ACHIEVING A BABY-FRIENDLY CULTURE

Presented by Doris Balcarras RN, IBCLC





- Live Births 4100/ year
- Healthy term newborns > 37 weeks gestation 3600
- Childbirth unit has 41 beds with 24 LBRP's and 17 post partum/antenatal beds
- NICU is level 2+
- 14 Obstetricians, 8 Family physicians, 30 Midwives
- 12 Paediatricians

Baby- Friendly Hospital Designated 2008 BFHI Re-designation 2013



The direction we are going will determine our destination.



STATISTICS

	BFI Benchmark	2008	2014- 2015
Exclusive BF rate	75%	68%	80%
Medical supplementati on rate		9.6%	3.8%
Non-medical supplementati on rate	>10%	12.4%	9.8%
Formula Only		10.8%	6.1%

S.T.A.R.T.

S- SHARE THE VISION AND STAY FOCUSED



TALK IT UP!

A - ANTICIPATE OPPOSITION AND WELCOME IT

R-review, repeat and REMIND

T - TAKE TIME TO CELEBRATE!

10 Steps Practice Outcome Indicators

1 MI

1.9 km

11:37 02:46 178 km

ME

New Crane

ROADBLOCK \$\$ formula purchase \$\$



We ARE doing it!!!

BFI committee including ALL stakeholders

BCC Integrated Ten Steps Practice Outcome Indicators document

EDUCATION!!!!

Practice changes Quality Council goals and objectives

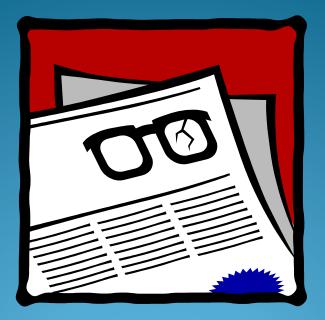


Breastfeeding is not only best practice, It's NORMAL!

Ten Steps to Successful Breastfeeding



Have a written Breastfeeding policy that is routinely communicated to all health care staff



Breastfeed any time, any where



Train all health care providers in the knowledge and skills necessary to implement the breastfeeding policy



Inform pregnant women and their families about the benefits and management of breastfeeding



Help mothers to initiate breastfeeding within 30 minutes of birth



Stable temperature

Stable blood sugar

Increased bonding and confidence

Babies latch sooner and better

Less work for everyone

Teach mothers how to breastfeed and maintain lactation even if separated from their infants



Breastfeeding Group Session

STEP 6

Give newborn infants no food or drink other than breast milk, unless medically indicated.

STRATEGIES

MEDICAL/NON-MEDICAL SUPPLEMENTATION In-services Role playing

PARENT INFORMATION SHEET -Informed consent

Decanting formula *Age appro*

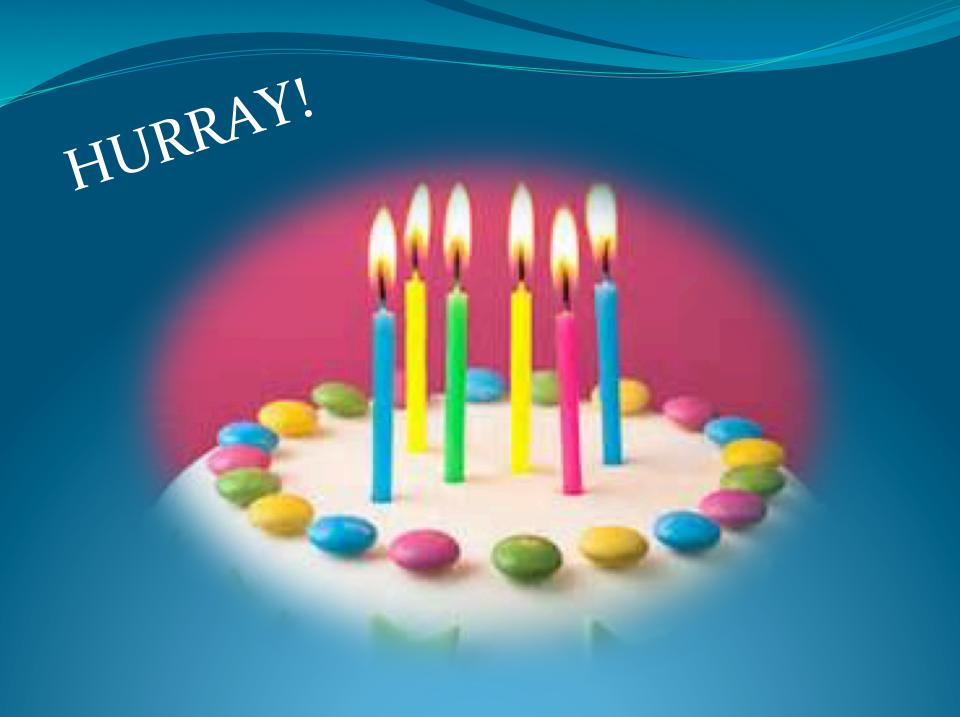
g formula *education* Age appropriate volumes education <u>Method of supplem</u>enting

TV's in patient rooms Video link for staff/physicians/midwives education

education

Audits

Colourful posters in patient rooms



"We are what we repeatedly do"

"Excellence, then, is not an act but a habit"

Stephen Covey

S.H.I.N.E.

- S Skin-to-skin
- H Hand express
- Independently position and latch baby
- N No interruptions E - Evaluation – accurate and thorough

Skin-to-skin care

Immediately Uninterrupted Consistently



Breastfeeding management – non-latching newborn in the first 24 hours

Some newborns may have difficulty getting started breastfeeding in the first 24 hours. The following suggestions will help most babies become more alert and ready to feed:

1. Keep your baby skin-to-skin as much as possible

2. Hand express colostrum into your baby's mouth hourly

3. Offer the breast to your baby every one to three hours (minimum of 8 times in 24 hours)

4. If baby is not latching in 6 to 8 hours, start pumping or hand express for 15 minutes on each side to stimulate milk production

5. Feed colostrum to baby with a spoon/cup or by finger feeding (bottles are not recommended in first 24 hours)



Hand Expression



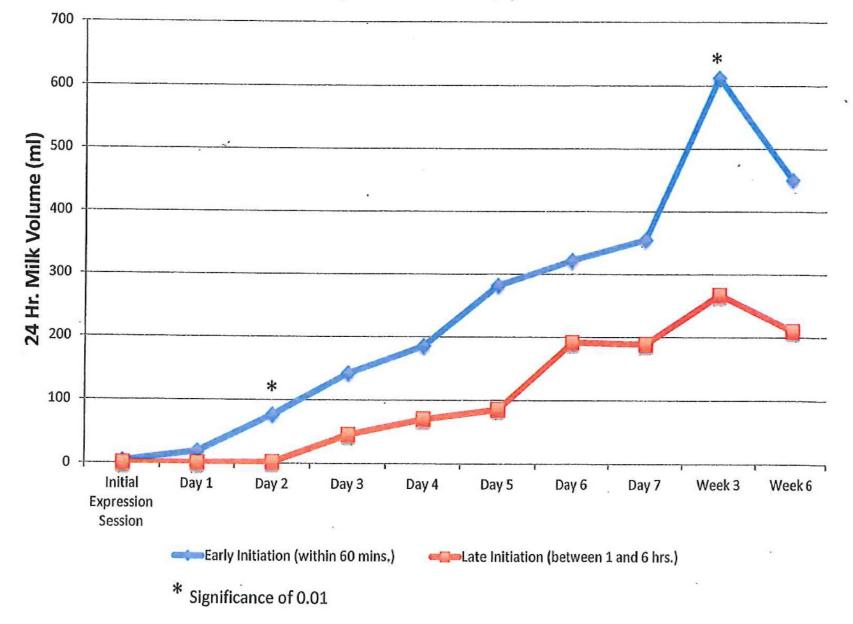
Nutrition Antibodies Blood sugar Laxative

HAND EXPRESS

No milk Crying? Hungry? Enough?

Effect of Early Breast Milk Expression

(Parker et al. 2012)



Breastfeeding Group Session

INDEPENDENYTLY LATCH



Our Role

Feeding cues Both mom and babe need to learn Our role is to teach, support and create an environment conducive to learning Patience!!



Good intentions

Hands off!

Ask permission

Consistent , accurate information

Empower!!!



NO INTERRUPTIONS





Interruptions

- Average 54 interruptions = 4.5 interruptions/hour
- Interruptions frequent and erratic
- Only 24 episodes of uninterrupted time, lasting 9 minutes or less
- Mothers feel rushed-unsure when the next person would enter the room
- Interruptions took precedence over breastfeeding
- Mothers would cease breastfeeding immediately when interruptions occurred
- Little time to rest, care for themselves or feed the infant







Timing is critical Start at birth

Assessments done skin-to-skin

Cluster tasks

Limit visitors/time





EVALUATION

MARRIER

EVALUATE

each situation accurately, without assumptions,



conclusion

before coming to a



Do we REALLY have a problem?

Fact or assumption? Ask the right questions Consider all options



Why do we supplement?

Most common time to supplement 7pm to 9am

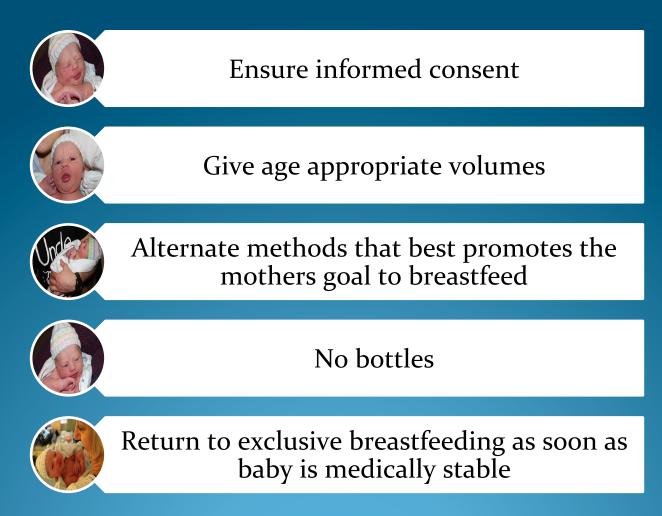
Sleepy baby Breast refusal Latch difficulty Sore nipples Fussy, unsettled baby Belief of insufficient colostrum Cultural bias Maternal anxiety

Overworked staff, lack of teaching time, lack of knowledge

Medical Indications for Formula Supplementation (UNICEF 1992)

- Low blood sugar which does not improve with increased breastfeeding or by being given breast milk
- Significant dehydration
- The mother is ill and/or separated from her baby
- Baby is jaundiced and unable to breastfeed
- Mother's medication is not safe for her breastfeeding baby
- Preterm or severely ill baby that is unable to breastfeed well or meet all nutritional needs from only breast milk
- Other medical indications-as per physician's orders

Supplementation



SHINE

S

Η

N

E

Skin to skin

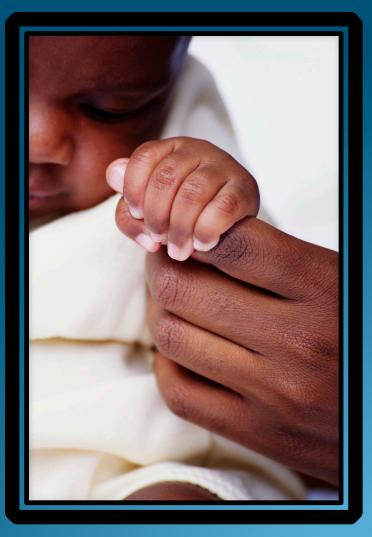
Hand express

Independently initiate a deep latch with proper positioning

No interruptions

Evaluation – accurate and thorough

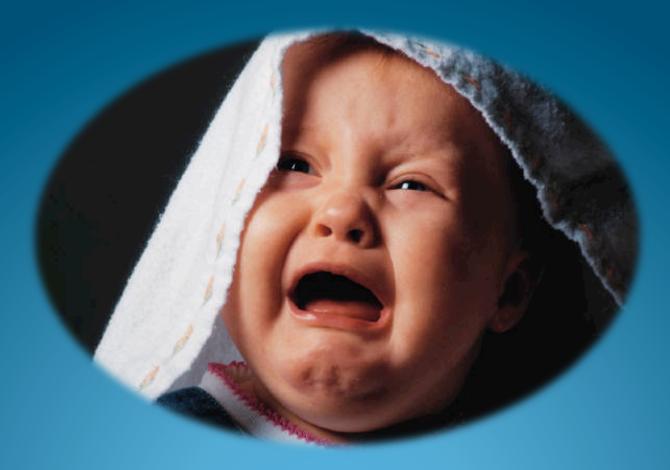
Step 7



Rooming in

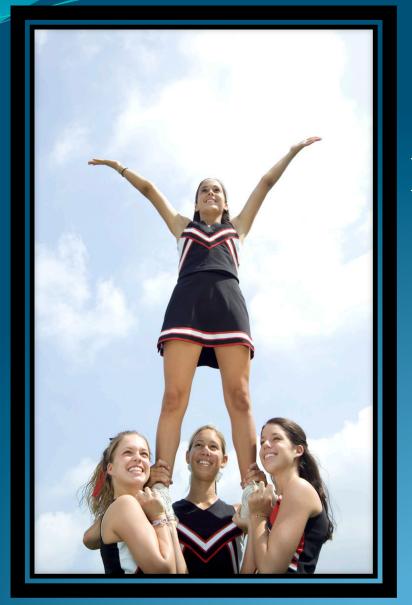
Mothers and infants remain together 24 hours a day

Step 8 Encourage cue-led breastfeeding



Give no artificial teats or pacifiers to breastfeeding infants





Step 10

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge



S.T.A.R.T.

S – Share the vision **T** – Talk it up **A** – Anticipate opposition **R** – Review, repeat, remind **T** – Take time to celebrate

BE AMAZED

S.T.A.R.T. the journey

Enjoy the ride!!

References

- 1. Breastfeeding Committee of Canada (BCC) BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services, May 20122
- Acta Paediatr. 2013 Aug;102(8):773-7. doi: 10.1111/apa.12291. Epub 2013 Jun Neonatal stomach volume and physiology suggest feeding at 1-h intervals.<u>Bergman NJ</u>¹.
- 3. Riordan, Jan <u>Breastfeeding and Human Lactation</u>, 2005 Third Edition, Jones & Bartlett Publishers, Table 7-3 page 196
- 4. <u>Reprod Health.</u> 2014;11 Suppl 1:S3. doi: 10.1186/1742-4755-11-S1-S3. Epub 2014 Aug 21.Essential childbirth and postnatal interventions for improved maternal and neonatal health <u>Salam RA</u>, <u>Mansoor T</u>, <u>Mallick D</u>, <u>Lassi ZS</u>, <u>Das JK</u>, <u>Bhutta ZA</u>
- 5. College of Nurses of Ontario cno.org/learn-about-standards-guidelines/standards-and-guidelines/
- 6. RNAO Breastfeeding Best Practice Guidelines, 2003 <u>http://rnao.ca/bpg/guidelines/breastfeeding-best-practice-guidelines-nurses</u>
- 7. Morrison et al. JOGNN 2006; 35:709-716
- 8. Hand Expression Newborn Nursery at LPCH Stanford School of Medicine <u>http://newborns.stanford.edu/Breastfeeding/HandExpression.html</u>
- 9. Journal of Perinatology (2012) 32, 205–209; doi:10.1038/jp.2011.78; published online 8 September 2011 Effect of early breast milk expression on milk volume and timing of lactogenesis stage II among mothers of very low birth weight infants: a pilot study <u>L A Parker', S Sullivan', C Krueger', T Kelechi' and M Mueller</u>²

QUESTIONS?

