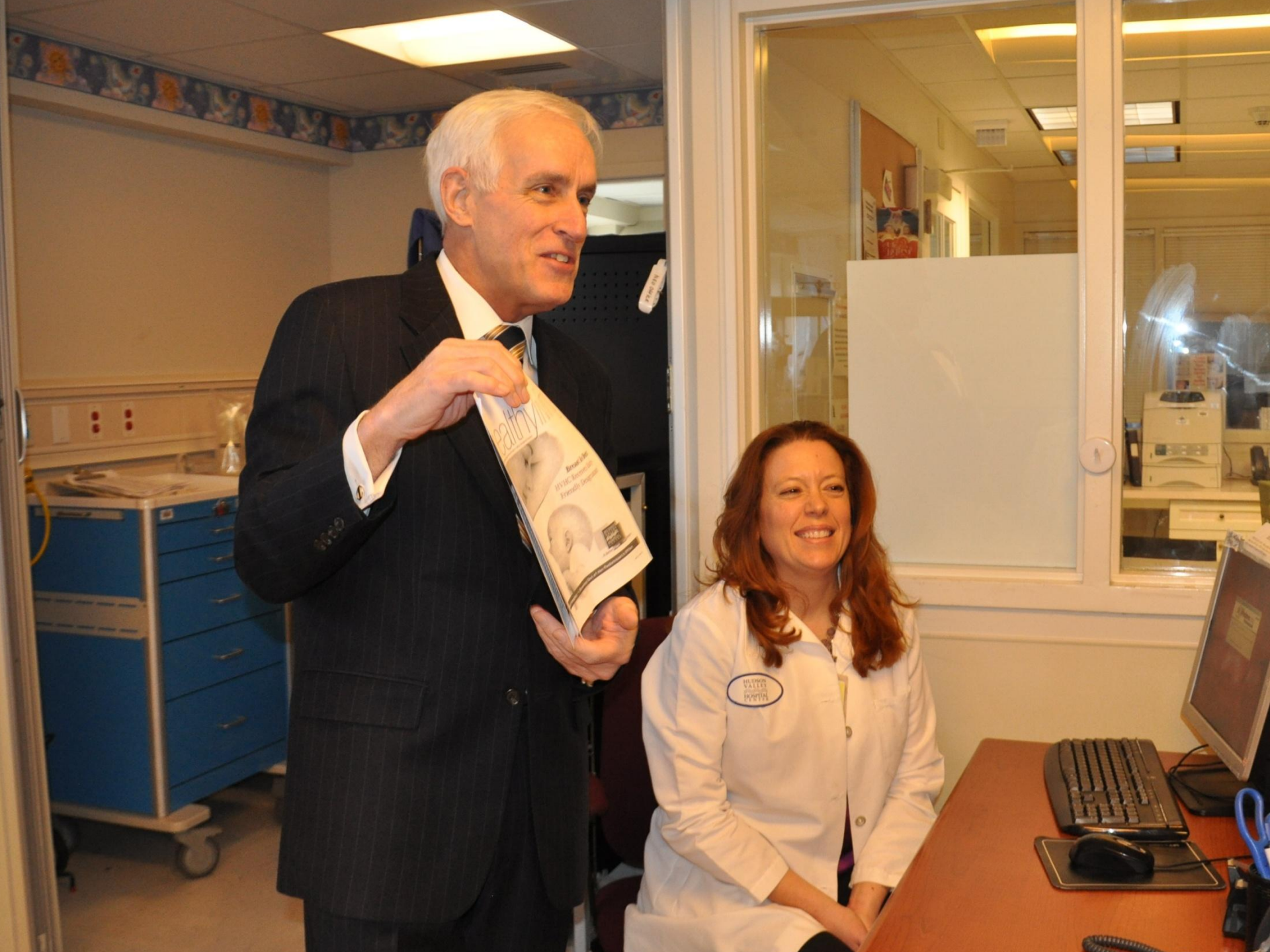


Baby Friendly Hospital Journey

Ten Steps to Successful Breastfeeding

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10 Steps to Success

- Overwhelming evidence that indicates breastfeeding is the optimal method of feeding infant
- Healthcare practices heavily impact the initiation and continuation of breastfeeding
- Provide the patient with the information she needs to make an *informed* decision

Step 1: Written Breastfeeding policy that is routinely communicated to all staff

- Policy covers all 10 steps including Code of Marketing
- All staff members should be able to speak to the policy

Step 1: Written Breastfeeding policy that is routinely communicated to all staff

- Academy of Breast Feeding Medicine policies and protocols
- NYS DOH Breastfeeding policy
- Babyfriendly websites and policies
- AAP

Step 2: Effective training is a key component to enable successful implementation of best practice standards

Staff should be able to speak to the training they have received

Staff should be able to answer questions on breastfeeding management

Staff should be able to identify two topics they discuss with mothers who are considering feeding their newborns something other than breast milk (i.e.: Risks of formula and benefits of breastfeeding)

Step 2: Train all Healthcare staff in the skills to necessary to implement this policy

1. Written curriculum (Unicef/WHO)
2. 20 hour course (web,inhouse)
3. Documentation of training given
4. Teaching of Clinical skills and documentation
5. In-services
6. Quarterly education
7. 3 hour Md education program
8. Attending Ob &Ped meetings
9. Ancillary staff education
10. Hospital intranet

Step 3 :Inform all pregnant women about the benefits and management of breastfeeding

What programs do we have to foster this?

- Joint Commission Speak Up campaign
- NYS Breastfeeding Bill of Rights
- Prenatal education classes
- Partnering with WIC and MDs to foster education in the prenatal period
- International Code of Marketing education

Step 4 : Help mothers initiate breastfeeding within one hour of birth

All mothers should be able to speak to skin to skin and that the nurses taught them what signs to look for that their baby is ready to feed

Step 4 : Help mothers initiate breastfeeding within one hour of birth

Staff understanding of

Definition of skin to skin

Charting of meds (eye ointments –HepB)

Hand expression

Importance of skin to skin and no separation

Skin to Skin in the OR



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

- Your patients should speak to the fact that they were offered assistance with breastfeeding immediately .
- Your patients should be able to demonstrate correct position and latch.
- Staff should be able to report that they teach their mothers how to position and latch and are able to describe and demonstrate
 1. Positions correct latch hand expression
 2. Show documentation of education in EMR

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

Teach:

- Position latch
- Effective transfer
- Hand expression

Baby seperated for medical reason

Teach and document :

1. **Importance of skin to skin**
2. Alternative feeding methods taught
3. Pumping initiated during seperation
4. Hand expression

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

- All breastfeeding mothers are advised to breastfeed exclusively unless supplementation is clinically indicated;
- Breastfeeding babies are not given anything other than breastmilk except where there is a clear clinical indication that this is needed or in the case of a fully informed choice by the mother;
- All policies and guidelines underpin good practice

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

Teach staff

1. Reasons for medical indications
2. Evidence based practice
3. Sharing research
4. Best practice protocols
5. Research book at nurses station
6. Posted research on intranet
7. Hand expression of breastmilk has been found to be key to reducing supplementation rates
8. Scripting
9. Role playing
10. Formula placed in Omnicell
11. Documentation of education in EMR

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

- All mothers should be enabled to stay with their baby 24 hours a day. Separation should only occur for acceptable clinical reasons or as a result of a fully informed choice by the mother.
- All mothers to confirm that they have been able to stay with their baby 24 hours a day and that separation has only occurred for acceptable clinical reasons.

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

- Teaching pack on breastfeeding produced by the UNICEF UK It includes a section which can be used to facilitate the giving of information on rooming-in and bed sharing.
- Important to ensure that all mothers receive information about the importance of keeping their baby near them.
- Staff to complete a checklist of the basic care and information provided in the postnatal period. This provides a convenient memory-prompt for staff and a means of recording that the relevant information has been given. The UNICEF UK Baby Friendly Initiative provides sample postnatal checklists.
- Audit is crucial to ensuring high standards of care for mothers and babies
- Scripting
- Role playing

Step 8: Encourage Feeding on Demand

- Your mothers should report that they were taught how to recognize when their babies are hungry and be able to describe at least two feeding cues.
- Your mothers should report that they have been advised to feed their newborns as often and as long as their babies want.
- All mothers who elect to formula feed should report that they have been taught the appropriate formula feeding techniques including feeding on cue, eye to eye contact and holding the baby closely.
- Safe formula preparation on individual basis

Step 8: Encourage Feeding on Demand

Staff education re

- Definition of feeding on demand
- Looking at the dyad
- Feeding cues
- Cluster feedings
- Size of infant stomach
- Diaper diary
- Babies second night behaviours
- Staff communication of infant weight loss
- Hand expression counts
- Soothing measures
- Dehydration signs
- Documentation of education in EMR
- Safe formula prep brochure and education

Step 9: Give no pacifiers or artificial nipples to breastfeeding infants.

- Mothers should report that their infants have not been bottle fed or given a pacifier
- Staff should be able to speak to the risks of pacifiers and nipples
- Staff should be able to educate re alternative feeding devices
- Staff provide Documentation of education provided in the EMR

Step 9: Give no pacifiers or artificial nipples to breastfeeding infants.

Staff education

- Research shared
- Pacifier effect on establishment of milk supply
- Sleep for mom
- Communication skills
- Scripting
- Visiting hours
- Pacifiers in Omnicell
- Pacifier research added to parents diaper diary
- Risk of formula brochure given to parents
- Alternative feeding devices (sns,cup,syringe,finger feeding)
- Documentation of education in EMR

Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

- All breastfeeding mothers are given information about the all support available to them in the community, both professional and voluntary, and how they may access this;

Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

- Written resource list for discharge
- Warm line 24 hrs
- Follow up telephone calls
- Consults post discharge if needed
- Visiting nurse/LC visit at discharge
- Breastfeeding support group 2x month