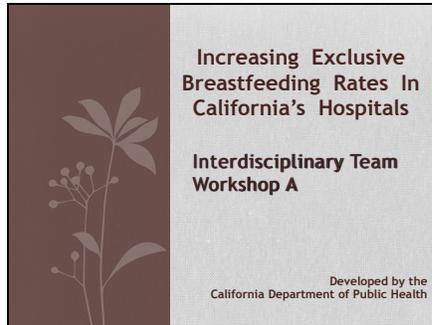


Slide 1

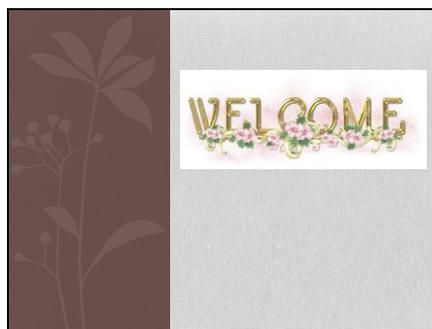


Read note:

Welcome to the training session entitled "Increasing Exclusive Breastfeeding Rates in California's Hospitals Interdisciplinary Team Workshop A".

This workshop was designed for the interdisciplinary team, at the hospital or birthing center, that has responsibility for developing policies and practices to support breastfeeding and increase exclusive breastfeeding rates.

Slide 2



Facilitator instructions:

Welcome all in attendance. Introduce yourself as the facilitator. Address housekeeping issues (name tags, bathroom location, silence electronic equipment).

Direct attendees to the handouts we will be referring to today.

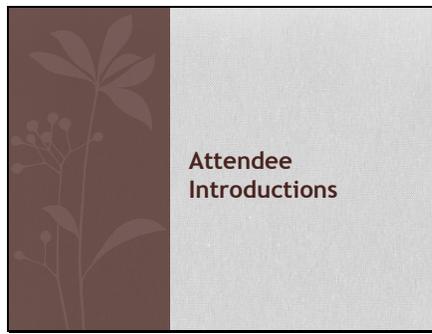
Read note:

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 health outcomes. Recently, there has been increased interest and attention to this issue in California and nationwide.

Today, we will review information and share experiences to help everyone make progress towards improving mother-baby health outcomes.

Slide 3



Read note:

Please share your name, hospital or birthing center you represent, and your role on the interdisciplinary team. In addition, please tell the group what your expectations are for this workshop.

Facilitator instructions:

For a large group, have them talk at their individual tables and write their expectations on a flip chart. Have each table share their expectations and post around room.

For a small group, go around the room and have them introduce themselves. As they talk about their expectations record them on a flip chart. Post around room.

Slide 4

Objectives

By the end of this session you will have:

- ✓ Reviewed the advantages of increasing hospital exclusive breastfeeding rates
- ✓ Studied state and national breastfeeding rates and evidence-based guidelines
- ✓ Considered the options for increasing exclusive breastfeeding rates
- ✓ Analyzed Steps 1 & 2 of the Baby-Friendly USA Ten Steps

Read slide.

Slide 5

Objectives

- ✓ Completed a Hospital Self-Appraisal Form
- ✓ Assessed your hospital's readiness to increase its exclusive breastfeeding rates
- ✓ Developed an action plan to implement Baby-Friendly USA Steps 1 & 2

Read slide.

Slide 6

Agenda

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



Read slide.

Slide 7

Agenda

- VIII. Baby-Friendly Hospital Initiative
- IX. Baby-Friendly Steps 1 & 2
- X. Costs of Becoming Baby-Friendly
- XI. How Long Does It Take?
- XII. Initiating Change
- XIII. Hospital Self-Appraisal
- XIV. Action Plan Development



Read slide.

Slide 8

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 9

Interdisciplinary Team

- ✓ How often should you meet?
- ✓ Do you have the necessary members?
- ✓ Any challenges?



Read note:

In the previous session, for Hospital Administrators and Key Decision-Makers, the importance of putting together an Interdisciplinary Team to increase exclusive breastfeeding rates was discussed. You are here today because you have been selected to be a part of that Interdisciplinary Team.

Read slide.

In your groups, take a few minutes to respond to the three questions on the slide. Please select a

recorder and reporter for your group. Record your answers on the flip chart provided. You will be sharing your responses with the larger group.

Facilitator instructions:

Give the group 15 minutes for this activity. Ask the groups to post their flip chart and report back to the large group.

Responses will depend on the individual hospital.

Show next slide with potential interdisciplinary team members.

Slide 10

Potential Team Members

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

www.babyfriendlyusa.org

Read slide.

Read note:

Think about anyone else who should be added to your team.

Slide 11

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 note:

Many of you are aware of the rationale behind the importance of increasing breastfeeding rates. This training will highlight the evidence-based literature which you can use to promote the importance of supporting breastfeeding infants and mothers in your facility.

How many of you already have taken a leadership role in promoting breastfeeding in your hospital (show of hands)?

Read slide.

Slide 12

Changes in Maternity Care Practices Improve Breastfeeding Rates

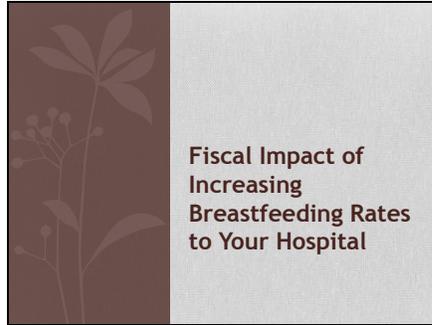
Maternity practices in hospitals and birth centers can influence breastfeeding behaviors during a period critical to successful establishment of lactation



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 13



Read slide.

Slide 14

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

(Includes nursery plus labor and delivery costs)

DellFraine, et al. Pediatrics 2011; 127:4 e989-e994

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 15

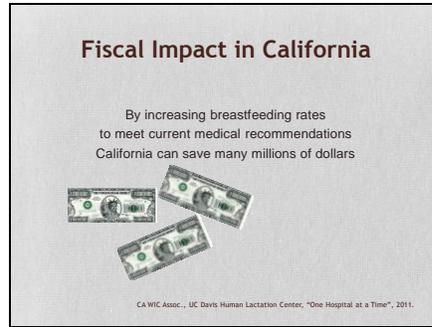


Read note:

A recent Harvard study estimated:

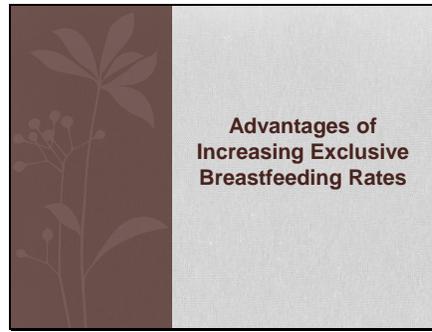
Read slide.

Slide 16



Read slide.

Slide 17



Read slide.

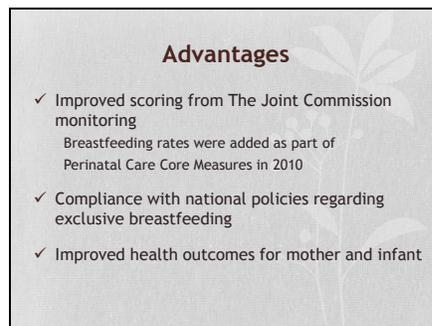
Read note:

What do you think are the advantages of increasing your exclusive breastfeeding rates?

Facilitator Instructions:

Record answers on flip chart paper and post for review at breaks.

Slide 18



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.

Slide 19

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.

Read note:

What are the problems associated with not fully supporting exclusive breastfeeding in the hospital?

Facilitator instructions:

Record answers on flip chart paper and post.

Slide 20

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.

Slide 21

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 22

Breastfeeding Prevents Obesity

Breastfeeding consistently reduces the risk of overweight and obesity

- ✓ 61 studies
- ✓ 300,000 participants



Obes. G.C. Pediatrics. 119-1367-1377, 2005

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

Slide 23



National Rates and Guidelines

Read slide.

Slide 24

U.S. Breastfeeding Rates 2011

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



www.cdc.gov/wrstatstips

Read slide.

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

Slide 25

AAP Policy

American Academy of Pediatrics Breastfeeding Policy:

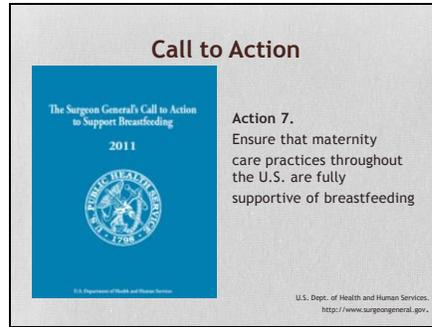
“Exclusive breastfeeding is sufficient to support optimal growth and development for the first 6 months of life...Breastfeeding should be continued for the first year of life and beyond...”



Pediatrics 115 No 2, 2005.

Read slide.

Slide 26

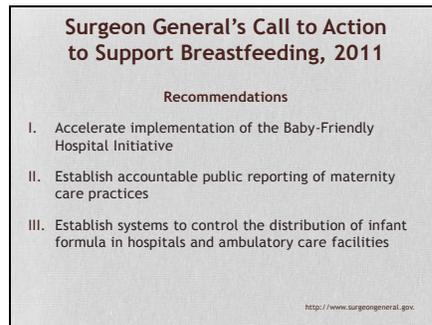


Read note:

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, such as Action 7, to support breastfeeding in order to reduce inequities in the quality of health care that mothers and babies receive.

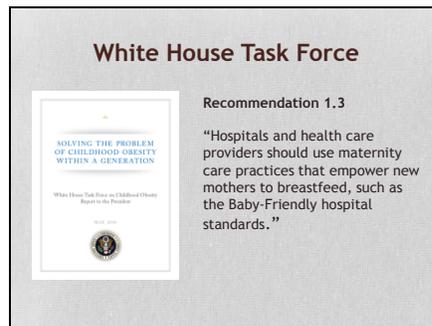
Read slide.

Slide 27



Read slide.

Slide 28



Read note:

This White House Task Force recognizes the connection between breastfeeding and childhood obesity.

Read slide.

Slide 29

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.

Slide 30

Example of 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
- ✓ American Dietetic Association
- ✓ American Public Health Association



Read slide.

Read note:

All of these 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 be exclusively breastfed.

Slide 31

California Rates and Guidelines



Read slide.

Read note:

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

Slide 32

mPINC Survey

**Maternal Practices in
Infant Nutrition and Care (mPINC) Survey**

Goal: Enable California hospitals and birth centers to more successfully meet national quality of care standards for perinatal care

www.cdc.gov/breastfeeding/data/mpinc/index.htm

Read slide.

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 can find this report online to look at more detailed information.

Slide 33

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

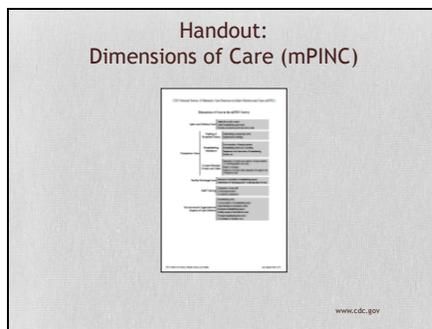
Read slide.

Read Note:

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

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

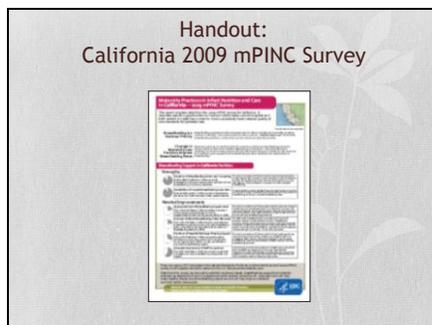
Slide 34



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 35



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 and birth centers 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 36

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

Read slide.

Slide 37

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 38

Supplementation

mPINC Goal
Less than 10% of infants supplemented with formula

Rates In California
Less than 10% of hospitals reach the mPINC goal



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

Read slide.

Read note:

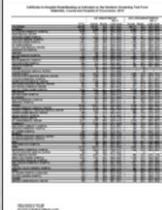
Think about your hospital. Have you met this goal of supplementing less than 10% of your infants?

Facilitator instructions:

Give them a minute of silence to think.

Slide 39

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 40

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 available at:
<http://cdph.ca.gov/breastfeedingdata>

Data obtained during routine newborn genetic disease screening

Read slide.

Read note:

Look at 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"

Facilitator instructions:

Ask staff that represent the same hospitals to sit together for this activity.

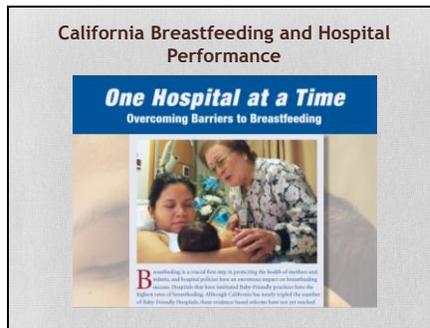
Read note:

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

Facilitator instructions:
Allow attendees ten minutes to
review their hospital's data.

Read note:
What surprised you about the
information reviewed?

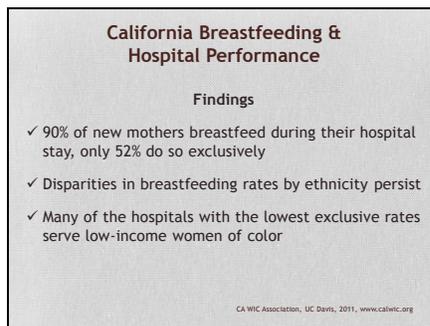
Slide 41



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.

Slide 42



Read slide.

Slide 43

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 44

California Breastfeeding and 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 45

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

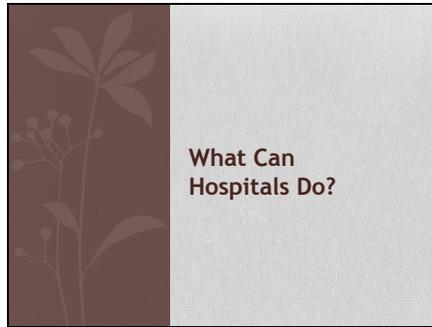
This bill becomes operative January 1, 2014

Read slide.

Read note:

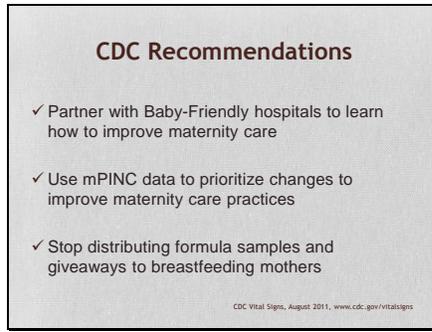
This is a new law to help guide hospitals in establishing infant feeding policies. Later in this training, we will talk more about policy development.

Slide 46



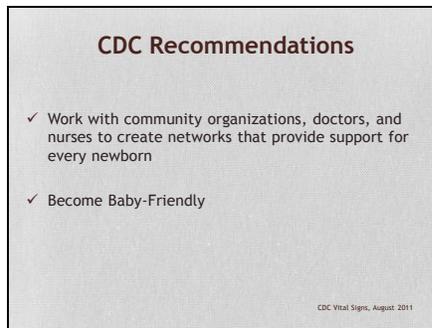
Read slide.

Slide 47



Read slide.

Slide 48



Read slide.

Slide 49



Read note:

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

Slide 50

**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.

After attending the Administrator's Workshop, your administrator should have chosen which route to pursue.

Slide 51



Read note:

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

Slide 52



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) in conjunction with national Baby-Friendly Hospital Initiative (BFHI) authorities.

Slide 53

Why Participate in Baby-Friendly USA?

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



Read slide.

Read note:

Quality improvement (QI)- BFHI requires improved mother-baby support and on-going data collection.

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. Example: decreased postpartum hemorrhage, infant ear infections.

Public Relations/marketing- Families who feel adequately supported can speak powerfully for a birth facility.

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

Slide 54

Baby-Friendly USA Ten Steps to Successful Breastfeeding

Demonstrated to increase both initiation and duration of breastfeeding



Read slide.

Slide 55

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 56

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 Baby-Friendly Hospital Initiative, more hospitals are becoming Baby-Friendly each year.

Read slide.

Slide 57

Baby-Friendly Hospital Requirements

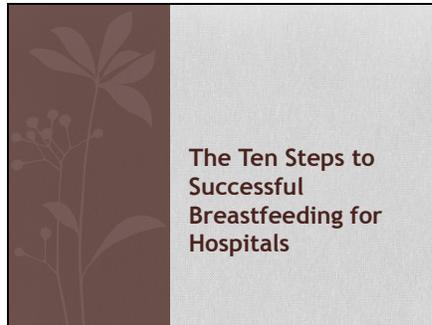
- ✓ Implement the Baby Friendly USA Ten Steps to Successful Breastfeeding
- ✓ Comply with the International Code of Marketing of Breastmilk Substitutes

Requires hospitals to pay fair market value for infant formula and not distribute or display items detrimental to breastfeeding, including discharge bags that contain formula



Read slide.

Slide 58

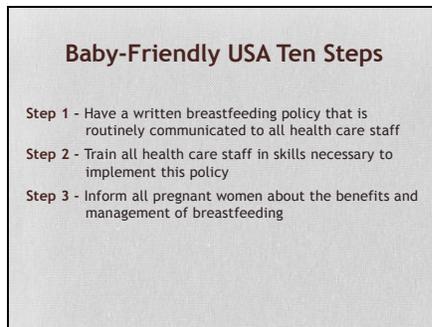


Read slide.

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 59



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 or birthing facility.

Read Step 1 on slide.

Read note:

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

Read steps 2 and 3 on slide.

Slide 60

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 61

Baby Friendly USA 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

Read slide.

Read note:

Today, we will focus on Step 1: having a written breastfeeding policy and Step 2: training staff regarding this policy. In Workshop B, we will hear from you regarding implementation of these two steps in your hospital or birth facility. In addition, in Workshop B, we will discuss the other eight steps in more detail.

Slide 62

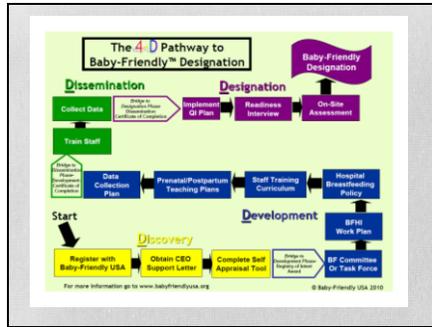
How to Start

- ✓ Make a commitment to improve feeding policy, training, and practices
- ✓ Follow the 4-D Pathway to Baby-Friendly Designation



Read slide.

Slide 63



Read note:

This diagram illustrates the 4-D Pathway to Baby-Friendly designation. Pull out the handout and take a couple of minutes to review it.

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

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.

Facilitator Instructions:

Give them a few minutes to review the handout.

Slide 64

Are you Ready?

Rate your hospital's readiness to increase its exclusive breastfeeding rates on a scale from 0-10
0 - Not prepared to increase rates
10 - Ready to formalize the process



Read slide.

Read note:

Please write down the number you have selected.

Slide 65

Hospital Readiness

1. Why did you choose that particular number?
2. What would it take to move ahead to the next number?



Read slide.

Read note:

Please turn to the person next to you and discuss the questions on the slide.

Facilitator instructions:

Ask for three volunteers to share their discussion.

Slide 66



**COST FOR
BABY-FRIENDLY
DESIGNATION**

Slide 67

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

www.Baby-Friendly.usa.org

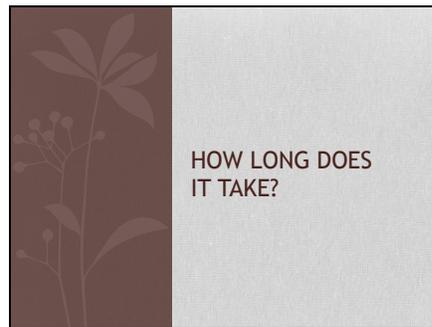
Read note:

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

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

Read slide.

Slide 68



Slide 69



Read slide.

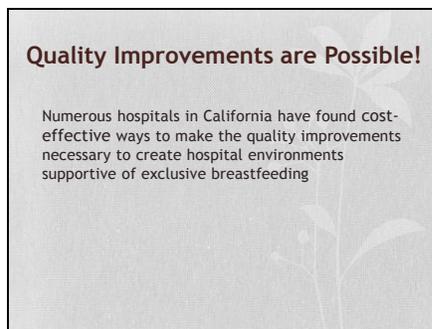
Read note:

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 with each step implemented.

Slide 70



Read slide.

Slide 71



Read note:

The recommendations for initiating change, on the following slides, are from the San Bernardino County Perinatal Services Network. They formed a community collaborative which lead to 11 hospitals receiving Baby-Friendly certification. This is the largest number of Baby-Friendly hospitals in one region in the United States. Their experience is documented in the video and workbook "10 steps, 10 years, 10 hospitals- The San Bernardino County Baby-Friendly Story". Connections as

a key to lasting change are highlighted.

They recommend having fun while finding ways to implement change. Some hospitals take baby-steps to bring staff along. Other hospitals make radical changes.

Slide 72

Connect with Leaders

- ✓ Identify a “sparkplug” to support the change process
- ✓ Engage a physician champion
- ✓ Form a powerful interdisciplinary quality team to manage barriers

www.softhospital.com

Read slide.

Slide 73

Connect with Staff

- ✓ Integrate mandatory nurse training into existing requirements
- ✓ Support practice changes through awards, evaluations, and job descriptions



www.softhospital.com

Read slide.

Read note:

An idea from the San Bernardino County Perinatal Services Network is to identify nurses who already are providing baby-friendly care and involving them in the process.

Staff who are resistant may need one-on-one assistance in making changes.

Slide 74

Connect with Families

- ✓ Educate clients and community about rooming-in and skin-to-skin care
- ✓ Keep messages clear, repeatable, and consistent

www.southhospital.com

Read slide.

Slide 75

Connect with Community

- ✓ Actively participate in community collaboratives
- ✓ Use local expertise
- ✓ Share ideas



www.southhospital.com

Read slide.

Read note:

Working in your groups, on the flip chart paper provided, list as many community collaborators and local experts as you can that you can coordinate with to enhance breastfeeding services. You will have 5 minutes.

Facilitator Instructions:

Ask how many partners they listed, and have the group with the most read theirs to the larger group. Then, ask if any other groups have additional partners they would like to add.

Slide 76

Connect the Dots



- ✓ Define your indicators
- ✓ Track progress
- ✓ Identify ways to capture, display, and report results

www.softhospital.com

Read note:

Data collection is an important step in initiating change. Without hard numbers, it is difficult to demonstrate improvement. Data collection and analysis should be part of the process of increasing exclusive breastfeeding rates. Data is worth the time it takes to collect and manage.

Read slide.

Slide 77



**Hospital
Self-Appraisal**

Read note:

Next, we will provide additional information regarding proceeding towards Baby-Friendly Designation.

Slide 78

**First Task in Increasing
Exclusive Breastfeeding Rates**

“Using the Self-Appraisal Tool To Review Policies and Practices” by Baby-Friendly USA



Read note:

The first task in increasing your exclusive breastfeeding rates is to make an initial review of your policies and practices in support of optimal infant feeding.

Read slide.

Read note:

For this activity, please join your coworkers who are here today. If you are attending alone, we will pair you with someone else.

The purpose of this activity is to

introduce you to the Baby-Friendly Hospital Self-Appraisal tool. Please locate this handout. It says “Baby-Friendly USA” across the top and is entitled “Using the Self-Appraisal Tool To Review Policies and Practices”.

Review this form together and answer as many questions as you can about your facility. Mark those that will require additional resources to answer. Although one individual at your hospital may be tempted to complete this alone, review by the entire interdisciplinary team provides a team-building activity that will be the foundation of future work.

Facilitator instructions:

Allow 15 minutes to complete this activity.

Slide 79



Read note:

Now, we will review details of Baby-Friendly Steps 1 and 2, including implementation details.

Slide 80

Step 1

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



80

Read slide.

Read note:

What do you think are the beginning steps in developing policy? Go ahead and shout out your responses.

I will record your responses on the flip chart.

Slide 81

Purpose

To assure that policy exists that promotes breastfeeding and delineates standards of care for breastfeeding mothers and babies



Step 1

Read slide.

Slide 82

Criteria

The breastfeeding policy will include:

- ✓ The Ten Steps to Successful Breastfeeding
- ✓ Routine communication to all health care staff



Step 1

Read slide.

Read note:

A beginning step in developing policies is to ensure that your hospital is using the WHO Growth Charts for Breastfed Babies because they have the appropriate newborn weight loss and regain rates. The new WHO standard makes breastfeeding the biological “norm” and establishes the breastfed infant as the normative growth model. The website for the WHO Growth Charts is in your Reference List.

Slide 83

Impact of Breastfeeding Policies on Breastfeeding Outcomes

Study Results

Hospitals with comprehensive breastfeeding policies are likely to have better breastfeeding support services and better breastfeeding outcomes.

Rosenberg et al. Breastfeeding Medicine. June 2008, 3(2): 110-116. doi:10.1089/bfm.2007.0039.

Read slide.

Slide 84

Policy Development Case Study

The Mountaintop Community Hospital has just started the process of evaluating their policies to implement Step 1 of the Baby-Friendly Ten Steps. They discover that:

- ✓Several of the policies that exist are outdated
- ✓Staff members believe that they are following policies when some of their recommendations to mothers are inaccurate
- ✓How should they proceed?

Read note:

Next, we will discuss a case study related to policy development.

Read slide.

Facilitator instructions:

Encourage staff from the same hospital to sit together for this discussion. Give them 15 minutes to discuss and write answers on the flip chart. Have them report back to the large group. Post flip chart pages around the room.

Read note:

In groups, discuss the case study.
Record your ideas on the flip chart paper. Designate a recorder to write down ideas and someone to report back to the large group.

Please remember there are no correct answers. The purpose is for you to share information and learn from each other.

Facilitator instructions:
Prior to showing the next slide, ask the question:

What are some of the more obvious barriers to implementing Step 1?

Facilitator instructions:
Record answers on flip chart.
Review the next slide discussing only those items that were not initially included on the flip chart.

Slide 85

Common Barriers to Implementing Breastfeeding Policies

- ✓ Resistance to new policies and practices
- ✓ Lack of support from key sectors to create a forum for discussing and revising policy
- ✓ Concerns about the potential costs of policy change
- ✓ Disagreement about the validity or importance of the Ten Steps
- ✓ Perception by staff that they already are Baby-Friendly
- ✓ Lack of monitoring to indicate if practice is in keeping with policy

www.babyfriendlyusa.org

85

Read slide.

Slide 86



Read note:

Barriers you encounter may feel like this huge boulder in the middle of the highway. Next, we will discuss solutions to the challenges that may get in your way. It can be encouraging to know that other hospitals have found successful solutions.

Slide 87

Step 1

Strategies to Overcome Barriers

- ✓ Establish a multidisciplinary team to review current policy and practice, and complete self-appraisal tool
- ✓ Provide documentation of the benefits of breastfeeding and of the influence of maternity care practices on breastfeeding outcomes

87

Read slide.

Slide 88

Step 1

Strategies to Overcome Barriers

- ✓ Examine the economic benefits of breastfeeding and the costs of artificial feeding
- ✓ Review Reference List for ideas to amend or rewrite existing policies



88

Read slide.

Read note:

Please pull out the Reference List from your handouts and look at the resources listed under Step 1. There is a lot of good information here that you can use when you get back to your facility.

Slide 89

Step 1

Strategies to Overcome Barriers

- ✓ Proceed slowly, in a baby-steps manner when resistance to change is triggered
- ✓ Consider a survey of mothers to examine their experience with breastfeeding practices
- ✓ Compare results with policy to determine level of synchrony between policy and practice



89

Read slide:

Read note:

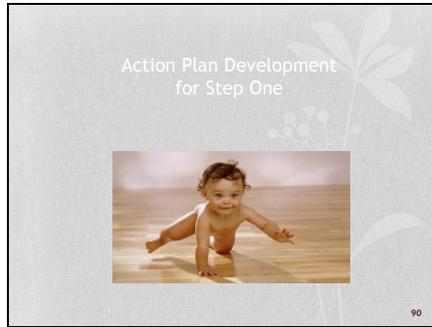
Some hospitals start out by taking baby steps and others start with radical change.

One hospital found that when they took a survey, mothers were not happy with the conflicting breastfeeding education they received.

Some nurses were using evidence-based information and others were basing advice on personal experience.

These kinds of survey results can help document the need to revise policies.

Slide 90



Read note:

Next, we will start to develop an action plan for implementing Step 1.

Slide 91

Date Entered	Action to be Taken	Staff Responsible	Resources Needed	Date to Implement	Date Actually Implemented	Comments

Read note:

Pull out a blank Action Plan worksheet. In groups with your coworkers, draft a policy your hospital can implement that will increase your breastfeeding rates. Use information regarding policy development including known barriers and strategies to overcome those barriers.

You have 30 minutes for this activity.

Facilitator instructions:

Have the groups report back their policies. Ask them to briefly discuss some of the lessons learned from this activity.

Read Note:

Now we will look at Step 2.

Slide 92

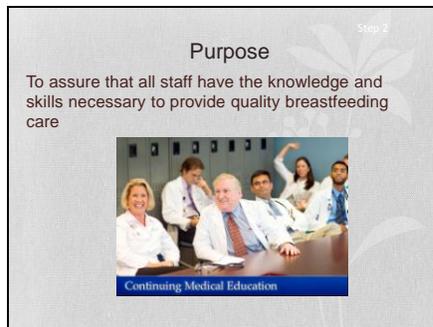


Read note:

Once the policy developed for Step 1 is adopted, you will be ready for Step 2.

Read slide.

Slide 93



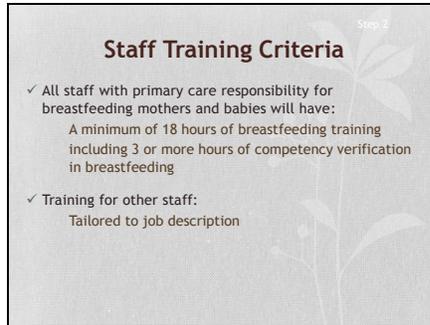
Read slide.

Read note:

The Birth and Beyond CA: Hospital Breastfeeding Quality Improvement and Staff Training Demonstration Project found that Skin-to-skin and maternal- infant attachment are essential components for staff training.

The project also found that hospitals need to educate and maintain internal trainers to sustain staff competency and provide ongoing breastfeeding education to new and current staff.

Slide 94



Step 2

Staff Training Criteria

- ✓ All staff with primary care responsibility for breastfeeding mothers and babies will have:
 - A minimum of 18 hours of breastfeeding training including 3 or more hours of competency verification in breastfeeding
- ✓ Training for other staff:
 - Tailored to job description

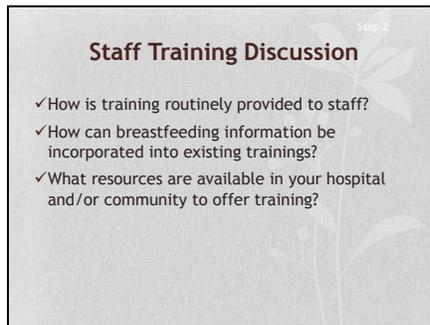
Read slide.

Read Note:

This required breastfeeding education can be incorporated into other trainings already provided at your facility.

Some of the required content may already be included in existing trainings.

Slide 95



Step 2

Staff Training Discussion

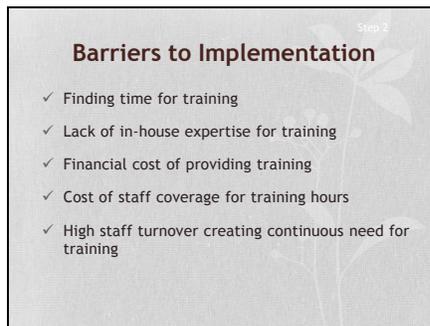
- ✓ How is training routinely provided to staff?
- ✓ How can breastfeeding information be incorporated into existing trainings?
- ✓ What resources are available in your hospital and/or community to offer training?

Read slide.

Facilitator instructions:

Ask attendees to call out their answers to the questions on the slide. Record answers on a flip chart and post around the room.

Slide 96



Step 2

Barriers to Implementation

- ✓ Finding time for training
- ✓ Lack of in-house expertise for training
- ✓ Financial cost of providing training
- ✓ Cost of staff coverage for training hours
- ✓ High staff turnover creating continuous need for training

Facilitator instructions: Prepare a flip chart for each barrier listed on slide and post around the room (this should be done ahead of time).

Read slide.

Read note:

In your group, select 2 barriers identified on the slide. On the post-it notes provided, write as many strategies to overcome those barriers as you can within 3

minutes. List one strategy per post-it note. Ready, Go!

Facilitator instructions:

Time them for three minutes for each barrier. Then, have groups place their post it notes on the flip chart sheet with the selected barrier.

After they have posted their responses, review what was written on the post-it notes.

On the next slide, review any strategies not already mentioned by the groups.

Slide 97

Step 2

Strategies to Overcome Barriers

- ✓ Assess existing trainings to determine where breastfeeding information already is covered



- ✓ Utilize self-study training modules acquired from outside vendors or constructed from recent journal articles

Read slide.

Slide 98

Step 2

Strategies to Overcome Barriers

- ✓ Integrate breastfeeding education into existing staff meetings
- ✓ Send key staff to “train-the-trainer” type programs and then offer training in-house

Little by little one walks far.
- Peruvian Proverb
Eduardo Herrera

Read slide.

Slide 99

Step 2

Strategies to Overcome Barriers

- ✓ Implement a communication strategy
- ✓ Display posters near the cafeteria to keep non-involved staff up-to-date on the progress of the Ten Steps



Talk to Me!
Experience
World Breastfeeding Week
2011

Read slide.

Slide 100

Training Resource



Breastfeeding Training *The gold standard in breast feeding*

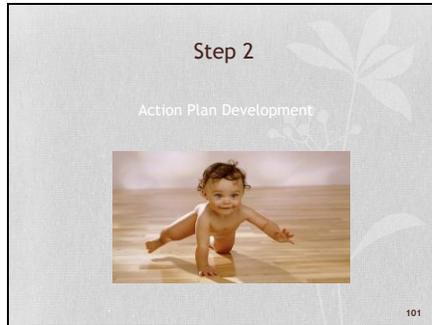
University of Virginia
Online Training
Designed for health
professionals

www.breastfeedingtraining.org

Read note:

The University of Virginia recently updated their online training program which provides 7 hours of CME and CEU. There are other trainings listed in the “References” handout as well.

Slide 101



Read note:

Now, please sit with staff from your hospital and take out a blank "Action Plan" form. In your groups, discuss and develop at least one Action Item and fill in the other columns for Step 2.

Slide 102



Read slide.

Read note:

The information provided today will help you start implementing Baby-Friendly Steps 1 & 2 regarding policy development and training. In the next workshop, we will discuss how your implementation is progressing. Please return to Workshop B ready to share what you have implemented including challenges and successful strategies. In Workshop B, we will focus on Baby-Friendly Steps 3-10 and provide ideas for implementation.

Slide 103

Small Steps Can Make a Difference

By implementing Steps 1 and 2 you can start to make a difference for the families who deliver in your hospital!



Read slide.

Slide 104

Thank You!

You are part of a movement that is gaining momentum to increase exclusive breastfeeding rates and improve mother-baby health outcomes throughout the United States

Read Slide.

Read note:

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

We look forward to seeing you at Workshop B on _____ (date, time, and location).

Please remember to bring your Action Plans for Baby-Friendly Steps 1 and 2 with you to Workshop B.

Facilitator notes:

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