



STEP 2: STAFF & PROVIDER TRAINING WHO NEEDS TRAINING & WHAT'S AVAILABLE?

BECOMING BABY-FRIENDLY IN OKLAHOMA

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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.

BABY-FRIENDLY USA 2016 GUIDELINES AND EVALUATION CRITERIA

- Review staff training guidelines
- Review changes to provider training guidelines
- Discuss challenges Oklahoma hospitals may have in meeting Step 2 criteria
- Identify training options currently available

Baby-Friendly usa
The gold standard of care

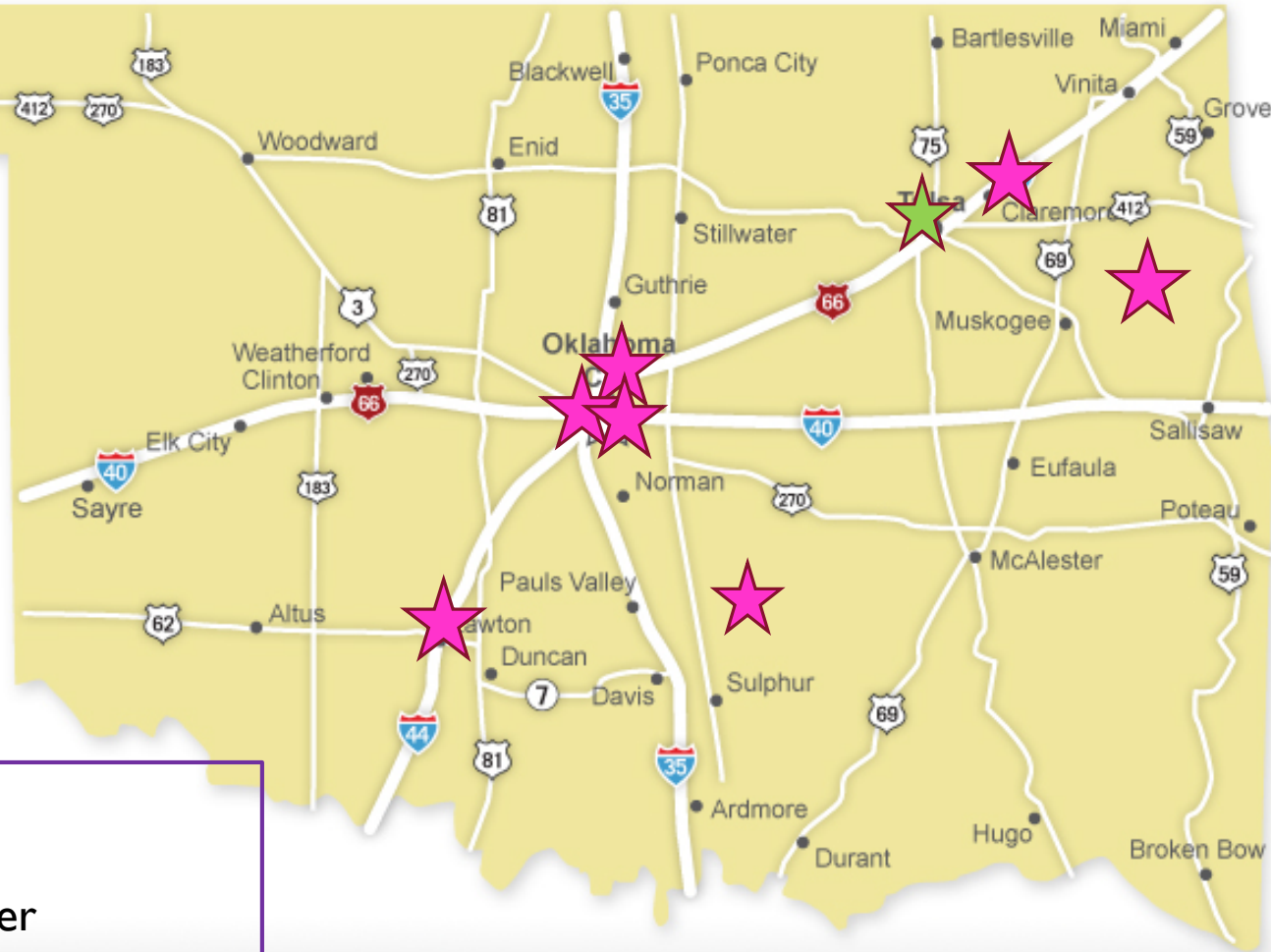


437 U.S. hospitals designated
~3250 birthing hospitals

21.3% of US babies born in a BFHI hospital
~849,000 annual births

U.S. Data
As of 5-24-17

**15.3% of
Oklahoma
babies!**

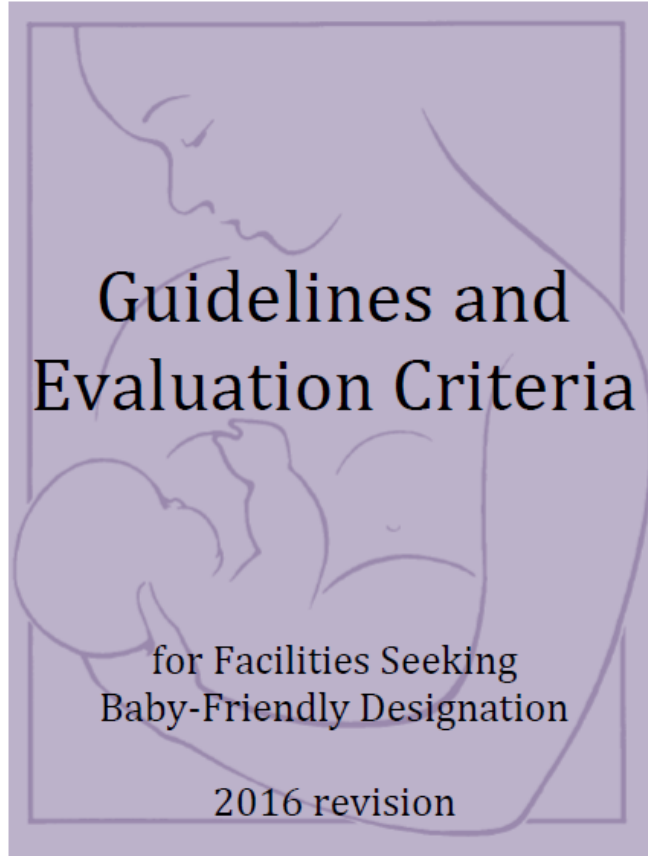


Designated hospitals:

Claremore Indian Hospital
Integris Baptist Medical Center
Cherokee Nation W.W. Hastings Hospital
Comanche County Memorial Hospital
Integris Health Edmond
St Anthony Hospital
Chickasaw Nation Medical Center

Assessment Completed:
Hillcrest Medical Center

The Baby-Friendly Hospital Initiative



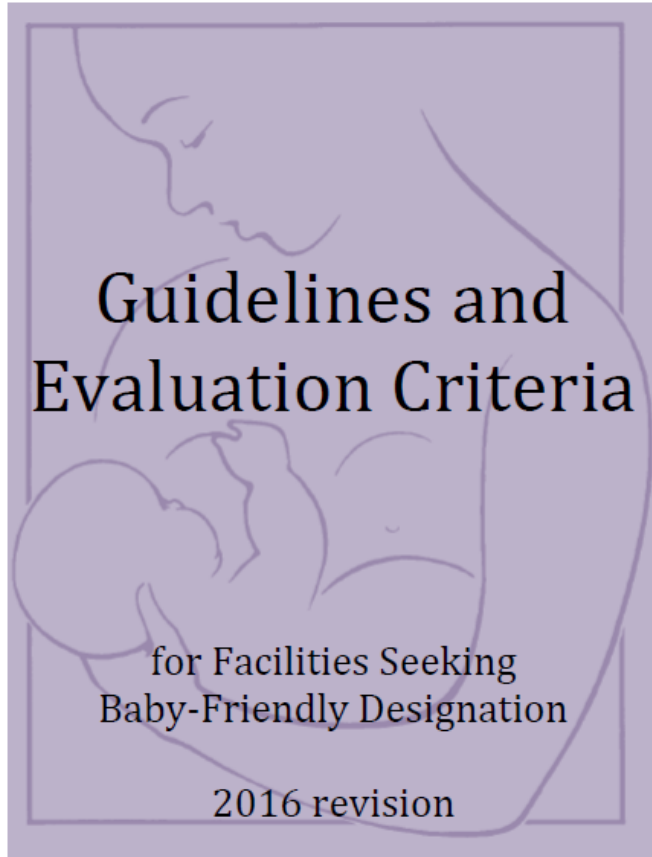
Baby-Friendly USA, Inc.

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%.

The Baby-Friendly Hospital Initiative



Baby-Friendly USA, Inc.

The Guideline states **“all mothers...”**

The Criteria for Evaluation states **“80% will report...”**

Always strive to achieve 100%.



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*

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



STEP 2: NURSING STAFF TRAINING

- Training for nursing staff on maternity should comprise a total of 20 hours
 - 15 hours didactic education
 - 5 hours supervised clinical experience
- Clinical competency verification will be a focus of all staff training



STEP 2: NURSING STAFF TRAINING

- counseling the feeding decision
- providing skin-to-skin contact in the immediate postpartum period and beyond
- assisting and assessing the mother and infant in achieving comfortable and effective positioning and attachment at the breast
- counseling mothers regarding maintaining exclusive breastfeeding and learning feeding cues
- assuring rooming-in
- teaching and assisting mothers with hand expression of milk
- teaching formula preparation and feeding to parents when necessary
- assisting mothers in finding support upon discharge.



STEP 2



- 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**





STEP 2



- ADDED TO GUIDELINE 2.1 THE FOLLOWING EXAMPLES OF TRAINING FOR STAFF OUTSIDE OF MATERNITY:
 - 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**



STEP 2



- ADDED TO GUIDELINE 2.1 THE FOLLOWING EXAMPLES OF TRAINING FOR STAFF OUTSIDE OF MATERNITY:
 - RADIOLOGY - IMPORTANCE OF EXCLUSIVE BREASTFEEDING, WHERE TO FIND OUT ABOUT **SAFE MEDICATIONS** FOR USE DURING LACTATION, WHERE TO FIND APPROPRIATE INFORMATION ON USE OF **RADIOISOTOPES DURING LACTATION**
 - DIETARY - IMPORTANCE OF EXCLUSIVE BREASTFEEDING, PRACTICES THAT SUPPORT BREASTFEEDING
 - HOUSEKEEPING STAFF - IMPORTANCE OF EXCLUSIVE BREASTFEEDING, PRACTICES THAT SUPPORT BREASTFEEDING, THE FACILITY'S PHILOSOPHY ON INFANT NUTRITION, **WHO TO CALL WHEN A MOTHER NEEDS HELP**





STEP 2



- 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



STEP 2



- 2.1.10 CRITERION FOR EVALUATION: **OF RANDOMLY SELECTED MATERNITY STAFF MEMBERS AND HEALTH CARE PROVIDERS,**
 - AT LEAST 80% WILL BE ABLE TO IDENTIFY 2 TOPICS TO DISCUSS WITH WOMEN WHO ARE CONSIDERING FEEDING THEIR INFANTS SOMETHING OTHER THAN HUMAN MILK.

The “risks” of formula
supplementation





STEP 2: CHALLENGES AND QUESTIONS

- Currently designated hospitals doing QI on Step 2
 - Use 2016 data collection tools
 - Audit both affiliated providers and those with privileges
 - Hospital will only be scored on affiliated providers
 - Be aware and working towards 2018 Guidelines



STEP 2: CHALLENGES AND QUESTIONS

- Hospitals adding a Level II NICU or SCN, what about neonatologists and neonatal nurse practitioners?
 - Current BFHI Guidelines only apply to healthy babies on maternity units
 - Step 5 addresses milk expression when mom and baby are separated
 - Neos/NNPs that only see NICU babies will not be interviewed
 - Consider that many of these babies will be able to PO/breastfeed right away or soon after birth



STEP 2: CHALLENGES AND QUESTIONS

- How often do staff need refresher training/education?
 - Annual updates strongly recommended, not required
 - All staff must be able to answer the questions in an interview during an assessment
 - Corrective action plans for issues identified during the Annual QI process may involve targeted staff training

STEP 2: CHALLENGES AND QUESTIONS



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




OTHER TRAININGS POSTED ON OBRC WEBSITE



- <http://www.ouhsc.edu/breastfeeding/Home.aspx>

**OKLAHOMA
BREASTFEEDING
RESOURCE CENTER**

BABY-FRIENDLY RESOURCES MEDIA Q/OK DATA CHAMPIONS MATERIALS TRAINING PATHWAY 3 CONTACT OUR TEAM



The Oklahoma Breastfeeding Resource Center (OBRC) is a statewide resource for healthcare providers and organizations working to improve the care of nursing mothers and children.

OBRC is part of the Department of OB/GYN at the University of Oklahoma Health Sciences Center and partners with many state and community organizations. The OBRC team has helped OU Medical Center, OU Physicians, OU Children's Physicians and the Stephenson Cancer Center achieve Oklahoma State Department of Health recognition as Breastfeeding-Friendly Worksites.

In addition, OBRC has received the IBCLC Care Award from the International Board of Lactation Consultant Examiners and the International Lactation Consultant Association.

Please feel free to make use of anything you find on this site! With your commitment, together we can improve the health of our state by helping more mothers and babies successfully breastfeed.

CONTACTS

Oklahoma Breastfeeding Resource Center
obrc@ouhsc.edu
(405) 271-6162
OBRC provides resources for health care providers to improve the care of breastfeeding families. Mothers and families seeking help for personal breastfeeding needs should call the Oklahoma Breastfeeding Hotline at 877-271-MILK.

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OTHER TRAININGS AVAILABLE

- WellStart International Self Study Module, 2014 edition: <http://www.wellstart.org/Self-Study-Module.pdf>
 - No cost, meets provider training needs
- AAP Breastfeeding Residency Curriculum: <http://www2.aap.org/breastfeeding/curriculum/>
 - No cost, 3 prepared presentations, pre/post test available
- Step 2 Education: <https://step2education.com/>
 - Staff training (20 hours): ~\$80-100 per staff member
 - Provider training (4 hours): ~\$87-100/provider
- Lactation Education Resources: <https://www.lactationtraining.com/shopping/online-shop/bfhi-courses>
 - General staff training (15 hours): \$129/staff
 - Provider training (3 hours): \$45/provider

UPCOMING WEBINARS



- **No June webinar due to 2 in May**
- **July 12**
 - **Step 10: Oklahoma Breastfeeding Hotline – A Look at Why Mothers Call the Hotline**
- **August 9**
- **September 13**
- **October 11**
- **November 8**
- **December 13**

PLEASE COMPLETE WEBINAR EVALUATION!



COMING SOON!

