



Baby Friendly Hospital Initiative Sustainability Plan

Baby-Friendly:
The Standard of Care in
Indian Country

CAPT Tina Tah
CAPT Suzan Murphy
LT Jenna Meyer
Antoinette Kleiner, RN
June 25, 2015



Objective

After attending this activity, participants will be able to:

- Recognize the benefits of breastfeeding and the history of the BFHI in IHS.
- Describe the BFHI Sustainability Plan and actions taken at IHS obstetric hospitals to sustain Baby-Friendly designation.
- Provide support needed for IHS OB hospitals to comply with current BFUSA Guidelines, and Evaluation Criteria in order to retain their Baby-Friendly designation.



What is the Baby-Friendly Hospital Initiative?

- It is a global program launched in 1991 by the World Health Organization and the United Nations Children's Fund.
- It gives mothers the information, confidence, and skills necessary to successfully breastfeed or use formula safely.
- Facilities are required to implement the *Ten Steps to Successful Breastfeeding*.
- The program gives special recognition or designation to hospitals that have completed its rigorous and comprehensive process.



Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that everyone knows about.
2. Train all health care staff.
3. Educate all pregnant women about breastfeeding.
4. Help new families begin breastfeeding within one half-hour of birth.
5. Show mothers how to keep breastfeeding, even if they have to be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming in - keep mothers and infants together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Do not give binkies or pacifiers to new breastfeeding infants.
10. Provide breastfeeding support resource information to new families at discharge.



Let's Move! in Indian Country

- BFHI is part of the *Let's Move! in Indian Country* initiative, which in turn is part of First Lady Michelle Obama's *Let's Move!* initiative.
- Brings together federal agencies, communities, nonprofits, corporate partners, and tribes with the goal of ending the epidemic of childhood obesity in Indian Country within a generation.
- BFHI is a quality improvement process to improve breastfeeding rates through new maternity care and infant feeding practices



Let's Move! in Indian Country

- The *Let's Move!* in Indian Country initiative seeks to reduce the rates of childhood obesity in American Indian and Alaska Native (AI/AN) children.
- Program goals include:
 - Creating a healthy start on life;
 - Developing healthy learning communities;
 - Increasing opportunities for physical activity; and
 - Ensuring families have access to healthy, affordable foods.



LMIC Launch

May 25, 2011





IHS BFHI Official Launch

Northern Navajo Medical Center
Shiprock, NM
June 22, 2011





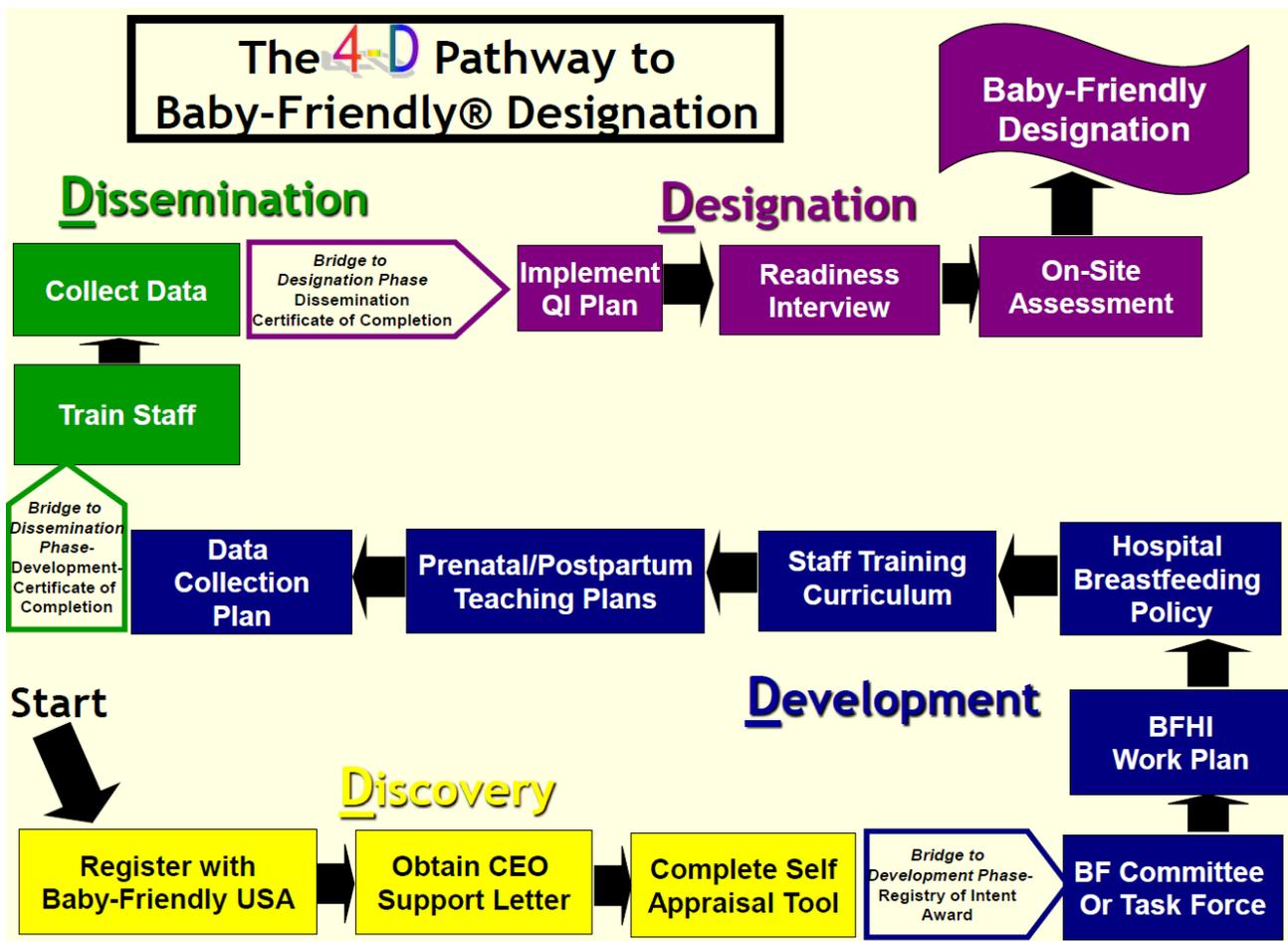
IHS Goal

BF Designation of 13 IHS
Obstetric Hospitals by
end of 2014





4-D Pathway to BF Designation





November 2014

Thirteen IHS Sites Designated

- **Arizona:** Hopi Health Care Center, Phoenix Indian Medical Center, Chinle Comprehensive Health Care Facility and Whiteriver Indian Hospital
- **New Mexico:** Zuni Comprehensive Community Health Center, Crownpoint Health Care Facility, Gallup Indian Medical Center, and Northern Navajo Medical Center
- **North Dakota:** Quentin N. Burdick Memorial Health Care Facility
- **Oklahoma:** Claremore Indian Hospital
- **South Dakota:** Pine Ridge Hospital and Rosebud Indian Hospital
- **Montana:** Blackfeet Community Hospital



Summary

BFHI at the IHS

- Launched in 2011 as part of the *Let's Move!* in Indian Country initiative to reduce the rates of childhood obesity in AI/AN children
- Required major changes in and approach to practice
- IHS has become a national model for breastfeeding
- IHS also encourages tribal obstetric facilities to achieve Baby-Friendly designation



Sustainability Plan for 2015

3 Priority Areas:

- Annual BFUSA QI Plan
- Staff Participation
- BFHI Data for IHS



Priority #1

Annual BFUSA QI activity

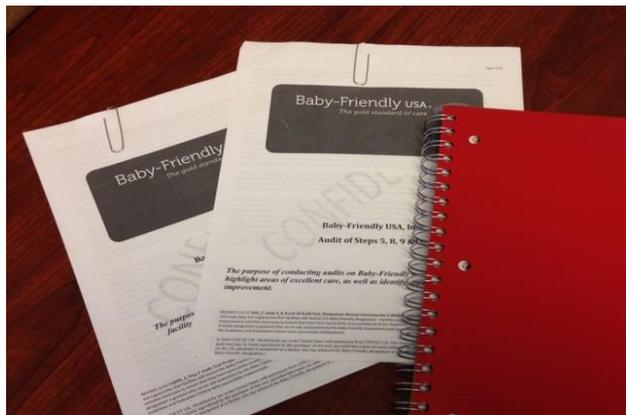
Action Steps (How will you get to where you want to be?)	Responsibility (Who will make it happen?)	Timeframe (When will it happen?)
All 13 sites update BFUSA portal access (include one MD as 1 of 3 contacts)	BFHI Lead, CNE, CD & CEO at each facility	December 2014
BFUSA to present Annual QI Plan (webinar/ record session) Webinar on 2/10/15, Presenter: Pat Kelly, BFUSA	BFUSA and DNS to coordinate	January 2015
Monthly Progress Report to CEO (copy to DNS/HQE. BFUSA QI Checklist) 2015 BFUSA QI Plan posted, March 2015	BFHI Lead, CNE, CD & CEO at each facility	Jan-Oct 2015
Quarterly Progress Reports to CEO, CD (copy to DNS) – Include success/challenges; CD for medical executive & report to local tribal leadership 2015 BFUSA QI Plan posted, March 2015	BFHI Lead, CNE, CD & CEO at each facility	March, June, Sept 2015 UPDATE: July, Aug, & Sept 2015
Monthly webinars by OB Hospital on progress QI Plans – share how they are doing/best practices. Group smaller/larger sites to present. BFHI and IPC 6 week series (May – June 2015)	BFHI Lead (coordination by DNS/DDTP/ Tele-behavioral health webinar support)	Feb-Oct 2015 (start in April 2015) UPDATE: July 15, 2015
IPC QILN presentation by OB Hospitals (BFUSA QI plans) BFHI and IPC 6 week series (May – June 2015)	IPC & BFHI Leads	March, June 2015
All OB facilities to become IPC hospitals IPC co-hosted 6 week webinar series. Office hours avialable.	IPC and CD/CEO	Jan 2015
NCC face-to-face: BFHI Sustainability Plan (break out session) See NCC Agenda – We are here presenting!!! ☺	BFHI Leads, NNLC, CMO (Dr. Brown)	June 2015

Due Date	Action
<p style="text-align: center;">Phase I February 2015</p>	<p>BFUSA will e-mail to facility:</p> <ol style="list-style-type: none"> 1. Letter 2. Invoice
<p style="text-align: center;">Phase I July 1, 2015</p>	<p>Facilities will submit to BFUSA - Annual Designated Facility Fee</p>
<p style="text-align: center;">Phase II October 15, 2015</p>	<p>Facilities will return to BFUSA via e-mail to QI@babyfriendlyusa.org:</p> <ol style="list-style-type: none"> 1. Audit Results for Steps 3, 5, 8, 9, & 10 and all QI plans for anything below the standard minimum requirement. 2. Updated 2014 Audit Results for Step 6 This is <u>only</u> required if you were previous notified that any of the areas fell below the criteria of 80%. 1. Desig_5 Attestation of Purchase of Breast Milk Substitutes 2. Facility Data Sheet (Completed and submitted on the BFUSA portal.)
<p style="text-align: center;">Phase II December 31, 2015</p>	<p>Feedback from BFUSA regarding audit results and QI Plans</p>

Quality Improvement



Coordination with IPC team to support BFHI Leads to complete the 2015 BFUSA quality improvement project





Priority #2

Staff Participation

Action Steps (How will you get to where you want to be?)	Responsibility (Who will make it happen?)	Timeframe (When will it happen?)
Staff education – Annual LER 2 hour update for staff & within 6mos of hire	BFHI Lead, CNE, MD & CEO	Dec2014 thru 2015
LER Staff to provide webinar – Annual LER 2 hour update Webinar on 1/22/15, Presenter: Vergie Hughes, LER Staff.	LER staff & DNS/HQE coordinate	Dec2014/Jan 2015
Quarterly Webinars on the 10 Steps by OB staff (STS, policies/procedures) See Jan BFHI webinar above – Staff BFHI education.	BFHI Lead, CNE, CD & LMIC webinars	Jan, April, Aug, Dec2015
Quarterly Reports to CEO (Challenges/success - Staff Training) 2015 BFUSA QI posted March 2015	BFHI Lead, CNE, CD & CEO	March, June, Sept 2015
FY2015 PMAPS to include support of BFHI (* BFHI PMAP Critical Elements) BFHI Sustainability webinars hosted with BFHI Leads and NNLC, 2/19/15; and Presentation to the NCMO group on 2/25/15. Review of PMAP requirement and overall 2015 plan.	CEOs (CNEs and CD)	January 2015
Annual reports on STS C/S Infection report (Carolyn Aoyama) April 2015	BFHI Lead, CNE, & CA	Nov2014 to Nov2015
IPC coordination with 13 OB hospitals (IPC sites) BFHI and IPC 6 week series (May – June 2015)	IPC, CNE, CD, BFHI Lead & DNS	Feb2015
Webinar Joint Commission Perinatal Care Core Measures update (C/S; Exclusive Breastfeeding; consider mother choice)	DNS coordinate the presentation	Feb2015 postponed to August 2015
All sites use the BFUSA web based data tool (online tool – revisions made)	DNS, OIT, BFHI Leads, and CNE/CD/CEO	March 2015
Webinars – BFUSA web based data tool (Refresher on use of this tool/revisions made to tool/ update) Issue identified: Tool improved for reporting on skin to skin and issue with denominator – worked to resolve this issue in January and February. RE-training on system in March for all BFHI Leads	DNS and OIT staff	Nov/Dec2014 Training April/May
Lactation training for nursing staff/PHNs	DNS, PHN, CNE, DPHN	April/May 2015, ongoing

Sharing and Collaboration

Sharing best practices – use of templates to document

Breastfeeding w/Supplementation

Breastfeeding Only

Formula Feeding Only

Charge Nurse BFHI Audit (Day/Night Shift)

Thank you for taking the time to answer the questions for this Breastfeeding Audit. The answers you give will help the staff provide the most effective kind of education needed so that you leave here with the utmost services and education for BREASTFEEDING. Should you have any concerns or questions, please feel free to ask any of the staff on the unit. Again, thank you for taking the time to complete this audit.

Date: _____ Patient's Initials: _____ Patient's Medical Records #: _____ Support Person's Initials _____

QUESTIONS			Charge Nurse Initials	Nurse's Initials	Re-evaluated? Date/Initial	Once Completed: Date-Time-Nurse Initials-Charge Nurse Initials
1. Did you do skin-to-skin with your baby? How long were you skin-to-skin with baby? _____minutes Were you given help with breastfeeding right after delivery of baby?	Yes	No				Why was STS delayed or shortened? _____
2. Did your baby leave the room at any time during your stay here on Post-Partum? How long were you separated? _____minutes Why were you separated?	Yes	No				Why were you separated? _____
3. Did someone assist you with breastfeeding? Were you shown how to comfortably position baby for breastfeeding? Were you shown how to properly latch baby onto the breast?	Yes Yes Yes	No No No				
4. Did someone tell you about the benefits of breastfeeding?	Yes	No				
5. Tell me some benefits of breastfeeding. (Circle) <i>Lower Diabetes Immunity Lower Obesity Higher IQ Less Ear Infections Less Diarrhea Less Respiratory illness Less Allergies Lower Risk for SIDS</i> Maternal Benefits: Lower Risk for Breast Cancer Save Money Delay Menses Other: _____						
6. How often should you feed your baby? _____ How many times a day? _____/24hrs						
7. Did someone tell you about feeding cues?	Yes	No				
8. Tell me some feeding cues to look for: (Circle) Rooting Smacking lips Sucking on fist Crying Other: _____						
9. Did someone show you how to do manual breast milk expression? When should you use manual breast milk expression? Engorgement Establish Milk Supply To store and give at feedings	Yes	No				
10. Tell me or show me how to do manual breast milk expression. Return Demo?	Yes	No				
11. Did someone tell you how to store your breast milk?	Yes	No				
12. Did someone tell you about Community Resources after discharge should you need help with breastfeeding?	Yes	No				
13. Tell me some Community Resources available locally: (Circle) Public Health Nursing Family Spirit WIC Community Nutrition National Hotline Other: _____						
14. Did someone point out where to find breastfeeding information in the Education Booklet?	Yes	No				
15. Did someone show you how to supplement using different ways? Syringe Cup SNS Bottle	Yes	No				
16. Did someone follow up with BF information after you decided to supplement? Reevaluated? (When? Who?)	Yes Yes	No No				
17. Did someone discuss why you decided to supplement your baby?	Yes	No				
18. If bottle feeding, did someone show you how to properly prepare the formula? Show you the video?	Yes Yes	No No				

Sharing QI Plans

Statement of The Problem	<p>Opportunity for Improvement/Goal: Patients who are seen in the Prenatal Clinic are giving Baby Friendly Education at each visit</p>	<table border="1"> <caption>Baby Friendly Audit Step 3 Data</caption> <thead> <tr> <th>Visit</th> <th>Interview Questions asked by Prenatal Patient (%)</th> <th>Interviewer Completed Questions (%)</th> </tr> </thead> <tbody> <tr><td>1</td><td>50</td><td>45</td></tr> <tr><td>2</td><td>65</td><td>45</td></tr> <tr><td>3</td><td>65</td><td>45</td></tr> <tr><td>4</td><td>75</td><td>65</td></tr> <tr><td>5</td><td>50</td><td>35</td></tr> <tr><td>6</td><td>38</td><td>22</td></tr> <tr><td>7</td><td>38</td><td>35</td></tr> <tr><td>8</td><td>25</td><td>22</td></tr> <tr><td>9</td><td>25</td><td>65</td></tr> </tbody> </table>	Visit	Interview Questions asked by Prenatal Patient (%)	Interviewer Completed Questions (%)	1	50	45	2	65	45	3	65	45	4	75	65	5	50	35	6	38	22	7	38	35	8	25	22	9	25	65
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<p>During Baby Friendly Audits of Prenatal Patients, it was noted patients were not able to accurately answer the questions of what they were taught in Prenatal Clinic.</p> <p>Audit of Step 3: 67% of the Prenatal Patients were able to answer the questions appropriately 63% of the patients were able to verbalize understanding of the Baby Friendly education to the interviewer</p>																																
What good Looks like	<p>80% of the Prenatal Patients shall be able to verbalize that they received proper education in the Prenatal Clinic about Baby Friendly and what to expect at birth.</p>																															
Current Reality	<ul style="list-style-type: none"> - 50% of Prenatal Patients stated breastfeeding was discussed with them - 38% discussed the importance of feeding their baby using Infant Hunger Cues - 38% discussed importance of positioning and attaching baby properly for breastfeeding - 28% discussed the risks of giving their baby formula, milk or water with breastfeeding 	Action Plan	<ol style="list-style-type: none"> 1. Work with Prenatal Clinic staff regarding importance of Baby Friendly Education to each patient each visit 2. Review current Curriculum in Prenatal Clinic and make changes as needed 3. Request more audits be completed of all patients in next month to see if re-education of staff was successful 																													



Priority #3

BFHI Data for IHS

Action Steps (How will you get to where you want to be?)	Responsibility (Who will make it happen?)	Timeframe (When will it happen?)
DNS met with National GPRA Team - IHS Trending breastfeeding/childhood	DNS, Sue Murphy and Diane Leach	Sept/Oct 2014
Webinar on GPRA measures Request National GPRA Lead to assist UPDATE: Move forward with this step next.....	DNS and Diane Leach/GPRA team	Nov/Dec 2014
Webinar by CAC and BFHI Lead to target all EHR patches are installed, keys on and staff aware of documentation UPDATE: Move forward with this step next.....	DNS coordination with OIT staff/National CAC and BFHI Leads/Area CAC staff	Dec 2014/Jan 2015
Include Quarterly progress reports to CEO (Challenges/success)	CNE and CEO at each facility	March, June, Sept 2015
Midyear webinar on GPRA	BFHI leads, Local GPRA Leads	May 2015
Follow up Webinar by CAC on EHR	DNS coordination with OIT/National CAC	August 2015

Breastfeeding GPRA Results

National IHS GPRA Results for Exclusive/Mostly Breastfeeding at 2 months

Percentage



BFHI began



Update

- **BFUSA Annual QI fee** - \$1250.00 per year (HQE DNS is currently paying for this fee and will send paid invoices to hospitals)
- **BFUSA re-designates BF hospitals every 5 years** -
 - Quentin N. Burdick Memorial Health Care Facility, Pine Ridge Hospital and Rosebud Indian Hospital **(2017)**;
 - Claremore Indian Hospital, Phoenix Indian Medical Center and Zuni Comprehensive Community Health Center **(2018)**;
and,
 - Whiteriver Service Unit, Hopi Health Center, Gallup Indian Medical Center, Crownpoint Health Care Facility, Blackfeet Community Hospital, Northern Navajo Medical Center, and Chinle Comprehensive Health Care Facility **(2019)**.
- **Lactation Education Resource** – staff online training (contract) – renewed for use by the 13 OB hospitals



Ongoing activity to sustain BF Designation





2015 Baby-Friendly® Sustainability Project~
Northern Navajo Medical Center
Shiprock, New Mexico

Presented to the National Combined Councils Summer Meeting
June 25, 2015
Antoinette Kleiner, RN, MSN, IBCLC
Nurse Educator-Lactation Consultant, BFHI Lead

2015 BFHI Sustainability

- Goals- maintain BFHI designation & improve our program for our patients/families/communities
 - Policy and Accountability
 - Staff training and engagement
 - Prenatal breastfeeding education
 - BFHI birth practices (Steps 5, 8, 9, & 10)
 - QI & tracking to identify areas for improvement

Staff
Participation

Data
Collection

Quality
Improvement

Policy and Accountability

- Policy
 - Policy is available on hospital home page
 - Reviewed every 3 years (last in 2015)
- Accountability
 - All new employees trained on BFHI policy
 - PMAPs include BFHI for relevant nursing areas
 - Reporting to local, area and national levels



Accountability with PMAPs

- 2014: Added for all relevant nursing staff
 - OB & Peds wards, MCH and ACD clinics

5. Aware of Baby Friendly Hospital Initiative (BFHI) through training and practice.

- a. You will document a complete Data Collection tool form as appropriate for ALL OB/Postpartum admissions, C-section post-ops without any blank spaces
- b. You will place neonate skin to skin for at least one hour immediately upon delivery unless neonate in distress
- c. You will demonstrate positions for breastfeeding to moms and significant others and document teaching
- d. You will inform all moms and significant others about feeding and hunger cues.
- e. You will maintain rooming in at all times unless there is a documented medical indication
- f. You will not give formula without mother's request or medical indication, no pacifiers or artificial nipples shall be introduced
- g. You will complete a formula consent form if formula is given and completely fill out form
- h. You will document what you communicated with patients about teaching and observing hand expression and if indicated, formula preparation
- i. You will document utilizing all required templates related to Baby-friendly and patient care, i.e. shift notes, education, vitals elements, I&O's
- j. You will communicate to patients and provide community resources and written educational information during admission and allow for questions prior to discharge.

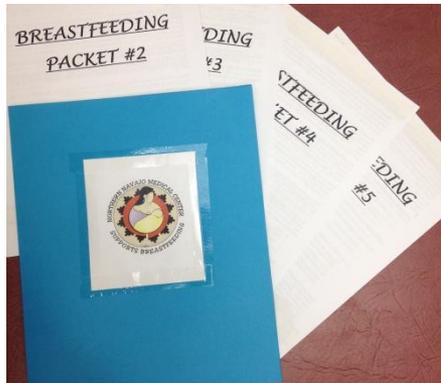
Staff Training and Engagement

- New hire Training
 - Health Stream and/or LER
 - Skills Fairs
 - New Employee Orientation
- Ongoing Training
 - LER Annual Update
 - Health Fairs
- Participation/Engagement
 - NNMC BFTF membership
 - QI Involvement



Prenatal Breastfeeding Education

- Ongoing patient teaching
 - Start early & reinforce often
 - Expanding updates to TPC & satellite clinics



Breastfeeding – Knowing when your baby is hungry

The importance of Breastfeeding

- After you have delivered your baby, you will hold your baby. Skin to skin contact between mother and baby is very important to the baby and to the mother's wellbeing.
- Your baby will want to breastfeed within 1 hour of birth.
- You should breastfeed for the first six months
- Breast milk is still important after 6 months of age - even when you are feeding your baby other foods.
- For a healthy baby breast milk is best.
- You should be prepared to collect and store breast milk. You will need a breast pump. In an emergency, you may not be able to breastfeed. Give this stored breast milk to your baby in a bottle.

How often should you breastfeed? Often! You will need to breastfeed at least 8 to 12 times every 24 hours to make plenty of milk for your baby. This means, the newborn baby will breastfeed about every hour or two in the daytime and a couple of times at night.

How long should feedings be? Feedings may be 15 to 20 minutes or longer per breast. There is no set time. Your baby will let you know when he or she is finished.

Learn your baby's hunger signs.

- When babies are hungry, they become more alert and active.
- They may put their hands or fists to their mouths, make sucking motions with their mouth, or turn their heads looking for the breast.
- If anything touches the baby's cheek – such as a hand – the baby may turn toward the hand, ready to eat. This sign of hunger is called rooting.
- Offer your breast when your baby shows rooting signs.
- Crying can be a late sign of hunger, and it may be harder to latch once the baby is upset.
- Over time, you will be able to learn your baby's cues for when to start feeding.

Follow your baby's lead. Make sure you are both comfortable and follow your baby's lead.

Watch for baby's Hunger Signs & Feed whenever baby is hungry

- Early Hunger Signs (or Cues)
 - quiet/alert state
 - licking or smacking lips
 - opening mouth
 - Rooting
 - looking around
 - hands in mouth
 - stretching



*A crying baby has been hungry for awhile
Try Skin-to-Skin to calm baby before nursing*



'My Beautiful Baby'

By: Richard Anderson

With beauty my baby called me: "my mother".

With Beauty, love, respect and

Ke', I welcomed my baby into the world.

I know when my baby is hungry.

I know when my baby needs changing.

I know when my baby needs loving.

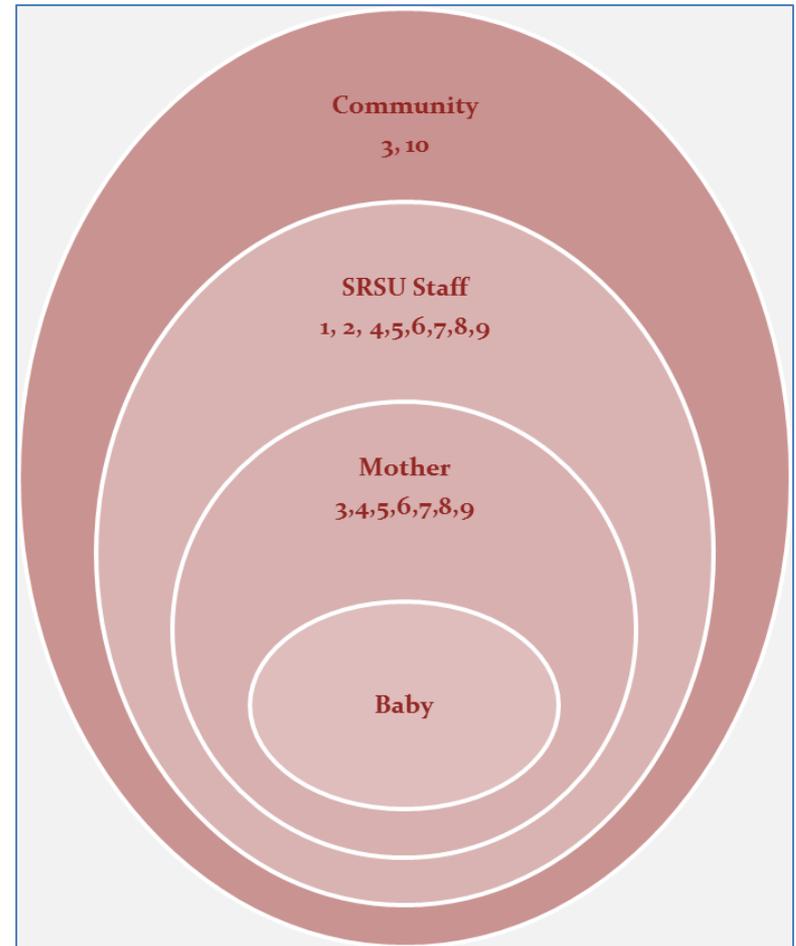
I know when my baby is hurt.

My beautiful baby knows
my love. My baby know I am there,
As a devoted and caring mother.



BFHI birth practices

- Ongoing BFHI standards
- LDRP & Couplet care
- Step 5- teach BF and hand expression
- Step 8- encourage BF on demand/cue
- Step 9- no artificial nipples or pacifiers
- Step 10- support after discharge



Quality Improvement & Tracking

- Audit of Step 3
 - Pregnant woman interviews- 10/month
 - Prenatal Medical Record Review- 20 charts
 - PDSA on increasing number of surveys
- Audit of Steps 5, 8, 9 and 10
 - Postpartum interviews- 10/month
 - Data collection tools & chart reviews- all deliveries
 - PDSA on Data collection tool
- Reporting to units, executive level, area, & HQ



Hopi Health Care Center

“It Takes a Village”

Ten Steps to Successful Breastfeeding – Step 10
Hopi Breastfeeding Coalition
LT Jenna Meyer

Who are we?

- Birthing Center
- < 30 deliveries a year
- Low Risk
- 60 – 120 miles from tertiary care facilities



“Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birthing center ”

- Beyond the Guideline
 - Rural/Isolated Environment
 - How do we provide a link to Community Resources?
- Establishment of Coalition
 - Monthly Meetings
 - Participation in State/National Coalition
 - Building relationships with Tribal Programs
 - Supporting the Baby Friendly Initiative within the Facility

Hopi Breastfeeding Coalition



Our Vision & Mission

- To honor the families of the Hopi & Tewa communities by promoting Pi'kuyi as the cultural norm that provides all nutrients to a growing infant and builds healthier generations.
- Fostering collaboration among community partners to provide comprehensive resources and support to encourage successful breastfeeding.

Coalition Members

- Nursing and Physician staff
- Families & community members
- Hopi Tribe Early Intervention Program
- AZ First Things First
- AZ Growing Up Great
- WIC
- CHR
- Regional Health Care Facilities
- Navajo Nation Breastfeeding Coalition

Accomplishments & Goals

- Family participation in coalition meetings and activities
- Education and outreach at local events
- Providing a clean, comfortable location to breastfeed at numerous community events
- Educating childcare providers about breastfeeding
- Providing Physician education about numerous community resources
- Working towards a Tribal Resolution to support breastfeeding in the workplace



Baby Friendly Sustainability



Sue Murphy, RD, MPH, IBCLC
CAPT USPHS
Phoenix Indian Medical Center
suzan.murphy@ihs.gov

The Foundations



Policies

The multidisciplinary agreements that keep the *standard* in standard.

QA audits

The guide posts that tell us if we are still on track.

Data collection

The numbers that tells us where we are.

Continuing ed The new and improved information.

Ed for new employees Who needs it and how to monitor.

Normalization

The BFHI standards provide the basis for routine early infant feeding.

Old ways can be hard to change.

But new ways that support the choice to breastfeed make patient care easier and give communities hope.



Change is a process, not an event

PIMC Infra-Structure

Awareness of ways to support breastfeeding is becoming part of hospital and clinical care – including PSDAs



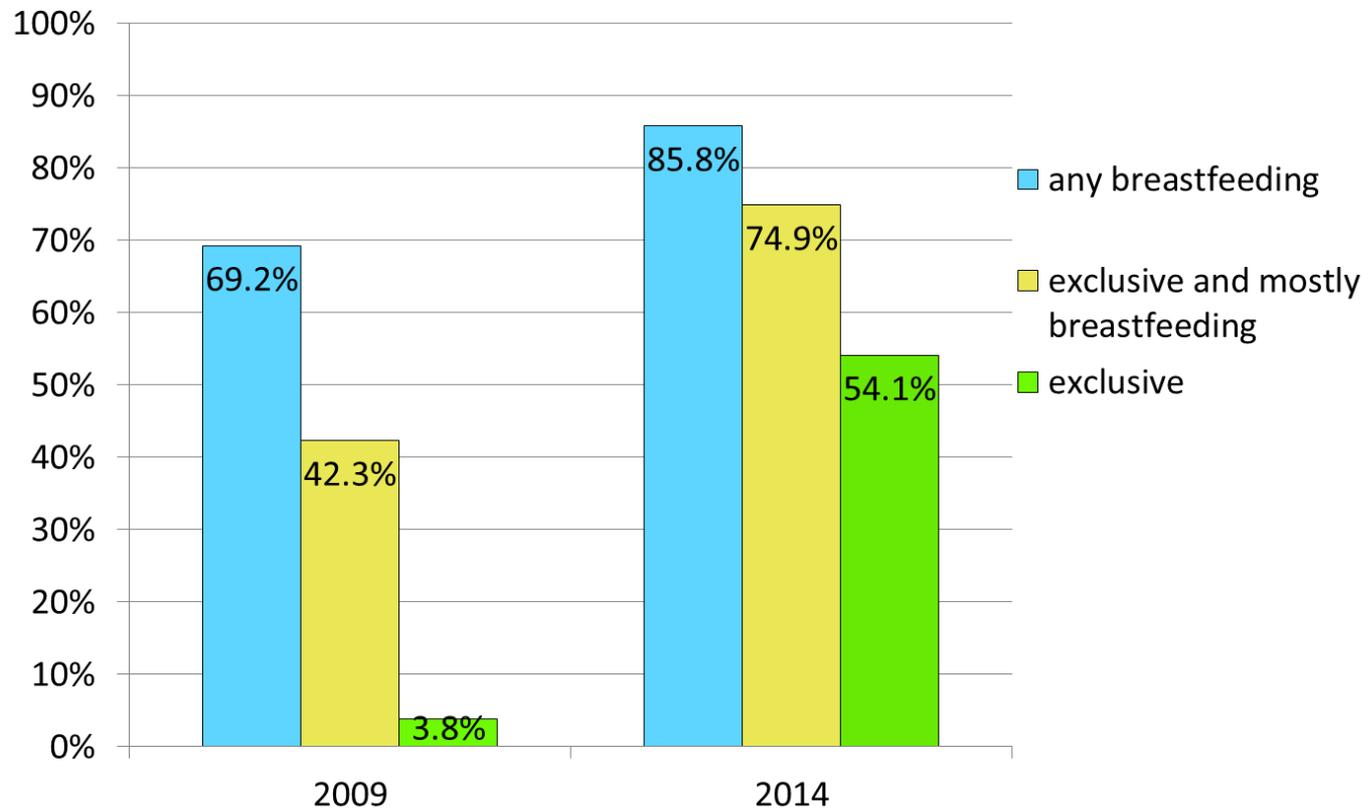
So, more and more the BFHI standards are becoming routine in everyday care.

BFHI changes health care habits

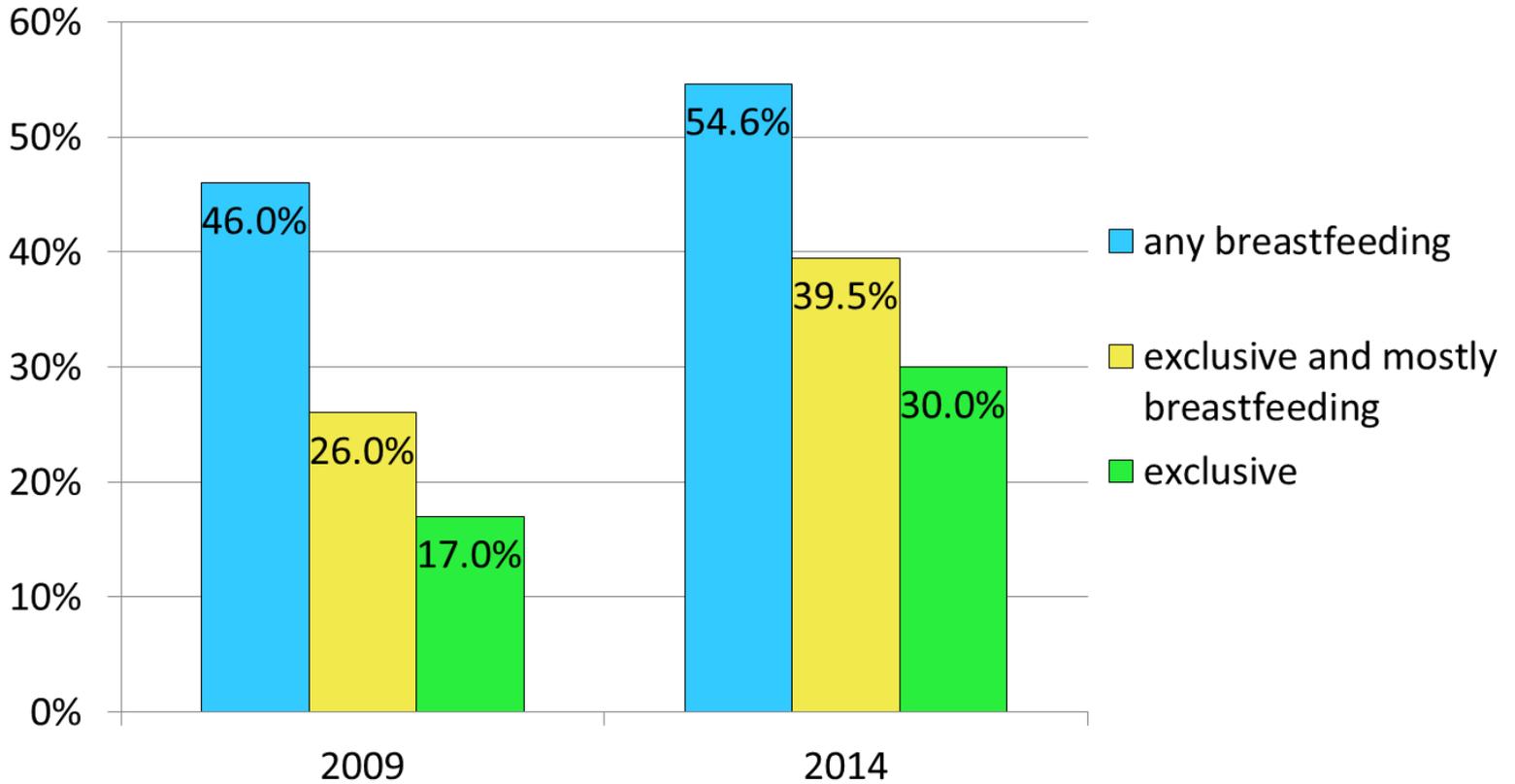
Before BFHI	After BFHI
Perinatal families often received inconsistent/contradictory information about breastfeeding.	Staff who work with perinatal families receive ongoing evidence based education about breastfeeding – so they can provide consistent, current, and reliable information.
Babies went directly to nursery after birth for exams and observation.	After birth, babies are skin to skin with mom. They are examined and observed while they are skin to skin – or being cuddled by mom or family.
Babies spent many hours in the nursery – away from their families	Now babies stay with their families 24/7 – so the new family gets to know each other and worry less about their baby being swapped with another by accident.
The OB unit was noisy, lots of babies crying in the nursery	The OB unit is quiet and peaceful. Families are holding their babies, talking to them, feeding them and comforting them. They are getting to know each other.

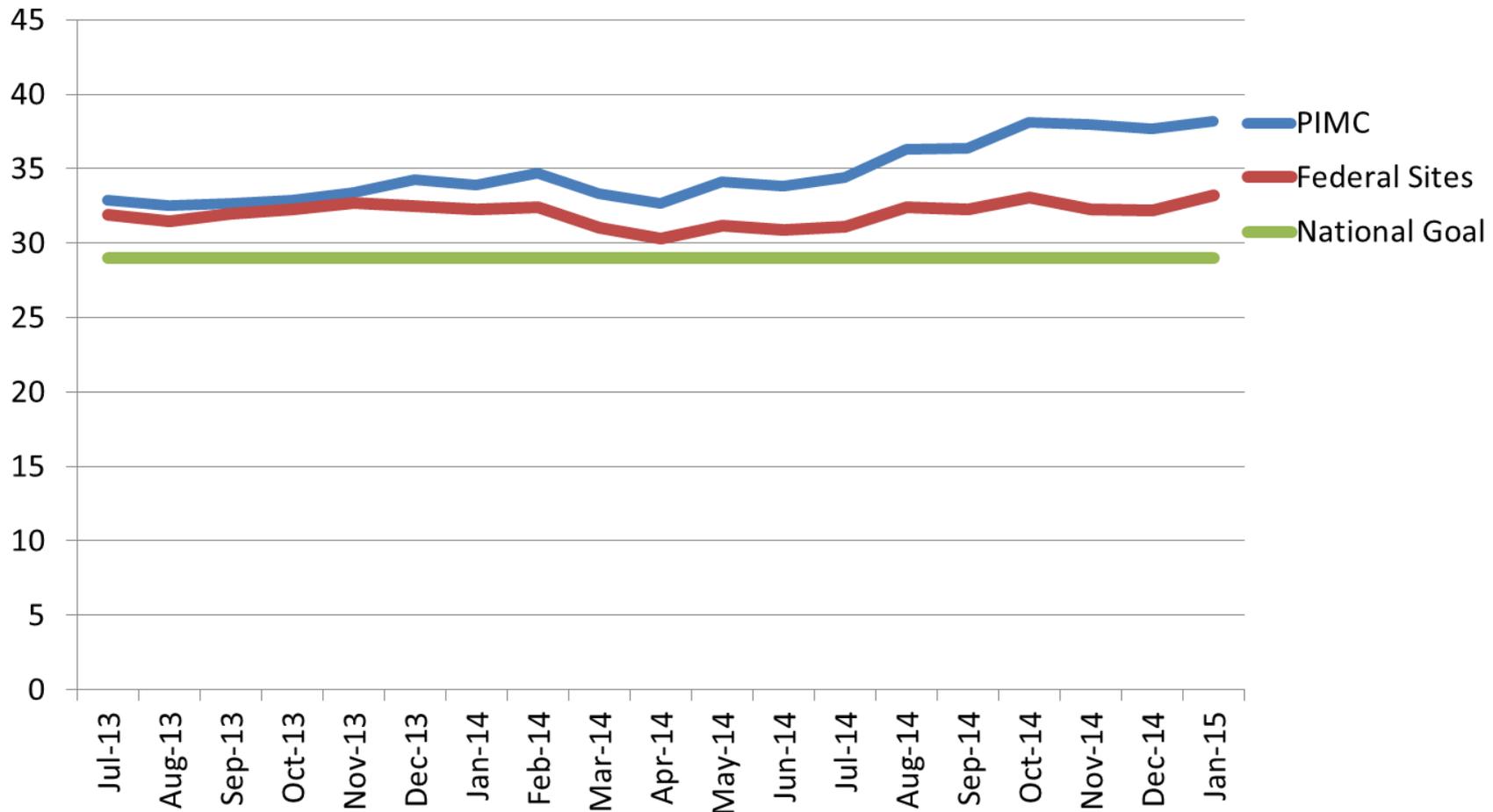
Before BFHI	After BFHI
Babies were given pacifiers to quiet them	Because pacifiers can interfere with learning to breastfed, they are no longer provided – but other ways to soothe babies are taught
Babies were given formula for many reasons not related to physical or medical need.	Formula is no longer provided for casual use. If there is a medical need, policy directs its use. If families prefer some formula use after education, it is provided. Families are encouraged to not overfeed.
Families were sometimes given a list of resources.	Families now consistently get current information about accessible breastfeeding support resources.
Families received anecdotal information about feeding care and outdated advice about medication.	Throughout the hospital and clinics, providers and staff have access to evidence based, current information. E.H.R. has a link to LACTMED – the NIH/NLM data base for medication and breastfeeding. Anyone can use it to look up medications.

Feeding Experience during Delivery Stay



Feeding Choice at 2 months





What Families Say



Your Medical Home at PIMC
Enriching Families Through Healthy Beginnings

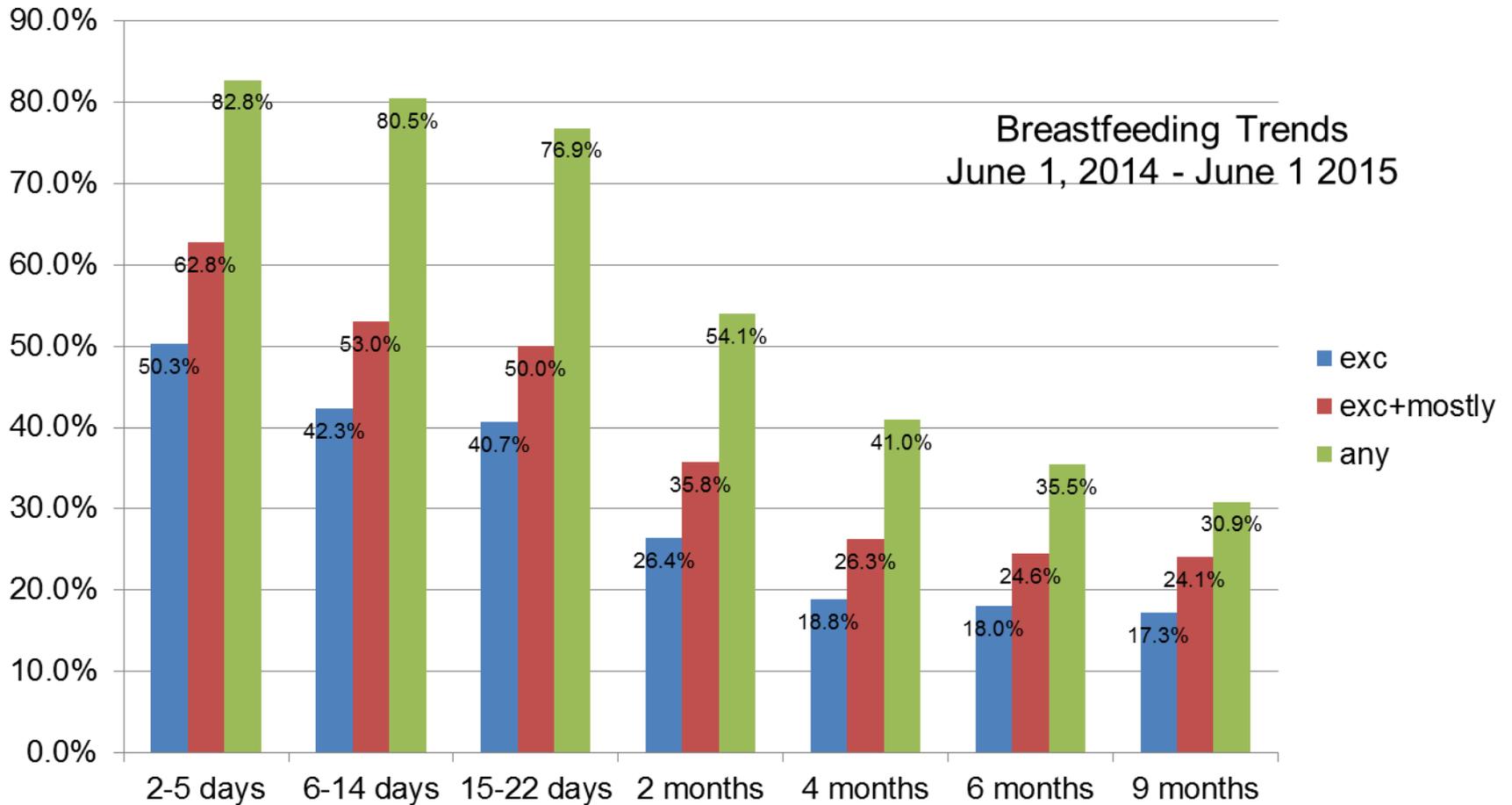
Families like their perinatal experience

- Skin to skin – even with c-sections
- The baby stays with mom and dad
- Family members can stay in mom's room – 24/7
- The doctors, nurses, midwives, lab people, etc each come to the family's room to see mom and baby
- Babies don't get pacifiers or casual formula unless there is a medical need or if the family requests after education
- The staff cares

Next Steps

- Insurance reimbursement for lactation support and materials
- Staff education opportunities that result in more IBCLCs on board
- Outreach - Arizona Department of Health Services has begun a program to facilitate reimbursement for lactation services and to encourage the adoption of BFHI principles. PIMC is actively involved.
- Follow-up with texting

Find places and ways to improve



BFHI Sustainability

It is What We Do

Our families and staff respect what their communities
have honored
since the beginning of time.

For Accountability

We monitor practice and impact with interviews, data
tracking
and the world of E.H.R.

In Conclusion

- Thank you for your time today.
- Thank you for all you do to support breastfeeding.
- It is ok to thank a family for breastfeeding, it is not as easy as it looks - and the results are amazing.

Questions?

