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| Indian Health Service Health Education Program |
| The Baby-Friendly Hospital Initiative |
| Education Guidelines  |
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| **IHS Health Education Program** |
| **1/3/2012** |

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| Guidelines on providing breastfeeding education to meet The Baby-Friendly Hospital Initiative |

**The Baby-Friendly Hospital Initiative**

**Education Guidelines and evaluation criteria**

**For facilities seeking baby-friendly designation**

**Overview:**

The Indian Health Service has a standardized method for providing health and patient education called the Patient Education Protocols and Codes (PEPC.) A national committee that meets annually to update existing protocols and to develop new protocols has established protocols and the codes needed to document that the education was provided. The committee is composed of various healthcare disciplines that ensure that all industry standards are incorporated into the PEPCs.

Contained within this document are the education requirements to meet the Baby-Friendly Hospital Initiative.

All education provided is documented on a paper PCC or in the electronic health record (EHR); therefore, data is available from RPMS.

Staff should follow the PEPC documentation process:

1. The health provider determines and documents the patient’s “Readiness to Learn”
2. The health provider determines and documents the patient’s “Barriers to Learning”
3. The health provider determines and documents the patient’s “Learning Preferences”

Specific Education Documentation:

1. The education topic and sub-topic discussed with the patient Breastfeeding-Latch On
2. The patient’s level of understanding of the education Good
3. The amount of time spent providing the education 10 minutes
4. The initials of who provided the education Jane Doe
5. Helping the patient to set a goal to follow Goal Set

Specific information on the Patient Education Protocols can be found at:

* www.ihs.gov
* Click on: Non-Medical Programs
* Scroll down to Education/Training
* Click on: Patient Education Protocols and Code

**STEP 3:**

**Inform all pregnant women about the benefits and management of Breastfeeding**

Guidelines And Criteria For Facilities With An Affiliated Prenatal Clinic Or Services:

**GUIDELINE:** Education about breastfeeding, including individual counseling, should be

made available to pregnant women for whom the facility or its associated clinics provide

prenatal care. The education should begin in the first trimester, whenever possible.

Criteria for evaluation:

* If the facility has an affiliated prenatal clinic or services, the Nursing Director/Manager will report that individual counseling or group education on breastfeeding is given to at least 80% of the pregnant women using those services.

**GUIDELINE:** The education should cover:

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| **Guideline:** | **PEPC Education/Code** |
| 1. The importance of exclusive breastfeeding
 | BF-BB (Benefits of Breastfeeding) |
| 1. Non-pharmacologic pain relief methods for labor
 | * CB-EX (Childbirth-Exercises, Relaxation and Breathing)
* CB-RO (Childbirth-Role of Labor and Delivery Partner/ Coach)
* CB-PM (Childbirth-Pain Management)
 |
| 1. The importance of early skin-to-skin contact
 | BF-BB (Benefits of Breastfeeding) |
| 1. Early initiation of breastfeeding
 | BF-BB (Benefits of Breastfeeding) |
| 1. Rooming-in on a 24-hour basis
 | CB-OR (Childbirth-Orientation) |
| 1. Feeding on demand or baby-led feeding
 | BF-HC (Breastfeeding Hunger Cues) |
| 7. Frequent feeding to help assure optimal milk  production | BF-BB (Benefits of Breastfeeding) |
| 8. Effective positioning and attachment | BF-BP (Breastfeeding Positions) |
| 9. Exclusive breastfeeding for the first six months | BF-CS (Breastfeeding Collection and Storage of Milk) |
| 10. Breastfeeding continues to be important after 6  months when other foods are given | BF-CS (Breastfeeding Collection and Storage of Milk) |
| 11. Individualized education on the documented  contraindications to breastfeeding and other special medical conditions should be given to pregnant women when indicated. | This will be met if the provider documents and codes using the PEPCs. |

**Criteria for evaluation:**

* A written description of the content of the prenatal education will be available and will cover, at minimum, the importance of breastfeeding, the importance of exclusive breastfeeding for about six months, and basic breastfeeding management.
* Of the randomly selected pregnant women of in the third trimester who are using the facility prenatal services:
* at least 80% will confirm that a staff member has talked with them or offered a group talk that includes information on breastfeeding.
* at least 80% are able to adequately describe what was discussed about two of the following topics: importance of skin-to-skin contact, rooming-in, and risks of supplements while breastfeeding in the first 6 months

**STEP 4:**

**Help mothers initiate breastfeeding within one hour of birth.**

This step is now interpreted as: Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their babies are ready to breastfeed, offering help if needed.

* This step applies to all babies, regardless of feeding method.

**GUIDELINE:** All mothers should be given their babies to hold with uninterrupted and

continuous skin-to-skin contact immediately after birth and until the completion of the first

feeding, unless there are medically justifiable reasons for delayed contact. Routine procedures

(e.g., assessments, Apgar scores, etc.) should be done with the baby skin to skin with the

mother. Procedures requiring separation of the mother and baby (bathing, for example) should

be delayed until after this initial period of skin-to-skin contact, and should be conducted,

whenever feasible, at the mother’s bedside. Additionally, skin-to-skin contact should be

encouraged throughout the hospital stay.

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| **Guidelines** | **PEPC Education Code** |
| 1. Continuous skin-to-skin contact immediately after birth and until the completion of the first feeding,
 | * Childbirth codes and/ or
* BF-HC (Breastfeeding Hunger cues)
 |
| 1. Mothers are shown how to recognize the signs that their babies are ready to feed
 | BF-HC (Breastfeeding Hunger Cues) |

**Criteria for evaluation:**

Of randomly selected mothers in the postpartum unit who have had normal vaginal/c-section births:

* at least 80% will confirm that their babies were placed in skin-to-skin contact with them immediately after birth and that skin-to-skin contact continued uninterrupted until the completion of the first feeding (or for at least one hour if not breastfeeding), unless there were medically justifiable reasons for delayed contact.
* at least 80% will confirm that they were encouraged to look for signs for when their babies were ready to feed during this first period of contact and offered help, if needed. (The baby should not be forced to feed but, rather, supported to do so when ready.)

**STEP 5:**

**Show mothers how to breastfeed and**

**how to maintain lactation even if they are separated from their infants.**

GUIDELINE: Health care professionals should assess the mother’s breastfeeding techniques and, if needed, should demonstrate appropriate breastfeeding positioning and attachment with the mother and baby, optimally within three hours and no later than six hours after birth. Prior to discharge, breastfeeding mothers should be educated on basic breastfeeding practices, including:

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| **Guidelines** | **PEPC Education/Code** |
| 1. The importance of exclusive breastfeeding
 | BF-BB (Benefits of Breastfeeding) |
| 1. How to maintain lactation for exclusive breastfeeding for about 6 months
 | BF-CS (Breastfeeding-Collection and Storage) |
| 1. Criteria to assess if the baby is getting enough breastmilk
 | BF-HC (Hunger Cues) |
| 1. How to express, handle, and store breast milk, including manual expression
 | BF-CS (Breastfeeding – Collection & Storage) |
| 1. How to sustain lactation if the mother is separated from her infant or will not be exclusively breastfeeding after discharge
 | BF-CS (Breastfeeding – Collection & Storage) |
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**Criteria for evaluation:**

* Of randomly selected postpartum mothers (including those who have had cesarean births), at least 80% will report that nursing staff offered further assistance with breastfeeding the next time they fed their babies or within six hours of birth (or of when they were able to respond).
* Out of the same group of mothers, at least 80% of those who are breastfeeding will be able to demonstrate correct positioning and attachment with their own babies, and will report that breastfeeding is comfortable for them. At least 80% of those who are breastfeeding will report that they were shown how to express their milk by hand.
* Of randomly selected health care staff on duty in postpartum units, at least 80% will report that they teach mothers how to position and attach their babies for breastfeeding and are able to describe or demonstrate correct techniques for both.At least 80% will report that they teach mothers how to hand express breast milk and can describe or demonstrate an adequate technique for this.

**GUIDELINE**: Mothers who have chosen to feed formula should receive information about safe

preparation and feeding of infant formula. Staff should demonstrate and verify safe preparation

and feeding with the type of formula the mother intends to use after discharge (e.g. powdered,

concentrate, etc.) via demonstration and return demonstration method. Staff should document

completion of formula preparation and safe feeding in the record. This information and

demonstration verification should be given only to women who are feeding formula to their

babies.

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| **Guidelines** | **PEPC Education/Code** |
| 1. Safe preparation and feeding of infant formula
 | * FF-FS (Formula Feeding Skills)
* FF-HY (Formula Feeding & Hygiene)
* FF-S (Formula Feeding – Safety)
 |
| **1a**. Demonstrate and verify safe preparation and feeding with the type of formula | Educational Assessments:Learning Preferences Do/It |
| 1. Education on feeding choices
 | * FF-FS (Formula Feeding Skills)
* FF-N (Formula Feeding-Nutrition)
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**Criteria for evaluation:**

* At least 80% of maternity staff members can describe how non-breastfeeding mothers can be assisted to safely prepare and feed formula to their babies.
* At least 80% of the mothers who have decided to feed formula will report that:
	+ someone discussed their feeding choice with them;
	+ they have been offered help in preparing and giving their babies feedings;
	+ they can describe the advice they were give; and,
	+ they have been asked to prepare feeds themselves, after being shown how.

**STEP 6:**

**Give infants no food or drink other than breastmilk unless medically**

**indicated.**

**GUIDELINE:** When a mother specifically states that she has no plans to breastfeed (see steps

4 and 5), or requests that her breastfeeding baby be given a breastmilk substitute, the health

care staff should first explore the reasons for this request, address the concerns raised and

educate her about the possible consequences to the health of her baby and/or the success of

breastfeeding. If the mother still requests a substitute, her request should be granted and the

process and the informed decision should be documented. Any other decisions to give

breastfeeding babies food or drink other than breastmilk should be for acceptable medical

reasons and require a written order documenting when and why the supplement is indicated.

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| **Guidelines** | **PEPC Education/Code** |
| 1. The health care staff explores the reasons for the mother’s request to not breastfeed and address the concerns raised
 | * BF-AP (Breastfeeding Anatomy&Physiology)
* BF-BB (Breastfeeding Benefits)
* BF-CUL (Breastfeeding – Cultural & Spiritual Aspects of Health)
* BF-GD (Growth & Development)
 |
| 1. And provide education on possible consequences to the health of her baby and/or the success of breastfeeding.
 | * BF-BB (Breastfeeding Benefits)
* BF-GD (Growth & Development)
 |

**Criteria for Evaluation:**

For any breastfeeding mothers interviewed whose babies are being given food or drink other than breastmilk:

* at least 80% of those who have no acceptable medical reason will report that the health care staff explored the reasons for and the possible negative consequences of the mothers’ decisions.
* the reasons for supplementation and evidence of parental counseling (in the event of parental choice) will be clearly documented in the record.
* At least 80% of randomly selected mothers who have decided to feed formula report that the staff discussed with them the various feeding options and helped them to decide what was suitable in their situations.

**Step 7:**

**Practice rooming-in –**

**allow mothers and infants to remain together twenty-four hours a day.**

* This step applies to all babies, regardless of feeding method.

**GUIDELINE:** The facility should provide rooming-in twenty-four hours a day as the standard

for mother-baby care for healthy, full-term infants, regardless of feeding choice. When a mother requests that her baby be cared for in the nursery, the health care staff should explore the reasons for the request and should encourage and educate the mother about the advantages of having her infant stay with her in the same room twenty-four hours a day.

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| **Guideline** | **PEPC Education/Code** |
| 1. Education to the mother about the advantages of having her infant stay with her in the same room twenty-four hours a day.
 | CB-OR (Childbirth-Orientation) i.e., rooming-in policy  |
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**Criteria for Evaluation:**

* Observations in the postpartum unit and any well-baby observation areas and discussions with mothers and staff confirm that at least 80% of the mothers and babies are rooming-in or, if not, have justifiable reasons for being separated.

**STEP 8:**

**Encourage breastfeeding on demand.**

* This step applies to all babies, regardless of feeding method, and is now interpreted as “Encourage feeding on cue.”

**GUIDELINE:** Health care professionals should help all mothers (regardless of feeding choice):

1) understand that no restrictions should be placed on the frequency or length of feeding, 2)

understand that newborns usually feed a minimum of eight times in 24 hours, 3) recognize cues

that infants use to signal readiness to begin and end feeds, and 4) understand that physical

contact and nourishment are both important.

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| **Guidelines** | **PEPC Education/Code** |
| 1. Understand that no restrictions should be placed on the frequency or length of feeding,
 | * BF-HC (Breastfeeding-Hunger Cues)
* BF-MK (Breastfeeding Milk Intake)
 |
| 1. Understand that newborns usually feed a minimum of eight times in 24 hours
 | * BF-HC (Breastfeeding-Hunger Cues)
* BF-MK (Breastfeeding Milk Intake)
 |
| 1. Recognize cues that infants use to signal readiness to begin and end feeds
 | * BF-HC (Breastfeeding-Hunger Cues)
* BF-MK (Breastfeeding Milk Intake)
 |
| 1. Understand that physical contact and nourishment are both important.
 | * BF-HC (Breastfeeding-Hunger Cues)
* BF-MK (Breastfeeding Milk Intake)
 |

**Criteria for Evaluation:**

* Of randomly selected mothers of normal babies (including those of cesarean birth), at least 80% will report that they have been told how to recognize when their babies are hungry and can describe at least two feeding cues.
* At least 80% of breastfeeding mothers will report that they have been advised to feed their babies as often and as long as the babies want.
* At least 80% of mothers electing to feed their babies formula will report that they have been taught appropriate formula feeding techniques including: feeding on cue, eye-to-eye contact, and holding the baby closely.
* The Nursing Director/Manager on the maternity unit will confirm that no restrictions are placed on the frequency or length of feeds.

**STEP 9:**

**Give no pacifiers or artificial nipples to breastfeeding infants.**

GUIDELINE: Health care professionals, including nursery staff, should educate all breastfeeding mothers about how the use of bottles and artificial nipples may interfere with the development of optimal breastfeeding.

When a mother requests that her breastfeeding baby be given a bottle, the health care staff should explore the reasons for this request, address the concerns raised, educate her on the possible consequences to the success of breastfeeding, and discuss alternative methods for soothing and feeding her baby. If the mother still requests a bottle, the process of counseling and education, and the informed decision of the mother should be documented.

Any fluid supplementation (whether medically indicated or following informed decision of the

mother) should be given by tube, syringe, spoon or cup in preference to an artificial nipple or

bottle.

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| **Guidelines** | **PEPC Education/Codes** |
| 1. Educate all breastfeeding mothers about how the use of bottles and artificial nipples may interfere with the development of optimal breastfeeding.
 | * BF-BF (Breastfeeding Benefits)
 |
| 1. Educate new mothers on the possible consequences to the success of breastfeeding
 | * BF-BB (Breastfeeding Benefits)
* BF-GD (Growth & Development)
 |
| 1. Provide education on alternative methods for soothing and feeding her baby
 | BF-MK (Breastfeeding-Milk Intake) |
| 1. Education provided on how to give baby any fluid supplementation
 | * FF-FS (Formula Feeding – Feeding Skills)
* BF-CS (Breastfeeding – Collection & Storage of breastmilk)
 |

**Criteria for Evaluation**:

* At least 80% of the randomly selected breastfeeding mothers will report that, to the best of their knowledge, their infants have not been fed using bottles.
* Observations in the postpartum unit and any well baby observation areas will indicate that at least 80% of the breastfeeding babies are not using bottles, or if they are, that their mothers have been informed of the risks and this interchange is documented in the medical record.
* The Nursing Director will confirm that breastfed babies are not routinely given bottles.

GUIDELINE: Health professionals, including nursery staff, should educate all breastfeeding

mothers about how the use of pacifiers may interfere with the development of optimal

breastfeeding. Breastfeeding babies should not be given pacifiers by the staff of the facility, with

the exception of limited use to decrease pain during procedures when the baby cannot safely be

held or breastfed (pacifiers used should be discarded after these procedures), by babies who

are being tube-fed in NICU, or for other rare, specific medical reasons.

When a mother requests that her breastfeeding baby be given a pacifier, the health care staff

should explore the reasons for this request, address the concerns raised, educate her on the

possible consequences to the success of breastfeeding, and discuss alternative methods for

soothing her baby.

If the breastfeeding mother still requests a pacifier, the process of counseling and education

and informed decision should be documented.

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| **Guideline** | **PEPC Education/Code** |
| 1. Educate all breastfeeding mothers about how the use of pacifiers may interfere with the development of optimal breastfeeding.
 | * BF-BB (Breastfeeding Benefits)
* BF-GD (Growth & Development)
 |
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**Criteria for Evaluation**:

* At least 80% of the randomly selected mothers will report that, to the best of their knowledge, their breastfed infants have not sucked on pacifiers (unless such use was limited to painful procedures or, if chosen by parents after receipt of appropriate education and counseling from staff).
* Observations in the postpartum unit and any well baby observation areas will indicate that at least 80% of the breastfeeding babies are not using pacifiers, or if they are, their mothers have been informed of the risks and this interchange is documented in the medical record.
* The Nursing Director will confirm that breastfeeding babies are not routinely given pacifiers, and that use of pacifiers in term babies is restricted to painful procedures.

**STEP 10:**

**Foster the establishment of breastfeeding support groups**

**and refer mothers to them on discharge from the hospital or birth center.**

GUIDELINE: The designated health care professional(s) should ensure that, prior to discharge,

a responsible staff member explores with each mother and a family member or support person

(when available) the plans for infant feeding after discharge. Discharge planning for the

breastfeeding mothers and infants should include information on the importance of exclusive

breastfeeding for about 6 months and available and culturally specific breastfeeding support

services without ties to commercial interests. Examples of the information and/or support to be

provided include giving the name and phone numbers of La Leche League or other community-based support groups, WIC Program breastfeeding support services, telephone help lines, lactation clinics, home health services, and individualized specialized resource persons. An early post-discharge follow-up appointment with their pediatrician, family practitioner or other

pediatric care provider should also be scheduled. The facility should establish in-house

breastfeeding support services if no adequate source of support is available for referral (e.g.,

support group, lactation clinic, home health services, help line, etc.).

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| **Guideline** | **PEPC Education/Code** |
| 1. Discussion on plans for infant feeding after discharge
 | * DCH-BH (Discharge Behavioral & Emotional Health)
* DCH-CM (Discharge Case Management)
 |
| 1. Discharge planning for the breastfeeding mothers and infants to provide information on the importance of exclusive breastfeeding for about 6 months
 | * BF-EQ (Breastfeeding Equipment)
* BF-N (Breastfeeding Nutrition)
 |
| 1. Provide information on available and culturally specific breastfeeding support services without ties to commercial interests.
 | * BF-CUL (Breastfeeding Cultural & Spiritual Aspects of Health)
* BF-HELP (Breastfeeding Help Lines)
* BF-L (Breastfeeding Literature)
 |
| 1. Patient is provided information about how to get help from the facility, how to contact support groups, peer counselors, or other community health services if they have questions about feeding their babies after return home, and can describe at least one type of help that is available.
 | BF-HELP (Breastfeeding HELP) |

**Criteria for Evaluation:**

The Nursing Director/Manager on the maternity unit will report that:

* Mothers are given information on where they can find support if they need help with feeding their babies after returning home.
* The facility fosters the establishment of and/or coordinates with mother support groups and other community services that provide breastfeeding/infant feeding support to mothers, and the designated staff member can describe at least one way this is done.
* The staff assures that mothers and babies receive breastfeeding assessment and support after discharge (preferably 2-4 days after birth and again the second week) at the facility or in the community by a skilled breastfeeding support person who can assess feeding and give any support needed.
* The staff can describe an appropriate referral system and adequate timing for the visits. A review of documents indicates that printed information is distributed to mothers before discharge on how and where mothers can find help on feeding their infants after returning home and includes information on the types of help available.

Of randomly selected mothers, 80% of those who are breastfeeding will report that they have been given information about how to get help from the facility and how to contact support groups, peer counselors, or other community health services if they have questions about feeding their babies after return home, and can describe at least one type of help that is available.