



A breastfeeding initiative by the
OHIO HOSPITAL ASSOCIATION and
the **OHIO DEPARTMENT OF HEALTH**

OHIO FIRST STEPS

Monthly Educational Calls
January

1/13/2017

FIRST STEPS TEAM

Facilitator

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Ohio First Steps - Staff



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HOUSEKEEPING

- This call is being recorded
 - Slides sent out as attachment to save-the-date this morning
 - Slides and recording will be posted to website
- All lines are muted upon entry
 - Can unmute during Q&A portion
 - To be safe, do not put us on hold if you must step away from the call
- Chat box is available at all times during call

OBJECTIVES

First Steps – Educational Calls

- Establish a forum for coaching & networking to assist with meeting “The 10 Steps”





Improving Breastfeeding Exclusivity

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Cleveland Clinic Regional Birthing Centers

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- Chair of Cleveland Clinic Regional Baby Friendly Hospital Initiative Consortium
- Assistant Director, Childbirth Education & Lactation Services, Cleveland Clinic



Disclosures

- No financial disclosures
- Committed to improving population health through promotion of breastfeeding

Objectives

- Name two key ways to garner administrative support of lactation quality improvement initiatives
- Identify and plan implementation of three “cultural” changes essential to move hospital staff to embrace the Ten Steps to Successful Breastfeeding
- Name two recent tools that support avoidance of overfeeding and non-medically indicated formula supplementation

My Experience

- 2007-2017
- Grass roots movement
- Collaboration - 6 system hospitals
- Inner-city to suburban clients
- Level I to Level III facilities
- Consolidation - policies and practices
- Collaboration – nurses, support staff, providers and administrators
- Participation in successful BF-USA Designation site visits of 4 Cleveland Clinic Hospitals
- Now preparing for re-designation of 2 hospitals

The Impact of Ohio First Steps

- Congratulate yourselves on being here!
- Get ready to work hard
- Anticipate challenges
- Recognize champions
- Share positive patient feedback
- Celebrate the journey!

Ohio First Steps is *The Ten Steps to Successful Breastfeeding*

Ohio First Steps for Healthy Babies

The Ohio Department of Health and the Ohio Hospital Association launched Ohio First Steps for Healthy Babies to encourage hospitals to promote, protect and support breastfeeding.

How Does it Work?

Hospitals are awarded based on a five-tier system—receiving an award for every two steps achieved.

- Program steps are based on a 10-step list adopted from the **World Health Organization and Baby-Friendly USA's Ten Steps to Successful Breastfeeding.**

- Hospitals are free to choose the order of steps to adopt.

| THE TEN STEPS TO SUCCESSFUL BREASTFEEDING | |
|---|--|
| 1 | Have a written breastfeeding policy that is routinely communicated to all health care staff. |
| 2 | Train all health care staff in the skills necessary to implement this policy. |
| 3 | Inform all pregnant women about the benefits and management of breastfeeding. |
| 4 | Help mothers initiate breastfeeding within one hour of birth. |
| 5 | Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants. |
| 6 | Give 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 breastfeeding on demand. |
| 9 | Give no pacifiers or artificial nipples to breastfeeding infants. |
| 10 | Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center. |

CDC Research on Maternity Care Practices

- Cochrane review evaluated effectiveness of interventions
- Institutional changes in maternity care practices effectively increased breastfeeding initiation and duration rates
- A relationship has been found between the number of BFHI steps and breastfeeding success
 - No steps – 8 times as likely to stop breastfeeding before 6 weeks as mothers who stayed at hospitals that followed six of the steps
 - Greater patient and staff satisfaction

Meyer, D. and Turner-Maffei, C. (2008, July 15). Improved breastfeeding success through the Baby-Friendly Hospital Initiative. *American Family Physician*, 78(2); 180-182. Retrieved from <http://www.aafp.org/aft/2008/0715/p180html>

Changing Culture

Upending “Traditional” Care

- Birth medicalized over past 70 years
- Hospital routines and nursing care separated mothers and babies
- Formula companies aggressively pursued business through nurse and physician allegiance

Nurses and Providers

- Well meaning
- Providing short term wins and long term problems
 - One night of sleep in hospital
 - Sleepless nights after discharge
 - Engorgement
 - Latch problems
 - Supplementation and milk supply problems
- We unwittingly caused mothers to fail at breastfeeding

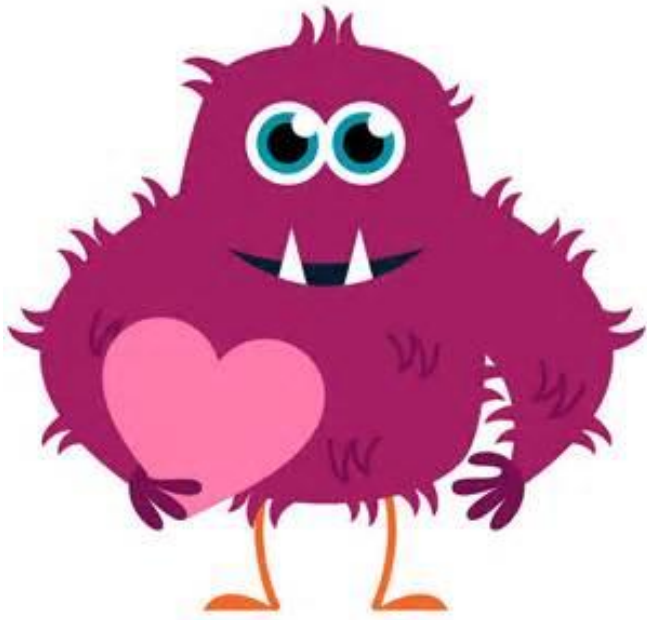
The *10 Steps To Successful Breastfeeding* Is the Answer!

- Improves infant transition
- Improves nursing workflow
- Improves bonding and attachment
- Improves feeding outcomes
- Helps moms meet their feeding goals
- Improves maternal self-efficacy
- Raises patient experience scores

Strategies for Gaining Administrative Support

- Identify respected champions – leverage their influence
- Leverage evidence from respected entities:
- Cite high level studies and proven research outcomes
- Translate health outcomes to healthcare dollars saved (Sustainable care)
- First Do No Harm

Breastfeeding Task Force



*We would
“Love”
for you to attend*

Breastfeeding Task Force Meeting

When: Thursday, February 11

Time: 1:00pm to 2:30 pm

Where: 4 North Education Room

Utilize the Principles of the “First Follower”

https://www.ted.com/talks/derek_sivers_how_to_start_a_movement

“The first follower transforms a lone nut into a leader”



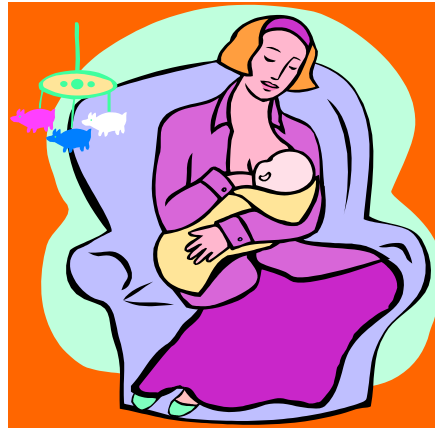
TED2010 Ideas worth spreading. Retrieved from
https://www.ted.com/talks/derek_sivers_how_to_start_a_movement

Assorted Barriers

- Staff resistance to change
- Comfort with the “status quo”
- Product representatives subversively reach your staff and patients
- Cultural and ethnic beliefs about “first milk”, “no milk”, and “the best of both”
- Vulnerable populations and WIC options
- Extended visiting hours, social media and exhaustion
- Lack of provider support (spoken or unspoken)

Avoid Separation – “Procedural Nursery”

- Set the expectation from the start
- Admit babies to mom’s room
- First bath during teachable moment, and then skin to skin
- Cribs ready in room
- Skin to skin for painful procedures
- Labs, weights, assessments, vitals, provider exams, meds and injections
- Have all equipment and supplies on a cart for Newborn Assessment in mom’s room
- Teach parents how to soothe infant
- Teach cue-based feeding



70 days

To Baby Friendly survey

Daily Tip:

There are NO restrictions on frequency or length of breast feeds.

Safety Is Always First!

- Observation
- Delayed transition
- Mom alone and unable to respond
 - 1st night cesarean
 - Sedative
 - True exhaustion

Document reasons for nursery care, take baby out for feeds or use expressed colostrum (when available) with alternative feeding methods

Set 'Em Up to Succeed

Educate Your Community

- On-hold messages
 - Community forums
 - Churches and civic meetings
 - Public relations spots
 - Community publications
 - Hospital marketing – web site
-
- Let them know you are providing best-practice maternity care!
-
- Offer post-discharge breastfeeding support by phone or outpatient support session
 - Teach grandparents why infant nutrition recommendations have changed since they had babies!



Cleveland Clinic was the presenting sponsor for the 5K Milk Run





Educational Display World Breastfeeding Week

Physicians On Board?

- Convert naysayers
- Identify champions
- Prenatal education documentation
- Visit their offices
- Meet with office staff
- 4/5 women choose to breastfeed
 - We are helping patients achieve their goals

Provider's patient education process

Prenatal Patient Education

- Mock surveys
- Childbirth educator in clinics
- Handouts
- Incentives
- Sustainable
- Language barriers – how do you address?

Send clear Messages to Patients and Staff

- Get rid of the “gift bag” (if you haven’t already)!
- Teach the “Golden Hour”
 - Put babies skin-to-skin and keep them there for at least an hour
- Teach hand expression, latch and position
- Support Rooming-In
 - Staff education
 - Equipment
 - Change routines
 - Scripting
- Provide effective staff and patient education
 - The more effective the education, the less you will hear patients complain about inconsistent information!

Policies

- Don't reinvent the wheel
- Use evidence-based resources
- Educate staff on policy changes
- Hold staff accountable

Staff Education

- Scripting
 - Rooming in
 - Pacifiers
 - Normal feeding 1st 24 hours
 - Non-latching term infant
 - Cue-based feeding
 - Non-medically indicated supplementation [NMIS]
 - Anticipatory guidance – what to expect the 2nd night
 - Plan for rest



What is a Certified Lactation Counselor®?



The Academy of Lactation Policy and Practice, Inc.

CLC: Certified Lactation Counselor

Training

The Certified Lactation Counselor® (CLC) designation from The Academy of Lactation Policy and Practice, Inc. is the premier national certification in lactation management in the United States. CLC certificants are required to pass core competencies and skill verifications as well as a psychometrically designed exam based on a job task analysis.

A credentialed CLC has demonstrated the knowledge and skill to:

- assess breastfeeding using a multi-faceted approach.
- use counseling skills and techniques that are supportive to breastfeeding mothers and babies.
- construct and maintain conditions that predispose mothers and babies to an uncomplicated breastfeeding experience through counseling, education, and support.
- assess for, monitor, and evaluate physical conditions that predispose mothers and babies to a complex breastfeeding experience.
- educate, counsel, and support families with complex breastfeeding situations.
- monitor and evaluate behavioral, cultural, and social conditions that predispose mothers and babies to complex breastfeeding conditions.
- identify and advocate for aspects of breastfeeding management programs that facilitate optimal health outcomes.
- identify and advocate for public health strategies that serve to protect breastfeeding.
- coordinate care consistent with standards of professional ethics and behavior.



Part of the team CLCs are members of the healthcare team who can provide knowledge and counseling about optimal and suboptimal breastfeeding.



The CLC works to solve problems in conjunction with other professionals and strives to provide appropriate referrals and recommendations.

Family-focused CLCs understand that breastfeeding decisions are made by the mother, who may have values and goals different from the counselor.



A counseling approach is used to elicit information and provide appropriate support to the mother and her family.

In the community The CLC works to increase breastfeeding rates, advocates for societal change in attitudes and behavior regarding breastfeeding, teaches breastfeeding classes, and assists mothers in successfully breastfeeding exclusively and for longer durations.



The CLC has demonstrated competence and passed a psychometrically-designed exam based on job task analysis. The CLC is nationally certified and works in many settings, including:

- maternity units in hospitals, birth centers, and clinics
- neonatal intensive care units and special care nurseries
- outpatient lactation clinics
- WIC programs
- visiting nurse programs
- physician and midwife offices
- maternal and child health services
- parenting centers and family support centers
- pediatric and prenatal care providers
- private practice



The CLC certification is accredited by the American National Standards Institute (ANSI) which certifies that the Academy of Lactation Policy and Practice meets the ANSI accreditation program requirements and those set forth in ANSI/ISOIEC 17024:2012 general requirements for bodies operating certification systems of persons.



Feeding Decision

- Birthing Center Scripting
- Expectations after delivery
- Who does formula risk education?
- Documentation of education & decision

Not all done

BABY FRIENDLY

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5
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th

Review Documentation for Rooming In

**Remember if your baby travels to the nursery—
The documentation must travel to the chart!**



Select one or
annotate other

Review Documentation for Rooming In

**Remember if your baby travels to the nursery—
The documentation must travel to the chart!**



Select education

**Rooming in to
keep for mother
best for baby!**



The goal of any mother and baby staff at Cleveland is to provide information and to help mother and newborn during the hospital stay. To make each family and newborn feel like they are at home, we encourage rooming in for the majority of mothers and babies.

| Benefits of Rooming In | For mother | For baby |
|---|--|-------------------------|
| • Allows mother to breastfeed | • Allows for early bonding | • Better sleep patterns |
| • Allows mother to learn about baby's needs | • Easier access for skin-to-skin contact | • Better weight gain |
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How to promote rooming in!

Adult Infant in the room with mother

- Encourage families to have visitors when they need them.
- We realize this is always a challenge.
- Be an advocate for your patient.

• Encourage quiet or periods of rest throughout the day.

• Prepare families by educating them early about normal newborn feeding patterns.

• Frequent evening and night-time feedings.

• Educate patient and family on benefits of rooming in at "familytime moments".

Remember: Use nursing judgment and keep safety in mind with rooming in. If mother is alone, she needs to be able to respond to her infant.

How do you answer that?

**Can I send my baby to the nursery?
I need to get some sleep.**

**We keep mothers and babies together
24 hours a day.**

Rooming in is part of our family centered care.

**Rooming in promotes bonding.
Babies sleep better when they are in mom's care.**

**Rooming in helps prepare for going home.
Moms learn how to care for baby.**

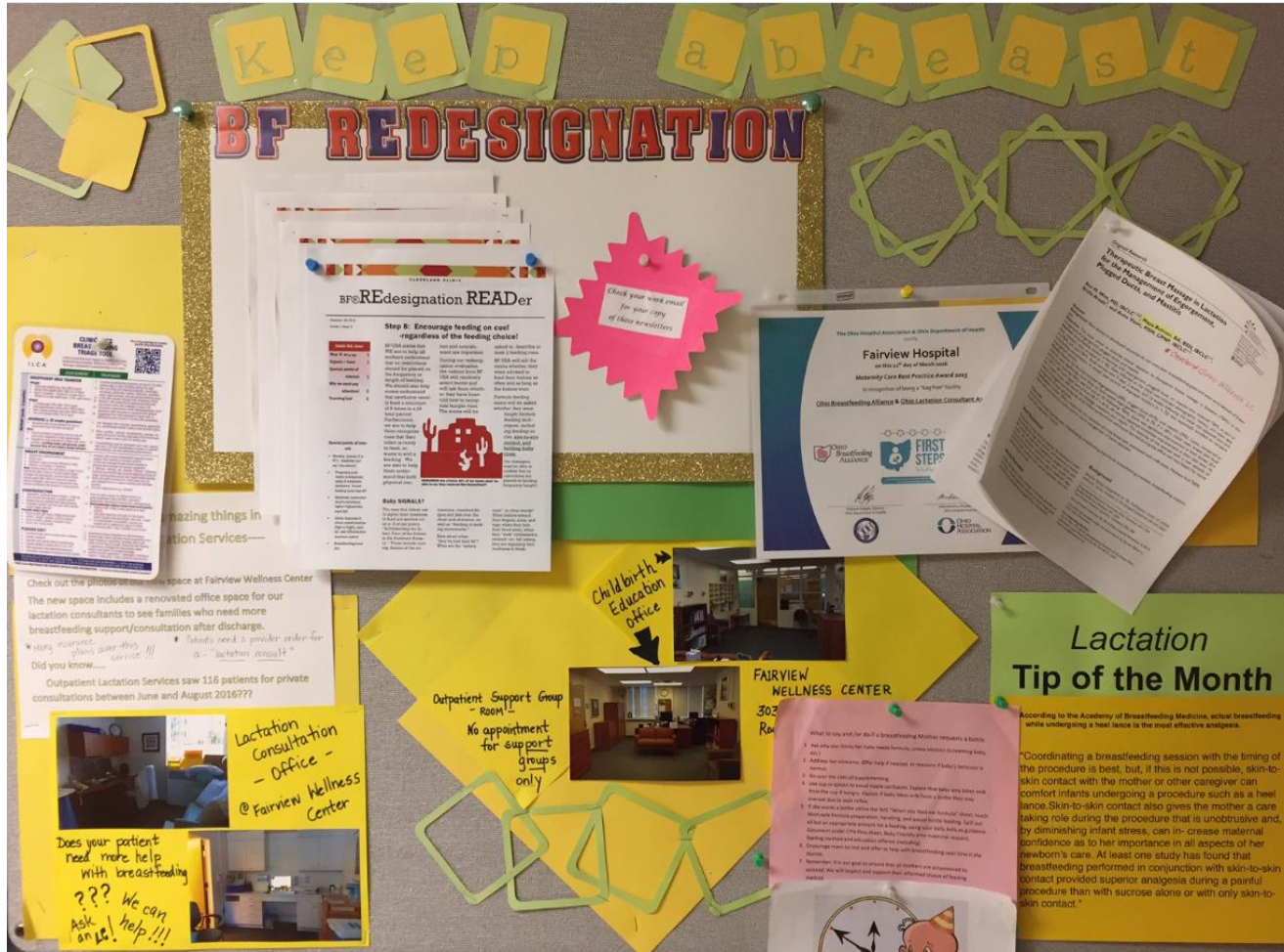
**Breastfeeding mothers will learn their
infant's feeding cues.
This helps get breastfeeding off to the best start!**

HOSPITAL

The reward of a thing well done is to have done it.
—Aristotle

There are no shortcuts to a lasting achievement.
—Winston Churchill

Small steps
lead to
SUCCESS
It never is failure



Skin to Skin

- Prepare parents during labor
- Discuss “magical” moments
- Discuss option for privacy
- Delay weight, length, eyes, thighs
 - Address barriers, challenges

Tips and Tools

2015 - Set Performance Goal with Muscle!

- Our Physician Champion – Quality Director of Women’s Health Institute –
- Improve Exclusive Breastmilk Feeding was chosen to achieve multiple goals
 - Collaborative goal combining Obstetrics and Pediatrics Institutes
 - Promote affordable care
 - Improve long-term population health
 - Support Baby Friendly Designation achievement and maintenance
- Exclusive Breastmilk feeding was set as a multi-institute Cleveland Clinic Enterprise Quality Goal
 - Stretch goal of 72% for exclusive breastmilk feeding across our regional birthing centers
 - Included Nursing, Obstetrics, and Pediatric Institutes
 - Reported at the Enterprise level in all quality meetings
 - Expectations set by our institutes that this goal would be accomplished
- Collaborated with all disciplines to achieve

HEALTH CARE
RESEARCH
EDUCATION
GIVE
ABOUT
Q

Stanford
MEDICINE

Newborn Nursery
at Lucile Packard Children's Hospital

Excellent Care from the
Moment of Birth

Professional Education
Clinical Guidelines
Clinical Rotations
Contact Us

No Latch in 12 Hours

Rationale

Term infants normally lose about 7% of their birth weight before they begin to gain weight by day 4-5, and then regain birth weight by day 10 (AAP, 2005). This respite from high caloric/fluid requirements provides infants time to learn the process of effective suckling, when a mother's breasts are soft. (A newborn with weight loss of 10% in the first several days is not equivalent to an infant who is 10% dehydrated.)

Instead of intake, the appropriate focus should be on keeping infant and mother together, teaching techniques to assist with latch on, and promoting milk production by hand and/or pump expression. If and when supplementation is medically needed, attention should be given to appropriate volumes as well as modes of feeding that have been demonstrated to be least likely to interfere with ultimate breastfeeding.

Compared to bottle-fed infants, well-fed, breastfed infants consume less than half as much in the first couple of days (Dollberg, 2001, Riordan J. 2005. J Hum Lact. 2005 Nov;21(4):406-12. Indicators of effective breastfeeding and estimates of breast milk intake.)

As supplementation and the use of artificial nipples has been shown to interfere with infants acquiring breastfeeding skills, (Dewey, 2003 and Howard, 2003) the use of spoon or cup-feeding is recommended here.

Suggested Measures

Guidelines for total feeding volumes per day for a term infant, unable to breastfeed (see Appendix B).

Neonatal Feeding Amounts for the First Five Days Following Birth (Full-term Infants)

| AGE | Birth - 24 hours | 24 - 48 hours | 48 - 72 hours |
|---|---|--|--|
| Infants 37 - 38 weeks AND 6 pounds or less | 5 ml (1 tsp) every 2 - 3 hours, at least 8 times in 24 hours | 5 ml (1 tsp) every 2 - 3 hours, at least 8 times in 24 hours | 5 ml (1 tsp) every 2 - 3 hours, at least 8 times in 24 hours |
| Infants < 37 weeks OR < 6 pounds | 5 ml (1 tsp) every 2 - 3 hours, at least 8 times in 24 hours | 10 ml (2 tsp) every 2 - 3 hours, at least 8 times in 24 hours | 15 ml (3 tsp) every 2 - 3 hours, at least 8 times in 24 hours |

Babies At Risk

- [C-section Mothers](#)
- [Mothers with multiples](#)
- [Infants who have not latched-on or nursed effectively for 12 hours](#)
- [Mothers of NICU or PSCN infants](#)
- [Infants supplemented more than once in 24 hours](#)
- [Infants < 38 weeks or less than 6 pounds](#)
- [Infant with loss of 10% birth weight](#)
- [Mothers with breast surgery](#)
- [Mothers with a history of breastfeeding failure](#)
- [Antepartum mothers at risk of preterm delivery](#)

<http://med.stanford.edu/newborns/professional-education/breastfeeding/babies-at-risk/infants-who-have-not-latched-on-or-nursed-effectively-for-12-hou.html>

Flaherman's Newborn Weight Loss Study

- Large cohort, racially diverse population
- Multiple hospitals
- Shows normal range of expected weight loss by hours of life
- Differentiates between method of delivery

“Our results show that weight loss $\geq 10\%$ of birth weight is common and often occurs earlier in the postnatal course than previously documented. These nomograms provide normative data that may inform clinical care” (Flaherman et.al, Jan. 2015, p. 7).

Flaherman, V.J.; Schaefer, E.W.; Kuzniewicz, M.W.; Li, S.X.; Walsh, E.M.; and Paul, I.M. (2015, January). Early weight loss nomograms for exclusively breastfed newborns. *Pediatrics*, 135(1). Retrieved from <http://pediatrics.aappublications.org/content/pediatrics/early/2014/11/25/peds.2014-1532.full.pdf>

Newborn Weight Loss Tool



PennState Health Children's Hospital. Retrieved from <https://www.newbornweight.org/>

NEWT is also available in a downloadable app

Home About News EMR Help Feedback

First 3-4 days **First 30 days**

To start, we need a few details:

| | | |
|-------------------------|-------------|---------------------|
| Birth Weight* (kg or g) | Birth Date* | Birth Time* (24 hr) |
| --- | --- | 00:00 |

Delivery

Vaginal
 Cesarean

Feeding Method

Exclusive Breast Milk Feeding
 Exclusive Formula Feeding

The 30 day tab should be used for those receiving both breast milk and formula

Additional Measurement:

| | | |
|-------------------|-------|---------------|
| Weight* (kg or g) | Date* | Time* (24 hr) |
| --- | --- | 00:00 |

By using this tool, you agree to our terms of service.

Graph it

PennState Health Children's Hospital. Retrieved from <https://www.newbornweight.org/>

Questions?

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Every life deserves world class care.



A breastfeeding initiative by the
OHIO HOSPITAL ASSOCIATION and
the **OHIO DEPARTMENT OF HEALTH**

OHIO BREASTFEEDING ALLIANCE

OBA Resource Database

Ohio First Steps Call
1/13/2016



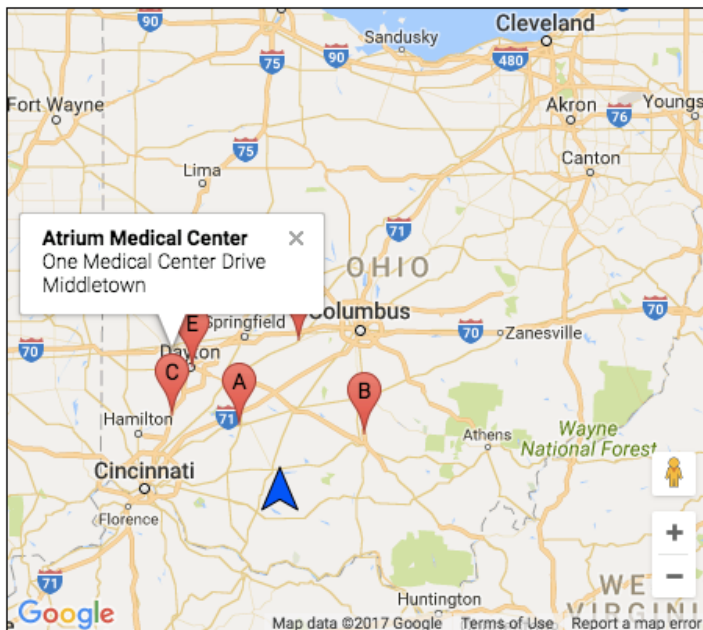


OHIO Breastfeeding ALLIANCE

- About OBA ▶
- OBA Activities ▶
- Breastfeeding Resources ▶
- Contact Us ▶

Ohio Online Breastfeeding Resources Database

Specify your location either by clicking on the map, or by entering your ZIP code:



| | Location | Approx. distance (miles) |
|---|--|--------------------------|
| A | Clinton County WIC | 22 |
| B | Adena Lactation Services | 34 |
| C | Atrium Medical Center | 45 |
| D | Madison County WIC | 48 |
| E | Montgomery County WIC | 50 |

Atrium Medical Center
 One Medical Center Drive
 Middletown, OH 45005
 513-420-5122
[website](#)
Services offered: Inpatient lactation visits, outpatient lactation visits, lactation education

[Click to reset the map](#)

To edit existing information, or add new information, fill out the form at [this link](#). (Changes may take several days to appear in database.)



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MATERNITY CARE BEST PRACTICE AWARD 2016

“Bag Free” Hospitals

Ohio First Steps Call
1/13/2016



MATERNITY CARE BEST PRACTICE AWARD 2016

- Applications are OPEN today!
 - Due February 15, 2017
- In partnership with OBA and OLCA

This recognizes hospitals for removal of free infant formula samples and formula company branded diaper bags and goods. This supports hospitals in progress towards practices that align with "Baby Friendly USA" certification requirements, as well as the overall goal of reducing infant mortality in Ohio.

MATERNITY CARE BEST PRACTICE AWARD 2016

- Do you currently give out a formula company-sponsored diaper discharge bag to **any** new mothers? (No is required for "Bag Free" recognition)
- If "no", do you currently give an alternative discharge bag or gift the hospital may have created separately for mothers and newborns?

MATERNITY CARE BEST PRACTICE AWARD 2016

- Optional questions:
 - What are barriers/advice?
 - Formula company literature
 - Purchasing formula
 - Code Compliance

(Answering these do not affect chances at recognition!)
- Clarifications – “Bag Free” vs Code Compliant

CONGRATS TO OUR 2015 AWARDEES!

52 hospitals were recognized at the 2016 OLCA Annual
Breakfast Conference!



To see the list from 2015:
ohiohospitals.org/bagfree2015

OHA collaborates with member hospitals
and health systems to ensure a healthy Ohio

QUESTIONS?

<https://www.surveymonkey.com/r/BagFree2016>

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HelpingOhioHospitals



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