



Clinical Perspectives In Lactation

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Baby Friendly Initiative—What's That?

What is the Baby Friendly Hospital Initiative? In 1991 the World Health Association (WHO) and the United Nations International Children's Emergency Fund (UNICEF) began this initiative to encourage specific birth center practices in all countries to promote exclusive breastfeeding. A "baby friendly" hospital must practice each of the *10 Steps To Successful Breastfeeding*. These steps are:

- Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
- Train all healthcare staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within 30 minutes after birth.
- Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
- Give newborn infants no food or drink other than breastmilk, unless medically indicated.
- Practice rooming in – allow mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teats or pacifiers to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

In the United States the process is overseen by the Baby Friendly Hospital Initiative. To achieve the Baby-Friendly Designation, facilities must register with Baby-Friendly USA; complete all of the requirements; and ultimately demonstrate during an on-site assessment they have correctly integrated all *10 Steps To Successful Breastfeeding* into their practice for healthy newborns. More hospitals in developing countries have achieved baby friendly status than those in developed countries. In 2008 there were 20,000 hospitals or maternity facilities worldwide designated baby-friendly. 89 (as of 2010) are in the United State. Kansas has no baby-friendly hospitals or maternity facilities.

The process towards baby-friendly is lengthy and involved but studies show the results are worth it. Worldwide data indicates the positive impact of implementation of the *Ten Steps to Successful Breastfeeding* on breastfeeding initiation, duration, exclusivity, and related child health outcomes. Data collected in the United States also shows a positive impact on breastfeeding rates. "Researchers at Boston Medical Center, the nation's 22nd Baby-Friendly hospital, have reported during the implementation of the BFHI, breastfeeding rates rose from 58 percent to 87 percent, including an increase among US-born African-American mothers from 34 percent to 74 percent in 1999."

[Philipp BL et al. 2001. Baby-Friendly Hospital Initiative Improves Breastfeeding Initiation Rates in a US Hospital Setting. Pediatrics 108(3):677-681.]

For more information about Baby Friendly Hospital Initiative USA access

www.babyfriendlyusa.org/

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There Are Still Steps for Improvement in Kansas

Many hospitals and maternity care facilities look at the *10 Steps To Successful Breastfeeding* and say “these look insurmountable.” However studies show that several specific practices can significantly affect breastfeeding initiation and duration in hospitals and birth centers. Experiences with breastfeeding in the first hours and days of life significantly influence an infant’s later feeding.

Perhaps looking at each step separately and working on improving one at a time might be more reasonable. The Centers for Disease Control and Prevention National Survey of Maternity Practices in Infant Nutrition and Care (mPINC) is completed by hospitals and maternity care facilities. Results are provided back to each hospital regarding their specific practices and how they compare on average to each state and to the U.S. Strengths and needed improvements in breastfeeding support are highlighted in the report. This survey was first distributed in Fall 2007 and was distributed again in Fall 2009. This report shows how Kansas hospitals are meeting the ten steps. A portion of this data summary is provided below. The 2007 survey showed a total score of 58 for Kansas (A perfect score is 100.) Kansas ranks lower than 39 states.

Step 1 – “Have a written breastfeeding policy that is routinely communicated to all healthcare staff.” The Kansas score was 54 out of 100. Many states need improvement in maternity care practices and policies with the state average being 63.

Step 2 – “Train all healthcare staff in skills necessary to implement this policy.” In 63.8 percent of the Kansas hospitals new nurses and birth attendants received less than four hours of breastfeeding training.

Step 4 – “Help mothers initiate breastfeeding within 30 minutes after birth.” Almost 40 percent of Kansas hospitals said that most of their mothers with uncomplicated vaginal births experience mother-infant skin-to-skin contact for at least 30 minutes within 1 hour of giving birth. The national average is slightly over 40 percent.

Step 5 – “Give newborn infants no food or drink other than breastmilk, unless medically indicated.” The mPINC survey question is, “What percent of healthy breastfed infants receive breastmilk as first feeding after vaginal birth?” Kansas does better than the state average for this question with 73.4 percent of hospitals saying that 90 percent or more of their babies receive breastmilk as the first feeding with the national average being 69 percent. Almost 87 percent of Kansas hospitals sent mothers home with discharge packs containing formula that were supplied by a formula company. This is a 15 percent higher rate than the national average.

Step 7 – “Practice rooming in – allow mothers and infants to remain together 24 hours a day.” Almost 60 per cent of Kansas hospitals allowed 24 hours rooming in. The national average is 65.4 percent.

Step 10 – “Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.” The most common practice in Kansas for breastfeeding support is to give the mothers a telephone number to call if problems.

The mPINC survey shows that many practices can be improved. Written policies that are communicated to staff can be a first step. The mPINC suggests policies about in-service training, prenatal breastfeeding classes, asking about mothers’ feeding plans, early initiation of breastfeeding, exclusive breastfeeding, 24 hour/day rooming in, breastfeeding on-demand, restricted pacifier use, and referral of mothers with breastfeeding problems. For more information about the mPINC survey and Kansas results search for www.cdc.gov/mpinc and look at the data in the state tables.

Colorado Can-Do 5! Kansas Can Too - A Move to Baby-Friendly Initiative

Colorado is building momentum toward the Baby Friendly Hospital Initiative by working on five significant practices for breastfeeding support identified using data from the Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) survey. These are practices that make a huge difference in the breastfeeding success of mothers and help hospitals stride towards becoming more breastfeeding friendly. These practices have significantly increased breastfeeding duration among Colorado mothers regardless of the mother’s socioeconomic status.

The five practices are:

- Infants are breastfed in the first hour after birth.
- Infants stay in the same room as their mothers – rooming in.
- Infants are fed only breast milk and receive no supplementation,
- No pacifier is used.
- Staff gives mothers a telephone number to call for help with breastfeeding when she is at home. *Continued Pg 4*

Getting Ready for a Breastfeeding Friendly Birthing Experience

Families can prepare for a family friendly birthing experience even if their hospital or birthing center does not follow all the *10 Steps To Successful Breastfeeding*. Maternal and Infant Programs, WIC and other programs working with pregnant women should discuss the *10 Steps To Successful Breastfeeding* (<http://www.babyfriendlyusa.org/>) with their clients and explain why these practices make breastfeeding a success. Mothers should be encouraged to learn as much as possible in preparation for the birthing and breastfeeding experience. They can be prepared for breastfeeding by learning about positioning, how much breastmilk to expect in the first few days, the progression of breastmilk amounts, and infant pees and poops. Education can prevent worries for mothers and families which may lead to the introduction of formula.

Pregnant women should be encouraged to talk about their desire to breastfeed and what they would like to happen at delivery with their physician. Mothers might want to include in their delivery/breastfeeding plan:

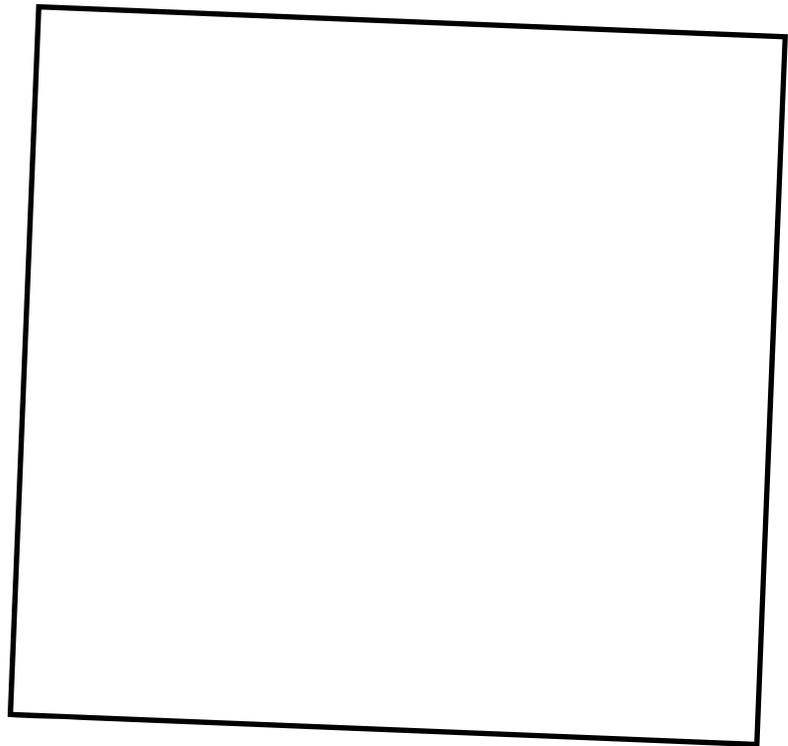
- A minimal amount of pain medication – just enough to do the job. Research shows that analgesia can delay and diminish neonatal suckling and be associated with shorter breastfeeding duration. (Riordan, J. , Wambach, K., *Breastfeeding and Human Lactation* Fourth Edition 2010)
 - Skin-to-skin in the first hour after birth. Following birth, the baby's hands should not be cleaned as leaving the amniotic fluid on the hands helps the baby find the breast. The baby can be dried and placed on the mother's abdomen or chest. Babies are able to find their own way to the mother's nipple and these infants readily learn how to suckle effectively. YouTube has a fascinating video to view called "Baby Crawl – Baby's First Meal" which shows an infant making her way to the breast. Babies are most often alert the first two hours after birth and then sleep. Early attachment while the infant is alert is important for a satisfactory progression of breastfeeding success.
 - Rooming– in allows the infant unlimited access to the breast. After a deep sleep of several hours, after the initial alert period, babies will have a period of increased wakefulness and feed frequently (mini-feedings) between periods of light sleep and quiet wakefulness. Mothers should not interpret frequent feeding as an indicator the baby is not getting enough milk but rather as normal behavior.
 - A request for no bottles, pacifiers or formula. Crib cards with this request for any physician office or program to distribute to pregnant women are available from the Kansas Department of Environment. Contact mhagen@kdheks.gov with an order. Using formula (even just one bottle) interferes with the establishment of a good breastmilk supply for the mother and use of artificial nipples can confuse a baby's suckling pattern.
 - A restriction of visitors. New mothers may feel uncomfortable breastfeeding in front of visitors, even family. Limiting visitors in the hospital can allow the infant frequent access to the breast which allows for the development of a good milk supply. Missed feedings can set the mom and baby up for failure. Dads can be the gatekeeper for visitors both in the hospital and at home.
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Our Vision—Healthy Kansas living in safe and sustainable environments.



Colorado Can-Do 5! Kansas Can Too! A More Baby-Friendly Initiative *continued*

The Can-Do 5 practices also match the 2005 American Academy of Pediatrics (AAP) policy statement, “Breastfeeding and the Use of Human Milk.” The policy states “Healthy Infants should be placed and remain in skin-to-skin contact with their mothers immediately after delivery until the first feeding is accomplished.” Recommendations include allowing a healthy newborn infant to latch onto the breast without specific assistance in the first hour after birth; drying the infant and assigning Apgar scores and initial physical assessment while the infant is with the mother; and delaying until after the first feeding weighing, measuring, bathing, needle-sticks and eye prophylaxis.

The AAP 2005 policy statement also states “Supplements (water, glucose water, formula, and other fluids) should not be given to breastfeeding newborn infants unless ordered by a physician when a medical indication exists.” Offering supplements can prevent mothers from establishing a milk supply. “Just one bottle” to allow the mom to sleep can endanger her breastfeeding success at two months and beyond. This policy statement encourages avoiding pacifier use during the initiation of breastfeeding. Pacifier usage should only be introduced after breastfeeding is well established, usually around three to four weeks postpartum.

Colorado has found that adoption of just these five practices by hospitals can improve breastfeeding duration rates. Communicating written policies to all staff along with staff education regarding the policies and successful breastfeeding-friendly practices can make a difference. Kansas facilities can make a difference in breastfeeding success for their families as well by implementing the Colorado Can-Do 5 practices.
