

BABY FRIENDLY STEPS 1 and 2 Change Implementation

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Clarifications and Warnings

- ◆ I am a physician
- ◆ I am a father and took the breast feeding of my children for granted
- ◆ I am a grandfather and am now a breastfeeding warrior
- ◆ I am far from an expert, but I am welcoming the training

Breastfeeding Benefits-Baby

- ◆ *Immunity:* antibodies, lactoferrin, anti-infective agents, bowel flora
- ◆ *Infection:* OM, URI, LRI, UTI, AGE
- ◆ *SIDS*
- ◆ *Intelligence*
- ◆ *Diabetes, Obesity, Cardiovascular Disease*
- ◆ Allergies
- ◆ NEC for premature infants

Breastfeeding Benefits-Mom

- ◆ *Bonding:* Mother and Father
- ◆ *Hormone release:* Calming/Uterine
- ◆ *Weight Loss*
- ◆ *Postpartum infertility*
- ◆ *Long term health:* Cancer (breast, endometrial, ovarian), osteoporosis, diabetes, metabolic syndrome, auto-immune

Breastfeeding Benefits- Hospitals and Administrators

- ◆ **Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding**
- ◆ **The Surgeon General Call to Action to Support Breastfeeding**

Breastfeeding Benefits-Health Care Workers

- ◆ World Health Organization
- ◆ American Academy of Pediatricians
- ◆ Provision of Best Practice

Baby Friendly Hospital Initiative (BFHI)

A global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding. The BFHI assists hospitals in giving mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies or feeding formula safely, and gives special recognition to hospitals that have done so.

BFHI Step 1 and Step 2

1. Have a written breastfeeding policy that addresses all Ten Steps/Seven Points and protects breastfeeding.
2. All health care staff who have contact with pregnant women, mothers and babies should be oriented to the policy and understand their role within it.

Step 1: Policy vs. Guidelines

- ◆ **Policy:** a course or principle of action adopted or proposed by a government, party, business, or individual. Sets aims, principles, and minimum standards of care.
- ◆ **Guideline:** A general rule, principle, or piece of advice. Provide further supporting information for the policy but are not applicable to all situations or enforceable as a basic standard of care.

Step 1: BFHI Policy Help

- ◆ Sample Policies
- ◆ Policy self evaluation checklist
- ◆ <http://www.babyfriendlyusa.org/eng/index.html>

Step 1: Communicating the Policy

- ◆ Users must know what standard of care to expect
- ◆ Displays, brochures
- ◆ Creativity
- ◆ Languages
- ◆ Early information (prenatal areas)

Step 1: Auditing the Policy

- ◆ Minimum Annual
- ◆ More frequent audits are recommended but must be effective and simple

Random Safety Audits: RSA

- ◆ RSA, aka random auditing, or random process auditing, is an intuitive method that can be applied by frontline clinical staff to enhance quality and safety in a busy work environment.
- ◆ *Quality Improvement in Neonatal Perinatal Medicine: Clinics in Perinatology*, March 2010, Volume 37, Number 1.

RSA

- ◆ Focuses on error prone points in the system (use of pacifiers, physicians ordering formula)
- ◆ Select these at random
- ◆ Audit with immediate feedback
- ◆ Flexible, adaptable, cheap rapid.
- ◆ Example: Pacifiers. Index card with question/answer. Find a pacifier today and record it on the card to be turned in.

BFHI: Step 2

All health care staff who have contact with pregnant women, mothers and babies should be oriented to the policy and understand their role within it. A mechanism should exist for the orientation of all new staff within one week of beginning work.

Step 2: Basic Requirements

- ◆ Sound basic training in fundamentals for all staff.
- ◆ Recommend 3 day "Train the Trainer" course.

Step 2: Orientation of New Staff

- ◆ Early (1 week)
- ◆ One on one
- ◆ Confirmation signature
- ◆ Give copy to employee
- ◆ Delineate everyone's role (receptionists to administrators).

Step 2: Hours of training

- ◆ Realistic
- ◆ 18 hours
- ◆ At least 3 hours practical
- ◆ Adult learning is practical
- ◆ Mandatory

Step 2: The Curriculum

- ◆ Must equip the staff to implement the Ten Steps.
- ◆ Guidance notes for Stage 2 assessment provides information about the questions staff are expected to answer at an assessment interview.
- ◆ Guidelines for the development of training curriculum.

Step 2: Practical Skills Training.

- ◆ Adult vs. Youth learning”
http://online.rit.edu/faculty/teaching_strategies/adult_learners.cfm
- ◆ Practical skills must be taught in small one on one groups to achieve a high standard of skill.
- ◆ Positioning, attachment, hand expression.
- ◆ Key is a small team of experts

Adult Learner Characteristics	Teaching Strategies
<p>Adult Learner Characteristics Adults have years of experience and a wealth of knowledge</p>	<p>Teaching Strategies Use your adult students as resources for yourself and for other students; use open-ended questions to draw out students' knowledge and experiences; provide many opportunities for dialogue among students</p>
<p>Adults have established values, beliefs, and opinions</p>	<p>Take time to clarify student expectations of the course; permit debate and the challenge of ideas; be careful to protect minority opinions within the class</p>
<p>Adults expect to be treated as adults</p>	<p>Treat questions and comments with respect; acknowledge contributions students make to the class; do not expect students to necessarily agree with your plan for the course</p>
<p>Adults need to feel self-directed</p>	<p>Engage students in designing the learning process; expect students to want more than one medium for learning and to want control over the learning pace and start/stop times</p>
<p>Adults often have a problem centered approach to learning</p>	<p>Show immediately how new knowledge or skills can be applied to current problems or situations; use participatory techniques such as case studies and problem-solving groups</p>
<p>Adults tend to be less interested in survey types of courses and more interested in straightforward how-to</p>	<p>Focus on theories and concepts within the context of their applications to relevant problems; orient the course content toward direct applications rather than toward theory</p>

Step 2: Medical Staff

- ◆ Importance of breastfeeding
- ◆ Management of common conditions
- ◆ Prescribing
- ◆ Referral
- ◆ Teaching packets are available
- ◆ Change is key

Switch

*How to Change Things
When Change is Hard*

Authors:

Chip Heath and Dan Heath

Also: *Made to Stick*

Switch

“For things to change,
somebody somewhere has
to start acting differently.
Maybe it’s you, maybe it’s
your team. Picture that
person (or people).”

Switch

“Each has an emotional side Elephant side and a rational Rider side. You’ve got to reach both. And you’ve also got to clear the way for them to succeed. In short, you must do three things:”

Direct the Rider

- ◆ Follow the bright spots
- ◆ Script the critical moves
- ◆ Point to the destination

Motivate the Elephant

- ◆ Find the feeling
- ◆ Shrink the change
- ◆ Grow your people

Shape the Path

- ◆ Tweak the environment
- ◆ Build Habits
- ◆ Rally the herd

*We win the war by winning
one battle at a time.*

Questions