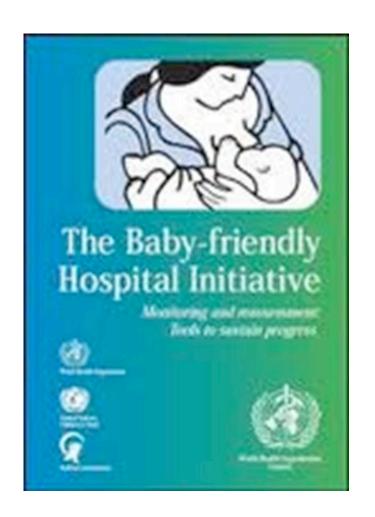
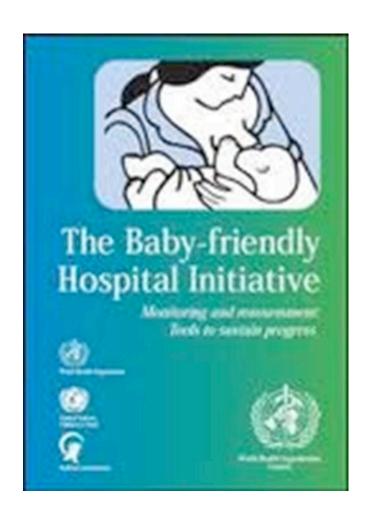
BARY FRIENDLY HOSPITALS

RATHY VENTER. 2011



A global WHO/UNICEF initiative to increase breastfeeding rates and improve population health outcomes for ALL

# The Baby Friendly Initiative



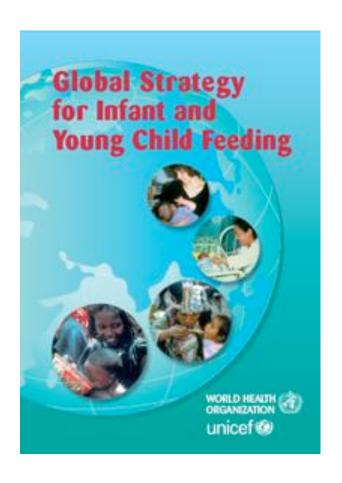
Based on the principles of informed decision making and best practice standards throughout the continuum of care.

# The Baby Friendly Initiative

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.



The WHO Constitution

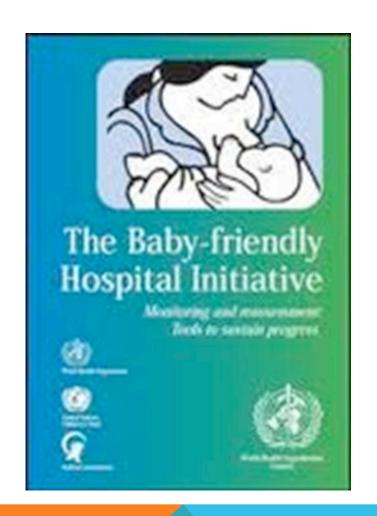


The International Code of Marketing of Breastmilk Substitutes 1981

WHA Resolutions

Baby Friendly Hospital Initiative 1991

Global Strategy for Infant and Young Child Feeding WHA 18th. May 2002



Evidence based

Best practice

**Outcomes-oriented** 

Protects, Promotes & Supports BF

Protects the artificially fed infant

All mothers & babies benefit

# The Baby Friendly Initiative

- Informed decision making
- Promoting and sharing evidence-based and best practice
- Support breastfeeding across the continuum of services through collaboration
- Working toward empowerment and public participation

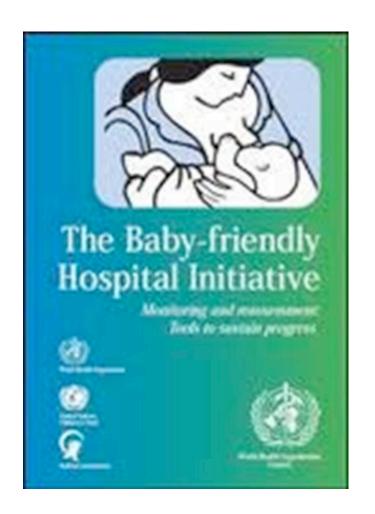
# Guiding Principles

Improved breastfeeding outcomes for mothers and babies

 Adequate practice outcomes as determined by the assessment

 The process of changing attitudes and practice is important, not "passing" or "failing"

## Guiding Assumptions



Improved breastfeeding outcomes for mothers and babies

### What are the stats?

- Exclusive BF
- Any BF
- Med Indicated?

# The Baby Friendly Initiative

- Positive attitude all levels
- Consistent information
- No unneccessary separation/intervention
- Support is available throughout the continuum
- No commercial influence

# **Adequate** Practice Outcomes As Determined By The Assessment

The process of changing attitudes and practice is important, not "passing" or "failing"

#### Breastfeeding Committee for Canada (BCC)

The National Authority for the WHO/UNICEF Baby-Friendly ™ Initiative (BFI)



Guidelines for WHO/UNICEF Baby-Friendly™ Initiative (BFI) in Canada

Practice Outcome Indicators for:

Baby-Friendly™ Hospitals (The Ten Steps)

Baby-Friendly™ Community Health Services (The Seven Points)

#### March 24, 2004

#### GUIDING ASSUMPTIONS

#### The Baby-Friendly\*\* Initiative (BFI)

- The Baby-Friendly<sup>TM</sup> Initiative is an international program to improve breastfeeding outcomes for mothers and babies by improving the quality of their care.
- The Canadian Practice Outcomes Indicators for Hospitals (The Ten Steps) and Community Health Services (The Seven Points) are the guidelines for facilities and assessors to know what outcomes are expected i.e. what constitutes evidence of good practice. The process of changing attitudes and practice is important, not "passing" or "failing" the assessment.
- To support the continuum of care and the need for collaboration, Practice Outcomes Indicators for Hospitals (The Ten Suppl) and Community Health Services (The Seven Points), are included, together with Checklists and Appendices.
- The global assessment tool (as updated to reflect these Canadian Indicators) will uncover adequate evidence of Baby-Friendly<sup>TM</sup> practice outcomes in the facility being assessed.
- 18 hours of education, including 3 hours of supervised clinical instruction, is recommended, not required, if all practice outcomes are adequate.

#### Principles of Population Health (Health Canada 2001)

- · Focus on improving the health of an entire population or sub-population.
- Invest upstream in order to address root causes of problems.
- Base decisions on evidence.
- · Apply multiple strategies to act on the determinants of health
- Collaborate across levels and sectors.
- Employ mechanisms to engage citizens.
- Increase accountability for health outcomes.

© Breastfeeding Committee for Canada 2002.
May be cooked in its entirety, not to be adapted without permission and not to be used for commercial purposes.

# Global Criteria and WHO Code

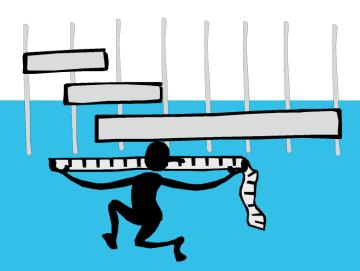
Practice Outcome Indicators

Assessment Process

Monitoring and Mentoring

## The Tool Box

Find out where the staff are at by facilitating them to identify needs and concerns and to formulate objectives for the journey.

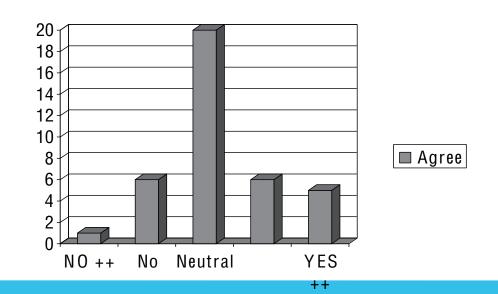


### **HEALTH CARE PROVIDERS RESPONSES**

"There is a real health difference between babies who are breastfed and babies who are bottle fed."

(Martens, 1997)

Strongly disagree	1
Disagree	6
Neutral	20
Agree	6
Strongly agree	5



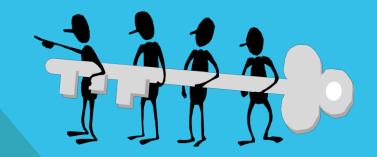
- Gather all existing info /policies, guidelines etc... check for accuracy and validity
- Survey all the staff and as many of the patients as possible.
- What are we doing well?
- Is the greatest challenge attitude, information or skills?

Look at everything the facility <u>IS</u> doing to support breastfeeding...

Build on small successes!

Information and skills are fairly easy to provide/obtain -

# Attitude change takes time, commitment, patience, and optimism...





Shift the paradigm!

# "We must become the change we want to see in the world."

Mahatma Ghandi

### Step1: Policy



Courset with the Sistante Breakfreeding Committee (SPC) unline of several resetting dispertacle, any I company of all others are doing arrest Collars by redesiring with the Community Health Sandres and Heapfall SFI.

Subcommittees in person or by faleconference.

Wall the Reauthorday deposition for dupoda (RCC) website at www.hresattleedloguanatis.ne. Leath trate about RF and find the response rug add teed

Create measures in your expendentien. Postara, merelations, fact shakin, meetings and workshops are kept a how of the wages to get the world set.

Establish a Baky-Priordly\*\* working committee in year weekplace. Include staff and managest involved with providing services to progrand swimer, new moltiers and habies. Kamember to plan for input from clands, but

Attale and research from administration. Demonstrate New Will Impacts positively on insentiveding rates and client sadefunction. Bill standards are evidencebased and recommended by professional organizations.

Designets the self-approlast questionsalry. This will help assess the readlesse level of your organization as you start the Natry Primade process.

Implement the Ten Stage in Average by Street of the Server Pelat Plan. Use the guidelines and Practice Outcome Indicators from the ISSO, this might chose to start with early chaps that you can do with just a few recourses.

Dubmit your self-appraisal to the BCC. Street/heding policies and stadistive, as well as clarit advertise and resources, will be reclared with numerorations for changes.

Acrongs for your pro-accessment by the OBC. Descriptions and intentions will be conducted during a short enrish statt by a Baby Frendy Navezon. You will roved be sirved up a busined for expanses and here

From your external pressument for Boley-Erlandly Beelgraffen, An in-digit assessment by a learn of Beby Friendly Assessors will be conducted over several date. You self treed to develop a budget for expenses and feet

#### Our Promise to Families in the Special Care Nursery



#### We promise that:

- · Our Hospital has a breastfeeding policy
- · Our staff have breastfeeding education and have special knowledge about breastfeeding for premature
- · We will talk to you about breastfeeding
- · We will teach you to express and store breastmilk for your baby
- · We will help you to learn to breastfeed
- · We will help you to start breastfeeding when your baby is
- When your baby is ready, we will encourage you to feed your baby breastmilk only and breastfeed whenever your baby wants
- You will be given a list of community resources





### Nova Scotia promotes, protects, and supports breastfeeding!

It is our policy to promote, protect, and support breastfeeding, and to respect the decision each mother makes about how to feed her baby.

> We pledge to help you and your baby breastfeed in hospital, at home, and in the community.







Step 2: Education



Many ways to obtain the required education:

BFI is outcomes oriented.

'Making a Difference'
Breastfeeding Course - Train
the Trainer Course in BC

Step 3: Inform Pregnant Women



Step 4: Help mothers initiate breastfeeding...





Skin to skin initiates organized, predictable, sequential, prefeeding behavior that leads to effective, coordinated suckling.

Step 5 : . Show mothers how to breastfeed ...

and how to maintain lactation even if they should be separated from their infants.

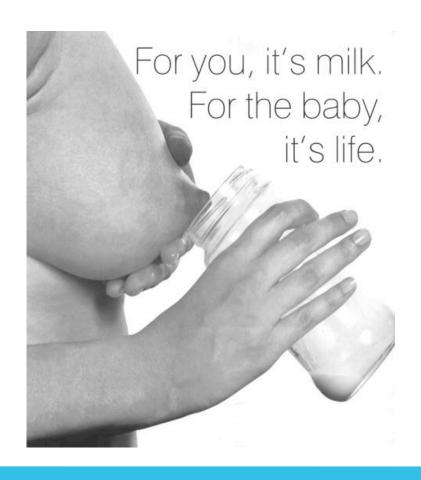
NB. one on one teaching especially for mothers who are formula feeding



Step 6: Breastfeed/milk exclusively...

... no uneccessary supps.

NB. medical indications & informed decision making.



Health Canada. Expert Advisory Panel on Exclusive Breastfeeding. Exclusive breastfeeding duration 2004. Health Canada recommendation.

Step 7: Practice rooming in...
NB. safe sleep environment..





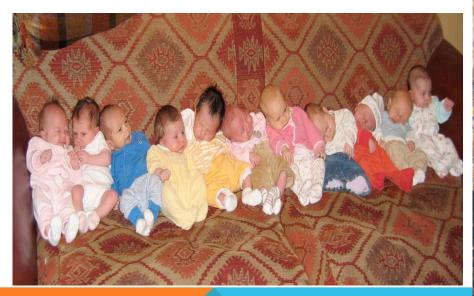
http://www.hc-sc.gc.ca/cps-spc/advisories-avis/aw-am/sleep-sommeil-eng.php

### 9. NO ARTIFICIAL TEATS......



Interferes with infant cues, lactogenesis 2 and calibration of milk supply.

Step 10 : Breastfeeding support ...





## Discharge planning



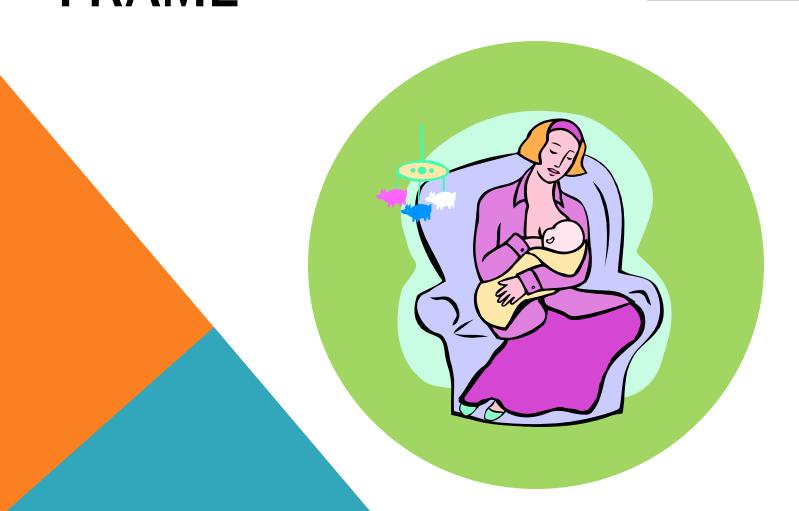
### The WHO Code:

- Protects ALL infants from the consequences of unethical marketing strategies.
- No health claims allowed (Canada Food and Drugs Act)
- Protects HCWs no conflict of interest



# BREASTFEEDING IN THE MOST NARROW FRAME

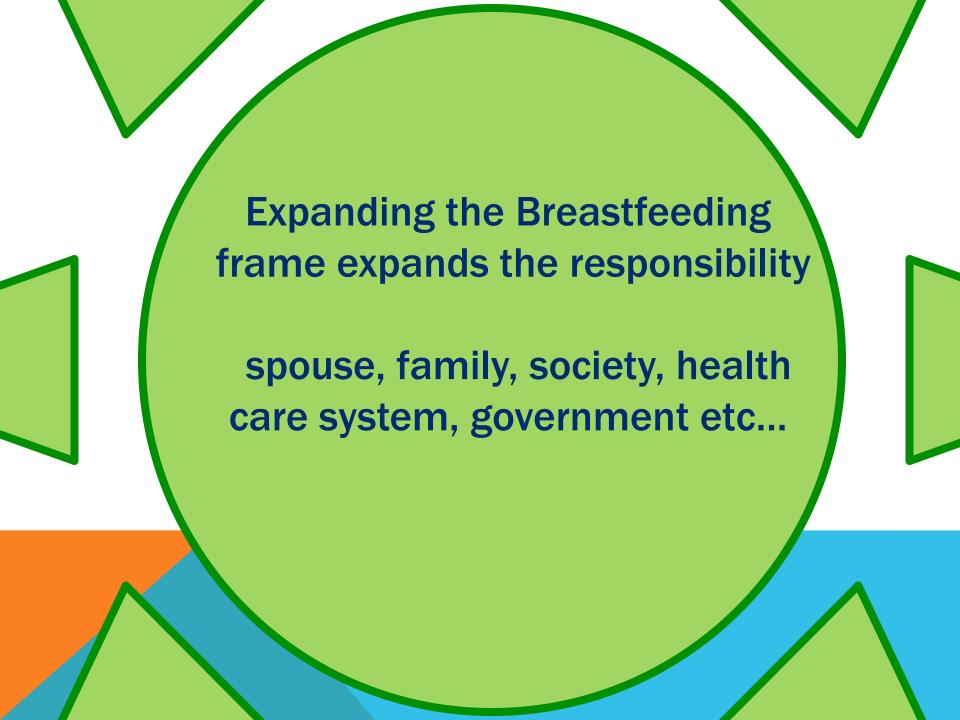
' Good Mother'

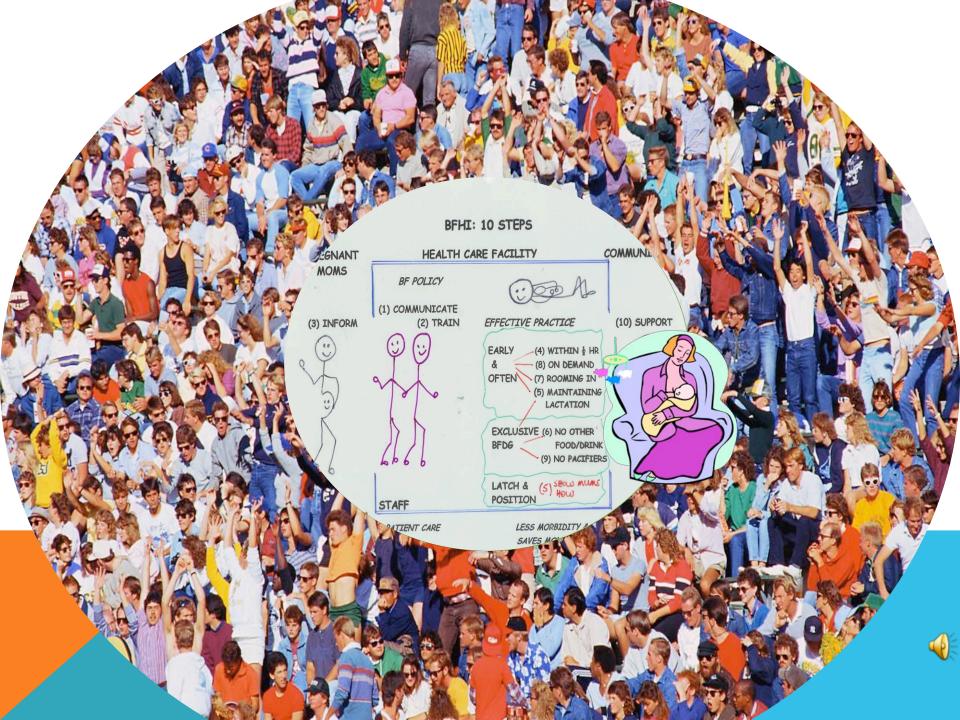


### RESULTS OF THIS PERSPECTIVE

- All the pressure is on the individual mother
- Intense anti or pro breastfeeding sentiment most often from women
- Sensationalist press
- Industry capitalizes
- Implementation of best practice around infant feeding may be shackled by personal bias







**BFI: Assessment** 

ATTITUDES

KNOWLEDGE

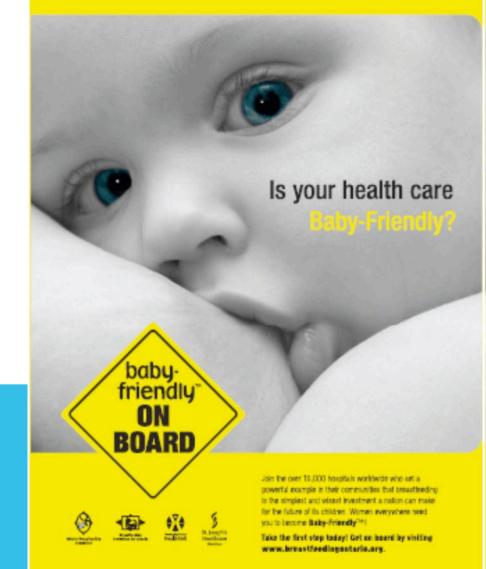
SKILLS

#### Yes? Receme Recognized.

You already know that breastfeeding provides ideal substices for infants and reduces the incidence and severity of intentions diseases. You make that threastfels substitutes are expensive and counct compare. You see stately proving that a widespread increase is sustained breastfeeding would contribute significent financial savings to our overbandened healthcare system. You understand that breastfeeding is environmentally friendly, producing no waste. You believe that breastfeeding should be easy, desirable, erjoyed and valued.

You recognize that because it is not the cultural norm in Canada, breakfielding must be protected and promoted by public policies and supported by health systems.

The Balty-Friendity<sup>to</sup> Initiative is an international program isomethy WHO and UNIDEF that aims to give every buby the best start in life by sneating a health care environment where breastleeding is added and encouraged. This prestigious designation is a globally recognized quality standard that advancedages facilities for offering an optimal level of case for mothers and infants.



- The 'VIBE'..... BFI is an attitude
- Code compliance
- Evidence of "best practice" interviews and observation
- Infant feeding data : breastfeeding rates
- Proof of education outcomes based
- Support systems collaboration at all levels
- Documentation (\* assessment, informed consent, supplementation, feeding plan, info for families)

Early
Often
Effective
Exclusive



The process of changing attitudes and practice is important, not "passing" or "failing"

BFI is a graduated process, building on strengths, working towards population health outcomes.

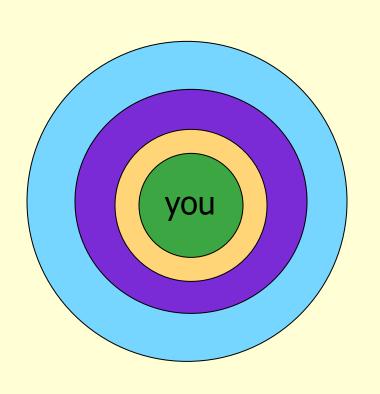
# THE 5 PILLARS...

Build Healthy Public Policy
Create Supportive Environments
Strengthen Community Action
Develop Personal Skills
Reorient Health Services

### BFI BENEFITS - HOSPITALS/ CHS

- Excellence in family-centred maternity care
- Ethical maternity care
- Quality assurance meet international stds
- Enhanced corporate image and prestige
- Increased client satisfaction
- Increased staff satisfaction and retention

# BFI has a ripple effect - it is a catalyst for growth and development.



Personal Values

**Professional Role** 

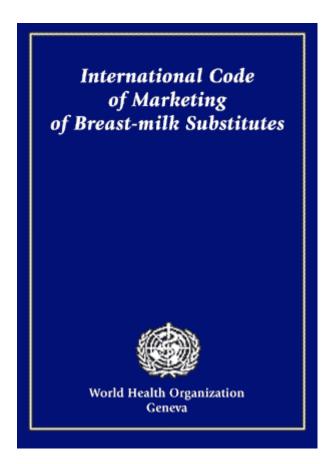
Public Health; Primary Health Care

**Global Context** 

The Journey Is Everything

Step by Step, Day by Day ...

That's the Baby Friendly Way"



- Protects ALL infants from the consequences of unethical marketing strategies.
- No health claims allowed (Canada Food and Drugs Act)
- No conflict of interest

The WHO Code:

ATTITUDES

KNOWLEDGE

SKILLS



- The 'VIBE'.....
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- Evidence of "best practice" interviews and observation
- Infant feeding data : breastfeeding rates
- Proof of education
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"Step by Step, Day by Day ...

That's the Baby Friendly Way"

Kathy Venter

The Journey Is Everything

**BCC** Website:

www.breastfeedingcanada.ca

**Email BCC:** 

bfc.can@sympatico.ca

BFI: process, information and support

The effects of Baby Friendly Initiative training on breastfeeding rates and the breastfeeding attitudes, knowledge and self-efficacy of community healthcare staff.

Jenny Ingram, Debbie Johnson and Louise Condon.

Primary Health Care Research Development, Available on CJO 2011 doi:10.1017/S1463423610000423

Canadian studies in progress in BC and NS

# **Evaluation of the Impact of the Baby-Friendly Hospital Initiative on Rates of Breastfeeding**

Maria Luiza G. Braun, Elsa R. J. Giugliani, Maria Emilia Mattos Soares, Camila Giugliani, Andrea Proenco de Oliveira, and Claudia Maria Machado Danelon Am. J. Public Health 2003 93(8): p. 1277-1279 <a href="http://www.ajph.org/cgi/content/full/93/8/1277?ct">http://www.ajph.org/cgi/content/full/93/8/1277?ct</a>

This study shows a significant increase in breastfeeding rates, especially exclusive breastfeeding, after BFHI implementation. Nonetheless, in order for breastfeeding to become universal, it is necessary to strengthen the BFHI and to develop other interventions aimed at protecting, promoting, and supporting breastfeeding practices.

### SUSTAINED BREASTFEEDING RATES AT A US BABY-FRIENDLY HOSPITAL

Barbara L. Philipp, MD\*; Kirsten L. Malone, BA; Sabrina Cimo, BA; And Anne Merewood, MA

Full implementation and continued application of the "ten steps to successful breastfeeding," the framework of the baby-friendly hospital initiative, has an extended positive impact on breastfeeding rates in a US hospital setting.

PEDIATRICS 2003;112:E234-E236.

## Breastfeeding promotion in non-unicef-certified hospitals and long-term breastfeeding success in germany.

Dulon M, Kersting M, Bender R. Acta Paediatr. 2003 jun;92(6):653-8.

Department Of Epidemiology And Medical Statistics, School Of Public Health, University Of Bielefeld, Germany.

In German hospitals even moderate levels of breastfeeding promotion identified by WHO/UNICEF criteria were associated with long-term breastfeeding success.

# BABY FRIENCE 2011 BACONFERENCE 2011