



OKLAHOMA BREASTFEEDING RESOURCE CENTER

Becoming Baby-Friendly in Oklahoma

March 13, 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

Announcements

- To see *past BBFOK webinars*, go to: [BBFOK Webinars](#)
- *March is National Nutrition Month!*
 - *OSDH has a National Nutrition Month page:*
https://www.ok.gov/health/Health_Promotion/National_Nutrition_Month_Resources.html





Announcements – Coalition of Oklahoma Breastfeeding Advocates (COBA)

- **COBA Spring General Meeting: May 23, 11:00 – 1:00**
 - OKC and Tulsa locations for virtual meeting
 - Education and networking
- 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 7 & 8 (Rooming-In and Breastfeeding on Demand)



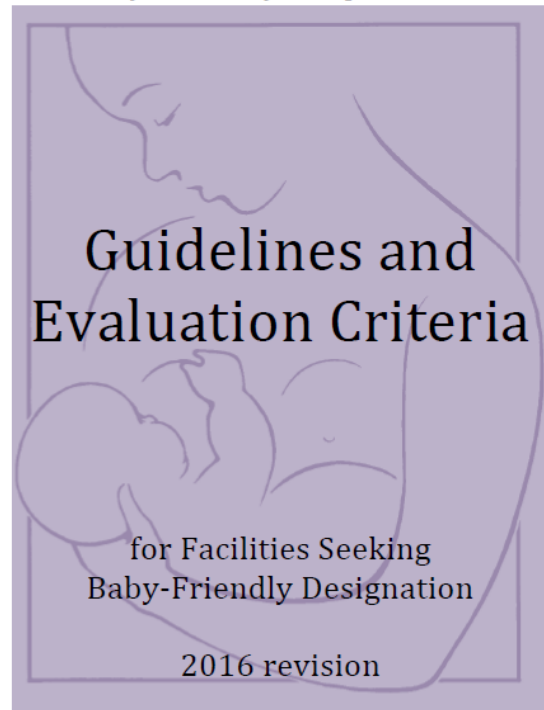
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References

- Baby-Friendly USA. Guidelines and Evaluation Criteria, 2016.
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- Jafar SH, et al. Rooming-in for new mother and infant versus separate care for increasing exclusive breastfeeding rates. Cochrane Database System Review. 2016.
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- De Bernardo et al. Rooming-in Reduces Salivary Cortisol Level of Newborn. Mediators Inflamm. 2018 Mar 8;2018:2845352.
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- Lipke et al. Newborn Safety Bundle to Prevent Falls and Promote Safe Sleep. Am J Matern Child Nurs. 2018 Jan/Feb;43(1):32-37
- 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

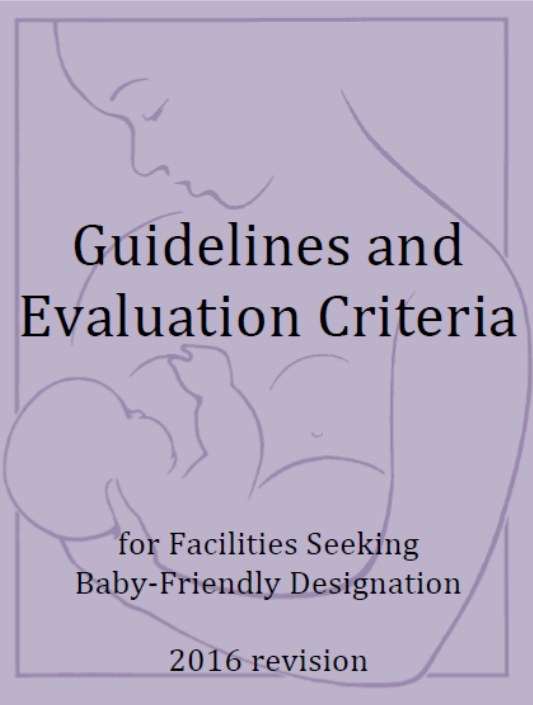


Baby-Friendly USA, Inc.

- ***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.

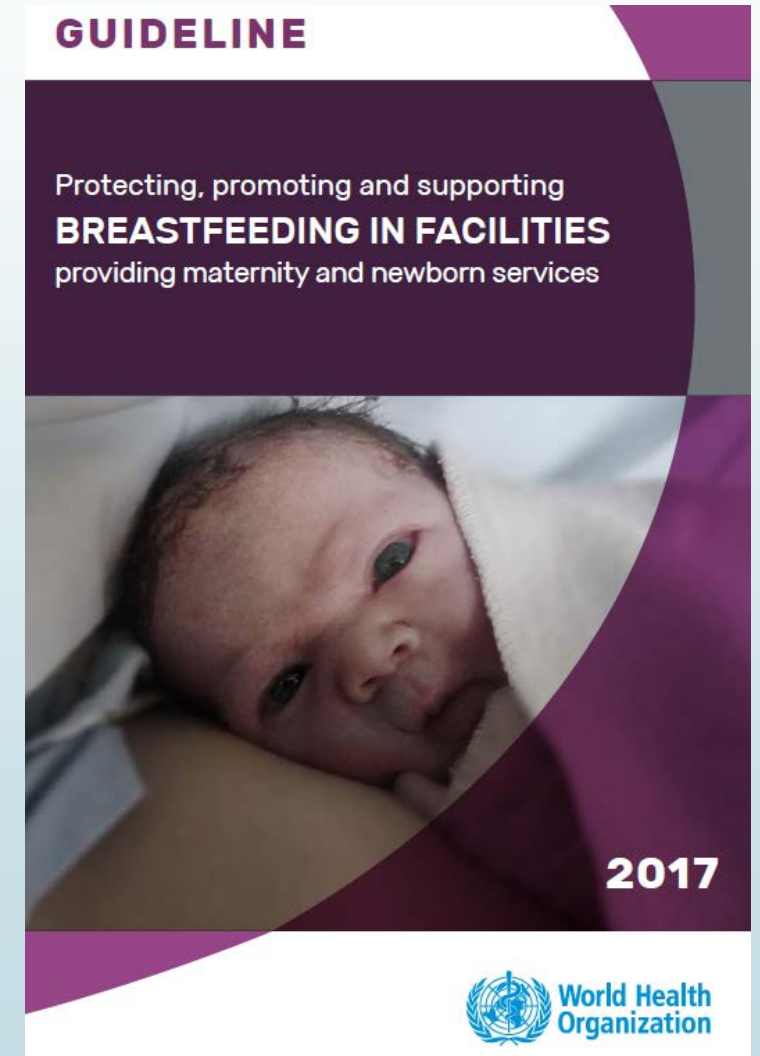
- *The health care delivery **environment should be neither restrictive nor punitive** and should facilitate informed health care decisions on the part of the mother and her family.*
- *The health care delivery environment should be **sensitive to cultural and social diversity**.*
- *The mother and her 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 7: Practice Rooming-In

Step 7: Practice rooming in - allow mothers and infants to remain together 24 hours a day.





Step 7: Practice Rooming-In

7.1 Guideline: The facility should provide **rooming-in 24 hours a day** as the standard for mother-baby care for healthy term infants, regardless of feeding choice.

When a mother requests that her infant be cared for in the nursery, the health care staff should **explore the reasons for the request** and should encourage and educate the mother about the advantages of having her infant stay with her in the same room 24 hours a day.

If the mother still requests that the infant be cared for in the nursery, **the process and informed decision should be documented.**



Step 7: Practice Rooming-In

7.1 Guideline:

In addition, the medical and nursing staff should **conduct newborn procedures at the mother's bedside whenever possible** and should avoid frequent separations and absences of the newborn from the mother for more than one hour in a 24-hour period.

If the infant is kept in the nursery for documented medical reasons, the mother should be provided **access to feed her infant at any time.**



WHO Guideline

(review of evidence to support the Ten Steps)

Immediate support to initiate and establish breastfeeding

QUESTION 1: Should mothers giving birth in hospitals or facilities providing maternity and newborn services and their infants remain together or practice rooming-in, compared to not rooming-in, in order to increase rates of exclusive breastfeeding during the stay at the facility?

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



Jafar et al. Cochrane Review 2016

Rooming-in for new mother and infant versus separate care

- Systematic review found only one randomized trial of 176 mother-infant pairs
 - Significant increase in exclusive breastfeeding on pp day 4: 86% vs 45%
 - Frequency of feeds in rooming-in group was 8.3. Not appropriate to compare to other group because all feeds were scheduled (7)
 - Duration of exclusive breastfeeding not reported
- Little evidence to support or refute rooming-in. Further well-designed RCTs needed

BFUSA Guidelines and Evaluation Criteria:

Step 8: Breastfeeding on Demand

Step 8: Encourage breastfeeding on demand.

EARLY CUES - "I'm hungry"



- Stirring



- Mouth opening



- Turning head
- Seeking/rooting

TRANSLATION:

Encourage feeding on cue. (regardless of feeding method)



BFUSA Guidelines and Evaluation Criteria: Step 8: Feeding on Cue

8.1 Guideline: Health care professionals should help all mothers, regardless of feeding choice:

- 1) understand that no restrictions should be placed on the frequency or length of feeding,
- 2) understand that newborns usually feed a minimum of 8 times in 24 hours,



BFUSA Guidelines and Evaluation Criteria: Step 8: Feeding on Cue

8.1 Guideline: Health care professionals should help all mothers, regardless of feeding choice:

- 3) recognize cues that infants use to signal readiness to begin and end feeds,
- 4) understand that physical contact and nourishment are both important.



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

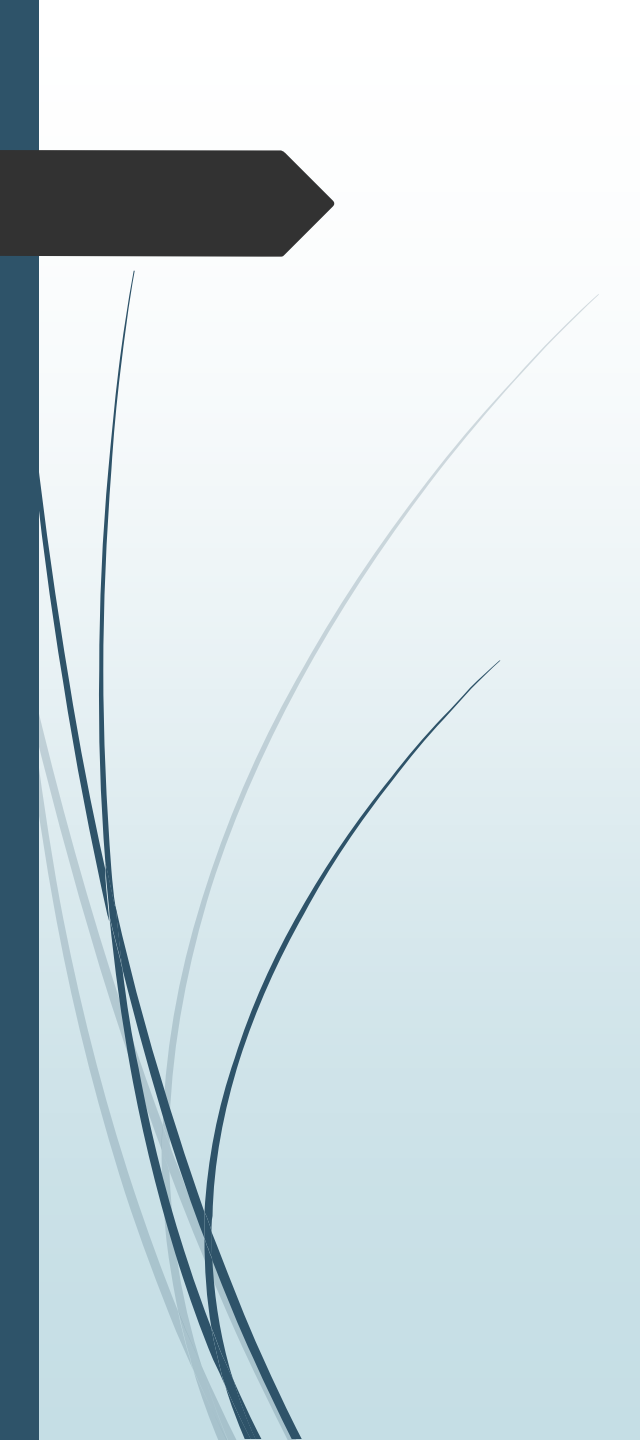
Immediate support to initiate and establish breastfeeding

QUESTION 1: Should mothers giving birth practice feeding on demand or infant-led breastfeeding, compared to not practicing feeding on demand or feeding by schedule, in order to increase rates of exclusive breastfeeding during the stay at the facility?


**Available evidence = recommended,
Very low quality evidence**



No randomized controlled trials
evaluating feeding on cue



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



Addressing Racial Inequities in Breastfeeding in the Southern United States

Anne Merewood, PhD, MPH,^a Kimarie Bugg, DNP, MPH, IBCLC, CLC,^b Laura Burnham, MPH,^a Kirsten Krane, MS-MPH, RDN, CI
Nathan Nickel, PhD, MPH,^d Sarah Broom, MD,^{e,f} Roger Edwards, ScD,^g Lori Feldman-Winter, MD, MPH, FAAP, FABM^h

BACKGROUND: Race is a predictor of breastfeeding rates in the United States, and rates are lowest among African American infants. Few studies have assessed changes in breastfeeding rates by race after implementing the Ten Steps to Successful Breastfeeding (hereafter referred to as the Ten Steps), and none have assessed the association between implementation and changes in racial disparities in breastfeeding rates. Our goal was to determine if a hospital- and

abstract



Addressing Racial Inequities in Breastfeeding

- Communities and Hospitals Advancing Maternity Practices (CHAMPS)
- 33 hospitals in 4 states enrolled – Louisiana, Mississippi, Tennessee and Texas
- Rolling enrollment from 2014 to 2016
- 91% of hospitals pursued Baby-Friendly designation
- CHAMPS teams partnered with state health departments, WIC, Blue Cross/Blue Shield of Mississippi and Ochsner Health System



Addressing Racial Inequities in Breastfeeding

- Limited data collection to minimize burden
- Data reported monthly:
 - Breastfeeding initiation
 - Exclusive breastfeeding at discharge
 - Skin to skin care
 - Rooming in
 - Race and/or ethnicity from medical record or birth certificate

Addressing Racial Inequities in Breastfeeding


- Total number of births: 39,272
- Mean number of births: 1267 (210-3953)
- By 2018, hospitals designated Baby-Friendly: 14

STATE	TOTAL BIRTHS	TOTAL HOSPITALS	HOSPITAL BIRTHS
Louisiana	11,060	7	1580 (230-3367)
Mississippi	16,127	17	949 (210-2316)
Tennessee	4,630	2	2315 (677-3953)
Texas	7,455	5	1491 (800- 3119)

Addressing Racial Inequities in Breastfeeding

All of these results were statistically significant!

- Rooming in increased from 11% to 75% among AA couplets
- AA infants that roomed-in 1.5 times more likely to EBF at discharge
- Initiation among AA women increased from 46% to 63%
- EBF among AA women increased from 19% to 31%
- Disparity in breastfeeding between AA and white infants decreased by 9.6%



Prevalence and determinants of exclusive breastfeeding during hospital stay in the area of Athens, Greece, 2005.

- Cross-sectional study of 1603 healthy women with healthy infants
- Rooming-in associated with EBF at discharge: OR = 3.72, $p < 0.01$
- Demand feeding associated with EBF at discharge: OR = 2.18, $p < 0.01$



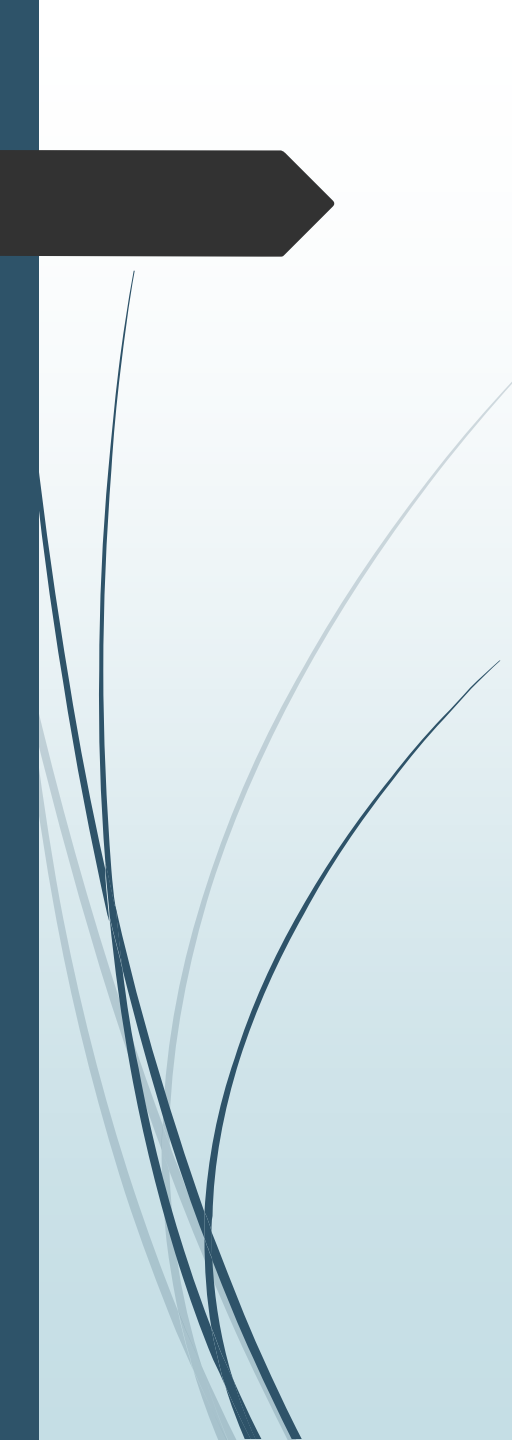
Breastfeeding Determinants in Healthy Term Newborns, 2018

- Prospective, observational single-center study with 640 dyads
- Only health term newborns
- Factors positively affecting breastfeeding:
 - **Rooming-in**
 - **Breastfeeding on demand**
 - No pacifier use
 - Maternal education level
 - Prenatal education
 - Previous successful breastfeeding experience



Rooming-in Reduces Salivary Cortisol Level of Newborns, 2018

- 40 newborns roomed-in full (24 hours) or partial (14 hours)
- Divided by mother's choice
- Saliva samples collected on DOL 3 between 7 and 8 am
- Significant difference in salivary cortisol level (SCL)
 - Study group: 258 ng/dl vs Control group: 488 ng/dl
- Rooming-in reduces SCL and likely newborn stress
- May have long-term positive effects reducing the risk of metabolic syndrome, high blood pressure, and cognitive and behavioural changes.



Newborn Safety Bundle to Prevent Falls and Promote Safe Sleep, 2018

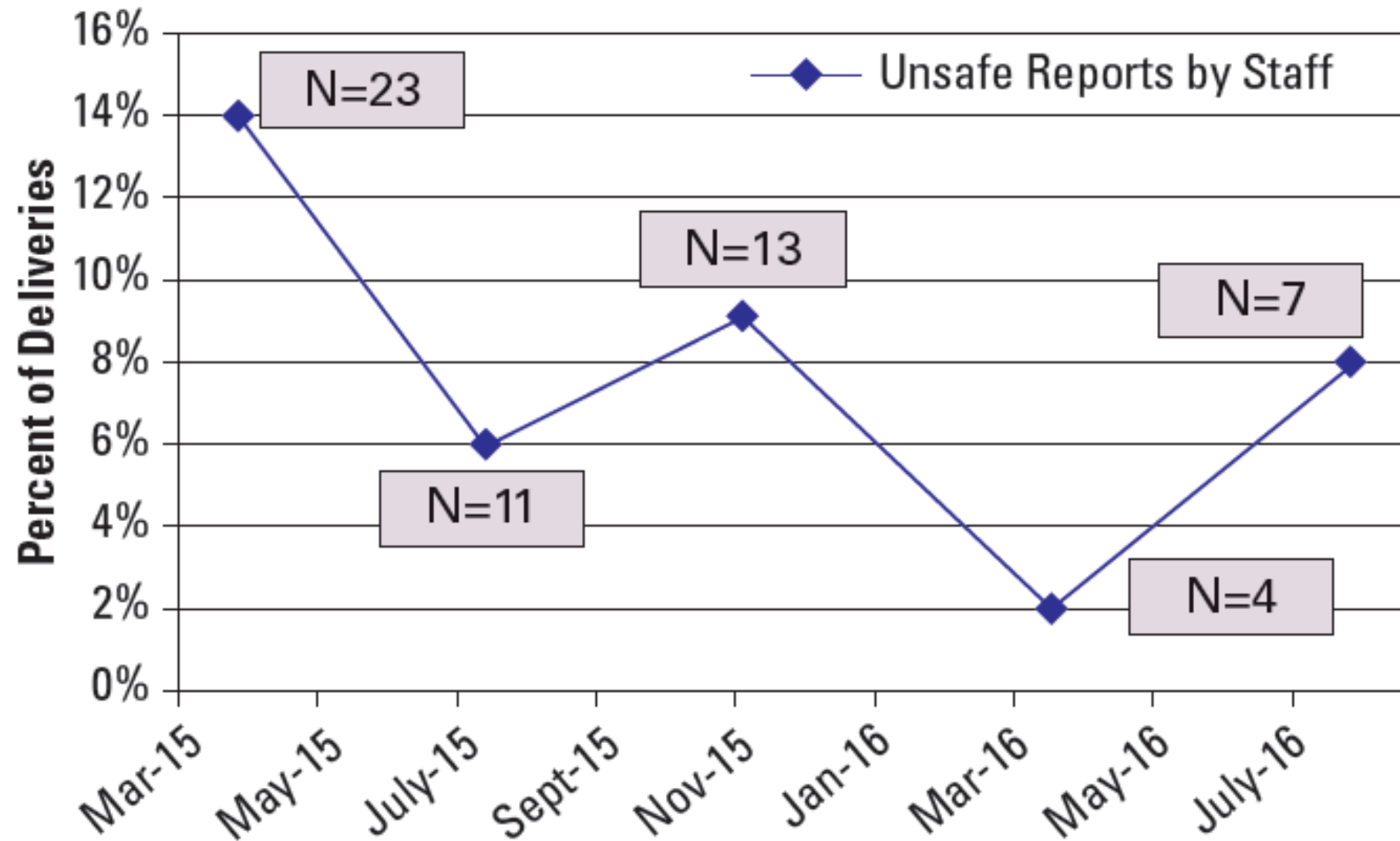
- Baby-Friendly hospital with 2,000 births per year
- Bundle included:
 - Maternal risk factors
 - Parental safety agreement
 - Safety interventions
 - Reporting and debriefing
- Prior to bundle implementation, 14% of babies in risk-to-fall situation with 3 falls in 2 years
- After bundle implementation, decrease in risk-to-fall situations and 0 infant falls in 2 years

Figure 1. Infant at Risk-to-Fall Instrument


Infant at Risk-to-Fall Form		
Date: _____ Time: _____ MR Number: _____		
Location of Infant: _____		
In arms of sleeping adult:		
<input type="checkbox"/> Mother		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Mother's bed		
<input type="checkbox"/> Chair or cot		
<input type="checkbox"/> Unsupervised on bed or chair		
<input type="checkbox"/> Crowded room/pathway: _____		
<input type="checkbox"/> Other: _____		
Mother's bed:		
Locked:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Position:	<input type="checkbox"/> Low	<input type="checkbox"/> Other _____
Side-rails:	<input type="checkbox"/> Up	<input type="checkbox"/> Down
Was anyone else in the room with the mother? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Other comments to describe unsafe situation for infant (use other side if more space is needed): _____		

Figure 3. Quarterly Data Collection Reporting of Unsafe Situations for Infants



Suggested Clinical Nursing Implications

- 
- Implementation of a newborn safety bundle to promote safe sleep and minimize risk of falls in the acute care setting may decrease risk of adverse accidental outcomes.
 - Nurses conduct more frequent parent–newborn bedside rounds (every 1–2 hours at minimum), and patient’s room doors are not latched shut, so the nurse can quietly check on parent and baby even while asleep.
 - Instructions are given to mothers to call the nurse for physical presence during infant feedings at any time of day or night.
 - Use of role-playing and face-to-face counseling by mother–baby nurses can create a caring and learning environment for parents so safety practices learned while in the hospital continue at home after discharge from the hospital.

Overcoming Barriers to Step 7

► Common barriers:

- Perception of staff and/or mothers that sleep quality is improved when mothers and babies are separated
- Perception that routine separation is necessary for bathing, examinations, observation and other medical procedures



Overcoming Barriers to Step 7

- Strategies to Overcome Barriers:
 - Review evidence regarding the sleep and mother/baby contact
 - Examine the routine procedures that “require” infant to be taken to the nursery. Determine which procedures could be done in mother’s room, offering opportunities for more education during assessment.
 - Many facilities have purchased portable scales, bath equipment, etc. in order to be conduct these procedures at the mother’s bedside.
 - Offer staff the opportunity to role play how to respond when mothers request that their baby be taken from their room

Overcoming Barriers to Step 7

*What has
worked for
your
hospital??*

SKIN TO SKIN

- Skint-to-skin means your baby is placed belly-down on your bare chest right after birth.
- The nurse or care provider dries your baby off, puts a hat on your baby, and covers you both with a blanket.
- Skint-to-skin in the first hour makes breastfeeding easier for both baby and mom. Newborns love skin-to-skin contact, and it helps moms and babies relax after labor.
- Compared with babies who are swaddled or placed in a crib, skint-to-skin babies stay warmer and calmer, have better blood sugar, and cry less. They also breastfeed better and nurse longer.
- Skint-to-skin time is great for dads, too! If mom is too tired, have dad or another family member do skin-to-skin.



ROOMING-IN

- Rooming-in means keeping moms and babies together for the entire hospital stay.
- Moms and dads learn early feeding cues when their baby stays with them.
- Babies are safer when they stay in the room with their moms. Your baby should not be taken from your room except for major procedures.

FEEDING YOUR BABY

- Feed your baby in the first hour of life and feed often.
- Only give your baby breastmilk for the first six months. You will make less milk if you give formula.
- Feed based on cues from your baby, not on the time. Babies feed better if they are fed on cue. Your baby will eat when hungry and stop when full.
- Pacifiers and bottles can lead to trouble nursing, missed feedings, and less milk supply.



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www.ouhsc.edu/breastfeeding

Supported by Oklahoma State Department of Health (OSDH) and the OU Health Sciences Center OB/GYN Department
Get 24 hour help, call the Oklahoma Breastfeeding Hotline 877-271-MILK (6455)



Overcoming Barriers to Step 8

■ Common Barriers:

- Expectations on the part of mothers and staff that feeding should occur on a regular, predictable schedule
- Lack of knowledge of common feeding cues
- Lack of adequate mother/baby contact



Overcoming Barriers to Step 8

- Strategies to Overcome Barriers:
 - Educate mothers both prenatal and postpartum regarding typical infant feeding cues
 - Educate staff about typical infant feeding cues
 - Offer role play opportunities for staff to respond to parent's questions such as "How often should I feed my baby?"
 - Encourage unrestricted skin-to-skin contact to optimize baby's learning opportunities

Overcoming Barriers to Step 8

What has worked for your hospital??



Ten Ways We Support Mothers and Babies to Breastfeed

1. Our staff are guided by a current breastfeeding policy
2. Our staff are provided with up-to-date information and education to help you breastfeed
3. We provide opportunities during your pregnancy for you to learn about breastfeeding
4. We encourage you to hold your baby in skin-to-skin contact and help you to recognize when your baby is ready to feed (baby feeding cues)
5. We will help you to breastfeed and show you how to express your breast milk, even if you are separated from your baby
6. Your baby will only be given your breast milk, unless there is a medical reason
7. We encourage you and your baby to be together at all times
8. We encourage you to breastfeed in response to your baby's feeding cues
9. We discourage the use of pacifiers and bottles as they can make it harder to get started with breastfeeding and to make enough milk
10. We will help you find local breastfeeding supports

Babies who are sick or premature may require additional support to establish breastfeeding.

Adapted from the Unicef/WHO "Ten Steps to Successful Breastfeeding" - Baby Friendly Health Initiative (BFHI)

Oklahoma Breastfeeding Hotline 877-271-MILK

Call 7 days a week, 24 hours a day



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



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877-271-MILK

ABOUT

BABY-FRIENDLY HOSPITALS

RESOURCES

EVENTS/TRAINING

FAMILIES

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BREASTFEEDING HOTLINE



Educational Opportunities



➤ 2-Day Training: Breastfeeding Basics & Beyond

- June 24-25, Tulsa (location TBD)

➤ 1-Day Training: Making Breastfeeding Easier

- 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

BBFOK Summit: Feb 22, 2019



- If you attended, remember to complete the online evaluation to receive your certificate of attendance



OKLAHOMA BREASTFEEDING HOTLINE

877-271-MILK

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Future BBFOK Webinars

- All webinars are 12-1pm on Go To Meeting (usually 2nd Wednesdays)
- **April:** OBRC Spring Newsletter
- **May 8:** Tour OBRC's new online training system
- **June 12:** Evidence Behind Baby-Friendly Steps 9 & 10



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