

Slide 1



Facilitator Instructions:

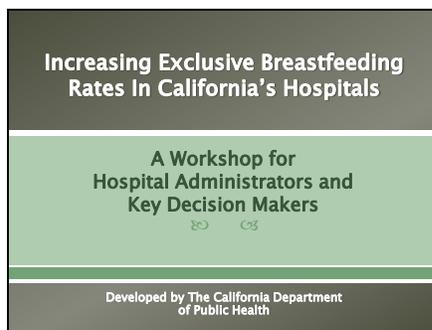
Introduce yourself as facilitator. Address housekeeping issues (name tags and table top name cards, bathroom location, silence electronic equipment).

Read note:

We are glad that all of you could be here today. We recognize that the hospitals and birthing centers you represent are in various stages of implementing steps to increase your exclusive breastfeeding rates. Some of you may have just started the process, and others have been working on it for a while.

This is an exciting time to be looking at the issue of improving mother-baby outcomes. Recently, there has been increased interest and attention to this issue in California and nationwide.

Slide 2



Read slide.

Slide 3



Read note:

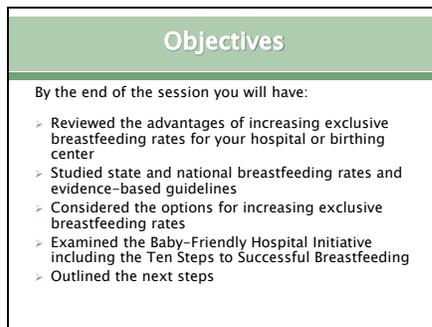
Is there anyone here from a hospital or birthing center that already has taken steps to increase their exclusive breastfeeding rates? If so, we encourage you to share ideas and be a resource today.

Facilitator Instructions:

If number of attendees is small, have attendees share their name, hospital or birthing center they represent, and why you are attending this training.

If group is large, they can share this in small groups at their tables.

Slide 4



Read slide.

By the end of the session you will have:

- Reviewed the advantages of increasing exclusive breastfeeding rates for your hospital or birthing center
- Studied state and national breastfeeding rates and evidence-based guidelines
- Considered the options for increasing exclusive breastfeeding rates
- Examined the Baby-Friendly Hospital Initiative including the Ten Steps to Successful Breastfeeding
- Outlined the next steps

Slide 5

Agenda

- I. Fiscal Impact
- II. Advantages of Increasing Exclusive Breastfeeding Rates
- III. National Rates and Guidelines
- IV. California Rates and Guidelines
- V. What Can Hospitals Do?



Read slide.

Slide 6

Agenda

- VI. Options for Increasing Exclusive Rates
- VII. Baby-Friendly Hospital Initiative
- VIII. Baby-Friendly USA Ten Steps
- IX. Costs of Exclusive Breastfeeding
- X. How Long Does It Take?
- XI. Administrative Decision:
Next Steps



Read slide.

Slide 7

Background: California Law

California Health and Safety Code Section 1257.9
Requires the California Department of Public Health (CDPH) to develop an 8 hour training to increase exclusive breastfeeding rates for those institutions that provide maternity care and have exclusive patient breastfeeding rates in the lowest quartile, as reported by CDPH.

Read slide.

Read Note:

This training actually was designed to pertain to all hospitals and birthing centers providing maternity care in California.

Slide 8

Breastfeeding: A National Priority

Breastfeeding is associated with:
Decreased risk for infant morbidity and mortality, as well as maternal morbidity, and provides optimal infant nutrition

Healthy People 2020 establishes:
Breastfeeding initiation, continuation, and exclusivity as national priorities

Read slide.

Slide 9

Changes in Maternity Care Practices Improve Breastfeeding Rates

- Maternity practices in hospitals and birth centers can influence breastfeeding behaviors during a period critical to successful establishment of lactation
- Evidence-based studies demonstrate that changes in maternity care practices, to make them more supportive of breastfeeding, increase initiation and continuation of breastfeeding

Read slide.

Slide 10

Fiscal Impact of Being Breastfeeding Friendly

20 03

Read slide.

Slide 11

Cost comparison of Baby-Friendly and non Baby-Friendly U.S. Hospitals	
Results	
Baby-Friendly	\$2205 per delivery
Non Baby-Friendly	\$2170 per delivery
Difference per delivery	\$35
<small>(Includes nursery plus labor and delivery costs)</small>	
<small>Dellfraine, et al. Pediatrics 2011; 127:4 e989-e994</small>	

Read note:

We want to address cost issues up front since this is a concern for many hospitals. This study showed a difference of only \$35.00 per delivery, or an average of about 2% in the initial years of implementation, in hospitals with baby-friendly designation.

Read slide.

Slide 12

Fiscal Impact in U.S.

Savings of \$13 Billion per year



If 90% of infants were exclusively breastfed for 6 months

Harvard study—Barrick M, Reinhold A. Pediatrics 2010;125:e1048-1056.

Read note:

A recent Harvard study estimated:

Read slide.

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Fiscal Impact in California

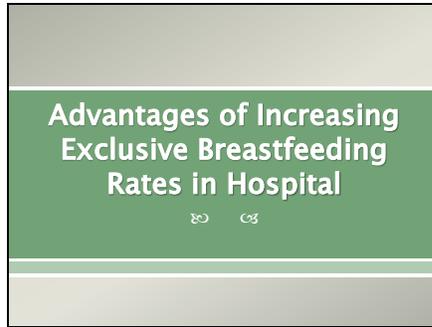


By increasing breastfeeding rates to meet current medical recommendations California can save many millions of dollars

CA WIC Assoc., UC Davis Human Lactation Center, "One Hospital at a Time", 2011.

Read slide.

Slide 14



Read slide.

Slide 15



Read slide.

Read note:

The United States Breastfeeding Committee has developed a toolkit for implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding. It is on your References List.

The Joint Commission defines exclusive breastmilk feeding as a newborn receiving only breastmilk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals or medicine.

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Advantages

- ✓ Increased family and community satisfaction
- ✓ Mothers want to deliver at hospitals that support breastfeeding
- ✓ Families want their babies to be born at hospitals that support parent–infant bonding (skin-to-skin)



Read slide.

Slide 17

Problems With Not Fully Supporting Breastfeeding

Babies who are fed formula and stop breastfeeding early have higher risks of:

- Respiratory infections
- Diarrhea
- Ear infections
- SIDS
- Diabetes
- Obesity



Read slide.

Read note:

The Agency for Healthcare Research and Quality (AHRQ), in 1997, reaffirmed the health risks associated with formula feeding and early weaning from breastfeeding. The risk of ear infections is 100 percent higher among exclusively formula-fed infants than those who are exclusively breastfed during the first six months. Rare but serious infections and diseases, such as severe lower respiratory infections and leukemia, also are higher for formula-fed infants. The risk of Sudden Infant Death Syndrome (SIDS) is 56 % higher among those who have never breastfed. Additional information is available from the Surgeon General’s Call to Action to Support Breastfeeding, 2011 and CDC Vital Signs cited in your Reference List.

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Problems With Not Fully Supporting Breastfeeding

Babies not fully breastfed tend to require more:

- Doctor visits
- Hospitalizations
- Prescriptions



www.CDC.gov/vitalsigns

Read slide.

Read note:

Exclusive breastfeeding and longer durations of breastfeeding are associated with better maternal health outcomes as well.

Slide 19

Breastfeeding Prevents Obesity

Breastfeeding consistently reduces the risk of overweight and obesity

- ✓ 61 studies
- ✓ 300,000 participants



Quinn, G.C. Pediatrics. 119:1367-1377, 2005.

Read slide.

Read note:

A recent analysis, which included 61 studies and nearly 300,000 participants, showed that breastfeeding consistently reduced risks for overweight and obesity. The greatest protection is seen when breastfeeding is exclusive and continues for more than three months.

Slide 20

National Breastfeeding Rates and Guidelines



Read slide.

Slide 21

U. S Breastfeeding Rates 2011

- > **75%** of babies start breastfeeding
- > **50%** given formula within 6 weeks
- > **31%** any breastfeeding at 9 months



www.cdc.gov/vitalsigns

Read slide.

Read note:

Studies have shown that breastfeeding is dose-dependent, and good health outcomes require longer periods of exclusive breastfeeding than currently found in the United States.

Slide 22

AAP

American Academy of Pediatrics Breastfeeding Policy:

"Exclusive breastfeeding is sufficient to support optimal growth and development for the first 6 months of life...Breastfeeding should be continued for the first year or life and beyond..."



Pediatrics Vol.115 No.2, 2005

Read slide.

Slide 23

Call to Action



Action 7
Ensure that maternity care practices throughout the U.S. are fully supportive of breastfeeding

U.S. Dept. of Health and Human Services. <http://www.surgeongeneral.gov>

Read note:

The evidence in the scientific literature documenting the risks of not breastfeeding is overwhelming. The Surgeon General's Call to Action, in response to this body of evidence, describes specific steps, like Action 7, to support breastfeeding in order to reduce inequities in the quality of health care that mothers and babies receive.

Read slide.

Slide 24

Surgeon General's Call to Action to Support Breastfeeding, 2011

Recommendations

- I. Accelerate implementation of the Baby-Friendly Hospital Initiative
- II. Establish accountable public reporting of maternity care practices
- III. Establish systems to control the distribution of infant formula in hospitals and ambulatory care facilities

<http://www.surgeongeneral.gov>

Read slide.

Slide 25

Affordable Care Act

Includes:

- Comprehensive lactation support and counseling by a trained provider
- Costs for renting breastfeeding equipment



Read note:

The Affordable Care Act, the health insurance reform legislation passed by Congress and signed into law by President Obama in March 2010, requires health plans to cover preventive services.

Read slide.

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Other Health Organizations Recommending Exclusive Breastfeeding

- ✓ American Academy of Pediatrics
- ✓ American Academy of Family Physicians
- ✓ American College of Obstetricians and Gynecologists
- ✓ American College of Nurse-Midwives
- ✓ Academy of Nutrition and Dietetics
- ✓ American Public Health Association

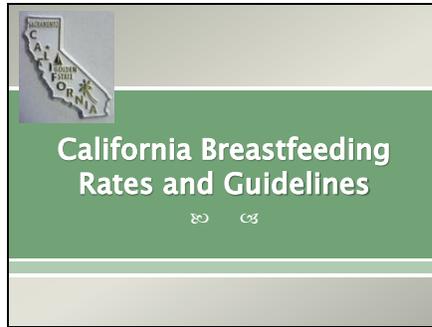


Read slide.

Read note:

All of these health organizations have existing guidelines to recommend that most infants in the United States be breastfed for at least 12 months. They also recommend that for about the first six months, infants should be exclusively breastfed.

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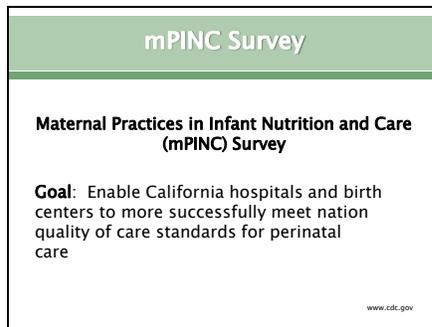


Read slide.

Read note:

Next, we will look at the different reports that are specific to California's breastfeeding rates.

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Read note:

The national mPINC survey, by the Centers for Disease Control, is used in facilities that provide maternity care services. This survey is taken every other year and focuses on infant feeding practices known to be associated with better breastfeeding rates. Hospitals are provided with benchmark reports to identify and address areas of concern. These reports can be used to help maternity care providers improve breastfeeding outcomes by offering the best evidence-based care to their patients.

In your Reference List is the mPINC Quality Practice Measures Benchmark Report for the 2009 survey. You may want to look at that report online to see what is measured.

Read slide.

Slide 29

mPINC Survey Emphasis

- Labor and Delivery Care
- Feeding of Breastfed Infants
- Breastfeeding Assistance
- Contact Between Mother and Infant
- Facility Discharge Care
- Staff Training
- Structural & Organizational Aspects of Care Delivery

Read slide.

Read Note:

These are the key clinical care processes, policies, and staffing expectations that are appropriate for the care of all perinatal patients, unless medically contraindicated. mPINC refers to them as Dimensions of Care.

The next slide shows your handout that lists Dimensions of Care for mPINC.

Slide 30

**Handout:
Dimensions of Care (mPINC)**



www.cdc.gov

Read note:

Please pull out this handout entitled “National Survey of Maternity Care Practices in Infant Nutrition and Care: Dimensions of Care (mPINC) in the mPINC Survey. Take a couple of minutes to review it.

Slide 31

**Handout:
California 2009 mPINC Survey**



Read note:

The next handout we will look at is entitled “Maternity Practices in Infant Nutrition and Care in California: 2009 mPINC Survey”. Please pull out this handout. It describes specific opportunities to improve mother-baby care at hospitals in California in order to more successfully meet national quality of care standards for perinatal care. The findings are summarized on the next slide.

Slide 32

mPINC Summary

California Hospitals

Doing well with:

- > Provision of Breastfeeding Advice and Counseling
- > Availability of Prenatal Breastfeeding Instruction

Improvement needed in:

- > Appropriate Use of Breastfeeding Supplements
- > Inclusion of Model Breastfeeding Policy Elements
- > Provision of Hospital Discharge Planning Support
- > Adequate Assessment of Staff Competency

www.cdc.gov

Read slide.

Slide 33

mPINC Results

Results from the 2007 and 2009 mPINC surveys indicate that despite slight improvements, birth facilities in most states are not providing maternity care that is fully supportive of breastfeeding



Read note:
This slide discusses the results of mPINC survey results over time.

Read slide.

Slide 34

Supplementation

mPINC Goal
Less than 10% of infants supplemented with formula



Rates In California
Less than 10% of California hospitals have reached the goal

CDC Vital Signs, 2011, www.cdc.gov/vitalsigns

Read slide.

Read note:

Remember that this goal was established by the Centers for Disease Control.

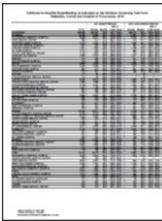
Think about your hospital. Have you met this goal of supplementing less than 10% of your infants?

Instructions:

Give them a minute of silence to think.

Slide 35

**Handout:
California In-Hospital Breastfeeding 2010**



Read note:

The next handout we will discuss looks like this. Please find it. The title is "California In-Hospital Breastfeeding as Indicated on the Newborn Screening Form: Statewide, County and Hospital of Residence".

Slide 36

California In-Hospital Breastfeeding Rates

The Maternal Child and Adolescent Health Division annually monitors in-hospital infant feeding practices and sends results to all hospitals

Data by County and by Hospital is available at:
<http://cdph.ca.gov/breastfeedingdata>

Data obtained during routine newborn genetic disease screening

Read slide.

Read note:

Look at the the handout you just pulled out entitled "California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form: Statewide, County and Hospital of Occurrence: 2010".

Please find your individual hospital's data. Compare it to your county and statewide rates.

Instructions:

Give attendees time to review their hospital's data.

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Read note:
Please find this report in your handouts. This annual report was produced by the California Women, Infant, and Children Association (California WIC Association) and the UC Davis Human Lactation Center, January 2011.

The data used are from the California Department of Public Health Genetic Disease Branch.

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California Breastfeeding & Hospital Performance

Findings

- 90% of new mothers breastfeed during their hospital stay, only 52% do so exclusively
- Disparities in breastfeeding rates by ethnicity persist
- Many of the hospitals with the lowest exclusive rates serve low-income women of color

CA WIC Association, UC Davis, 2011, www.calwic.org

Read slide.

Slide 39

California Breastfeeding & Hospital Performance

Cultural Practices

- In the past, providers may have mistakenly believed that differences in rates are driven by cultural practices
- Data show that for hospitals with supportive breastfeeding policies, disparities are significantly reduced



CA WIC Association & UC Davis, 2011

Read slide.

Slide 40

California Breastfeeding & Hospital Performance

“Although not all hospitals with the highest breastfeeding rates have become Baby-Friendly, hospitals with high rates of exclusive breastfeeding have adopted policies ensuring that all mothers are supported in their infant-feeding decisions.”



CA WIC Association & UC Davis, 2011

Read slide.

Slide 41

New Breastfeeding Guidelines for California

Senate Bill (SB) 502, passed October 2011

Requires all general acute care hospitals and special hospitals that have perinatal units to:

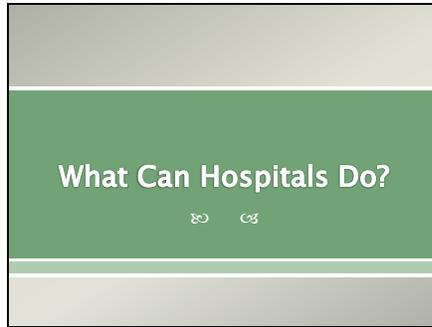
- Have an infant-feeding policy
- Clearly post that policy in the perinatal unit or on the hospital or health system Internet web site
- Routinely communicate the infant-feeding policy to perinatal unit staff
- Apply the policy to all infants in a perinatal unit

This bill becomes operative January 1, 2014

Read slide.

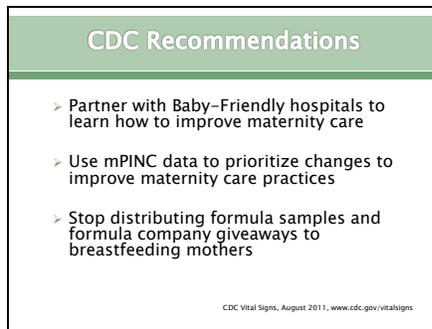
Read note:
This is a new law to help guide hospitals in establishing infant feeding policies.

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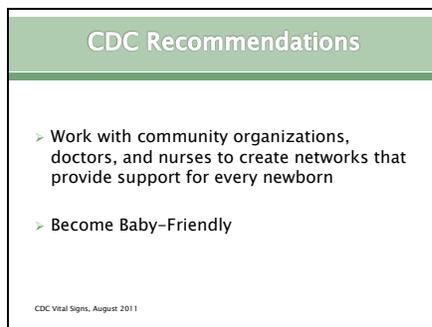
Read slide.

Slide 43



Read slide.

Slide 44



Read slide.

Slide 45



Read note:

There are several paths you can take to improve exclusive breastfeeding rates.

Slide 46

Administrative Decision for
Increasing Exclusive Breastfeeding Rates

1. Choose to pursue Baby-Friendly USA designation

OR

2. Increase exclusive breastfeeding rates without pursuing designation by implementing:
 - A. Baby-Friendly USA policies and procedures
 - B. The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding
 - C. Model Hospital Policies from the California Department of Public Health

Read slide.

Read note:

The Baby-Friendly USA policies are the most comprehensive way to increase your hospital's exclusive breastfeeding rates. Listed on this slide are other options. The document "One Hospital at a Time: Overcoming Barriers to Breastfeeding" produced by the California Women, Infant, and Children (WIC) Association and the University of California, Davis, recommends that all California hospitals offering maternity services should implement The Joint Commission Perinatal Care Core Measures on exclusive breastmilk feeding. These are consistent with the Baby-Friendly policies and the Model Hospital Policies. The websites for these are in your Reference List.

Slide 47



Read note:

Next, we will review the Baby-Friendly Hospital Initiative including Baby-Friendly designation.

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Read slide.

Read note:

The Baby-Friendly Hospital Initiative is an international program co-administered by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). Baby-Friendly USA, a not-for-profit corporation, administers the implementation of the Baby-Friendly Hospital Initiative in the United States. The Baby-Friendly Hospital Initiative promotes, protects, and supports breastfeeding through *The Ten Steps to Successful Breastfeeding for Hospitals*. We will review The Ten Steps later in these slides.

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Why Participate in Baby-Friendly USA?

- > Quality Improvement
- > Cost Containment
- > Public Relations/Marketing
- > Prestige



Read slide.

Read note:

Quality Improvement (QI)- BFHI requires on-going data collection and quality improvement.

Many of the ten steps are easily adaptable as QI projects.

Cost Containment- Increased breastfeeding rates have a proven impact on decreasing health care costs. For example, increased breastfeeding decreases postpartum hemorrhage and infant ear infections.

Public Relations/Marketing- Families who feel adequately supported can advocate for a baby-friendly birth facility.

Prestige- Receipt of this international award is an achievement to celebrate!

Slide 50

Baby-Friendly USA is Evidence-Based

Dozens of research studies indicate:

Hospitals that have implemented baby-friendly policies have higher exclusive breastfeeding rates no matter where they are or who they serve



Read slide.

Slide 51

Baby-Friendly Hospitals	
Date	# of Baby-Friendly hospitals
California 2006	12
California Dec.2011	45
U.S. 2011	125

Many hospitals currently are pursuing Baby-Friendly Hospital designation

Read note: As a result of the Baby-Friendly Hospital Initiative, more hospitals are becoming Baby-Friendly each year.

Read slide.

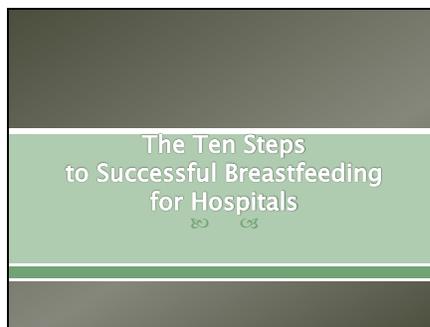
Slide 52

Requirements to Be Designated as a Baby-Friendly Hospital
1. Hospital must implement the Baby-Friendly USA Ten Steps to Successful Breastfeeding
2. Comply with the International Code of Marketing of Breastmilk Substitutes <ul style="list-style-type: none">Requires hospitals to pay fair market value for infant formula and not promote items detrimental to breastfeeding, including discharge bags that contain formula.



Read slide

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Read slide.

Read note: “The Ten Steps to Successful Breastfeeding for Hospitals” often is referred to as “The Baby-Friendly Ten Steps”. Please find it in your handouts.

Slide 54

Baby-Friendly Ten Steps

- **Step 1**
Have a written breastfeeding **policy** that is routinely communicated to all health care staff
- **Step 2**
Train all health care staff in skills necessary to implement this policy
- **Step 3**
Inform all pregnant women about the benefits and management of breastfeeding

www.babyfriendlyusa.org/eng/10steps.html

Read note:

Any of these 10 steps can be implemented in hospitals not yet ready to pursue “Baby-Friendly” designation. Research shows that the more of these steps that are implemented, the higher the breastfeeding rates in that hospital.

Read Step 1 on slide.

Read note:

Step 1- Hospital policies have an enormous impact on breastfeeding success. In 2011, only 14% of hospitals have a written model breastfeeding policy.

Read Steps 2 and 3 on slide.

Slide 55

Baby-Friendly Ten Steps

- **Step 4**
Help mothers **initiate breastfeeding within one hour** of birth
- **Step 5**
Show mothers how to breastfeed and how to **maintain lactation**, even if they are separated from their infants
- **Step 6**
Give newborn infants **no food or drink other than breastmilk**, unless *medically* indicated

Read slide.

Slide 56

Baby-Friendly Ten Steps

- > **Step 7**
Practice "**rooming in**"-- allow mothers and infants to remain together 24 hours a day
- > **Step 8**
Encourage **breastfeeding on demand**
- > **Step 9**
Give **no pacifiers** or artificial nipples to breastfeeding infants
- > **Step 10**
Foster the establishment of breastfeeding **support groups** and refer mothers to them on discharge from the hospital or clinic

Read slide.

Slide 57

Baby-Friendly Steps Increase Breastfeeding

Research indicates:

An increase in the number of Baby-Friendly Steps taken



results in

An increase in exclusive breastfeeding

D'Gloriano A M et al. Paediatrics 2008;122:543-549

Read slide.

Read note:

In this study the more Baby-Friendly steps a mother experienced in the hospital, the less likely she was to supplement at 6 weeks.

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How to Start

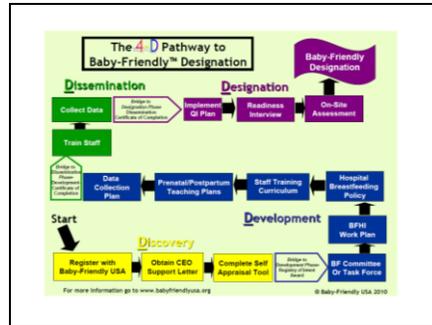
- > Birth facilities make a commitment to improve feeding policy, training and practices
- > Follow the 4-D Pathway to Baby-Friendly Designation through Baby-Friendly USA



The Baby-Friendly Hospital Initiative

Read slide.

Slide 59



Read note:

This diagram illustrates the 4-D Pathway to Baby-Friendly designation. Please pull it out of your handouts.

Baby-Friendly USA will provide technical assistance as your facility moves along the pathway towards Baby-Friendly designation.

The four phases include:

- **Discovery Phase:** Facilities register with Baby-Friendly USA and learn about the process.
- **Development Phase:** Facilities make a commitment to the process, receive a registry of intent certificate, and receive a comprehensive set of plans for how they will implement the Ten Steps to Successful Breastfeeding.
- **Dissemination Phase:** Facilities implement the plans they developed in the prior phase.
- **Designation Phase:** Facilities review their implementation of the Ten Steps and implement a quality assurance program. When ready, they undergo an on-site assessment. Upon successful completion of this process, the Baby-Friendly designation is conferred.

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Slide 61

Baby-Friendly USA Fees		
Phase	Hospitals	Freestanding Birth Centers & Hospitals with < 500 births/yr
Discovery	\$ 0 Fee	\$ 0 Fee
Development	\$ 2,000	\$ 1,200
Dissemination	\$ 2,000	\$ 1,200
Designation	\$ 2,000	\$ 1,200
Total	\$ 6,000	\$ 3,600
Re-Designation	\$ 1,000/yr	\$ 1,000/yr

www.BabyFriendly.usa.org

Read note:

There is a cost to the hospital to receive Baby-Friendly designation. This chart outlines the stages and associated fees.

These fees are good through Dec. 2011. See babyfriendlyusa.org for current fees.

Read slide.

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Slide 63

Timeline to Baby-Friendly Designation

3-6 years



Read slide.

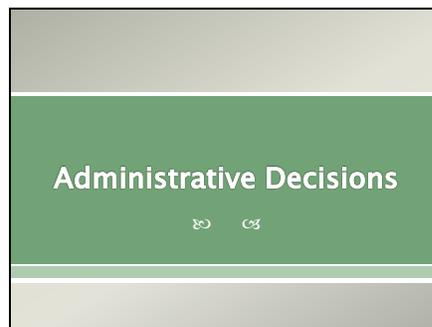
Read note:

Typically, it takes about 3-6 years to receive Baby-Friendly designation. Each phase was envisioned to take about a year, but it can be shorter. Experience indicates that a short timeline can backfire if not everyone is on-board.

Remember, incremental improvement in breastfeeding rates is seen for each step implemented.

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Administrative Decisions



Read slide

Slide 65

Determine strategy for increasing Exclusive Breastfeeding Rates

1. Choose to pursue Baby-Friendly designation
- OR
2. Increase exclusive breastfeeding rates without pursuing designation by implementing either:
 - A. Baby-Friendly USA policies and procedures
 - B. The Joint Commission Perinatal Core Measure on Exclusive Breast Milk Feeding
 - C. Model Hospital Policies from the California Department of Public Health

Read note: As we discussed earlier, there are several paths to increasing exclusive breastfeeding rates. Each hospital will make their own decision regarding which one to implement. The options are reviewed again on this slide.

Read slide.

Slide 66

1. Choose to pursue Baby-Friendly USA designation

OR

2. Increase exclusive breastfeeding rates without pursuing designation by implementing:

- A. Baby-Friendly USA policies and procedures
- B. The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding
- C. Model Hospital Policies from the California Department of Public Health

Read note: As we discussed earlier, there are several paths to increasing exclusive breastfeeding rates. Each hospital will make their own decision regarding which to implement.

Read slide.

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Next Steps

Once the path has been chosen:

- 1. Make the commitment to increase exclusive breastfeeding rates
- 2. Identify the individuals to serve on your interdisciplinary team
- 3. Meet with the team to show administrative support
- 4. Charge the team with implementing evidence-based policies and practices that support exclusive breastfeeding



Read slide.

Read note:
One of the lessons learned from the Birth and Beyond California: Hospital Breastfeeding Quality Improvement & Staff Training Demonstration Project was that hospital administration must form a multidisciplinary quality improvement team prior to initiating steps toward increasing your exclusive breastfeeding rates.

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Interdisciplinary Team Responsibilities

- 1. Attend remaining two workshops of this training
- 2. Review existing hospital policies and practices
- 3. Develop policies and procedures for implementation

Read slide.

Slide 69

Interdisciplinary Team Responsibilities

- Lead the implementation of the chosen route and address challenges
- Ensure the dissemination of information and resources to nurses and mothers
- Report implementation progress to hospital's administrators

Read slide.

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Potential Team Members

➤ Hospital CEO	➤ Nurse Executive/Administrator
➤ Clinical Director	➤ Dietitian
➤ Lactation Specialist	➤ Former Patient
➤ Nurse Manager	➤ Per Diem Nurse
➤ Coordinator of Childbirth Education and Lactation Program	➤ Nurse Practitioner
➤ Pediatricians	➤ Unit Manager
➤ OB Team	➤ Lactation Committee
	➤ Midwifery Director

www.babyfriendlyusa.org

Read slide.

Read note:
Pull out the handout entitled "Interdisciplinary Team Worksheet".

Take a few minutes to think about who you will identify to serve on your Interdisciplinary Team. Start filling in the names of potential team members.

Read instructions:
Give the attendees 5 minutes to start this process.

Slide 71

Summary

Increasing your exclusive breastfeeding rates:

- Complies with current federal and state policies on breastfeeding
- Produces community, organizational, staff and mother-infant benefits
- Generates positive feedback from the community and enhances marketing
- Is the right thing to do for every newborn!

Read slide.

Slide 72



Read slide.

Read note:

Before you leave, please complete the evaluation form that is in your handouts. We appreciate your feedback.

Facilitator notes:

Please collect the evaluations before attendees leave. The feedback will help us in developing future trainings.