

DEVELOPING A COMPREHENSIVE BREASTFEEDING POLICY

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DISCLOSURE

The speakers have no conflict(s) of interest to disclose.



OBJECTIVE

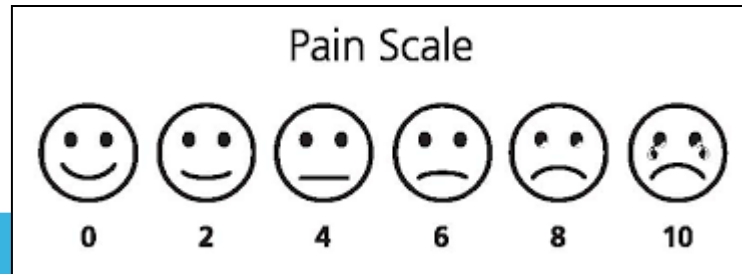
At the end of this 50 minute session, the participant will be able to:

Develop a “model” hospital breastfeeding policy supported by evidence-based management practices as outlined by the “Ten Steps to Successful Breastfeeding.”



IT MIGHT HURT....

On a scale of 1 to 10, with 10 being the most painful...of
the hospitals that have a breastfeeding policy that
meets model policy criteria **how much did
it hurt?**



INTERSECTION OF POLICY AND PRACTICE

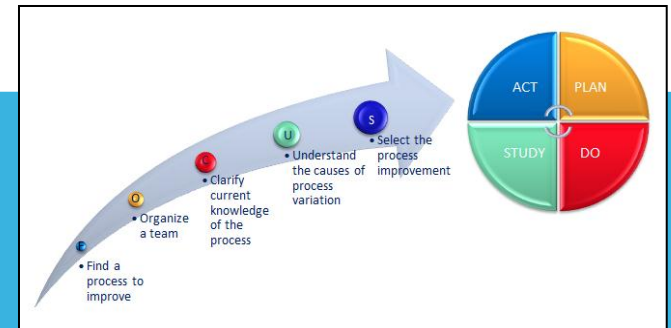
Policy affects Practice and practice affects policy

Policy supports Practice



POLICY DIRECT ACTIONS

- Hospital breastfeeding policy should be developed by multi-disciplinary team and be reviewed periodically for relationships between policy and practice
- Policy provides standard of care (consistency) that is then communicated to all staff
- Provides a standard that can be evaluated
- Policy can form basis for QI work related to breastfeeding OUTCOMES



IMPACT OF HAVING A FORMAL BF POLICY

(BASED UPON THE TEN STEPS TO SUCCESSFUL BREASTFEEDING)

Existence of model written BF policy alone associated with:

Increased BF initiation

Fairbank L *et al. Health Technol Access.* 2004.

**Higher breastfeeding rates at discharge – esp.
related to presence of steps 1, 2, 4, 5, 6, 9, 10**

Lillehoj and Dobson. *JOGNN.* 2012.

**Continued BF at 2 weeks - Better BF outcomes
for hospitals with more comprehensive policies**

Rosenberg KD *et al. Breastfeeding Med.* 2008.



SUMMARY OF RESEARCH

The more BFHI practices implemented the more likely mothers meet EBF goals- 2X more likely (4,6,8, 9)

Perrine et al. Pediatrics. 2012.

Mothers who experienced 0 - 1 Ten Step practices were up to 3X more likely to STOP BF before 8 weeks compared to mothers who experienced 6 of the 10 steps practices in the hospital.

Tarrant, et al. Birth. 2011.

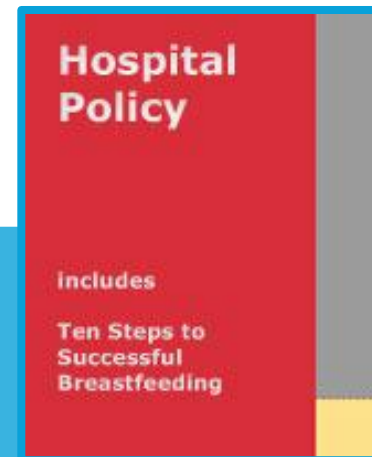


Step 1: Formal Recommendations

Communicate and make breastfeeding policy readily available to all health care staff that care for mothers and babies in the:

- prenatal, intrapartum, and postnatal setting
 - including obstetricians, nurse midwives, pediatricians, family physicians, nurses, and medical assistants

Ensure that health care staff refers to policy when needed

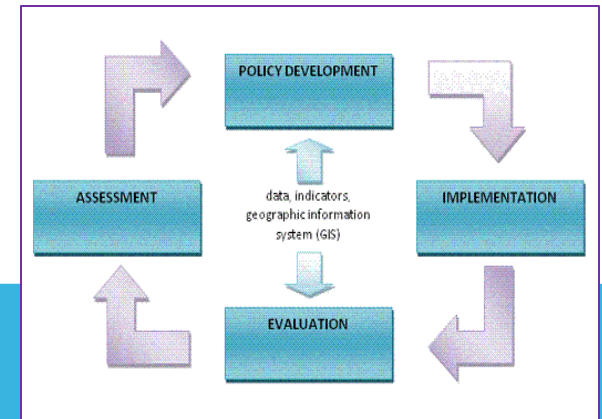


STEP 1: FORMAL RECOMMENDATIONS

Display a summary of hospital's breastfeeding policy in all areas of the health care facility that serve mothers, infants, and/or children and ensure that this summary:

- refers to the *Ten Steps To Successful Breastfeeding*
- refers to the *International Code of Marketing of Breastmilk Substitutes*
- is written with wording / language most commonly understood by mothers and staff in the community

Ensure a mechanism is in place for evaluating the effectiveness of the breastfeeding/infant feeding policy



Step 1: Formal Recommendations

Review all institutional policies and protocols related to breastfeeding and infant feeding including all policies related to the care of childbearing women and children, and ensure that policies:

- are in line with current evidence-based standards
- have language that protects, promotes, & supports breastfeeding
- are communicated to all current and new health care staff

A Tool to Evaluate Your Hospital's Breastfeeding Policy

Evaluation Criteria	Yes	No	Suggestions for Improvement
Does the written breastfeeding policy establish breastfeeding as the standard for infant feeding?			
Does the policy address Steps 2 – 10 of the <i>Ten Steps to Successful Breastfeeding</i> ?			
<input type="checkbox"/> Step 2: Train all staff in skills necessary to implement policy.			
<input type="checkbox"/> Step 3: Inform all pregnant women about the benefits & management of breastfeeding.			
<input type="checkbox"/> Step 4: Place all babies (regardless of feeding method) in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their babies are ready to feed, offering help if needed.			



IMPACT OF MODEL WRITTEN BF POLICY

Benefits of Policy

- **Helps change hospital routines that are barriers**
- **Supports principles of the Ten Steps**
- **Allows consistency in knowledge of healthcare providers**
- **Helps influence budget priorities**
- **Provides a written resource available to staff**

Recommendation for Step Implementation

- **In implementing policy/educating staff, focus on a few steps at a time, then move to other steps as these are implemented fully**
- **For those that wish to become BFHI-designated Ten Steps to Successful Breastfeeding must be implemented at 80% compliance**



Academy of Breastfeeding Medicine

**ABM CLINICAL PROTOCOL #7: MODEL
BREASTFEEDING POLICY
(REVISION 2010)**

**THE ACADEMY OF BREASTFEEDING MEDICINE
PROTOCOL COMMITTEE**

ABM CLINICAL PROTOCOL

- **Contains 24 numbered policy statements based on the Ten Steps**
- **Recommend a multidisciplinary breastfeeding team to compile and evaluate data relevant to breastfeeding support services and formulate a plan of action to implement needed changes (on a yearly basis)**
- **Policy is communicated to all staff and re-evaluated every 2 years and is to include current evidence**



ACADEMY OF BREASTFEEDING MEDICINE HIGHLIGHTS

- Stresses Exclusive Breastfeeding
- No group formula instruction for formula-feeders
- All BF mothers are shown hand expression
- Recommend cup-feeding as alternative method, but say syringe and spoon may be used. Scant evidence for alternative feeding recommendations.



SAMPLE HOSPITAL BREASTFEEDING POLICY FOR NEWBORNS

AMERICAN ACADEMY OF PEDIATRICS SECTION ON BREASTFEEDING (2009)



The perinatal program leadership will assign a director to chair a multi-specialty task force that will be responsible for the implementation of the written breastfeeding policy. The task force will meet quarterly to develop and revise breastfeeding policies and procedures as needed and develop strategies for their implementation.

Sample policy organized in sections in narrative style

Header Sections:

I. Purpose

II. Policy

III. Process

A. Responsibility

B. Staff Training for Policy Implementation



AAP POLICY

III. Process

III-a. Process for Pregnant Mothers and Mothers With Healthy Newborns

A. Maternal Education

B. Initiation of Breastfeeding

C. Management of Lactation

Staff Assistance and Maternal Education

Supplementation

Rooming-in

Frequency of Feeds

Selective Use of Pacifiers and Assurance of Adequate Breastfeeding Assessment and Education

D. Preparation for Discharge

AAP POLICY

III-b. Process for Mothers Who Deliver Prematurely or Are Separated From Their Newborns for Medical Reasons


A. Maternal Education

B. Initiating Pumping

C. Management of Lactation



AAP POLICY HIGHLIGHTS

- Stresses **EXCLUSIVE BREASTFEEDING**
 - *Discourages* promotional paraphernalia and marketing efforts in all areas accessible to patients.
 - “Non-demanding babies should be aroused to feed if 4 hours have elapsed since the beginning of the last nursing”
 - Two separate statements on treating mothers with respect and not “inducing guilt”- relevant to decision to BF and pacifier use
- 

OFFICIAL MODEL BREASTFEEDING POLICY

This facility upholds the World Health Organization/UNICEF
“*Ten Steps to Successful Breastfeeding*” published in a joint statement entitled:
“*Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*”

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

Have a written breastfeeding policy that is routinely communicated to all health care staff.

Train all health care staff in the skills necessary to implement this policy.

Inform all pregnant women about the benefits and management of breastfeeding.

Help mothers initiate breastfeeding within one hour of birth.

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

Give infants no food or drink other than breastmilk, unless *medically* indicated.

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

Encourage breastfeeding on demand.

Give no pacifiers or artificial nipples to breastfeeding infants.

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

The Ten Steps to Successful Breastfeeding form the basis of the Baby-Friendly Hospital Initiative, a worldwide breastfeeding quality improvement project created by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

Baby-Friendly hospitals and birth centers also uphold the International Code of Marketing of Breast Milk Substitutes by offering parents support, education, and educational materials that promote the use of human milk rather than other infant food or drinks, and by refusing to accept or distribute free or subsidized supplies of breastmilk substitutes, nipples, and other feeding devices.

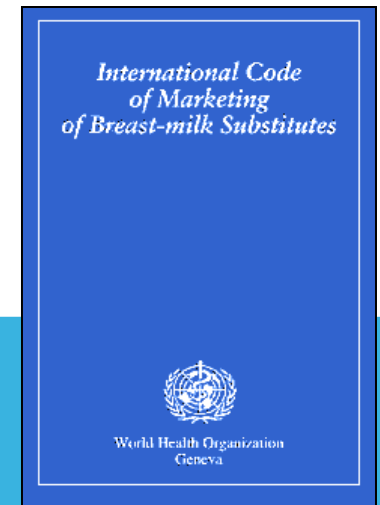
STEP 1: FORMAL RECOMMENDATIONS

Develop a written breastfeeding/infant feeding policy that:

- establishes breastfeeding as standard for infant feeding
- is evidence-based
- addresses each of the *Ten Steps to Successful Breastfeeding*
- contains specific language that protects breastfeeding by:
 - prohibiting the promotion and group instruction of formula feeding
 - prohibiting the use of bottles and/or pacifiers
 - referencing the *International Code of Marketing of Breastmilk Substitutes*
- prohibits distribution of gift packs with commercial samples, coupons, or other materials that promote use of formula, bottles and/or pacifiers to pregnant women and new mothers

POLICY

The facility will have written maternity care and infant feeding policies that address all Ten Steps, protect breastfeeding, and adhere to the International Code of Marketing of Breast-milk Substitutes.



POLICY

The designated health care professional(s) should ensure that maternity care and infant feeding policies are readily available for reference to all staff that 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.

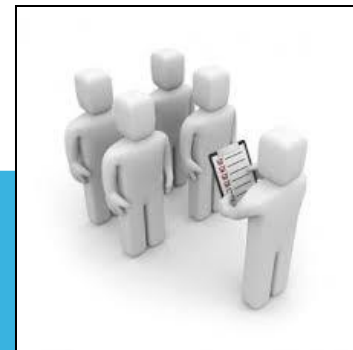


The Nursing Director/Manager on the maternity unit and/or the designated health care professional within the facility will be able to locate the maternity care and infant feeding policies, and describe how the other staff, including new employees, are made aware of the content.

At least 80% of randomly selected maternity staff members will confirm that they are aware of the facility's maternity care and infant feeding policies, know where the policies are kept or posted, and have received orientation regarding the policies.

Three red 3D blocks arranged horizontally, displaying the text '80%' in white. The first block shows the number '8', the second shows '0', and the third shows a percentage symbol '%'.

80%



The Nursing Director/Manager on the maternity unit and/or the designated health care professional within the facility will be able to produce evidence of routine quality improvement procedures that have monitored the maternity care and infant feeding policies.



Summaries of the policy, including at minimum the Ten Steps and the institutional philosophy regarding the purchase and promotion of breast milk substitutes, nipples and pacifiers, should be prominently displayed in all areas that serve mothers, babies and young children.

The Ten Steps to Successful Breastfeeding form the basis of the Baby-Friendly Hospital Initiative, a worldwide breastfeeding quality improvement project created by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

Baby-Friendly hospitals and birth centers also uphold the International Code of Marketing of Breast Milk Substitutes by offering parents support, education, and educational materials that promote the use of human milk rather than other infant food or drinks, and by refusing to accept or distribute free or subsidized supplies of breastmilk substitutes, nipples, and other feeding devices.

STEP 2- STAFF EDUCATION

Requirements: 15 hours didactic/instruction re: Breastfeeding Management

WHO Curriculum includes: 16 Sessions

- ❖ **The Baby Friendly Hospital Initiative: Part of a Global Strategy**
- ❖ **Communication Skills**
- ❖ **Promoting Breastfeeding During Pregnancy**
- ❖ **Protecting Breastfeeding**
- ❖ **Birth Practices and Breastfeeding**
- ❖ **How Milk Gets from Breast to Baby**
- ❖ **Helping with a Breastfeed**
- ❖ **Practices that Assist Breastfeeding**
- ❖ **If the Baby Cannot Feed at the Breast**
- ❖ **Milk Supply**
- ❖ **Infants with Special Needs**
- ❖ **Breast and Nipple Problems**
- ❖ **Maternal Health Concerns**
- ❖ **Ongoing Support for Mothers**
- ❖ **Making your Hospital Baby-Friendly™**
- ❖ **Safe Formula Preparation**




STAFF EDUCATION

Requirements:

5 hours Direct Clinical Skill Instruction/Training with IBCLC

Skills Competencies:

- **Effectively communicate with pregnant and postpartum women about infant feeding**
 - **Effectively observe and assist with a breastfeeding session**
 - **Effectively teach breast massage, hand expression, and safe storage of expressed maternal breastmilk**
 - **Effectively teach safe formula preparation and bottle feeding**
 - **Create patient education materials regarding safe formula preparation upon discharge from the hospital**
- 

STEP 3- PRENATAL BREASTFEEDING EDUCATION

Inform all pregnant women about the benefits and management of breastfeeding.

Focus on reducing non-medically indicated supplementation with formula within the first 48 hours

Most effective = Repeated needs-based, one-on-one, informal education

Develop relationship with mother so that she experiences continuity of care throughout prenatal phase and into post-partum

Explore beliefs and feelings about breastfeeding

Support any written materials with conversation

- ❖ **Benefits of breastfeeding**
- ❖ **Risks of formula feeding**
- ❖ **Perceived barriers/challenges to breastfeeding**
- ❖ **Prenatal Preparation for Breastfeeding**
- ❖ **Management of breastfeeding:**

Skin-to-Skin Feeding on Demand Exclusive BF Rooming-In Discourage Artificial Nipples

STEP 4- STS AND EARLY BF



STEP 5- ASSIST WITH BF AND MAINTAINING LACTATION



STEP 6- NO UNNECESSARY SUPPLEMENTATION WITH FORMULA

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



STEP 7- ROOMING-IN

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

Routine separation should be avoided.

Separation should only occur for an individual clinical need.



STEP 8- FEED ON DEMAND

Step 8 *Encourage breastfeeding on demand.*

Demand feeding is also called baby-led feeding.

This means the frequency and length of feeds is determined by the baby's needs and signs.



STEP 9- NO ARTIFICIAL NIPPLES

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



STEP 10- ONGOING SUPPORT FOR BF

Resources available in the local community

Family and friends

Primary Care and community health workers

Mother-to-mother support



Purpose

To support mothers' choice / health decision to breastfeed newborns and infants.

Policy Scope

- All staff providing care to mothers of breastfeeding newborns and infants within the Birthing Pavilion (BP), Intensive Care Nursery (ICN), Pediatric Intensive Care Unit (PICU) and Pediatric/Adolescent Unit. Also, all providers, staff and students at Dartmouth-Hitchcock (D-H), Lebanon support the Baby Friendly Hospital Initiative.

Definitions – N/A

Policy Statements

- Exclusive breastfeeding is the optimal feeding method for newborns.
- Hospital policy and nursing practice supports exclusive breastfeeding unless medically contraindicated.
- Breastfeeding mothers are not offered discharge bags containing infant formula or formula-company advertisements, in accordance with the Ten Key Breast-Milk Substitute Provisions Job Aid by the World Health Organization (WHO) Alternative Feeding Sources such as donor human milk may be offered if breastfeeding is contraindicated.

Care, education and management of breastfeeding is guided by Ten Steps to Successful Breastfeeding.

BREASTFEEDING POLICY

Contraindications for breastfeeding include:

- HIV-positive mother
 - Concerns that mother may be using illegal substance, including controlled medications not prescribed to the mother. See NAS - Infant Nutrition Support Procedure for more details.
 - Mother using illicit drugs (for example cocaine or heroin) or alcohol abuse
 - Mother taking certain medications (radioactive isotopes, anti-metabolites, cancer chemotherapy, antiretroviral medications) and others until they clear the milk. Reference used at D-H:
 - National Institutes of Health (NIH) website: LactMed Toxnet Database
 - Medications and Mothers' Milk by Thomas Hale
 - Breastfeeding: A Guide for the Medical Profession by R. A. Lawrence and R. M. Lawrence
 - The American Academy of Pediatrics Statement on the Transfer of Drugs into Human Milk
 - Mother with active, untreated tuberculosis (mother may breastfeed after 2 weeks of therapy).
 - Mothers undergoing radiation therapy
 - Maternal illness where maternal morbidity outweighs benefits of breastfeeding (for example, psychosis, eclampsia or shock), however mother's milk may be expressed in these circumstances if desired by the mother and given to the infant by another means other than direct breastfeeding.
-
- Galactosemia in the infant or other metabolic disease requiring cessation of breastfeeding.
 - Mother with active herpetic lesion on her breast(s) – breastfeeding can be recommended on the unaffected breast (Infectious Disease will be consulted for problematic infectious disease issues).

Breastfeeding Policies and Job Aids

Breastfeeding - Collection, Handling and Storage of Breastmilk Procedure - BP & CHaD

Breastfeeding- Support of the Breastfeeding Relationship Procedure - BP

Breastfeeding - Full Term Infant - BP

Breastfeeding - Late Preterm Infant Procedure - BP and Pedi

Breastfeeding - Nipple Shield Use Procedure - BP

Breastfeeding - Prenatal Education Procedure - BP

Breastfeeding - Preterm Infant Procedure - ICN

Breastfeeding - Supplemental Nutrition System Procedure - BP & ICN

Breastfeeding - Weaning Procedure - BP & CHaD

Breastfeeding - WHO's Breast-Milk Substitute Key Provisions Job Aid

Breastfeeding Job Aid - Ten Steps to Successful Breastfeeding

Breastfeeding Policy

BREASTFEEDING POLICY*

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OTHER STATES



CALIFORNIA




2011- State law passed requiring ALL hospitals to have Infant Feeding Policy based on BFHI or State Department of Public Health Model Hospital Policy Recommendations

California Laws Related to Brea... x Law section x +

leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=123366.&lawCode=HSC

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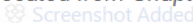
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HEALTH AND SAFETY CODE - HSC
DIVISION 106. PERSONAL HEALTH CARE (INCLUDING MATERNAL, CHILD, AND ADOLESCENT) [123100 - 125850] (Division 106 added by Stats. 1995, Ch. 415, Sec. 8.)

PART 2. MATERNAL, CHILD, AND ADOLESCENT HEALTH [123225 - 124250] (Part 2 added by Stats. 1995, Ch. 415, Sec. 8.)
CHAPTER 1. General Provisions [123225 - 123371] (Chapter 1 added by Stats. 1995, Ch. 415, Sec. 8.)

ARTICLE 3. Breast Feeding [123360 - 123367] (Heading of Article 3 renumbered from Article 3.35 (and relocated from Chapter 2 of Part 1 of Division 1) by Stats. 1996, Ch. 1023, Sec. 113.)

 Screenshot Added
A screenshot was added to your Dropbox.

CALIFORNIA

The screenshot shows a web browser window with multiple tabs. The active tab is titled "Main Page of Breastfeeding To..." and the address bar shows the URL "https://www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Pages/MainPageofBreastfeedingToolkit.aspx". The browser's toolbar includes a search bar and various icons for bookmarks, downloads, and extensions. Below the browser window, the website's navigation menu is visible, with tabs for Home, Programs, Services, Health Information, Certificates & Licenses, Publications & Forms, and Data. The "Health Information" tab is selected. On the left side of the page, there is a sidebar with links for "en Español", "Most Popular Links", and "Quick Links". The main content area features the title "Breastfeeding Model Hospital Policy Recommendations On-Line Toolkit" with the identifier "MO-07-0042 BFP". Below the title, it states "Toolkit developed in 2006 and most recently revised in 2012". A list of links is provided, including "Introduction to the Model Hospital Policy Recommendations On-Line Toolkit", "Providing Breastfeeding Support: Model Hospital Policy Recommendations (PDF)", "Hospital Self-Appraisal for Model Hospital Policy Recommendations (Word)", "Birth and Beyond California (BBC): Hospital Training & Quality Improvement Project", and "Comparison of California Model Hospital Policy Recommendations and the Baby Friendly Hospital Initiative-U.S.A (PDF)". At the bottom, there is a section titled "Individual Model Hospital Policy Recommendations & Toolkit Links" with a paragraph explaining the purpose of the recommendations.

California Laws Related to Brea... Law section California Laws Related to Brea... Main Page of Breastfeeding To... +

https://www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Pages/MainPageofBreastfeedingToolkit.aspx

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Home > Health Information > Healthy Living > Children & Families > Main Page of Breastfeeding Toolkit

Breastfeeding Model Hospital Policy Recommendations On-Line Toolkit

MO-07-0042 BFP

Toolkit developed in 2006 and most recently revised in 2012

- [Introduction to the Model Hospital Policy Recommendations On-Line Toolkit](#)
Based on the Model Hospital Policy Recommendations, the On-Line Toolkit provides additional references as well as resources and web links to assist hospitals in addressing the policies.
- [Providing Breastfeeding Support: Model Hospital Policy Recommendations \(PDF\)](#)
- [Hospital Self-Appraisal for Model Hospital Policy Recommendations \(Word\)](#)
- [Birth and Beyond California \(BBC\): Hospital Training & Quality Improvement Project](#)
BBC is an approach created by the state Maternal Child and Adolescent Health (MCAH) Program to offer technical assistance and collaborate with hospitals to improve their exclusive breastfeeding rates by establishing hospital policies and a continuous quality improvement plan.
- [Comparison of California Model Hospital Policy Recommendations and the Baby Friendly Hospital Initiative-U.S.A \(PDF\)](#)

Individual Model Hospital Policy Recommendations & Toolkit Links

PURPOSE: These policy recommendations are designed to give basic information and guidance to prenatal professionals who wish to revise policies that affect the breastfeeding mother. Rationale and references are included as education for those unfamiliar with current breastfeeding recommendations. When no reference is available, the interventions recommended are considered to be best practice as determined by consensus of the Inland Empire Breastfeeding Coalition.

TOOL KIT HIGHLIGHTS

Contains summary of Ten “Policies” based on the Ten Steps-

- 1. Hospitals should promote and support BF**
- 2. Prenatal BF education**
- 3. Rec. breast exam and anticipatory guidance**
- 4. Support Exclusive Breastfeeding**
- 5. Skin-to-Skin**
- 6. Assess BF effectiveness**
- 7. No artificial nipples**
- 8. No unnecessary supplements**
- 9. Rooming-in**
- 10. Outpatient support**



NEW YORK STATE



- All New York hospitals that provided maternity care services (in May 2009, $n=139$) submitted policies for review
- On average- about half (19/32) of required components were included
- Final policy developed 2011

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3568958/>

NEW YORK STATE

POLICY INCLUDES STATEMENTS FROM
NYS LAW

ACADEMY OF BREASTFEEDING MEDICINE,
UNITED STATES BREASTFEEDING COMMITTEE
BMBR

The New York State Model Hospital Breastfeeding Policy is to be
used as a standard reference when reviewing and revising
hospital breastfeeding policy



NEW YORK STATE



- 2011 mPINC- 38% had policy with model steps
- 2013 mPINC- 55% had policy with model steps

NEW YORK STATE

Eleven Sections

Training for Staff in Hospitals that Provide Maternity Services
Breastfeeding Education and Infant and Self-care Instruction for Mothers in Maternal and Prenatal Settings
Breastfeeding Initiation and Skin-to-skin Contact
Breastfeeding Assistance and Assessment
Feeding on Demand
Rooming-in
Separation of Mother and Baby
Supplementation and Bottle-Feeding
Pacifier Use
Discharge Support
Formula Discharge Packs

MOVING FORWARD



FORM A TEAM: IDENTIFY CHAMPIONS

- STATEWIDE WORKGROUP
- COUNTY SUBGROUPS
- HOSPITAL SYSTEMS
- STATE COALITION TO BRING COUNTIES TOGETHER

INCLUDE ALL HOSPITALS PROVIDING MATERNITY CARE

STATEWIDE PORTAL

DISSEMINATION

SUMMARY

LEADERSHIP APPROVAL AND SUPPORT IS ESSENTIAL

GOOD POLICY DRIVES GOOD PRACTICES

MULTIDISCIPLINARY TEAMS

INCLUDE FAMILIES ON ALL QI TEAMS

INCLUDE OBSTETRICIAN CHAMPION(S)

INCLUDE PEDIATRICIAN CHAMPION(S)

MEET ROUTINELY

**SET TIMELINE/DEADLINES FOR IMPLEMENTING EACH
STEP**

DIVIDE WORK INTO MANAGEABLE SEGMENTS

CELEBRATE SUCCESSES

“CUT A CAKE” Dr. BOBBI PHILLIP

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