

Becoming Baby Friendly in Oklahoma  
Monthly Webinar  
November 18, 2015



# BUILDING YOUR BABY FRIENDLY TASK FORCE



**OKLAHOMA  
BREASTFEEDING  
RESOURCE CENTER**

- ▶ Describe purpose of a Baby Friendly task force
- ▶ Identify who should participate in the task force
- ▶ Describe goals of the task force



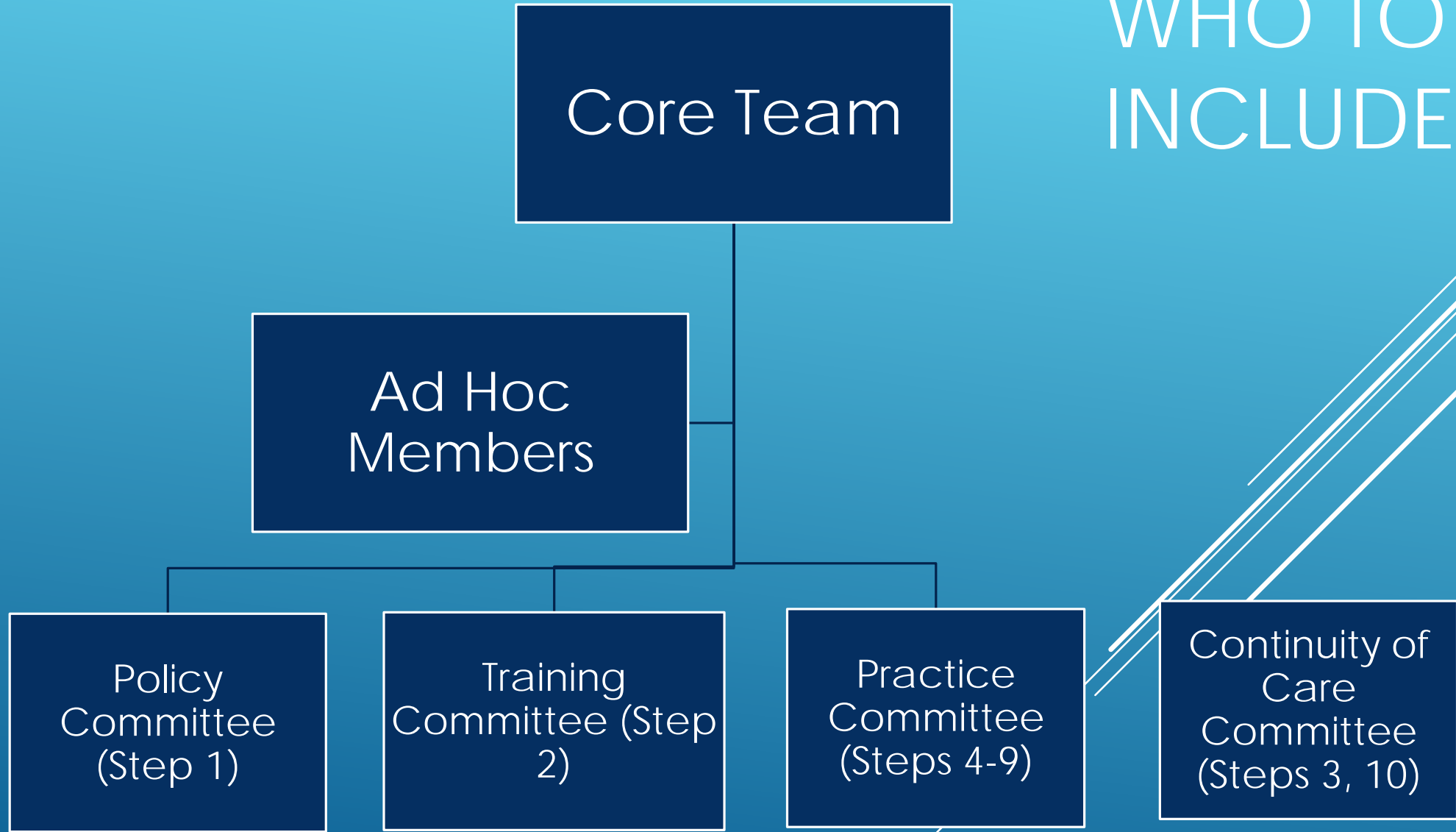
## OBJECTIVES

# WHY A TASK FORCE?

- It takes a team effort to change culture and practice
- To create buy in throughout the facility
- To bring a wide variety of perspectives
- To divide the responsibilities/workload
- To promote effective communication
- To encourage continuity of care
- To keep momentum going



# WHO TO INCLUDE



# CORE TEAM

- Baby Friendly Team Lead
- Nursing Staff
- Lactation Staff
- Physician Leaders
- Hospital Leaders
- Prenatal Clinic Representative
- Community/Family Representative



# AD HOC MEMBERS

- NICU representative
- IT/EMR
- Purchasing
- Quality Improvement
- Marketing
- Anesthesia Representative
- Other Community Groups
  - WIC
  - COBA
  - Home Visiting Staff (Children First, Healthy Start)
  - Other Family organizations



# WHAT WILL THE TASK FORCE DO?

## Lead the way!

- Understand why your facility is doing this
- Be positive and encouraging
- Hold regular meetings
- Delegate tasks
- Monitor progress
- Share results



# WHAT WILL THE TASK FORCE DO?

## First Meeting:

- Prepare agenda!
- Assign someone to take minutes
- Explain what the Baby Friendly Hospital is
  - address facts and myths
- Why should you work towards Baby Friendly?
  - share mPINC scores
  - breastfeeding rates
  - patient stories
- Set short and long term goals
  - develop committees
- Schedule regular meeting times





# EVERY MEETING

- Send meeting reminder
- Have agenda and minutes
- Ask for committee follow up/reports
- Identify barriers encountered
- Plan how to address barriers  
consider a PDSA



- ▶ Use Policy Audit Tool in BFUSA Development Phase
- ▶ Include nurse educator
- ▶ Include subject matter experts
- ▶ Review other policies for consistency with Infant Feeding Policy
  - ▶ E.g., infant thermoregulation...
- ▶ Use sample policies available
  - ▶ <http://www.ouhsc.edu/breastfeeding/Resources/SamplePoliciesandForms.aspx>
  - ▶ <http://www.ouhsc.edu/breastfeeding/Resources/ProfessionalOrganizationsPoliciesResources.aspx>



## POLICY COMMITTEE (STEP 1)

- ▶ Review staff training requirements in Development Phase
- ▶ Maternity staff need 15 hours didactic and 5 hours skills verification
- ▶ Physicians/clinicians need 3 hours
- ▶ General hospital staff need overview of what BFHI is and why your hospital is implementing this
- ▶ Make use of resources from BBFOK project
  - ▶ <http://www.ouhsc.edu/breastfeeding/Home.aspx>



## TRAINING COMMITTEE (STEP 2)

▶ Good luck! 😊

▶ Refer to Development Phase tools

▶ Identify steps you may already be doing partially and improve compliance/consistency

▶ Go for a quick win – implement something fairly easy

▶ e.g. ban the bags

▶ Start working now on some of the harder steps

▶ e.g. start discussion with Purchasing dept on formula contract

▶ Plan for documentation needs

▶ As staff training occurs, you will gain more champions



PRACTICE COMMITTEE (STEPS 4-9)

- ▶ Include prenatal clinic staff, family and community representatives
- ▶ **Remember to review reading level of all patient information!**
- ▶ Refer to patient education requirements in Development phase
- ▶ Identify all locations that provide prenatal care for your patients
- ▶ Plan for documenting prenatal education
- ▶ Use all resources available
  - ▶ Hospital tours
  - ▶ Marketing information and press releases
  - ▶ Facebook and social media



## CONTINUITY OF CARE COMMITTEE (STEPS 3 AND 10)



## SAVE THE DATES!

- Feb 11, 2016 (full day)  
*Reducing Racial and Ethnic Inequities in Breastfeeding*
- Feb 12, 2016  
*4<sup>th</sup> Annual BBFOK Summit*