The Fourth-D in the Pathway: Designation!!!

Marianne Allen, DrNPc, MN, RNC-OB, CNS
Marianne Allen, DrNPc, MN, RNC-OB, CNS, is a perinatal clinical nurse specialist in Harrisburg, Pennsylvania. She is a member of AWHONN, Sigma Theta Tau, and the National Association of Clinical Nurse Specialists (NACNS). She is the chair of her organization’s team that has received Baby Friendly USA designation and is a consultant to Pennsylvania’s Keystone 10 Breastfeeding Collaborative. She has lead evidence-based practice initiatives including hyperbilirubinemia in the newborn and reductions in readmissions, collaborative care of the late preterm infants, the postpartum experiences of women hospitalized for complications of pregnancy, and perinatal bereavement. She has presented at local, national, and international conferences. A Doctor of Nursing Practice Candidate at Drexel University, she is completing her dissertation on the roles of resilience and optimism in maternal role attainment after six months postpartum in women hospitalized for complications of pregnancy.
Marianne Allen is employed by PinnacleHealth System. She reports no conflicts of interest. She has no formal relationship with and is not representing Baby Friendly USA, NICHQ, and CDC.

This webinar tells the story of PinnacleHealth’s Journey to Baby Friendly.
Pinnacle Health System
Journey to Baby Friendly

- Discovery
  - Development
  - Dissemination

- Designation!!!!!
Key Materials


• Baby Friendly Website: D4 Designation Phase
  – Toolkit
  – Power point presentations/webinars
  – Download forms that must be completed (checklist, attestation of breast milk substitute purchase, request for redness interview, facility data sheet, business associate agreement
  – Preparing for onsite visit (includes a slide presentation)
Ten Step Poster

- Ten Step Poster: New requirements 1/1/2015
  - Ten Steps Poster language written exactly as it appears on the poster available through the Baby Friendly website portal.
  - Facilities who have used altered language must also display the Baby-Friendly USA version of the poster in all maternity areas as indicated in the Guidelines and Evaluation Criteria.
  - For translations into other languages, the translation must have been “back translated” into English again by an expert translator who hasn’t seen the original translation, and found to be accurate.
10 Steps to Successful Breastfeeding

**Steps to successful breastfeeding**

Health care facilities play a vital role in the establishment of breastfeeding. The Ten Steps to Successful Breastfeeding provide a supportive pathway enabling women to achieve their breastfeeding intentions and guiding the training of healthcare workers in breastfeeding support.

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming in - allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.
Affiliated Prenatal Services Questionnaire (if applicable)

• Addresses Step 3: Prenatal Education
• Distinguishes between hospital-system owned provider practices and private providers
• Expectation that the hospital will foster relationship with private providers to support the 10 Steps to Successful Breastfeeding and provide consistent information
Business Associate Agreement (BAA)

- BAA may or may not be required by your organization.
- Topics for consideration include HIPPA, ownership of intellectual property, use of hospital name in BFUSA advertising.
- Baby Friendly does not require a BAA—it is hospital system-specific.
- Share the BAA information with the hospital's legal department as soon as possible.
  - BFUSA will not have site visit unless BAA is either completed and submitted or waived.
Calculating Fair Market Value

- Refer to BFUSA site
- Select 5 commonly used OB items, with retail and hospital purchase price
- Calculate and report to BFUSA
- Have three current months of paid invoices at site visit
- Challenges:
  - Review of all formula purchased including NICU
  - Ensure that “free” formula has been removed from the System
  - Easily understandable financial reports with documentation of account paid (not billed).
BFUSA Readiness Interview

• Purpose of the call:
  – Celebrate accomplishments
  – Review areas needed for improvement
• After BFUSA reviews call content, will get invitation to schedule a site visit or recommendations to continue to improve
• Use *Baby-Friendly Guidelines and Evaluation Criteria 2010* as reference
• For site visit, data must support your responses
Covers each of the 10 Steps, the WHO Code, and other requirements

• Review your AIM Statement
• Step 1: Policies:
  – Location
  – Ultimate responsibility for enforcement
  – How staff are notified of changes
• 10 Step Posters
  – Location
  – Languages
Step 1: Infant Feeding Policy- Review and Revise

- Compare initial intent, AIM Statement, and actual practice and either revise your policy or your practice for differences
- Review/revise supporting policies and procedures
- Communicate policies and procedures to staff and providers
  - Need to know content and demonstrate in practice
- Submit to BFUSA for review prior to site visit and highlight changes
- Resources:
  - BFUSA Designation Site: Webinar and guidelines
Step 2: Professional Education

- 15 topics in Appendix A of Guidelines
  - Method, number of hours, hands-on component
  - Number of RNs, physicians/providers, and ancillary staff and percentage completing training
  - Method of recording and tracking
Step 3: Patient Education

- Hospital-owned prenatal services and private practices
- Consistent written information, no marketing logos
- Breastfeeding classes, format
- Written information on formula preparation and when patient received education
- Collaboration with community-based programs
Web Page
Motherhood, Decisions, Decisions, Decisions

Mother’s Milk or Formula?

How you feed your baby may or may not be an easy choice for you, but it is an important one. Your baby’s growth and health are determined by "building blocks" that are in the foods your baby receives.

Formula increases health risks for moms and babies.

Baby: Minerals
- Iron
- Calcium
- Fluoride
- Vitamin D
- Vitamin A
- Vitamin C
- Zinc
- Iodine
- Thiamine
- Riboflavin
- Niacin
- Pantothenic Acid
- Biotin
- Folic Acid
- Vitamin B12
- Choline
- Cholesterol
- Fat
- Carbohydrate
- Protein
- Water

Milk increases health benefits for moms and babies.

Milk contains:
- Antibodies
- Hormones
- Anti-Virus
- Anti-Bacteria
- Growth Factors
- Enzymes
- Minerals
- Vitamins
- Fat
- Carbohydrate
- Protein
- Water

Meeting your baby for even a few weeks is better than not at all. It’s best to keep nursing. The longer you do, the more protection you and your baby receive.

Mother’s milk only for the first 6 months
Mother’s milk plus baby foods after 6 months

PinnacileHealth
Motherhood
Decisions, Decisions, Decisions...
Speak-Up for Breastfeeding Campaign

As a mother, one of the most important things you will decide is how to feed your baby. The many health benefits of breastfeeding include:

- Natural source of the nutrients your baby needs
- Less risk of Sudden Infant Death Syndrome (SIDS)
- Fewer ear and respiratory infections for your baby
- Enhances newborn brain development
- Less risk your baby will be overweight
- Less risk of diabetes for your baby and you
- Less risk of postpartum depression for you
- Less risk of breast and ovarian cancer for you
- Faster recovery for you

Breastfeeding is natural for you and your baby, but it is a skill that needs to be learned. Speak up and ask questions about breastfeeding before your baby is born and while you are in the hospital. This will help you continue to be successful after you go home. This brochure provides information to help you breastfeed your baby. Remember, you should always talk to your doctor or nurse about any signs or advice given about your health.
Step 4: STS and Feeding

- Percentage of STS
- Medical separation and STS
- Initial and subsequent help breastfeeding
- Demonstrate breastfeeding skills, position
- Continuation of STS after transfer and during hospital stay
Step 5: Separation from Infant

- Pumping and hand expression teaching/initiation within 6 hours
- Frequency: 8 or more in 24, including nights
- Transfer to pp from NICU when medically stable
Step 6: Exclusivity

- Denominator for breastfeeding initiation is all couplets regardless of feeding choice
- Includes late preterm infants on M/B unit
- Exclusivity:
  - Academy of Breastfeeding Medicine Protocols for indications for supplementation
  - Use alternative feeding methods
  - Expressed breast milk preferred
Step 7: Rooming-in

- 23/34 hours/day
- No separation at transfer
- All care except procedures in room
- Documentation challenges
- Mother request for nursery use challenges
No One Ever Sleeps At Their First Slumber Party
But Shouldn’t Your Baby’s First Sleepover Be With You?

In the past, a baby’s first night was spent under the bright lights of the nursery surrounded by other crying infants, missing the opportunity to be comforted by mom. Your postpartum stay gives you the opportunity to:

- Build confidence as a parent.
  Our staff is here to support you through your baby’s first slumber party and offer tips to soothe your child at home.

- Room-in with your baby. Your familiar voice and loving touch calms your little one like no one else can.

- Feed your baby as needed. In the course of a baby’s second night, they often find their voice and their appetite requiring frequent feedings. Having your baby in your room will make it easier to meet their tummy’s needs.

We realize how tired you may be after giving birth. The following suggestions can make rooming-in a wonderful experience for the entire family:

- Limit visitors or the time you allow them to come. Although we have generous visiting hours it does not mean you want company coming all day. You need your rest. Consider telling your family and friends you have limited visiting hours to times that work best for you.

- Take advantage of our “Quiet Time” from 1 until 3 p.m. Those 2 hours allow you to take a nap or enjoy cuddling with your baby without any unnecessary interruptions.

- Your support person can make all the difference. Sometimes it is helpful to have two support people; one person during the day and another person at night. This will give each of them time to rest up at home. It is so important that your support person is available and able to help you and your baby during your postpartum stay, so you can get some needed rest and begin to heal.

We hope by rooming-in with your baby during your hospital stay, you will feel more confident facing your first nights at home.

For detailed information on your hospital stay and what to bring, please refer to the PinnacleHealth Maternity Resource Guide located in the inside pocket of Your Baby’s Birth, which you should have received at your first doctor’s appointment.

pinnaclehealth.org/maternity
Dads Make a Difference

Dad’s Support Can Make All the Difference!

No one knows mom better than you. As her support person, you play a vital role in helping mom through labor and birth. Perhaps the greatest gift you can offer her is your loving presence and encouraging words. Hold mom’s hand, stroke her hair, and tell her you love her. Let her know that she is doing a great job and that you believe in her ability to give birth. Your encouragement and support are so valuable.

Just as mom needs to pack a labor bag, there are a few things you will need to be prepared as a coach.

- **Comfortable Clothing** - Bring a change of clothes and consider layers. Having a t-shirt, sweatshirt, jeans, and athletic shorts gives you options for comfort, based on room temperature and activities.
- **Toiletries** - Pack toiletries you may need, especially a toothbrush, toothpaste and some mouthwash. Laboring women have a heightened sense of smell!
- **Snacks** - Coaching can be hard work, and may take a long time. When hunger strikes, it may not be a good time to head to the cafeteria. Pack some favorite snacks, such as granola bars, fruit or a bag of almonds. Just don’t eat in front of mom!
- **Camera** - Bring your camera and all necessary supplies, including extra batteries. Be sure to be familiar with its use.
- **Cell Phone** - Cell phones are permitted on the Labor & Delivery Floor and in the Maternity Center, but talking on the phone might disturb mom while she is focusing on labor or trying to rest. It is a good idea to choose one family member to contact with updates and have them call others.

We can do this honey!

Your role extends beyond labor and birth, as you and mom welcome your little one into the world. After the baby is born, the real homework begins!

Dads/Partners are welcomed to room with mom and baby through out their hospital stay. However, it can be helpful to have a back-up support person available should you want to go home to get some rest. Help and support are so important on the postpartum unit.
Step 8: Feeding Cues

- Percent moms recall feeding cues and frequency of feeds
- Will ask moms during interview
Feeding Cues

It’s not really a mystery. Clues are easy to find.

Babies need to be fed when they give feeding cues!

- Sucking on tongue, lips or fingers
- Moving arms and hands toward mouth
- Fussing or fidgeting while sleeping
- Turning head side to side
- Crying is a late feeding cue

PINNACLE HEALTH
Women and Children’s Services
pinnaclehealth.org/maternity
Step 9: Pacifier and Artificial Nipples

- Pacifier use and patient education
  - Do not supply pacifiers to mothers
- Alternative feeding methods
- Percentage of bottle use
Step 10: Community Breastfeeding Support

• Percentage referred to support groups
• Identify specific sources of referrals
  – WIC, mother’s groups, LaLeche League, system-based lactation clinics, etc.
  – Offer listing of breastfeeding support groups in mom’s community
Preparation for Visit

Environment

• 10 Steps Posters everywhere: clinic, all inpatient areas where pregnant women and babies are, lab, radiology/US, ED, lobby
• Quiet Time Posters: Support rooming-in and maternal rest
• NO pictures of baby bottles, artificial nipples, pacifiers, formula anywhere—including gift shop
• None of the above in magazines or advertisements available for patients to see in any department where pregnant women/mothers/babies receive care
Identify Opportunities for Improvement

• What does your data say?
• What are your observations/challenges?
• List the top 5 priorities
• Develop action plan and keep on track
  – Produce action plan if your data shows you don’t meet metrics
## Next 120 Days

<table>
<thead>
<tr>
<th>Priority</th>
<th>Discussion Concerns</th>
<th>Action Steps</th>
<th>Team Member</th>
<th>Plan</th>
<th>Progress</th>
<th>Completion</th>
</tr>
</thead>
</table>
| Hand expression | Physicians unsure of ability to teach mothers | Discuss with OB and Peds department chairs | Kelly |  1. Review at department meetings  
2. Offer 1:1 competencies to providers | 1. Sessions scheduled on postpartum and L&D for individual instruction and hands-on practice (7/14)  
2. 75% of providers completed (8/14)  
3. 90% completed (9/14) | Done |
Staff/Provider Preparation

- Competency review in few months prior to visit
  - Focus on hand expression, pumping, feeding cues, rooming-in, STS
- Celebrations for staff when enter Designation Phase
- Prep Rallies
  - Quiz bowl approach with candy as prizes
  - Two weeks before site visit
- Team presence on units to support staff
- Agenda topics:
  - Pediatric and Obstetric Department Meetings
  - Women and Children’s Division Meeting
  - Ob and NICU Collaborative meetings
  - Unit-based committee meetings
  - Staff meetings
- Engagement of BFB Team and mock site administrative interview
Showcase your Journey:
Develop Manuals

• Reaching the 10 Steps to Successful Breastfeeding
• Professional Education
• Prenatal Patient Education
• Proceedings (minutes, reports)

This is the time to shine!!!!
Reaching the 10 Steps to Successful Breastfeeding Manual Index

- Introduction (News Releases & Community Connections, Patient Attestations, Staff Attestations)
- AIM Statement
- PHS BFB Team
- Breastfeeding Champions
- Lactation Services (Program and services, Referrals, Breastfeeding resource information, ACA and Breast Pumps)
- Infant Feeding Policies
- Step 1: Policies, Order Sets, Discharge Instructions, Patient Attestations
- Step 2: Professional Education (Refer to “Professional Education” Binder)
- Step 3: Prenatal Education (Refer to “Prenatal Patient Education” Binder)
- Step 4: S2S (Policy, STS in OR, Patient Attestations)
- Step 5: Separation of Mother and Infant (Policies, Breastfeeding Resources, Formula Feeding Patient Education)
Reaching the 10 Steps to Successful Breastfeeding Manual Index

• Step 6: Supplementation (Policy Neonatal Hypoglycemia, Supplementation Kits)
• Step 7: Rooming-In (Policies: Rooming-in, location of care, newborn monitors; Quiet Time)
• Step 8: Demand/Cue (Posters)
• Step 9: Pacifier/Artificial Nipple (Policies: Pacifier/artificial nipple use, finger feeding, supplemental cup feeding)
• Step 10: Breastfeeding Support (Community Partnerships and Collaborations and Resources; Policies: Breast pump sanitization, human milk errors, formula feeding; breastfeeding resources; formula feeding patient education)
Reaching the 10 Steps to Successful Breastfeeding Manual Index

• WHO Code Marketing
  – PinnacleHealth Support of Code
  – Calculation Fair Market Value Formula & Related Items
  – Formula Purchase History
  – PHS diaper bags
  – System Meeting Communication WHO International Marketing Code
Reaching the 10 Steps to Successful Breastfeeding Manual Index

DATA

- Facilities Data Sheet
- Quantitative chart reviews
  - Descriptive Statistics
  - Graphs
- Qualitative: Baby Friendly mother interviews
  - Descriptive Statistics
  - Graphs
DATA

- Baseline and monthly progress
- Subset-mothers at risk for not breastfeeding due to disparities
- Presentation: Written narratives, charts, graphs
- Be able to enthusiastically talk to the data and your progress
- Articulate action plans

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<tr>
<th>BREASTFEEDING RATES: All Mothers</th>
<th>Baseline 2012</th>
<th>2014</th>
<th>Change (%)</th>
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<tbody>
<tr>
<td>Initiation</td>
<td>75%</td>
<td>84%</td>
<td>↑15</td>
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<tr>
<td>Exclusivity (BFUSA)</td>
<td>56%</td>
<td>65%</td>
<td>↑9</td>
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</table>

Mothers at High Risk for Health Disparities

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<tr>
<th>Initiation</th>
<th>Baseline 2012</th>
<th>2014</th>
<th>Change (%)</th>
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<tbody>
<tr>
<td>Exclusivity (BFUSA)</td>
<td>39%</td>
<td>59%</td>
<td>↑20</td>
</tr>
</tbody>
</table>
Professional Education
Manual Index

• Step 2 Education (Nurses, providers, ancillary)
• Skill Competency 1 & 2
• Staff education (2012 roll-out, nursing grand rounds, OB education Day, huddles, staff celebration)
• Nursing System Leadership education
• Department meetings (Obstetrics/Gynecology and Pediatrics, Women and Children’s Services)
• EMR Documentation Screens (Nursing documentation, Lactation documentation, IS)
• Unit-Based Breastfeeding Champions
• Staff Resources
• NICU Education
• BEST Education
Prenatal Patient Education Manual

Index

• PinnacleHealth Classes
  – Breastfeeding (live and online)
  – Childbirth education classes
  – Baby care basics
• OB/GYN Clinic classes
• Nurse-Family Partnership Education
• OB Offices Education Initial and Trimester Teaching
• Community Education
• Breastfeeding Guide
• Off to a Good Start Packet
BFB Proceedings Manual

Index

- Meeting Minutes
- Breakthroughs and Barriers
- Sample PDSA/Rapid Cycle Tests
Site Visit

- Schedule
- Format
- Content
  - Present on all three shifts
  - Observe several vaginal and Cesarean births
  - Random selection of staff, providers, and patients from list provided to them
- Suggestions
Interviews

- Administrative/Team interview
- Staff: all three shifts
  - Need to know 2 reasons for why pacifiers should not be used and why there needs to be NO marketing/advisement of formula
- Providers: Obstetricians, pediatricians, advanced practice nurses, residents
  - Need to be able to show/talk through hand expression
- Patients
  - 10 prenatal patients (minimum)
  - 15 inpatients (minimum)
- Most interviews are on the first day
And then it is over…

- No fanfare
- No exit interview
- No good-byes
- The role of the reviewers is to collect information and write the report to BFUSA
- Report submitted to BFUSA before reviewers leave town
- The report is blinded to BFUSA by hospital and reviewers.
- BFUSA notifies hospital team leader of decision by phone in 7-9 weeks.
Successes

- Consistent administrative support
- Stellar engagement and participation of our Team
- Baby-Friendly version of patient prenatal and postnatal education booklets
- Baby-Friendly version of Newborn Channel
- Patient education curriculum/materials to offices
- Free breastfeeding classes, 85% increase in attendance
- Established breastfeeding classes in OB clinic
- Online breastfeeding classes
- WIC staff member (CLC) presence on postpartum
- Positive impact on nurse satisfaction and commorodity
Lessons Learned

• Prenatal Education by trimester is essential for mothers to make informed decisions about infant feeding.
• Change takes time and energy
• Buy in requires persistence and patience
• Message needs to be clear, concise, and consistent
• Impact of physician words to support breastfeeding as the best method
• Free classes and on-line access increased attendance and participation
• Importance of drivers such as Joint Commission Perinatal Core Measures, the project was bigger than just Baby Friendly Designation.
• Positive impact on patient satisfaction
Celebration Time!!!!
Questions?