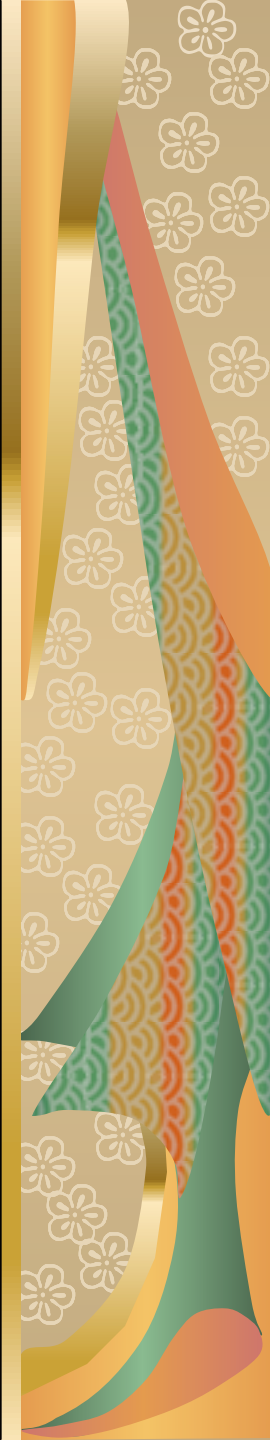


Long

The Journey to Baby Friendly  
at Women's Hospital

Kathy Hamelin  
Janice Gregoire



# The journey

■ Long!!

■ LC Certification in 1994

■ Clinical need defined

■ BFC established at WH in 1995

■ Assistance from increasing LCs (WH & community)

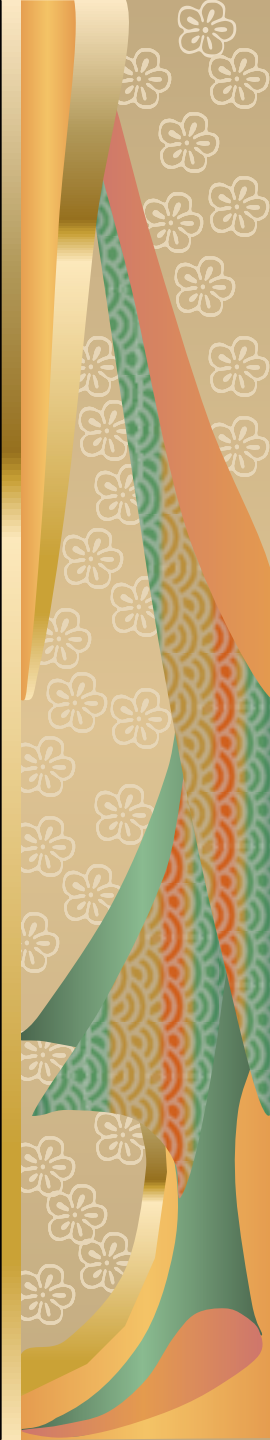
■ LC meetings est' d in 1997

■ Information sharing and group support

■ LATCH Tool research

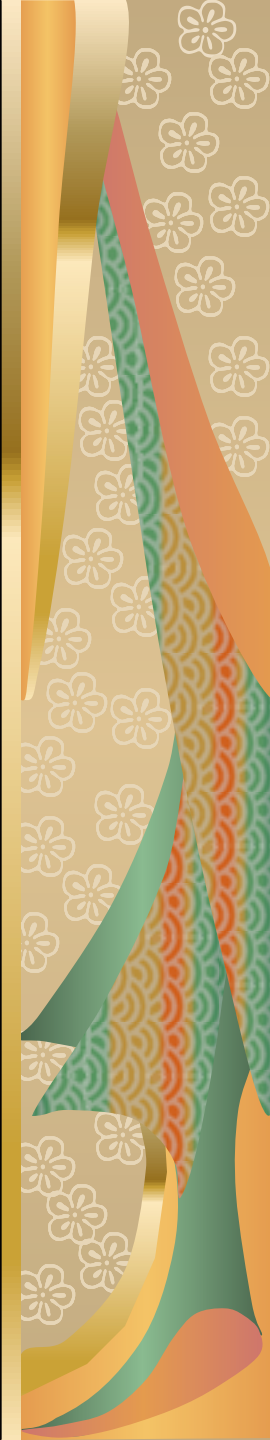
■ Proposal for in-hospital LC

■ Patient education booklets born










# The journey

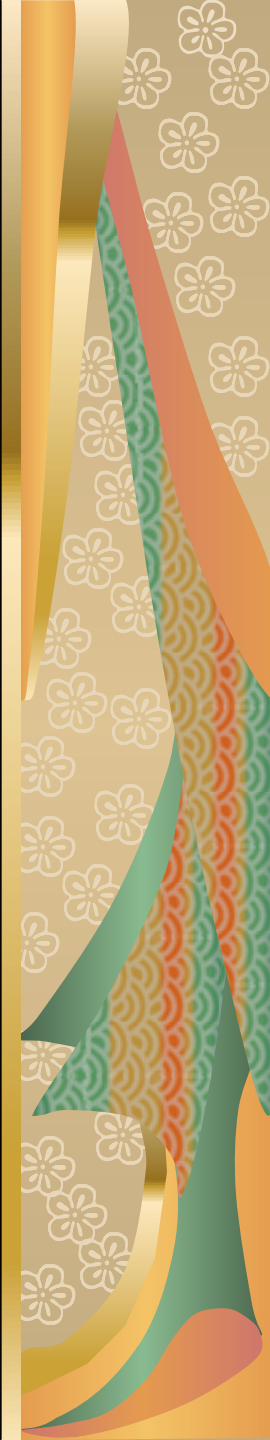
- BFI Committee established in 1999
- LDRP unit opened in 2000
- 10 steps to BFI self appraisal in 2000
- Set the path to BFI accreditation
- 2000 BFI compliance data included:
  - BF education ~10% of staff
  - 40% of moms/babies together 24 hrs/day
- Self appraisal repeated in 2007
  - Increased compliance to all steps



# Journey

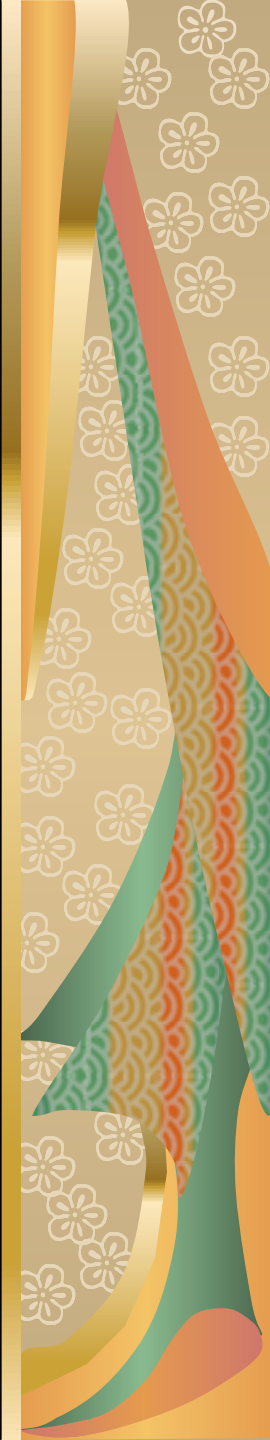
## 2007 Targets:

-  Display policy
-  Examine staff education and documentation
-  BF info in ACF
-  Focus on STS
-  Review supplementation on a ongoing basis
-  Transfer mom/baby together to pp area and complete assessment in mother's room
-  Remove pacifiers from PP areas



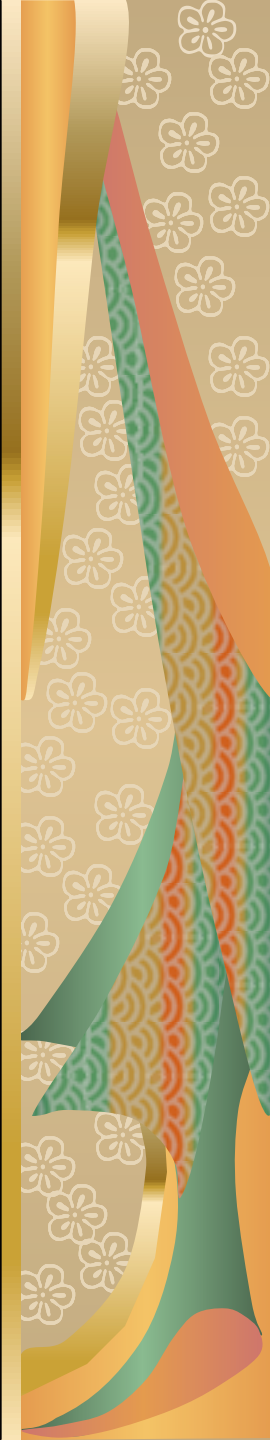
# The journey

- WRHA BF PG 2005
  - Consistent evidence-based BF care
- Staff education enhanced
  - 8 hour orientation for all staff
  - Ongoing BF education formats
- Yearly chart audits to examine BF practice
  - Learning opportunity for nursing staff
  - See increasing best practice
  - Assist with realistic goal setting



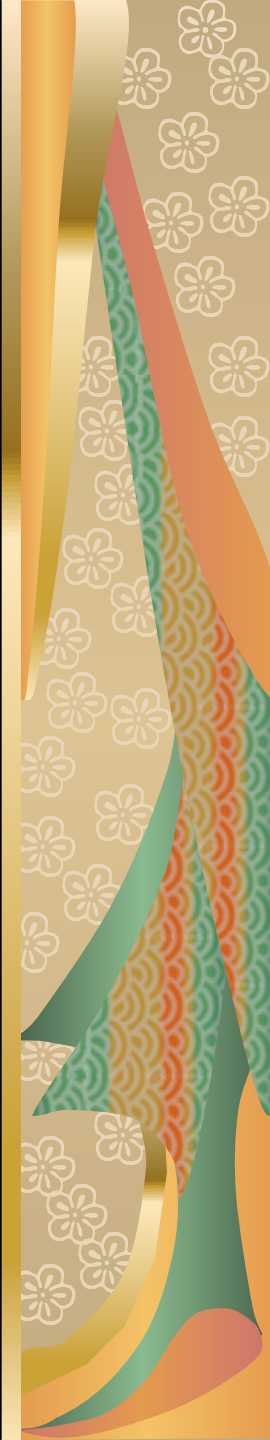
# The journey

- Mock assessment in 2010
  - High risk rounds: “Is BF really better than formula?”
  - Environmental scan - positive experience
  - Assisted with setting realistic goals
- BFI committee is a committed multidisciplinary team!
- Keeping up the energy / commitment is important to process
- Pre-assessment is next step



# Success!

- Practice changes!
- Education and positive practice outcomes **change beliefs and attitudes**
- As attitude changes, see positive impact on knowledge, skills, practice and BF outcomes
- Audit data confirms progress



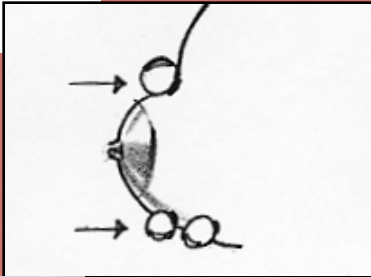
# Skin to skin contact

- Introduced concept in 2007
- Ongoing education since
- Now standard of care:
  - Majority of mothers and newborns are now placed STS in immediate post birth period
  - Others STS within 10 minutes
- First BF when baby ready
  - Range 3 to 180 minutes
- Challenge is post cesarean section and duration





# Hand expression



- Hand expression a requirement for all BF mothers
- Stimulates milk supply and provides colostrum if necessary
- Patient resources:
  - Handout
  - Poster
- Staff resource
  - Documentation on feeding record
- *Makes a difference!*

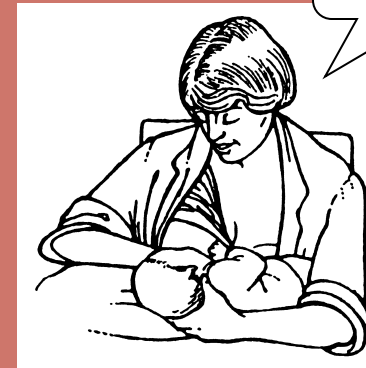
# Baby-led BF

- Cue based feeding
  - No limit of frequency or length of BF
- Information / support re “Second night”
- Postpartum STS



# Exclusive breastfeeding

- Education and positive practice outcomes **change beliefs and attitudes**
- As attitude changes, see positive impact on knowledge, skills, practice
- Exclusive BF rate increasing*
  - Medical indications / appropriate supplementation increases this rate
  - Acceptable fluid, volume and method
- Informed decision making



No formula please!

## Challenge is Step 3 “Inform families about BF”

- To help families make “informed decision” related to infant feeding choices
- To help families make “informed decision” related to early supplementation
- Multidisciplinary responsibility
  - Requires professional education
  - Now available!



# Advice

■ Progress takes time!

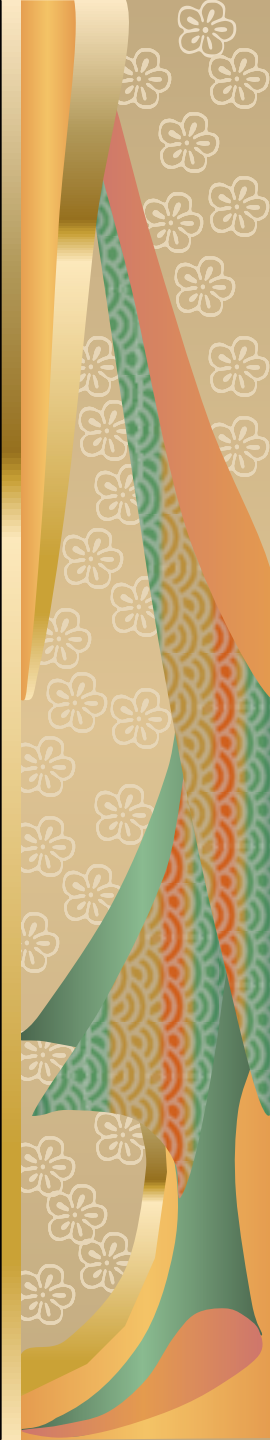
■ Keep going!

■ Trust:

■ In staff

■ In mothers

“Make a difference day by day  
That’s the baby friendly way!”



# References

- BFI Hospital Self Appraisal Tool BCC BFI Integrated 10 Steps Summary
- BCC BFI Practice Outcomes Indicators for Hospitals and Community Health Services
- Calculation of Exclusive Breastfeeding Statistics: Hospitals & Birthing Centres

