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Baby-Friendly Hospital

In the December 2012 issue of JOGNN there was an article published entitled, “Implementation of the Baby-Friendly Hospital Initiatives Steps in Iowa Hospitals.” This article explored the status of the Baby-Friendly Hospital Initiatives (BFHI) Ten Steps (Table 1) and the associated policies in the state of Iowa. The result of this study showed that the hospitals in Iowa have not fully implemented the Ten Steps of BFHI; in fact no hospital in Iowa has the designation of Baby-Friendly. The average number of steps completed by Iowa hospitals was 3 out of 10 and none had implemented Step 1; to have a written policy that is communicated to all health care staff.¹ As 2013 approaches perhaps having this designation can find its way on to our agenda.

Baby-Friendly Hospital Initiative

In a joint effort between the World’s Health Organization and the United Nations Children’s Fund, the Baby-Friendly Hospital Initiative (BFHI) was created in 1991. During this time there was recognition of the serious health consequences of formula feeding and the need for quality improvement to increase worldwide breast-feeding rates. A large body of evidence indicates that breastmilk is the best form of nutrition for infants and is far superior to formula. Benefits for infants include decreased incidence of lower respiratory tract infections, otitis media, gastrointestinal infections, sudden infant death syndrome, asthma, atopic dermatitis, childhood leukemia, type 1 and 2 diabetes, and childhood obesity.² The benefits for mothers include decreased incidence of breast and ovarian cancer and type 2 diabetes.² A recent cost analysis of breast-feeding benefits for children found that if 90% of infants in the United States were exclusively breast milk fed for 6 months, the national cost savings would be \$13 billion annually and approximately 900 lives would be saved.³

Table 1: BFHI Ten Steps to Successful Breastfeeding

1	Have a written breast-feeding policy that is routinely communicated to all health care staff.
2	Train all healthcare staff in skills necessary to implement this policy.
3	Inform all pregnant women about the benefits and management of breast-feeding.
4	Help mothers initiate breast-feeding within 1 hour of birth.
5	Show mothers how to breast-feed and how to maintain lactation, even if they are separated from their infants.
6	Give newborn infants no food or drink other than breast milk, unless medically indicated.
7	Practice "rooming-in"— allow mothers and infants to remain together 24 hours a day.
8	Encourage breast-feeding on demand.
9	Give no pacifiers or artificial nipples to breastfeeding infants.
10	Foster the establishment of breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic.

Worldwide there were 19,000 Baby- Friendly Hospitals in 2011 and 121 located in the United States.¹ Knoxville Area Community Hospital, in Knoxville, IA and Regional Health Services of Howard County in Cresco, IA are both in their final steps of becoming designated as Baby-Friendly Hospitals. Implementation of Baby Friendly Initiatives and its outcomes have been well studied. These studies have found that in order to become designated there may some barriers that hospitals will have to overcome. Here are a few of those along with strategies to overcome the barriers:

- **Sociopolitical Barriers**
The most frequently reported sociopolitical barriers are the aggressive marketing practices of formula companies, lag of legislation to protect and support breastfeeding (i.e. maternity leaves, lactation rooms), and social cultural infant feeding norms that favor formula feeding.
- **Organizational Barriers**
Organizational barriers include insufficient funding and inadequate staffing which limits the ability of the staff to provide direct breastfeeding support or to attend training sessions. Another challenge is hospital routines that interfere with maternal and infant contact which interferes with skin to skin contact and initiation of breastfeeding within one hour of birth.

- **Healthcare Provider Barriers**

If providers are unable to attend training sessions on breastfeeding this has an affect on their knowledge, skills and comfort level with assisting with breastfeeding. Some healthcare providers are reluctant to promote breastfeeding out of concern about making mothers feel guilty or out of respect for their cultural beliefs.⁴ Having bottles, formula and pacifiers readily available increases the reliance on their use by providers.

- **Unique Challenges in NICU Settings**

When an infant is admitted to the NICU this can present a new set of challenges for the breastfeeding mother. Mothers are more focused on the health status of their infant than on breastfeeding. Coupled with the impact of the noisy stressful environment, the lack of privacy for pumping, lack of access to breast pumps to initiate and maintain lactation as well as lack of staff expertise in managing breastfeeding for the premature or sick infant is all barriers to establishing a Baby- Friendly Hospital Initiative.

Strategies to Overcome Barriers of BFHI

- Establish breastfeeding as a national public priority.
- Community based breastfeeding support.
- Physician leadership and endorsement of BFHI .
- Gradual staged implementation of the ten steps motivated by a shared vision and credible leaders.
- Eliminate crib cards and tape measures with formula companies' names on them.
- Implement practice changes to keep infants skin to skin. Such as doing infant vitals signs, foot printing and shots or blood draws while infant remains skin to skin.
- If supplementation is necessary, supply breastmilk or formula through supplemental nursing system or syringe or cup.
- Have a full time lactation consultant to provide breastfeeding education.
- Formal written breastfeeding policies and protocols supporting BFHI that includes high risk situations like infant admission to NICU.
- Pumping room visible and readily accessible and increased access to breast pumps
- Establish milk banks at your facility
- Changing the name of the nursery to "Newborn Observation Unit" to promote rooming in as well as changing the expectation of the nursery's function.
- Provide 24 hour rooming in facilities, doing newborn assessments at bedside. Document why newborn was removed from his mother's room
- Eliminate inconsistencies in breastfeeding education by providing quality prenatal education on breastfeeding via courses and during prenatal visits for patients. Providing DVD's
- Providing mandatory and flexible breastfeeding education for all

- levels of maternity care staff including physicians. Using innovative teaching strategies like pocket guides or train the trainer methods
- Removing formula company ads throughout the health care facility
- and increase the visibility of breastfeeding posters and leaflets.
- Discontinue the practice of providing mothers with discharge packs containing formula and offer alternatives such as continuing education material

The key to success is addressing barriers early on, forming a multidisciplinary team, obtaining administrative support and investing time. It can take 1-6 years to assimilate this new process into practice. Obtaining Baby Friendly designation can be one way that we can fulfill our obligation to practice evidence-based medicine, providing our mothers and babies the best start possible.

~ Rachel M. Woodard RN

References

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