

Implementing the Baby-Friendly Hospital Initiative in the United States



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Breastfeeding's *Perfect Storm*



Accelerate implementation of the Baby-Friendly Hospital Initiative.

CDC's mPINC Survey

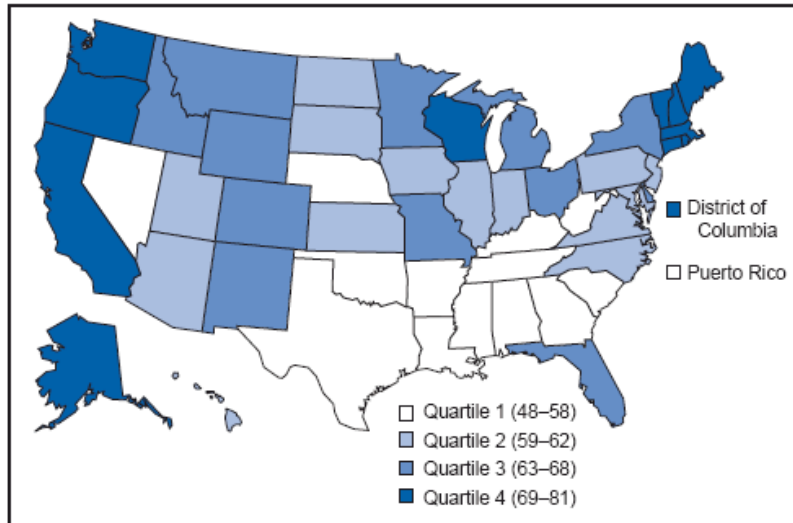
- CDC's National Survey of "Maternity Practices in Infant Nutrition and Care" (mPINC) was launched in 2007 among the nation's 3,143 maternity hospitals and 138 free-standing birth centers.
 - 2,960 facilities (82%) responded
 - The survey examined seven dimensions of maternity care impacting breastfeeding
 - Mean total scores ranged from a low of 48 (Arkansas) to a high of 81 (New Hampshire! and Vermont)
 - Facilities received benchmark reports
- mPINC has been re-launched

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The Baby-Friendly Hospital Initiative and the 4-D Pathway

FIGURE. Mean total maternity practice scores,* by quartile — Maternity Practices in Infant Nutrition and Care Survey, United States, 2007



* Maximum possible mean score is 100. Additional information regarding survey questions and scoring is available at <http://www.cdc.gov/mpinc>.

CDC's Breastfeeding Report Cards

- **Reports on State and National Progress with 5 indicators:**
 - Birth facility support (state mPINC scores, % of births in Baby-Friendly birth facilities, % of BF infants receiving formula < 2 days)
 - Professional support (# IBCLCs/1000 births)
 - Mother-to-Mother support (# active LLL groups/1000 births)
 - Legislation (existence of state laws protecting public BF and mandating support for working women)
 - Infrastructure (FTEs in state government devoted to breastfeeding & existence of state BF coalitions w/ webpresence)

Healthy People 2020 NEW TARGET

- Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and babies to 8.1% [2007 baseline: 2.9%]

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TJC – Exclusive Breastfeeding Measure

TJC created a new Perinatal Care Core Measure Set for implementation in 2010. The Measure set includes:

1. Elective delivery
2. Cesarean section
3. Antenatal steroids
4. Health care–associated bloodstream infections in newborns
5. Exclusive breast milk feeding

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TJC Exclusive Breast Milk Feeding ~ Excluded Populations [1]:

- Discharged from the hospital while in the Neonatal Intensive Care Unit (NICU)
- *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for galactosemia as defined in Appendix A, Table 11.21
- *ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes* for parenteral infusion as defined in Appendix A, Table 11.22
- Experienced death
- Length of Stay >120 days
- Enrolled in clinical trials
- Documented “Reason for Not Exclusively Feeding Breast Milk”

[1] The Joint Commission: *Specifications Manual for Joint Commission National Quality Measures (v2010A2) - PC Brief Discharges 04-01-10 (2Q10) through 09-30-10 (3Q10)*, pp 34-35. Accessed at http://manual.jointcommission.org/releases/TJC2010A/rsrc/Manual/TableOfContents/TJC/PC_Brief_v2010A2.pdf

The May , 2011 White House Task Force on Childhood Obesity’s Report to the President



- Recommendation 1.3: Hospitals and health care providers should use maternity care practices that empower new mothers to breastfeed, such as the **Baby-Friendly** hospital standards.
 - Hospitals and health care providers should routinely provide evidence-based maternity care that empowers parents to make informed infant feeding decisions as active participants in their care, and improves new mothers' ability to breastfeed successfully. Examples of specific practices and policies include: skin-to-skin contact between the mother and her baby; teaching mothers how to breastfeed; and early and frequent breastfeeding opportunities.
 - Hospitals, health care providers, and health insurers should also help ensure that new mothers receive proper information and support on breastfeeding when they are released from the hospital.
 - http://www.letsmove.gov/tfco_fullreport_may2010.pdf

What is the Baby-Friendly Hospital Initiative (BFHI)?

- A recognition program for maternity facilities that have created an optimal environment for appropriate infant feeding and mother-baby bonding.
- An international program co-administered by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) in conjunction with national BFHI authorities.

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Background

- The *“Ten Steps to Successful breast-feeding”*, published by WHO & UNICEF in 1989
- The Innocenti Declaration (1990/2005)
 - for the protection, promotion, and support of breastfeeding.
 - Operational target: “ensure that every facility providing maternity services fully practices all ten of the Ten Steps to Successful Breastfeeding...”
- The 1981 International Code of Marketing of Breast-milk Substitutes (the “International Code”)
 - The Code is referenced in and supported by the BFHI.

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The International Data

As of 2006, UNICEF reports that there were nearly 20,000 Baby-Friendly Hospitals worldwide.

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The US BFHI

- An expert Workgroup was convened in 1994 by Healthy Mothers, Healthy Babies and the US Department of Health and Human Services to study the feasibility of a US BFHI
- US Committee for UNICEF and Minda Lazarov created the “Certificate of Intent” Process
- Wellstart International and US Committee for UNICEF develop US assessment criteria
- Wellstart’s team assessed Evergreen Hospital of Kirkland WA, which became the first US Baby-Friendly Hospital in 1996

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Baby-Friendly USA

Baby-Friendly USA, a not-for-profit organization, was incorporated in 1997 to carry forward the implementation of the BFHI.

Current Status of the US BFHI -345 Facilities

- 105 designated “Baby-Friendly” hospitals and birth centers
- 87 hospitals and birth centers holding Certificates of Intent to complete the process
- 153 participating in the new 4-D pathway (110 in Discovery phase and 43 in Development phase).

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The Baby-Friendly™ Hospital Initiative is:

- A process for creating an optimal environment for maternal/infant bonding and the initiation of breastfeeding through implementation of the WHO/UNICEF *Ten Steps to Successful Breastfeeding*
- An award/designation for hospitals with maternity services and birth centers
- *The terms “Baby-Friendly” and “Baby-Friendly Hospital Initiative” and associated logos are trademarks of the US Fund for UNICEF.*

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To attain Baby-Friendly designation, a birth facility:

- **Implements the Ten Steps to Successful Breastfeeding**
- **Invites a Baby-Friendly survey team when it is determined that the Ten Steps are in place.**
- **Undergoes an on-site survey looking at the knowledge and practice of staff and the experience of mothers and babies**

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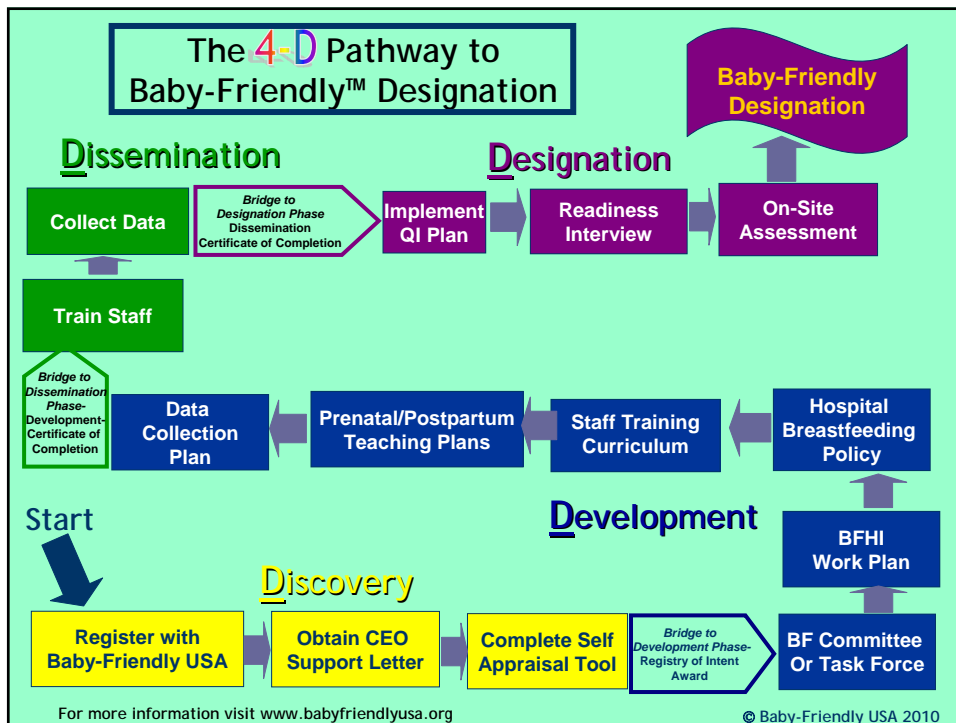
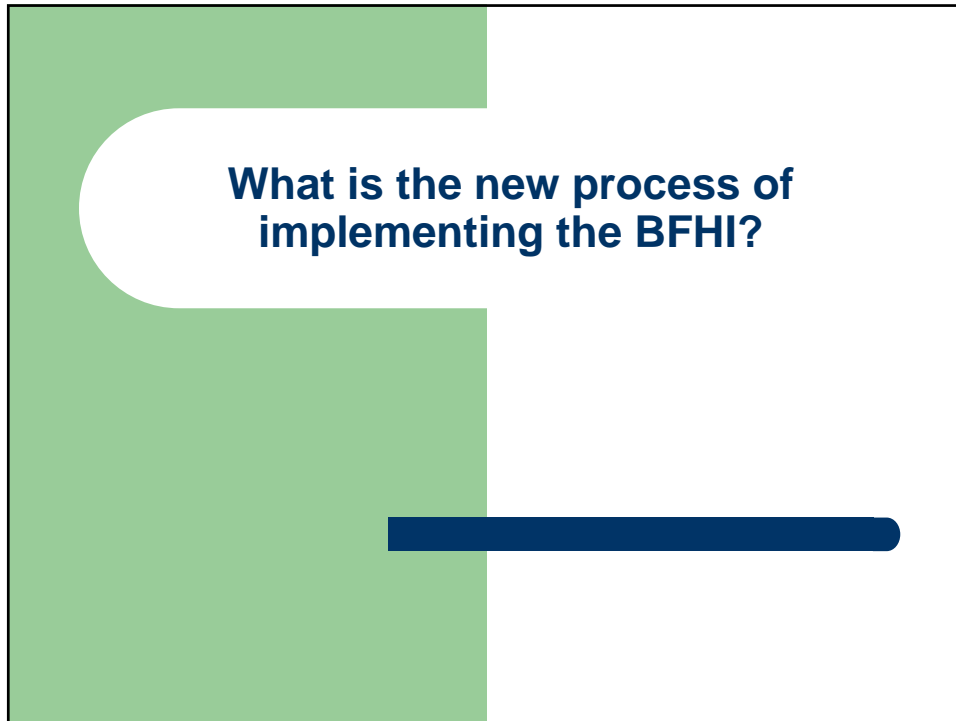
After the Assessment,

- **The team creates a report that blinded and then sent out to an external review board.**
- **This board reviews the report and determines whether the facility receives the Baby-Friendly designation.**
- **Results are available within 6 to 8 weeks of assessment.**

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The Baby-Friendly Hospital Initiative and the 4-D Pathway



Discovery Phase

- Register with Baby-Friendly USA
- Learn about the process
- Work to secure internal support for pursuing Baby-Friendly Designation
 - Find an internal champion
 - Secure Leadership (CEO) support
 - Conduct a Self-Appraisal

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Development Phase

- **Develop a Baby-Friendly Committee or Task Force**
- **Develop a Baby-Friendly Work Plan based on the review of maternity care practices that effect infant feeding outcomes**
- **Develop a comprehensive Breastfeeding Policy that addresses all Ten Steps to Successful Breastfeeding**

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Development Phase

- **Develop** a staff training curriculum
- **Develop** Prenatal/Postpartum Teaching Plans
- **Develop** breastfeeding support groups and/or linkages to breastfeeding support groups that exist within the community
- **Develop** a Data Collection Plan

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Dissemination Phase

- **Disseminate** information and provide orientation to all staff on the facility's position on breastfeeding and the infant feeding resources available in the facility
- **Disseminate** information and provide orientation to all departments impacted by the BFHI

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Dissemination Phase

- **Disseminate** information and provide training to all maternity care staff on the Breastfeeding policy
- **Disseminate** information about and train all maternity care staff on the BFHI topics and verify the appropriate competencies. Document all training.

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Dissemination Phase

- **Disseminate** information about and implement a breastfeeding education program for pregnant women and new mothers
- **Disseminate** information about and implement referrals with community providers to provide breastfeeding support

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Dissemination Phase

- **Disseminate** information about and implement agreements with community providers to provide mother to mother support
- Implement data collection and quality assurance plan

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Dissemination Phase

- Complete questionnaire to assess what the facility has done to foster continuity of care between prenatal, delivery and post partum services within both, the facility and the community

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Designation Phase

- **PREPARE** for assessment by working with purchasing department to determine fair market value for infant nutritional supplements, prepare rationale for how fair market price was determined

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Designation Phase

- **Notify infant nutritional supplement vendor of the intent to purchase all supplements/request invoice**
- **Submit 3 months of paid invoices as proof of purchase of infant nutritional supplements along with description of how fair market value was determined**

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Designation Phase

- **Conduct its own readiness assessment to identify correct implementation of the Ten Steps to Successful Breastfeeding**
- **Schedule the pre-assessment interview with BFUSA**
- **Make corrections**

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Designation Phase

- **Schedule the on-site assessment**
- **Achieve Designation**

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Reasons to “Go Baby-Friendly”

- Recognized symbol of World Class Care
- Deliver patient-centered care
- Improve health outcomes for mothers and babies
- Improve patient satisfaction
- Increase market share
- Elevate the reputation and standards of the birthing facility

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Reasons to “Go Baby-Friendly”

- Enhance a professional environment of competence
- Demonstrate a commitment to quality improvement
- Build leadership and team skills among staff
- Improve m-PINC scores as rated by the Center for Disease Control
- Meet Joint Commission maternity care standards for exclusive breast milk feeding

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Reasons to “Go Baby-Friendly”

- Meet corporate compliance requirements
- Lead the way to achieving Healthy People 2020 goals for breastfeeding
- Become a member of an exclusive group of elite facilities around the world who have achieved this globally prestigious award

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Population Health Outcomes Associated with Implementing the BFHI

- Increased:
 - Breastfeeding initiation
 - Breastfeeding duration
 - Duration of exclusive breastfeeding (Kramer 2001, Merewood 2005, Merten 2005, Philipp 2003)
 - Scores on intelligence tests at age 6.5 years (Kramer 2008)
- Decreased risk of atopic eczema in infancy (Kramer 2001)
- Decreased risk of gastrointestinal illness in infancy (Kramer 2001)

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