

Helping physicians to change...

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Why do we need to persuade physicians to change?

- ◆ We are right.....
- ◆but breastfeeding is emotional
- ◆ Everyone either WAS or WASN'T breastfed!
- ◆ Every "mother" (including the Drs) did or didn't breastfeed (for fathers, read, their wife)
- ◆ Those not old enough to have breastfed may think it's "embarrassing" or "gross".....

Strategies for all people

- ◆ A stone and a story
- ◆ A venting session
- ◆ Education: CMEs; risk management
- ◆ Offer food
- ◆ Offer "gold stars"



Belly balls



Buy in....

- ◇ Bigger group: Task force essential
- ◇ Bring in OB, Pedi, Family Medicine
- ◇ Midwives, Nurse educators, admin
- ◇ Time-consuming but vital for implementation and continuation

Physicians

- ◇ Physicians are good people!
- ◇ Can be your best allies/Physician buy-in/leadership invaluable
- ◇ Physicians listen to other physicians
- ◇ Get in an "expert" – pedi or ob who can talk Dr to Dr

Physicians

- ◇ Pick 1
- ◇ Woman who breastfed?
- ◇ Make her the champion
- ◇ Get her opinion on everyone else
- ◇ Create competition (Ob v Pedi)
- ◇ CMEs for education

How do physicians change?



- ◇ "Docs change when their mentors and peers change, modeling and mandate"
– Lori Feldman-Winter, MD

How do physicians change?

Formula cos – noone likes to be fooled or taken advantage of

Choosing a formula is an important decision, one that should be made by those who know your baby's nutritional needs best. Don't make any changes in the formula that has been specified for your baby without talking first with your baby's doctor, nurse or nutritionist.

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Physicians DO change

"I am the problem" – OB from NJ



Physicians are Patient Advocates

- ◊ They may be advocating with the hospital on other issues
- ◊ They may be advocating with third party payors
- ◊ Help them want to advocate for Baby-Friendly
 - We want all moms to bond with their babies
 - We want the best outcomes for ALL our babies

A Baby-Friendly Culture Means

- ◊ Family-centered care



A Baby-Friendly Culture Means

- ◊ More moms choosing to breastfeed
- ◊ More babies successfully breastfeeding (i.e. EBF)
- ◊ Better outcomes for formula-fed babies
 - Bonding/rooming in
 - Feeding on cue vs overfeeding
 - Safe formula preparation



OB/GYNs and Family Medicine

- ◊ They want happy moms, not angry ones
- ◊ How does Baby-Friendly help their moms vs "make them feel angry or guilty"
 - We are not going to MAKE moms breastfeed
 - In a Baby-Friendly culture, more moms choose to breastfeed sooo –
 - ◊ We want to make breastfeeding EASIER
 - ◊ We want more moms to succeed
 - ◊ We want moms to feel confident



What about my patients that are exhausted??



Pediatricians and Family Medicine

- ◊ They want to know the baby is safe and getting fed
 - "EBF babies come back to my office below birth weight..."
 - Will the hospital still have formula?
 - What about pain management if we can't use pacifiers?



Pediatricians and FMs

- ◊ How does Baby-Friendly ensure the baby is safe and getting fed?
 - Skin to skin and early initiation
 - ◊ We'll still monitor the baby!
 - Rooming-in (infant security)
 - Accurate patient information
 - Trained staff!
 - Referral to community resources after d/c

Physicians Want Well-Trained Staff

- ◊ "My patients come in and they're not breastfeeding! What happened??"
 - *My patient was in tears in my office...*
- ◊ Baby-Friendly **REQUIRES** well-trained staff
 - Explain the didactic and clinical training requirements
 - Explain the evidence-base for Baby-Friendly
 - Share the now revised and comprehensive **POLICY**



Possible new strategy

- ◊ Bring in the community....

How do I help my patients with breastfeeding problems??

- ◆ Give them resources for after discharge
 - Oklahoma Breastfeeding Hotline
 - Outpatient lactation services
 - WIC Breastfeeding Peer Counselors
 - Children First Nurses
 - Breastfeeding support groups

1-877-271-MILK (6455)
OKLAHOMA BREASTFEEDING
HOTLINE

