies (I), compared to allowing use of pacifiers or dummies (C), in order to increase rates of exclusive breastfeeding during the stay at the facility (O)?



WHO: Review of evidence to support the Ten Steps

Feeding practices and additional needs of infants

Mothers should be supported to recognize their infants' cues for feeding, closeness and comfort, and enabled to respond accordingly to these cues with a variety of options, during their stay at the facility providing maternity and newborn services

Recommended, high-quality evidence



WHO: Review of evidence to support the Ten Steps

Feeding practices and additional needs of infants

Mothers can be supported to make informed decisions regarding the use of pacifiers and bottles and teats during their stay at the facilities providing maternity and newborn services,

by ensuring that they are aware of the slight risk of interfering with breastfeeding during these early days.



Jafar et al. Cochrane Review 2016

Effect of restricted pacifier use in breastfeeding term infants for increasing duration of breastfeeding.

- Systematic review found only 2 randomized trials of 1302 healthy, breastfeeding term infants
 - No significant effect on EBF or partial breastfeeding at 3 and 4 months
 - Studies only included highly motivated mothers
- Evidence to assess the short-term breastfeeding difficulties faced by mothers and long-term effect of pacifiers on infants' health is lacking.



Observational Studies cited by WHO

- 2 studies from Poland and Switzerland: 15,770 term infants
- Those not EBF at d/c more likely to have used a pacifier (OR = 1.78)
- Brazilian study of 450 mothers: Mothers who offered pacifiers to their infants tended to
 - have more breastfeeding difficulties
 - be more anxious and less self-confident about breastfeeding and their infants' development.



WHO: Review of evidence to support the Ten Steps

Feeding practices and additional needs of infants

QUESTION 2: Should infants who are or will be breastfed (P) not be fed supplements with feeding bottles and teats but only by cup, dropper, gavage, finger, spoon or other methods not involving artificial teats (I), compared to using feeding bottles and teats (C), in order to increase rates of exclusive breastfeeding during the stay at the facility (O)?

**Overall quality of evidence = recommended,
moderate quality evidence**



WHO: Review of evidence to support the Ten Steps

Feeding practices and additional needs of infants

If expressed breast milk or other feeds are medically indicated for term infants, use of feeding methods such as cups, spoons or feeding bottles and teats may be used during their stay at the facility.

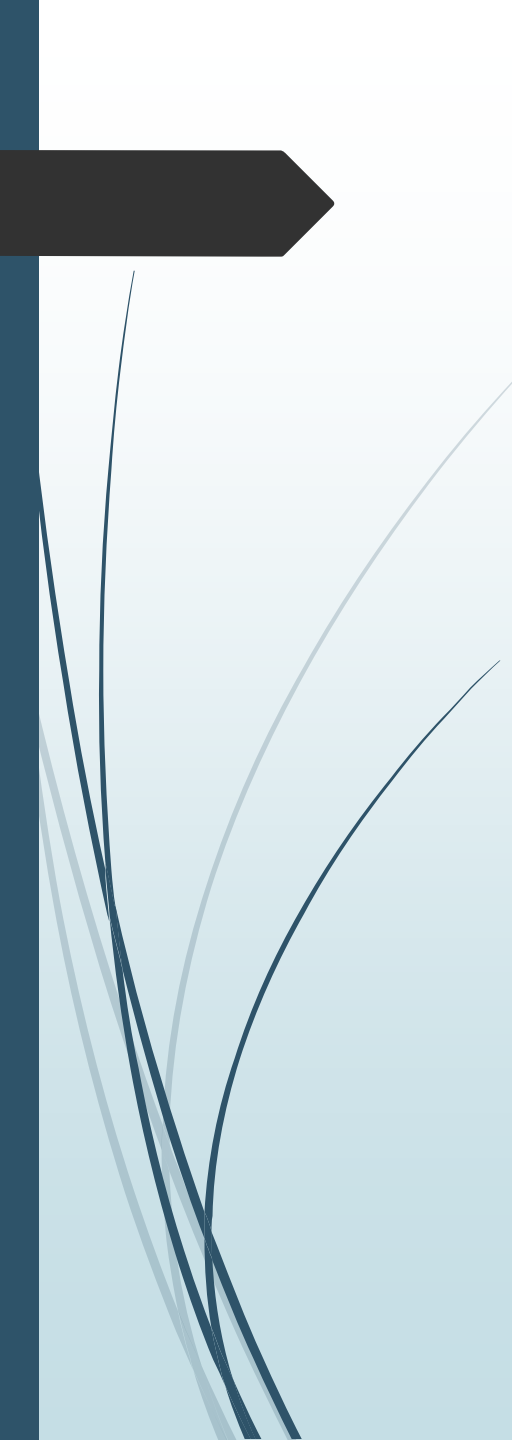


WHO: Review of evidence to support the Ten Steps

Feeding practices and additional needs of infants

There should be no promotion of breast-milk substitutes, feeding bottles, teats, pacifiers or dummies in any part of facilities providing maternity and newborn services, or by any of the staff.

Health facilities and their staff should not give feeding bottles, teats or other products within the scope of the International Code of Marketing of Breast-milk Substitutes ...to breastfeeding infants.



Ganchimieg et al: Systematic Review Avoidance of bottles and teats, 2016

- Giving breast milk by bottle or teat probably makes little difference in:
 - Breastfeeding at d/c
 - Any breastfeeding at 2 and 6 months
 - Exclusive breastfeeding duration (low quality evidence)

Is there other
evidence
not cited by
WHO or
published
since?



Association Between In-Hospital Pacifier Use and Breastfeeding Continuation and Exclusivity, 2017

- Cross-sectional survey data from CDC's PRAMs surveys in 10 US states
- 37,628 mothers surveyed at about 4 months pp
- Adjusted for demographics and pro-breastfeeding hospital practices
- Pacifier exposure during birth hospitalization independently associated with decreased odds of any and exclusive breastfeeding > 10 wks (OR = 0.71 and 0.70)
- Not including infants admitted to NICU



Factors in the Hospital Experience Associated with Postpartum Breastfeeding Success, 2019

- Systematic sample of 5,770 mothers from Utah's PRAMs data, 2-4 months pp
- Adjusted for hospital experiences, demographics, smoking, pregnancy complications, etc
- Higher prevalence of terminating breastfeeding <2 mths **if received a pacifier, formula or staff help with bfdg**
- Those who fed only breastmilk and received a phone number to call for help had lower prevalence of terminating bfdg <2 mths

EFFECTS OF CUP, BOTTLE AND BREAST FEEDING ON ORAL ACTIVITIES OF NEWBORN INFANTS

By HERBERT V. DAVIS, M.D., ROBERT R. SEARS, PH.D., HERBERT C. MILLER, M.D.,
AND ARTHUR J. BRODBECK, M.A.
Iowa City, Iowa, and Kansas City, Kan.

THE psychoanalytic theory that babies possess from birth a libidinal oral drive dominates much of the recent thinking and writing concerned with the emotional development of infants and children. In brief, the theory supposes that the baby not only has a sucking reflex but also a sucking drive, i.e., he gets satisfaction from sucking qua sucking, and wants to suck in the same sense that he wants to eat, evacuate or be warm. The existence of such a drive is inferred from two kinds of behavior. One is the frequent occurrence of non-nutritional or "pleasure" sucking on such objects as the fists, thumbs or bedclothes. The other is the group of frustration reactions (crying, thrashing, further effort) that commonly occur when someone interrupts the non-nutritive sucking.

There can be little doubt that a sucking drive does exist in most infants. Levy^{2,3}



Feeding neonates by cup: A systematic review of the literature. 2016

- 10 RCTs, 7 nonrandomized intervention studies, 11 observational studies
- Cup feeding appears to be safe though intake may be less and spillage greater relative to bottle or tube feeding.
- Overall, slightly higher proportions of cup fed versus bottle fed infants report any breastfeeding;
- A greater proportion of cup fed infants reported exclusive bfdg at d/c and beyond



BFUSA Guidelines and Evaluation Criteria

Step 10: Support After Discharge

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



BFUSA Guidelines and Evaluation Criteria

Step 10: Support After Discharge

- **10.1 Guideline:** The designated health care professional(s) should ensure that, prior to discharge, a responsible staff member explores with each mother and a family member or support person (when available) the **plans for infant feeding after discharge**.
- Discharge planning for breastfeeding mothers and infants should include information on the **importance of exclusive breastfeeding for about 6 months** and available and culturally-specific breastfeeding **support services without ties to commercial interests**.



BFUSA Guidelines and Evaluation Criteria

Step 10: Support After Discharge

- **10.1 Guideline:** Examples of the information and support to be provided include:
 - giving the name and phone numbers of community-based support groups,
 - breastfeeding support services,
 - telephone help lines,
 - lactation clinics,
 - home health services,
 - individualized specialized resource persons.



BFUSA Guidelines and Evaluation Criteria

Step 10: Support After Discharge

► 10.1 Guideline:

- An **early post-discharge follow-up appointment** with their pediatrician, family practitioner, or other pediatric care provider should also be scheduled.
- The facility should establish **in-house breastfeeding support services** if no adequate source of support is available for referral (e.g. support group, lactation clinic, home health services, help line, etc.).



WHO: Review of evidence to support the Ten Steps

Creating an enabling environment

QUESTION 1: Should mothers giving birth in hospitals or facilities providing maternity and newborn services (P) be given linkage to continuing breastfeeding support after discharge from the facilities (I), compared to not providing any linkage to continuing breastfeeding support after discharge (C), in order to increase rates of exclusive breastfeeding at 1 month (O)?

**Available evidence = recommended,
Low quality evidence**



WHO: Review of evidence to support the Ten Steps

Creating an enabling environment

“As part of protecting, promoting and supporting breastfeeding, **discharge** from facilities providing maternity and newborn services **should be planned for and coordinated**, so that parents and their infants have **access to** ongoing support and appropriate care”



WHO: Review of evidence to support the Ten Steps

- Systematic review included 2 studies: Congo and Australia.
- Only evaluated **linkage** not actual uptake of support services

The overall quality of evidence for **linkage** to continuing support at discharge on the critical outcomes is very low.

Is there other
evidence
not cited by
WHO or
published since?

Agency for Healthcare Research and Quality (AHRQ)



Breastfeeding Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries

Comparative Effectiveness Review Number 210, July 2018

AHRQ New Evidence on Baby-Friendly

Purpose of Review

To summarize the effectiveness of community, workplace, and health care system-based programs and policies aimed at supporting and promoting breastfeeding, and to determine the association between breastfeeding and maternal health.

Key Messages

- Baby-Friendly Hospital Initiative (BFHI) is associated with improved rates of breastfeeding initiation and duration.
- Health care staff education combined with postpartum home visits may be effective for increasing breastfeeding duration.
- Health care staff education alone (with no additional breastfeeding support services) may not be effective for increasing breastfeeding initiation rates.



Perez-Escamilla et al

Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review

Maternal/Child Nursing 2016.



Perez-Escamilla et al 2016

- 58 studies in final review, from 19 countries
- Dose-response relationship between number of BFHI steps women are exposed and likelihood of improved Breastfeeding outcomes
- **Community support (step 10) appears to be essential for sustaining impacts in the longer term**
- Several articles reported lack of adherence to step 6 (EBF) was a major risk factor for poor bfgd outcomes.

Overcoming Barriers to Step 9

Common barriers:

- Cultural expectation that pacifiers are needed to calm babies
- Staff familiarity with bottles as supplemental feeding devices and discomfort with alternative feeding methods
- Concern about the safety of cup feeding



Overcoming Barriers to Step 9

Strategies to Overcome Barriers:

- Examine recent research regarding the impact of bottle, cup and other alternative feeding methods on breastfeeding success rates
- Examine recent research regarding the association of pacifiers and reduced breastfeeding exclusivity and duration



Sample Scripting

- Mom: Can you bring me a pacifier/bottle of formula please?
- RN: What's going on? What makes you think you need to give a pacifier/bottle?
- Mom: I don't have enough milk, my baby wants to nurse all the time, I'm too tired,...
- I can see why you'd think that, worry about that... It's normal for babies to feed frequently... You know, pacifiers/bottles can make breastfeeding harder...and we don't want to make things harder for you.
 - *Call me when baby is going to feed again so I can show you that he/she is getting milk.*
 - *Let's have dad/GM do some skin to skin so you can rest...*

Overcoming Barriers to Step 9

*What has
worked for
your
hospital??*

BEFORE YOU GIVE YOUR BABY FORMULA, A BOTTLE, OR A PACIFIER! Please read these notes !

Formula can make breastfeeding harder:

- When baby suckles & removes milk, your body knows it needs to make more milk.
- If your baby is full from formula and misses a breastfeed, your body will not know to make more milk.
- It increases the chance that your breasts will become painfully full.

Other concerns:

- Formula is harder for your baby to digest and may cause upset stomach.
- Formula increases the risk of your baby having colic, allergies or asthma.
- Formula does not provide your baby with immunities and increases the risk of your baby getting sick.
- Babies who do not breastfeed enough are at risk for jaundice and poor weight gain.



*Please wait until I learn
how to nurse before giving
me a bottle or pacifier.*

Giving your baby a bottle can cause breastfeeding problems because:

- Your baby may have a harder time breastfeeding. Unlike your breasts, bottles have long nipples that flow very fast. Some babies will refuse to nurse after being fed bottles.

Giving your baby a pacifier can make breastfeeding harder because:

- Babies suck when they are hungry. Giving your baby a pacifier means that he may not breastfeed enough. Anytime your baby wants to suck, it is better to breastfeed than to give your baby a pacifier.
- Babies bite down on pacifiers and may start biting at mom's breast making breastfeeding painful.

For these reasons avoid giving the healthy, nursing newborn a bottle or pacifier until he is around 4 weeks of age, after breastfeeding is going well.

Overcoming Barriers to Step 10

Common Barriers:

- Lack of awareness of existing resources (including availability and limitation of identified resources)
- Lack of proactive resources



Overcoming Barriers to Step 10

Strategies to Overcome Barriers:

- Partner with community breastfeeding resources to create or strengthen regional breastfeeding coalitions
- Develop current breastfeeding resource lists and distribute them religiously to mothers
- Encourage coalitions to conduct needs assessments to identify un-served and under-served breastfeeding support needs.

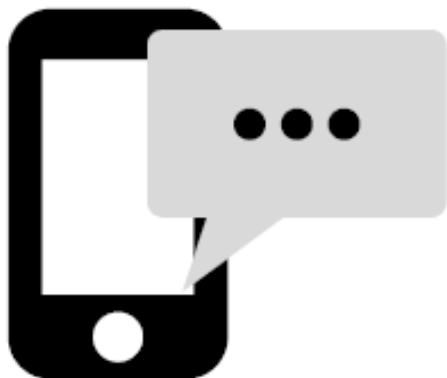


Overcoming Barriers to Step 10

Strategies to Overcome Barriers:

- Strategize how to meet these needs through collaboration with community partners. For example:
 - invite La Leche League leaders or WIC peer counselors to hold support groups in facility meeting rooms;
 - utilize marketing follow-up calls to identify if mothers are connected with postpartum resources;
 - establish breastfeeding resources where mothers are likely to be found – at Walmart/Target, pediatric clinic, etc.)

THE OKLAHOMA BREASTFEEDING HOTLINE
IS PROUD TO ANNOUNCE A NEW SERVICE



TEXTING WITH AN IBCLC!

This service will be available in addition to the existing service
where one can speak to an IBCLC by calling
1-877-271-6455

TEXTING BEGINS
JULY. 1, 2019
TEXT "OK2BF" TO 61222

Call or text 24 hours a day, 7 days a week, 365 days a year.

These services are made available by a TitleV grant from
the Oklahoma State Department of Health

Texting is coming
to the Hotline!

NEED EXPERT Breastfeeding Advice?

Call the Oklahoma Breastfeeding Hotline

1-877-271-MILK (6455)

The Oklahoma Breastfeeding
Hotline is available free of charge,
24 hours a day, 7 days a week,
365 days a year

For routine issues, callers are contacted that
same day, during business hours. For urgent
issues, the IBCLC on call will be paged 24
hours a day. Urgent calls are returned within
one hour.

The hotline is for nursing mothers, their families
and partners, as well as expecting parents,
and health care providers, or anyone in need
of breastfeeding support and information.

The Hotline is staffed by breastfeeding experts,
International Board Certified Lactation Consul-
tants (IBCLCs)

The hotline is a call back system. Callers leave
a message for a return call.

Accurate, up-to-date information
for common breastfeeding issues:

- » Not making enough milk
- » Baby refusing to nurse
- » Breast or nipple pain
- » Medications and breastfeeding
- » Working and breastfeeding
- » Breast pumps
- » Breastfeeding in public
- » Weaning



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www.ohsc.edu/breastfeeding

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



NECESITA ASESORAMIENTO Experto en Lactancia?

Lláme a la línea de Oklahoma Lactancia Materna

1-877-271-MILK (6455)

La línea directa de Oklahoma
Lactancia Materna está disponible
de forma gratuita, las 24 horas
del día, 7 días a la semana,
365 días al año

La línea directa es un sistema de devolución de llamadas.
Las personas que llaman dejan un mensaje para una
llamada de vuelta. Para asuntos de rutina, los llamados se
ponen en contacto ese mismo día, en horario de oficina.
Para asuntos urgentes, el IBCLC de guardia será paginado
las 24 horas del día. Llamadas urgentes se devuelven en el
plazo de una hora.

La línea directa es para madres lactantes, sus
familias y compañeros, también futuros padres,
y los proveedores de salud, o cualquier persona
en necesidad de apoyo a la lactancia y la
información.

La línea directa es atendida por expertos en
lactancia materna, International Board Certified
Lactation Consultants (IBCLCs)

Información precisa y al día
para temas comunes durante la
lactancia:

- » No le sale suficiente leche
- » El bebé no quiere amamantar
- » Dolor de pecho o pezón
- » Los medicamentos y la lactancia
- » Trabajo y la lactancia
- » Bombas extractoras de leche
- » Amamantando en público
- » Destete



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Aprobado por Oklahoma State Department of Health (OSDH) y el OU Health Sciences Center OB/GYN Department



Overcoming Barriers to Step 10

*What has
worked
for your
hospital??*



BREASTFEEDING RESOURCES FOR MOMS

The resources listed are available for nursing moms, partners and families, expecting parents, hospitals, and anyone else needing breastfeeding information and support. For more details on the organizations, please visit the COBA website at www.okbreastfeeding.org.

COBA Coalition of Oklahoma
Breastfeeding Advocates

Oklahoma Breastfeeding Hotline

877-271-MILK (6455)
The hotline is available
24/7, free of charge, using
a call-back system. Both
English and Spanish
speaking callers can leave
a message for a return call
from an International
Board Certified Lactation
Consultant.

WIC

The Women, Infants, and
Children program has
about 35 clinics in
Oklahoma where mothers
can meet with
breastfeeding peer
counselors to receive
breastfeeding education, as
well as follow-up support.
A list of WIC clinics can
be found at
[www.fns.usda.gov/wic/wo-
men-infants-and-children-
wic](http://www.fns.usda.gov/wic/wo-men-infants-and-children-wic)

Milk Moms

Milk Moms offers free
weekly drop-in mother-to-
mother breastfeeding
support in Oklahoma City,
facilitated by a Certified
Lactation Counselor.
Updates can be found on
the Milk Moms Facebook
page at
[www.facebook.com/milkm-
omsokc](http://www.facebook.com/milkmomsokc)



OKLAHOMA BREASTFEEDING RESOURCE CENTER



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OKLAHOMA BREASTFEEDING HOTLINE

877-271-MILK

ABOUT

BABY-FRIENDLY HOSPITALS

RESOURCES

EVENTS/TRAINING

FAMILIES

BECOME AN IBCLC

BREASTFEEDING HOTLINE



<https://obrc.ouhsc.edu/>

Educational Opportunities

- **2-Day Training: Breastfeeding Basics & Beyond**

- June 24-25, Tulsa (location TBD)

- **1-Day Training: Making Breastfeeding Easier**

- July 16, October 3
- Samis Education Center, OKC
- Organizations can schedule on demand at their location

- **15-Hour Online Breastfeeding Training for Healthcare Staff**

- Meets Baby-Friendly USA requirements for didactic training
- \$30/person for BBFOK participating hospitals; \$60/person for others
- Approved for 15 contact hours for nurses
- Email OBRC to enroll staff: obrc@ouhsc.edu



Announcements – Coalition of Oklahoma Breastfeeding Advocates (COBA)

- **COBA Summer General Meeting: August 3, 11:00 – 1:00**
 - OKC and Tulsa locations for virtual meeting
 - Celebrating World Breastfeeding Week and National Breastfeeding Month
- **COBA's New Events Calendar:**
<https://www.okbreastfeeding.org/>
- **Let COBA know about your breastfeeding-related event or to receive updates by email.**
 - Email info@okbreastfeeding.org

SAVE THE DATES!



SAVE THE DATE!



**8TH ANNUAL
BECOMINGBABY-FRIENDLY
IN OKLAHOMA
SUMMIT**

2.28.2020

SAMIS EDUCATION CENTER
1200 N PHILLIPS AVE · OKLAHOMA CITY, OK

Registration Starts Fall 2019
Check our website for details: OBRC.OUHSC.EDU
Nurse Contact Hours Pending



Save the Date

**September 20, 2019
8:30 am – 4:00 pm**

Preparing for a Lifetime's 10th Anniversary Summit
in partnership with
the Oklahoma Perinatal Quality Improvement Collaborative

Announcement: CDC's mPINC Survey!!

Deadline: June 28, 2019

- 3 OK hospitals notified that CDC was unable to make contact
- If not sure if your hospital survey was submitted, email:

cdcmpincsurvey@battelle.org