



**OKLAHOMA
BREASTFEEDING
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Becoming Baby-Friendly in Oklahoma

December 12, 2018 Webinar

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Becoming Baby-Friendly in Oklahoma Project



The Evidence Behind Baby-Friendly Steps 5 & 6 (Show Mothers How to Breastfeed, Exclusive Breastfeeding)



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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.

The OBRC Team



Meet Our Team



Becky Mannel, MPH, IBCLC, FILCA



Petra Colindres, MA, RD/LD, IBCLC



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Announcements

- *If you missed the November webinar hosted by NICHQ, please go to:*

Improving Our Approach: Better Conversations About Breastfeeding

- To view a recording of the webinar, click [here](#).
- The webinar slides can be downloaded [here](#). Be sure to check out the resources at the end of the webinar.

- *December is:*

- *World AIDS Day, December 1*
- *National Hand Washing Awareness Week, Dec 2-8*



Announcements – Coalition of Oklahoma Breastfeeding Advocates (COBA)

- GRAND OPENING CELEBRATION OF COBA'S Baby Café
 - Saturday, February 2, 2019
 - Cole Community Events Center, OKC
 - Details to follow
- 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

The Evidence Behind Baby-Friendly Steps 5 & 6 (Show Mothers How to Breastfeed, Exclusive Breastfeeding)

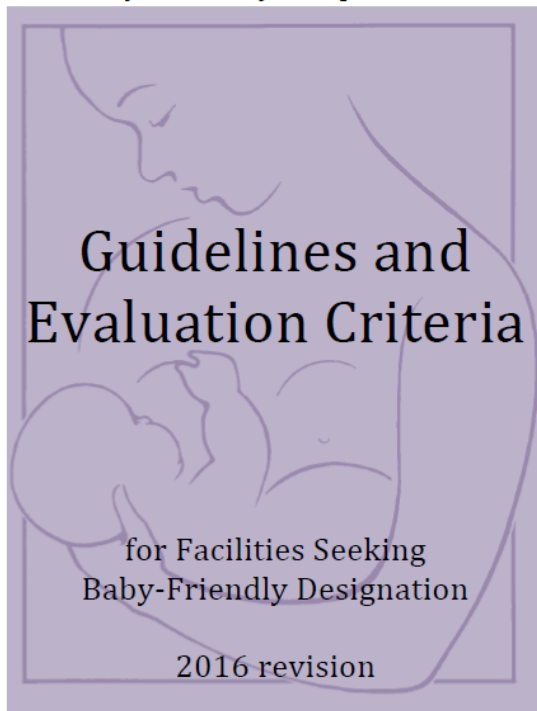


References

- 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.
- McFadden A, Gavine A, Renfrew MJ, Wade A, Buchanan P, Taylor JL et al. Support for healthy breastfeeding mothers with healthy term babies. Cochrane Database Syst Rev. 2017.
- Becker GE, Smith HA, Cooney F. Methods of milk expression for lactating women. Cochrane Database Syst Rev. 2016.
- Smith HA, Becker GE. Early additional food and fluids for healthy breastfed full-term infants. Cochrane Database Syst Rev. 2016.
- 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.
- Khan et al. Timing of Breastfeeding Initiation and Exclusivity of Breastfeeding During the First Month of Life: Effects on Neonatal Mortality and Morbidity—A Systematic Review and Meta-analysis. Mat Child Health 2015.
- Procaccini et al. Baby-Friendly Practices Minimize Newborn Infants Weight Loss. Breastfeeding Med 2018.
- Baby-Friendly USA. Overcoming Barriers to Implementing The Ten Steps to Successful Breastfeeding. 2004.

BFUSA Guidelines and Evaluation Criteria: KEY TENETS

The Baby-Friendly Hospital Initiative

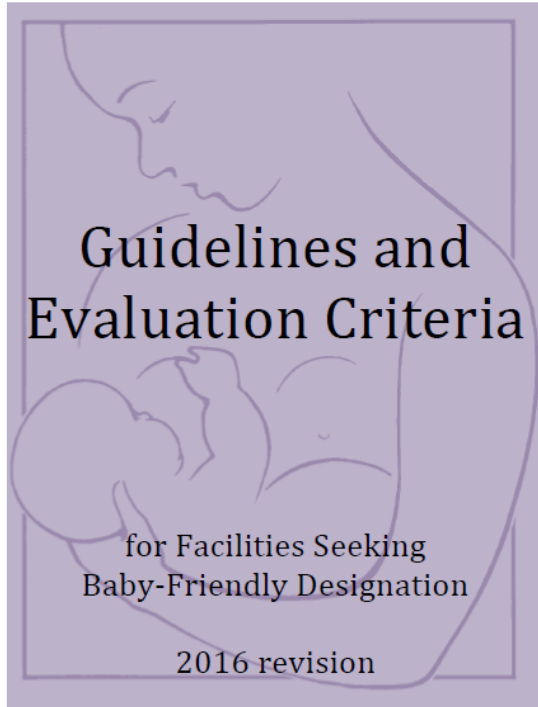


Baby-Friendly USA, Inc.

- ***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 5: Show Mothers How to Breastfeed

Step 5: Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.



Step 5: Show Mothers How to Breastfeed

- 5.1: **Help with position and attachment within 3 hours after birth.** Educate on basic breastfeeding practices prior to discharge (sustaining EBF x 6 months, is baby getting enough, sustaining lactation when separated).
- 5.2: High risk/special needs or **separation of mother and infant – begin milk expression within 6 hours after birth**, give EBM to infant, use EBM before any supplementation with breast milk substitutes
- 5.3: **Mothers who feed formula should receive written and verbal instruction** on safe preparation, handling, storage and feeding of infant formula.



WHO Guideline

(review of evidence to support the Ten Steps)

Immediate support to initiate and establish breastfeeding

QUESTION 1: Should mothers giving birth be assisted with correct positioning and attachment, so that their infants achieve proper effective suckling, compared to not assisting mothers to position and attach, in order to increase rates of exclusive breastfeeding during the stay at the facility?

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

McFadden et al. Cochrane Review 2017

Support for healthy breastfeeding mothers with healthy term babies.

- Systematic Review: 100 studies with 83,246 mother/infant pairs
 - Standard care vs practical, emotional, educational or social bfgd support
- CONCLUSION:
 - When breastfeeding support is offered to women, the duration and exclusivity of breastfeeding is increased.





McFadden et al. Cochrane Review 2017

Support for healthy breastfeeding mothers with healthy term babies.

- Characteristics of effective support include:
 - that it is offered as standard by trained personnel during antenatal or postnatal care
 - that it includes ongoing scheduled visits so that women can predict when support will be available
 - that it is tailored to the setting and the needs of the population group
 - Support may be offered either by professional or lay/peer supporters, or a combination of both



WHO Guideline

(review of evidence to support the Ten Steps)

Immediate support to initiate and establish breastfeeding

QUESTION 2: Should mothers giving birth be shown how to practise expression of breast milk, compared to not being shown expression of breast milk, in order to increase rates of exclusive breastfeeding during the stay at the facility?

Overall quality of evidence = recommended,
low quality evidence



Becker et al. Cochrane Review 2016

Methods of milk expression for lactating women

- Systematic review: 41 studies with 2293 participants
 - 26 trials with NICU infants
 - 14 trials with healthy infants at home
 - 1 trial combined both



Becker et al. Cochrane Review 2016

Methods of milk expression for lactating women

► CONCLUSIONS:

- The most suitable method for milk expression may depend on the time since birth, purpose of expression and the individual mother and infant.
- Low-cost interventions including initiation of milk expression sooner after birth when not feeding at the breast, relaxation, massage, warming the breasts, hand expression and lower cost pumps may be as effective, or more effective, than large electric pumps for some outcomes

Becker et al. Cochrane Review 2016

Methods of milk expression for lactating women

► CONCLUSIONS:

- Independently funded research is needed for more trials on hand expression, relaxation and other techniques that do not have a commercial potential.

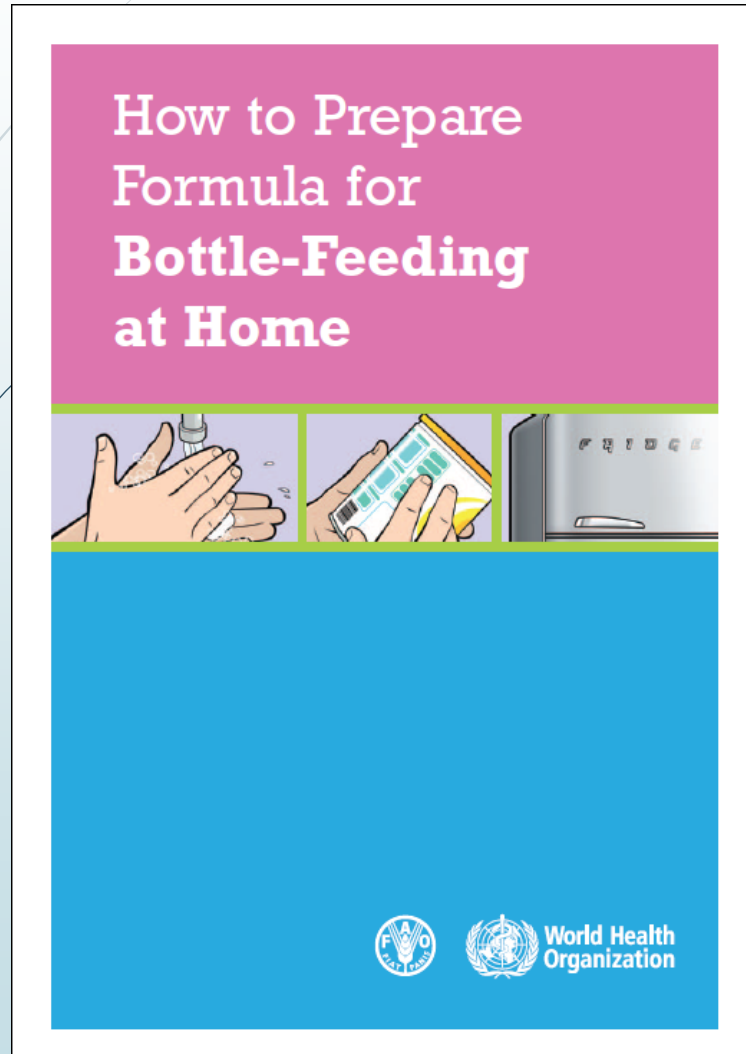




Pumping Milk Without Ever Feeding at the Breast in the Moms2Moms Study. BFMED 2017

- ▶ Pumping without feeding at the breast is associated with **shorter milk feeding duration** and earlier introduction of formula
- ▶ **Establishing feeding at the breast**, rather than exclusive pumping, may be important for achieving human milk feeding goals
- ▶ Women who pumped only, never fed at breast, were more likely to:
 - ▶ Have delivered preterm
 - ▶ Lower socio-economic status

Step 5.3: Formula feeding instruction



Not addressed in
WHO review of
evidence

BFUSA Guidelines and Evaluation Criteria:

Step 6: Exclusive Breastfeeding

Step 6: Give infants no food or drink other than breast milk, unless medically indicated.

TRANSLATION:

Exclusive breast milk feeding shall be the feeding method expected from birth to discharge.



BFUSA Guidelines and Evaluation

Criteria: Step 6: Exclusive Breastfeeding

- Strive to reach Healthy People 2020 goal for EBF: 85.8%
- The rate of supplementation for non-medical reasons should be analyzed
- A year- by-year reduction is expected in Baby-Friendly designated facilities



BFUSA Guidelines and Evaluation

Criteria: Step 6: Exclusive Breastfeeding

6.1: If no plans to breastfeed or mother requests formula for her breastfeeding infant:

- Staff should:
 - explore reasons for her request
 - address concerns raised
 - educate her about possible consequences to the health of her infant and breastfeeding success.
- If the mother still requests:
 - her request should be granted
 - her informed decision should be documented.



BFUSA Guidelines and Evaluation

Criteria: Step 6: Exclusive Breastfeeding

- 6.1: Any other decisions to give breastfeeding infants food or drink other than breast milk should be for acceptable medical reasons
- and require a written order documenting when and why the supplement is indicated.



WHO Guideline

(review of evidence to support the Ten Steps)

**Feeding practices and additional
needs of infants**



WHO Guideline

(review of evidence to support the Ten Steps)

QUESTION 1: Should newborn infants be given no foods or fluids other than breast milk unless medically indicated, compared to giving early additional food or fluids, in order to increase rates of exclusive breastfeeding during the stay at the facility?

**Available evidence = recommended,
moderate quality evidence**

Smith and Becker. Cochrane Review 2016

Early additional food and fluids for healthy breastfed full-term infants

- Systematic Review of 11 studies, 2542 randomised mother/infant pairs
- Most studies had some bias, including selection bias
- Difficult to pool results from the trials
- Rates of breastfeeding were lower in the supplemented group at 4,8,16 and 20 weeks
- **No evidence found to disagree with current recommendation of EBF for 6 months**

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.

Breastfeeding Outcome Intervention Versus Comparator	N Studies; N Subjects Study Limitations	Outcome and Results	Strength of Evidence
Initiation BFHI certified/accredited vs. no BFHI status	9 cohorts; ^{39, 40, 42, 43, 46-50} 1,227,532 Medium	Any BF initiation (k=6): higher rates of BF at discharge among BFHI-accredited hospitals than control hospitals (by 0.5% to 10%); differences between groups were not statistically significant in 4 studies Exclusive BF initiation (k=5): significantly higher rates of exclusive BF at discharge among BFHI-accredited hospitals than control hospitals; magnitude varied, ranging from 3 to 56%	Low for benefit (consistent, imprecise)
Duration BFHI vs. no BFHI intervention (evidence from RCTs)	1 RCT; ^{37, 38} 17,046	One RCT found significantly higher rates of exclusive BF among women at BFHI hospitals at 3 mos (43% vs. 6%; p<0.001) and 6 mos postpartum (7.9% vs. 0.6%; p=0.01), and lower odds of weaning (from any BF) at 3, 6, 9, and 12 mos postpartum than women in control hospitals	Moderate for benefit (consistent, imprecise)
Duration BFHI certified/accredited vs. no BFHI status (evidence from observational studies)	8 cohorts; ^{39-41, 43, 46, 47, 49, 50} 136,983 Medium	Any BF duration (k=8 cohort studies): higher rates of BF 1 to 12 mos postpartum among women at BFHI hospitals (by approximately 0.6% to 15%) than women at control hospitals; one study found slightly higher BF rates at 1 mo among women in control hospitals than BFHI hospitals (by 0.4% to 7%) Exclusive BF duration (k=5 cohort studies): higher rates of exclusive BF over 1 to 2 mos among infants born in BFHI hospitals than control hospitals (by approximately 4% to 25%)	



Timing of Breastfeeding Initiation and Exclusivity of Breastfeeding During the First Month of Life: Effects on Neonatal Mortality and Morbidity—A Systematic Review and Meta-analysis, 2015

- Studies in developed and developing countries
- Quality of evidence = MODERATE due to well-conducted observational studies
- Initiating breastfeeding after the first hour doubled the risk of neonatal mortality
- Partial breastfeeding in first month of life:
 - increased mortality risk r/t infections and all causes
 - Increased risk of sepsis, respiratory and GI infections



Baby-Friendly Practices Minimize Newborn Infants Weight Loss, 2018

- Retrospective case-control study
- 1,000 term newborns before BF designation matched with 1,000 born after BF designation
- Birth weight, newborn wt days 0-2, birth and feeding type, demographics
- Mean weight loss decreased in all feeding types
- Significant decrease in weight loss for EBF babies
- EBF increased in all ethnic groups

Overcoming Barriers to Step 5

- Common barriers:
 - Inconsistent advice and teaching among staff
 - Limited staff competence in assessing and educating mothers
 - Limited staff time



Overcoming Barriers to Step 5

- Strategies to Overcome Barriers:
 - Establish a working group to standardize methods of breastfeeding assessment and teaching
 - Create a team of staff members who are competent and comfortable with breastfeeding assessment
 - Assign less confident staff to shadow members of the “expert team,” eventually swap roles so that learners are observed by “experts”
 - Train peer counselors (other women who have been successful with breastfeeding) to make rounds



Overcoming Barriers to Step 5

What has worked for your hospital??



Overcoming Barriers to Step 6

- Common Barriers:
 - Routine, non-indicated supplementation of breastfed infants
 - Misconception regarding contraindications to breastfeeding
 - Concern that parents will choose another facility if they don't receive a discharge gift



Overcoming Barriers to Step 6

- Strategies to Overcome Barriers:
 - Establish a medical review team to examine recent policy statements on supplementation of breastfed babies
 - Educate staff regarding the limited number of medical contraindications to breastfeeding; as well as the importance of unrestricted mother/baby contact and feeding in building an abundant milk supply
 - Work with marketing to develop the facility's own discharge gift pack for mothers
 - Determine the actual amount of formula needed (versus what is stocked). Lock up the formula supplies and require staff to sign it out, indicating their name, the patient's name, and medical indication for use.

Overcoming Barriers to Step 6

What has worked for your hospital??



Educational Opportunities

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

- March 4-5, OKC (location is TBD)
- June 24-25, Tulsa (location TBD)

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

- January 31, April 25, 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

**OBRC no longer offers
BCEP courses or
materials.**

Save the Date: BBFOK Summit: Feb 22, 2019



Joan Meek, MD, IBCLC

- Chair, AAP Section on Breastfeeding

1. *Why Do We Still Need to Make the Case for Breastfeeding?*
2. *The Breastfeeding Friendly Practice*



► Cathy Carothers, BLA, IBCLC

- Former ILCA President and Past Chair of USBC
- Developer of National WIC Breastfeeding Curriculum

1. *Talk it Up: Building Connections with Clients and Colleagues*
2. *Mother Knows Breast: Helping Moms Build Confidence in their Milk Production*



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Visit our Facebook page: Oklahoma Breastfeeding Resource Center



Future BBFOK Webinars

- All webinars are 12-1pm on Go To Meeting (usually 2nd Wednesdays)
- **January 9:** Tour of OBRC's new website!
- **February 22:** BBFOK Summit! (no webinar this month)
- **March 13:** Evidence Behind Baby-Friendly Steps 7 and 8: Rooming-In and Feeding on Cue





Strong and Healthy Families Expo

Friday, January 18, 2019 10am – 2pm

- The Children's Hospital Atrium, OU Medical Center
- Celebrating 10 years of the Oklahoma Breastfeeding Hotline!

*Helping families make healthy choices
a part of their every day lives*