



**OKLAHOMA  
BREASTFEEDING  
RESOURCE CENTER**

# Becoming Baby-Friendly in Oklahoma

## August 15, 2018 Webinar

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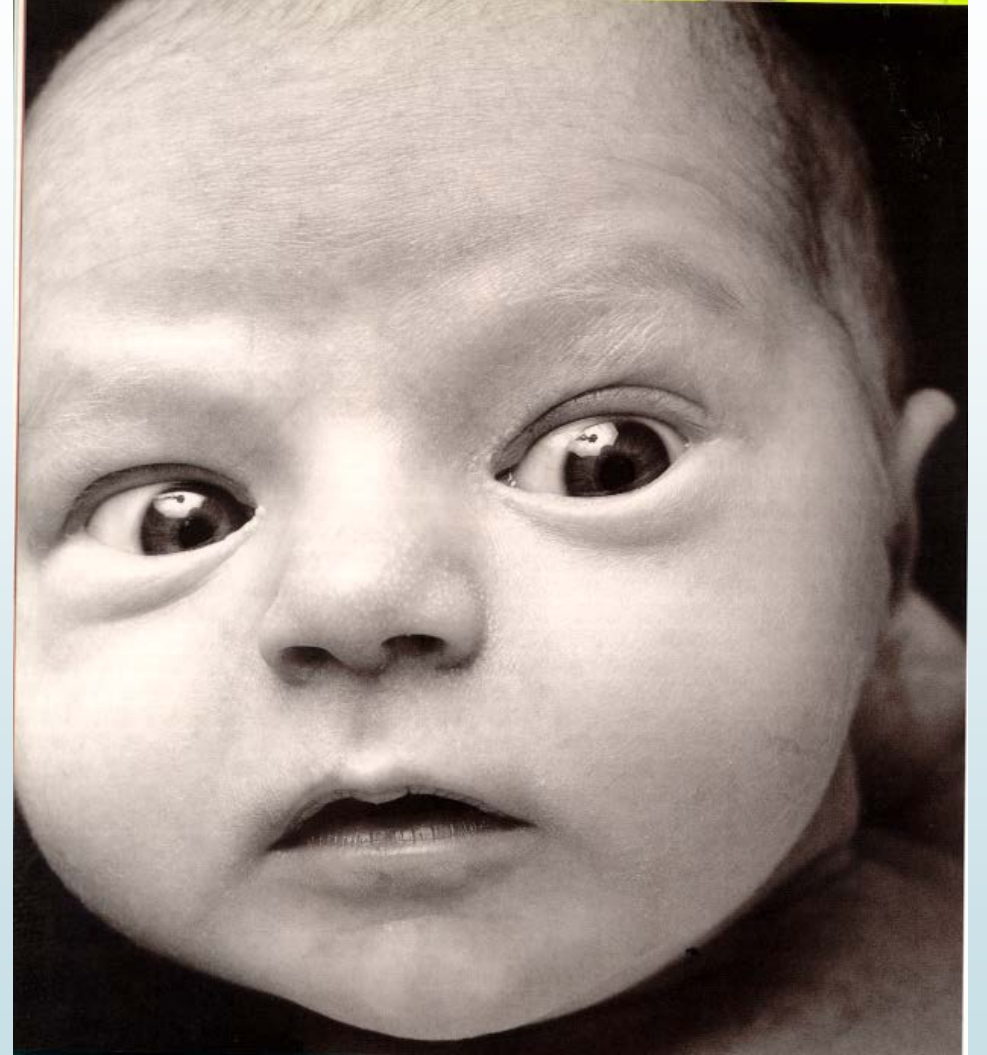
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Becoming Baby-Friendly in Oklahoma Project



## 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.





# Announcements – National Breastfeeding Month

- ***Congratulations to Hillcrest Medical Center- Oklahoma's 8<sup>th</sup> Baby-Friendly Hospital!***
  - 20% of Oklahoma babies are born in a Baby-Friendly Hospital
- August is National Breastfeeding Month with a theme for each week:
  - Week 1: Policy Pulse
  - Week 2: Special Circumstances/Emergency Preparedness
  - Week 3: Call to Action
  - Week 4: Black Breastfeeding Week
- For more information, visit: <http://www.usbreastfeeding.org/nbm>
- Duncan Regional Hospital hosted a WBW event and had 100 families attend!



# Announcements - COBA

- COBA Virtual Town Hall meetings – please call in and give your input – on COBA's Event Calendar
  - Meeting #2: Wednesday, August 15 at 3:00pm
  - Meeting #3: Friday, August 17 at 11:30am
- Town Hall info on COBA's New Events Calendar:  
<https://www.okbreastfeeding.org/>
- Let COBA know about your breastfeeding-related event!
  - Email [info@okbreastfeeding.org](mailto:info@okbreastfeeding.org)

# The Evidence Behind Baby-Friendly Steps 1 & 2 (Policy & Training)



Model

Hospital Infant Feeding Policy

**COBA** Coalition of Oklahoma  
Breastfeeding Advocates





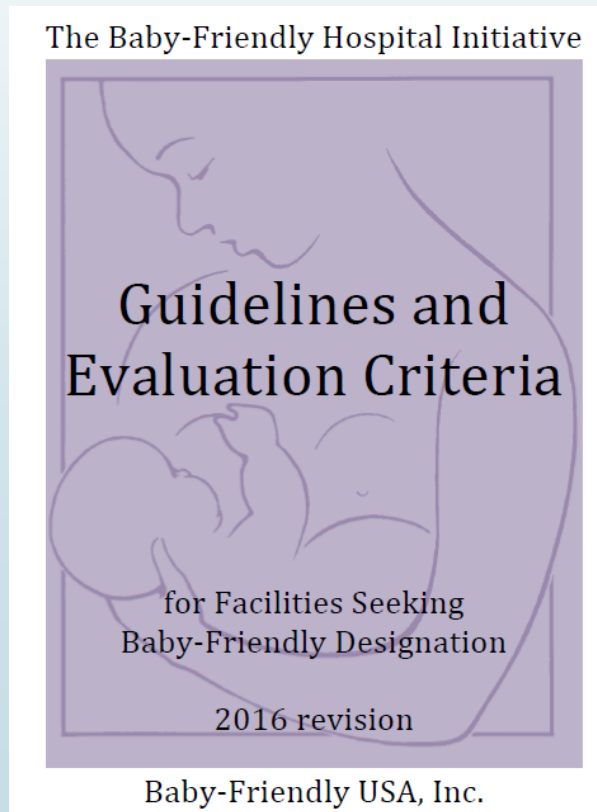


# References

- Baby-Friendly USA. Guidelines and Evaluation Criteria, 2016.
- World Health Organization. Guideline: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services, 2017.
- 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.
- Perez-Escamilla et al. Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. Mat Child Nursing 2016.
- Hawke et al. Improving Hospital Breastfeeding Policies in New York State: Development of the Model Hospital Breastfeeding Policy. Breastfeeding Med 2013.
- Munn et al. The Impact in the United States of the Baby-Friendly Hospital Initiative on Early Infant Health and Breastfeeding Outcomes. Breastfeeding Med 2016.

# BFUSA Guidelines and Evaluation Criteria: Step 1: Policy

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



# Step 1: Policy

**1.1 Guideline:** Breast milk should be the standard for infant feeding. All infants in the facility should be considered to be breastfeeding infants unless, after giving birth and being offered help to breastfeed, the mother has specifically stated that she has no plans to breastfeed. (See Steps 4 and 5.) The facility should have a written policy that addresses the implementation of Steps 2

through 10, as well as the International Code of Marketing of Breast-milk Substitutes (International Code), and communicates the Baby-Friendly philosophy that mothers room with, care for, and feed their own well infants and should be protected from the promotion of breast milk substitutes and other efforts that undermine an informed feeding choice. All areas of the facility that potentially interact with childbearing women and infants will have language in their policies about the promotion, protection, and support of breastfeeding. Policies of all departments will support, and will not countermand, the facility's breastfeeding policy, and will be based on recent and reliable scientific evidence.



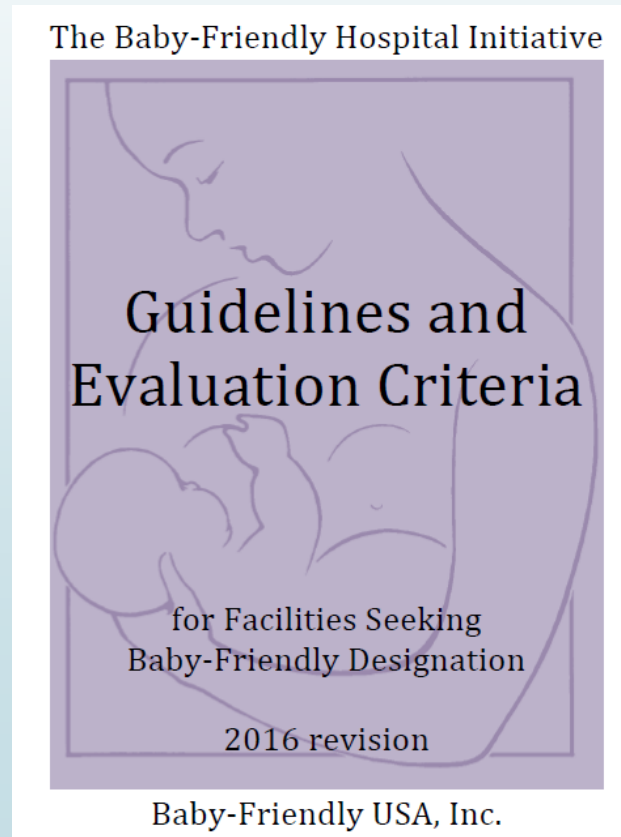
## Step 1: Policy

**Guideline:** The designated health care professional(s) should ensure that maternity care and infant feeding policies are readily available for reference by all staff who care for mothers, infants, and/or young children and are communicated to new employees in their orientation and at other times as determined by the health care facility. The facility should have a mechanism for monitoring the effectiveness of the maternity care and infant feeding policies that is incorporated into routine quality improvement procedures.

**Guideline:** 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 in all areas that serve mothers, infants, and young children. This information should be available in the language(s) most commonly understood by patients, and, if needed and possible, should be available in appropriate formats for illiterate and visually impaired patients.

# BFUSA Guidelines and Evaluation Criteria: Step 2: Staff Training

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





## Step 2: Staff Training

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. (See Appendix A.) Clinical competency verification will be a focus of all staff training. Maternity staff will receive

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. At minimum, all health care providers must have a true understanding of the benefit of exclusive breastfeeding, physiology of lactation, how their specific field of practice impacts lactation, and how to find out about safe medications for use during lactation. If health care

# 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.





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

### Creating an enabling environment

**QUESTION 1:** Should hospitals have a written breastfeeding policy to increase rates of early initiation of breastfeeding?

**Overall quality of evidence = very low**





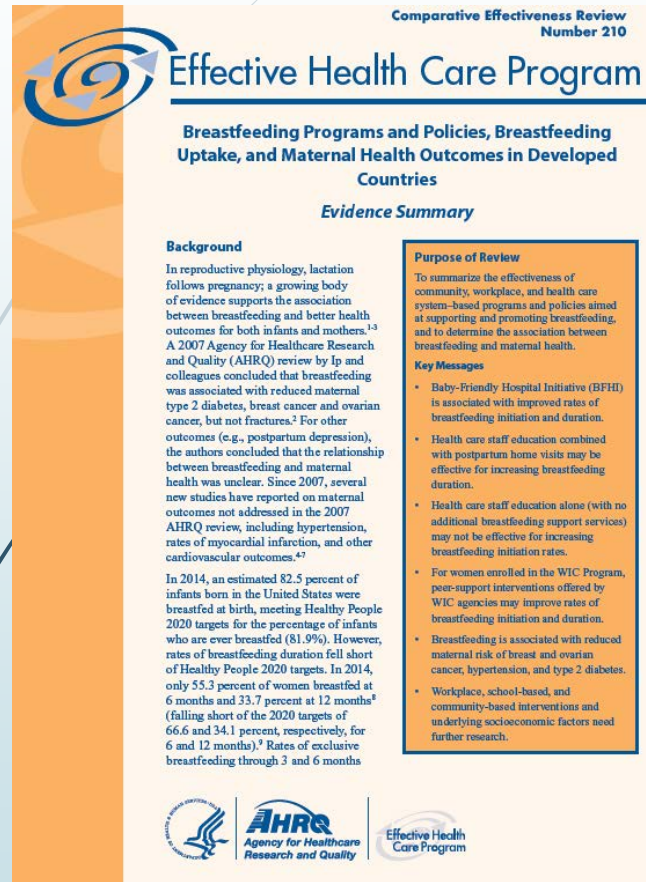
## WHO Guideline (review of evidence to support the Ten Steps)

### Creating an enabling environment

**QUESTION 2:** Should staff be trained on breastfeeding and supportive feeding practices in order to increase rates of early initiation?

**Available evidence = limited and of poor quality**

# 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

- 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 bfdg outcomes.
- Step 6 is likely to be a reflection of adequate implementation of steps 1-9 as each is highly interconnected and statistically correlated with each other.

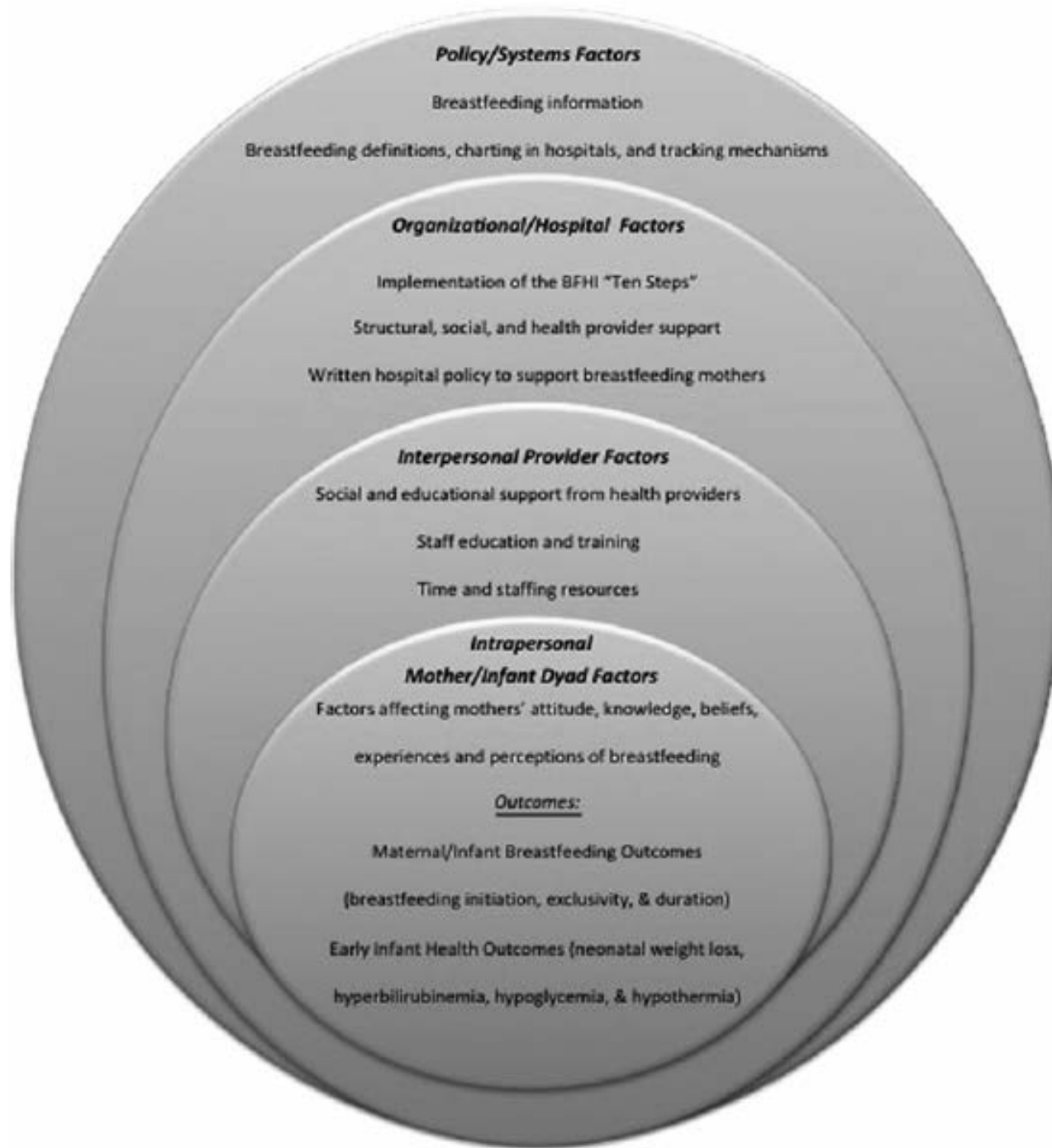




Munn et al

*The Impact in the United States of the Baby-Friendly Hospital Initiative on Early Infant Health and Breastfeeding Outcomes*

Breastfeeding Medicine 2016



**FIG. 1.** Conceptual model of an application of the Social Ecological Model to the Baby-Friendly Hospital Initiative. BFHI, Baby-Friendly Hospital Initiative; SEM, Social Ecological Model; Ten steps, ten steps to successful breastfeeding.



## Munn et al 2016

- The more training healthcare providers received, the more likely to comply with Baby-Friendly practices and commit to Baby-Friendly philosophy
- There is a dose-response relationship with the number of Baby-Friendly practices implemented and improvement in breastfeeding outcomes

**Need to emphasize consistent delivery of practices = POLICY!**




## Munn et al 2016

- Need for prospective studies

*how do you now randomize BF practices??*

- Need for standardized charting of breastfeeding across hospitals
  - Standardize breastfeeding definitions



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DOI: 10.1089/bfm.2012.0030

***Public Health Practice***

# Improving Hospital Breastfeeding Policies in New York State: Development of the Model Hospital Breastfeeding Policy

Bethany A. Hawke, Barbara A. Dennison, and Stephanie Hisgen





## Hawke et al

- New York has state regulations addressing maternity care in NY hospitals, including the Ten Steps
- A systematic assessment of 192 hospital policies found that about half of the components required were included.
- Inclusion of each of the Ten Steps varied from 14% to 98%.
- Developed an evidence-based Model Hospital Policy meeting NY state regulations and legislation and including expert recommendations
- Research is needed to identify best practices to facilitate translation of these policies into systems changes and fully implemented practices.

# Coalition of Oklahoma Breastfeeding Advocates Model Hospital Infant Feeding Policy



Model

Hospital Infant Feeding Policy

COBA Coalition of Oklahoma  
Breastfeeding Advocates

- COBA Model Policy developed in 2009, revised in 2015
- Endorsed by:
  - Oklahoma State Department of Health
  - Oklahoma Academy of Family Physicians
  - Association of Women's Health, Obstetric and Neonatal Nurses – Oklahoma Chapter
- Download from COBA's Website:
  - <https://www.okbreastfeeding.org/hospital-initiatives.html>

# Educational Opportunities

- **2-Day Training: Breastfeeding Basics & Beyond**
  - August 23 & 24, Francis Tuttle, Rockwell Campus
  - October 29 & 30, Tulsa, OK (location is TBA)
- **1-Day Training: Making Breastfeeding Easier**
  - October 18, 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](mailto:obrc@ouhsc.edu)

**OBRC will no longer offer BCEP courses or materials.**



# Upcoming Events

Visit our Facebook  
page: Oklahoma  
Breastfeeding Resource  
Center

- **2018 OPQIC Summit, November 16, 2018**
  - Pre-Summit on Disparities in perinatal health, November 15, 12-4pm
- **2019 BBFOK Summit, February 22, 2019. Keynote speakers:**
  - **Cathy Carothers**, BLA, IBCLC, FILCA  
Former ILCA President and Past Chair of USBC
  - **Joan Younger Meek**, MD, MS, RD, FAAP, FABM, IBCLC  
Chair, American Academy Of Pediatrics Section on Breastfeeding





# Future BBFOK Webinars

- All webinars are 12-1pm on Go To Meeting
- September 12:
  - Evidence Behind Baby-Friendly Steps 3 and 4: Prenatal Education and Early Initiation
- October – BBFOK Newsletter
- November 14:
  - Evidence Behind Baby-Friendly Steps 5 and 6: Teach Mothers How to Breastfeed and Exclusive Breastfeeding