

Preparing for a Baby-Friendly USA Assessment



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THE SURVEYORS ARE COMING!
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Attention all staff on The Women's Place:

the Baby-Friendly USA, Inc. Mock Surveyors are coming **March 19, 2014** to assess our readiness for the official survey this fall. They will be randomly questioning staff and they are here to see how well we are doing with our staff

Outline



- What are the assessors looking for?
- How will they measure compliance?
- How can you best prepare?
- Special tips

Setting the scene



- Environment matters: What does this hospital say to you?





**Did you
wash them?**



Hand washing prevents disease.

Post the Ten Steps



- Prenatal clinic
- Any antepartum inpatient unit
- OB unit
- Postpartum unit
- Nursery/Neonatal observation unit
- NICU/Level 2 nursery
- Need to include code-compliant info



Baby Friendly

10 STEPS TO SUCCESSFUL BREASTFEEDING

Our pledge to you:

1. We have a written policy that supports breastfeeding and is regularly shared with our health care team
2. We train all staff working with you in skills needed to use this policy
3. We tell all pregnant women about the benefits and management of breastfeeding
4. We will place your baby skin-to-skin after delivery and help you start breastfeeding within one hour of birth
5. We will show you how to breastfeed and how to express your milk if you are ever apart from your baby
6. We will not give your baby any food or drink other than breast milk, unless medically needed
7. We practice 'rooming in' allowing you and your baby to stay together during your entire hospital stay
8. We encourage breastfeeding 'on-demand'
9. We will not give pacifiers or bottle nipples to your breastfeeding baby
10. We invite you to come to our breastfeeding support meetings and will continue to encourage you on your breastfeeding journey

TMC

Creativity






SKIN-TO-SKIN

Hugs with your baby

You'll never forget the first time you held your new baby. After delivery, your baby will be dried and placed on your chest for your first hug.

When your baby is snuggling *skin-to-skin* they will:

- stay warm
- hear you
- smell you
- be breastfed by you
- be calmed and loved by you



**Turn off
the lights!**

The Neonatal Observation Unit (NOU) is open for circumcisions and newborn recoveries having difficulty with transitioning. All other procedures are to be performed at bedside.

A large, dark red sign with rounded corners is mounted on a wall. It features a photograph of a glowing yellow light bulb. The text is in a bold, pink, sans-serif font.

**Turn off
the lights!**

The Neonatal Observation Unit (NOU) is open for circumcisions and newborn recoveries having difficulty with transitioning. All other procedures are to be performed at bedside.

A smaller version of the sign is mounted on a wall. It includes a purple dragonfly graphic in the top left corner. The sign is positioned above a light switch and a network outlet.



R O O M I N G I N

WHAT *Happens* IN
THE ROOM...
STAYS IN
THE ROOM

*Decreases
Baby's Stress

*Allows Baby to
Breastfeed
When Hungry

*Safer for Baby



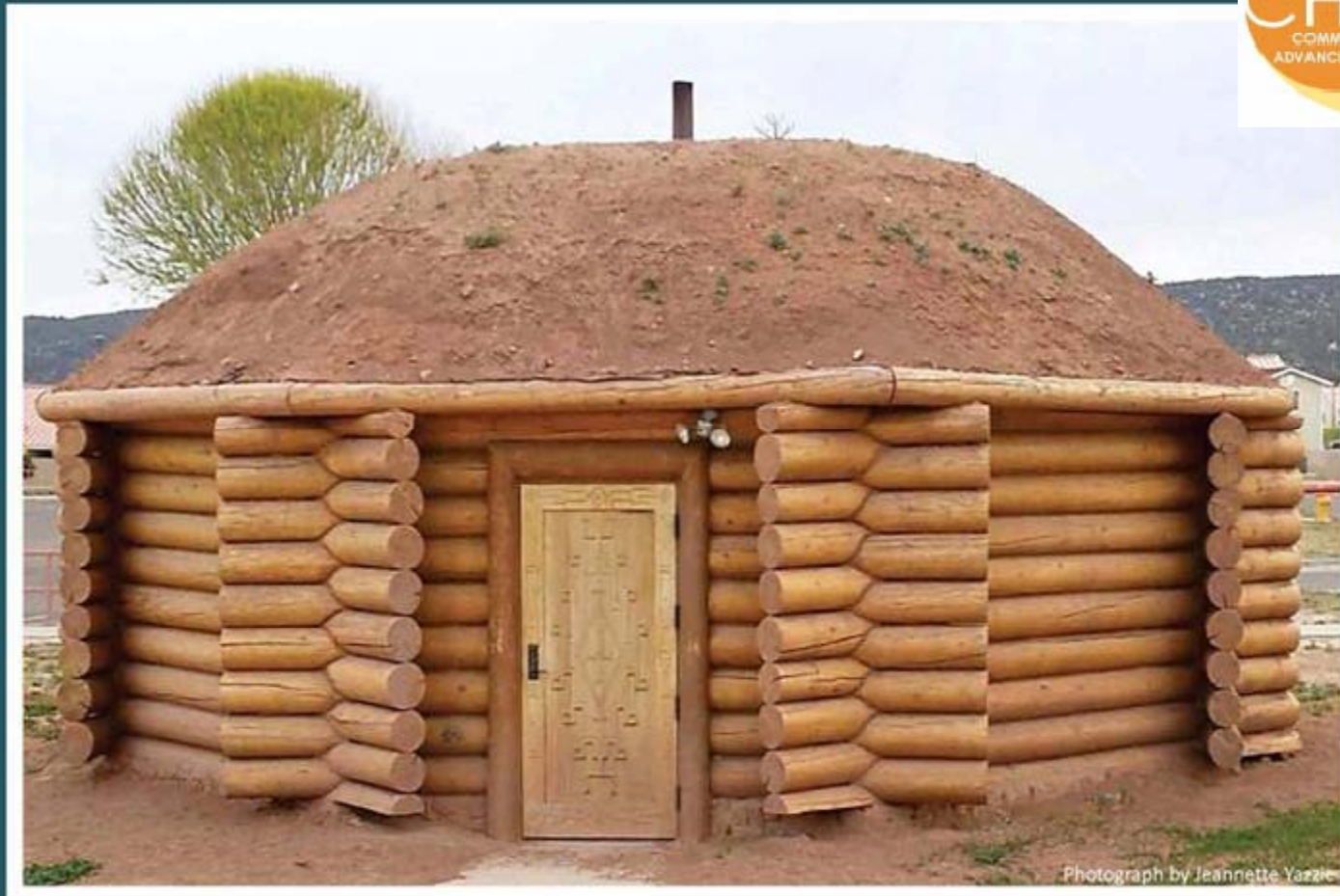
*Allows Mother to
Learn Feeding Cues and
Behavior

*Mother Establishes
and Maintains Good
Milk Supply

*Decreases Mother's
Stress

*Better Quality Sleep

THE ORIGINAL ROOMING-IN



THE HOGAN IS THE TRADITIONAL HOME OF THE DINE' PEOPLE. IT ALL HAPPENED IN THE HOGAN.

Rooming-in, where mom and baby stay together in the hospital 24 hours a day, is best for you and your new baby. It helps with bonding and breastfeeding. There are many benefits to rooming-in and breastfeeding, and they are healthy choices for you and your baby. Talk to your health care provider if you have questions about rooming-in or breastfeeding.





Setting up



- Be hospitable. Assessors have traveled a long way
- Have at least 1 "interview room" set aside for the assessors with phones and tools (doll; cloth breasts)
- Provide 2-3 times as many phone #'s for interviews as you will need, and be sure to include instructions about dialing out, area codes, cellphones, etc.

Orientation



- Assign 1 person to each assessor
- Make sure they are knowledgeable
- They or someone else who knows must be able to access chart info

Paperwork to prepare



- Formula FMV; RECEIPTS, contract
- Charts for all who will be interviewed
- Prenatal materials/curriculum (whatever you give pregnant women)
- Anything else you give out (including formula teaching, support group info, classes etc)

Paperwork to prepare



- Completed clinician education records
 - 3 hour certificate – MDs
 - 15 (20) hour certificate RNs
 - 5 hour hands on/skills training completion record





Nurse managers must



- Answer clinician questions
- Identify who is responsible for ensuring policy implementation
- Locate the infant feeding policy
- Describe how staff, (+ new hires) are oriented to the infant feeding policy
- Show how adherence to infant feeding policy is monitored

Data, docs, or moms?



- Breastfeeding and compliance rates matter
- BF USA will check charts:
 - Supplements for *medical* reasons?
 - Why were babies out of room?
- But mostly, they rely on mom and clinician responses

Moms don't always hear us



- What we tell patients, and what patients *hear* can be very different
- Tavares et al: *Mothers' and clinicians' perspectives on breastfeeding counseling during routine preventive visits* (Pediatrics, 2004)

Tavares study



- OB said they *usually/always* discuss breastfeeding prenatally
 - Only 16% of moms said it was discussed
- Pediatrician said they *usually/always* discuss breastfeeding at 2-weeks
 - Only 25% of moms said it was discussed

Tavares study



- 91% of OBs; 97% of pediatricians said *usually/always* discuss breastfeeding & working
- Only 55% of moms said it was discussed

Hearing....listening...



- Moms may not hear us...do staff *listen* to us?
- Here's how to find out.....



Audit tools!



- DISSEMINATION packet:
 - Audit tool: Staff training
 - Audit tools – prenatal and postpartum women
- And a whole bunch of other audit tools
- If you didn't investigate, now's the time to start!
- This presentation will suggest *short* audits as examples

Staff (Drs/RNs/CNMs etc)



- BF USA will question:
- RNs/CNMs/NPs/MDs (OB, Pedi, FP) who work with inpatients on ob/postpartum in the hospital
- Nurse manager, staff educator of ob/postpartum

Whom DON'T they ask?



- Practitioners who ONLY see prenatal moms or outpatients (eg home visit PHNs)
- Provider/ staff questionnaire thus aimed at *providers who see moms in hospital* when they are having their baby

Providers/Staff Qs



- Does your hospital have a breastfeeding policy? Where is it?
- How many hours of breastfeeding training you have had?
- Name 4 benefits of breastfeeding
- When should staff 1st help mom breastfeed?
- If mom/baby separated (NICU; transfer) when should mom start expressing?

Providers/Staff



- How do you teach moms when to feed?
- How would you respond if
 - Mom asked for a pacifier?
 - Mom said she had no milk and wanted formula?

Providers/Staff

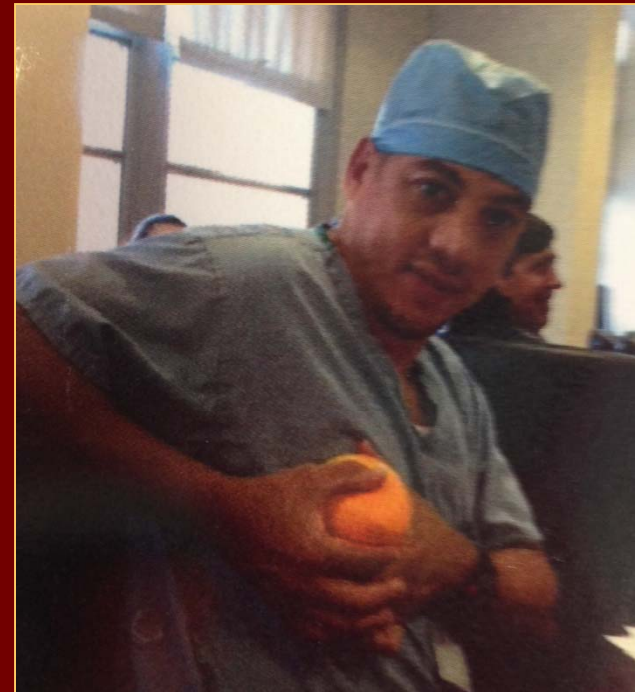
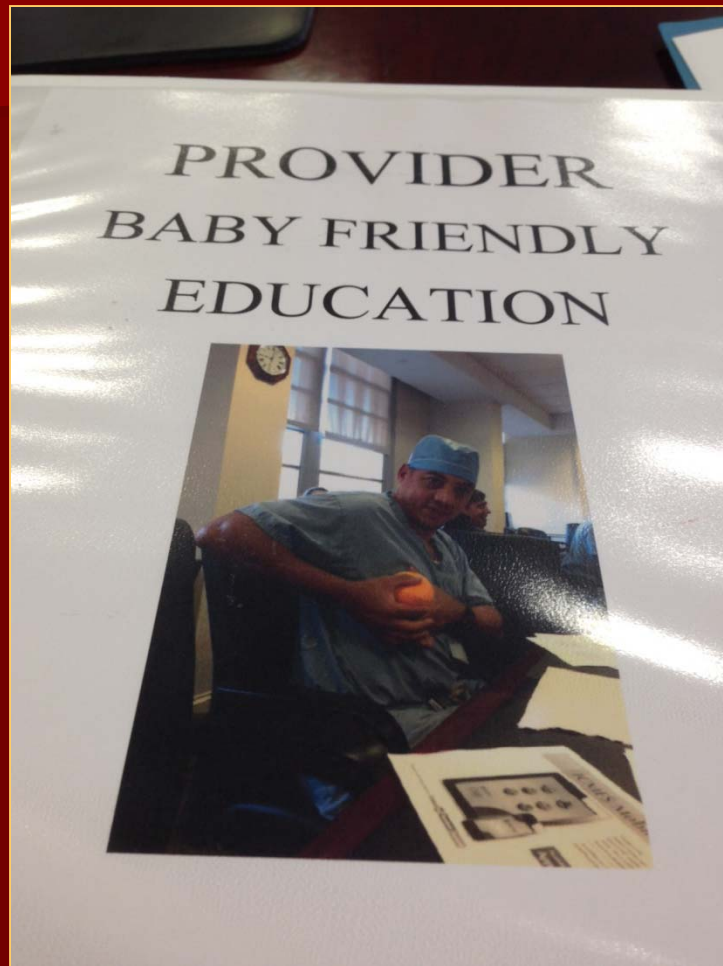


- Name a cause and a 'fix' for sore nipples
- Why might a mom become engorged/How could she manage engorgement?
- How does this hospital teach formula feeding?
- What info does this hospital give moms in case they have a breastfeeding problem at home?

Providers/Staff



- Demonstrate positioning
- Describe a good latch
- Demonstrate how you would teach hand expression to a new mother





Patients for BF USA interviews

■ PRENATAL

- BF USA doesn't interview prenatal clinic staff but DO interview 10 prenatal patients >30 weeks pregnant

■ POSTPARTUM

- 5 c-sec moms
- 10 moms with vaginal deliveries
- If not enough patients on site, by phone



Patient questions: Prenatal



- Has any staff member given you info or advice on breastfeeding during your prenatal care?
- Did anyone talk to you about
 - Importance of skin-to-skin contact?
 - importance of rooming-in?
 - Risks of giving formula while breastfeeding in first 6 months?

Patient questions: Postpartum



- Has any staff member:
 - Given you info/advice on breastfeeding?
 - Helped you breastfeed in/since the 1st hour?
 - Shown you how to hand express?
 - Given your baby a pacifier?
 - Given your baby formula?
 - Given you info about breastfeeding help or support when you go home?

Patient questions: Postpartum



- Did anyone discuss breastfeeding with you before your baby was born?
- Was your baby placed skin-to-skin right after delivery?
- Has your baby been separated from you more than 2 hours?



Patient questions: Postpartum

- For moms who are separated from their baby:
 - Did any staff member show you how to use a breast pump?
 - If yes, were you shown within 6 hours of delivery?



Systemize and feedback



- Devise a system for standard completion of your audits
- Collate the information and feed it back to your staff

Charting?



- How does charting help?
- In the prenatal period, it really doesn't help to prove anything
- Postpartum it can make or break the assessment

In summary.....



- The only way to really know if your staff is getting the message is to ask them
- The only way to really know if your staff is getting the message *across* is to ASK YOUR PATIENTS
- Feed back all the info to your staff

Questions?

