

APPENDIX A: Slides and Handouts from October 20, 2011 Presentations



Birth & Beyond California:

Continuous Quality Improvement Project (Initiated 2008) Recommendation

Facilitate the implementation of a culturally competent and sensitive system of evidence-based care to ensure that all California hospitals and clinics promote *exclusive* breastfeeding for six months and support any breastfeeding as part of their general health strategies

- Breastfeeding: Investing in California's Future, 2007

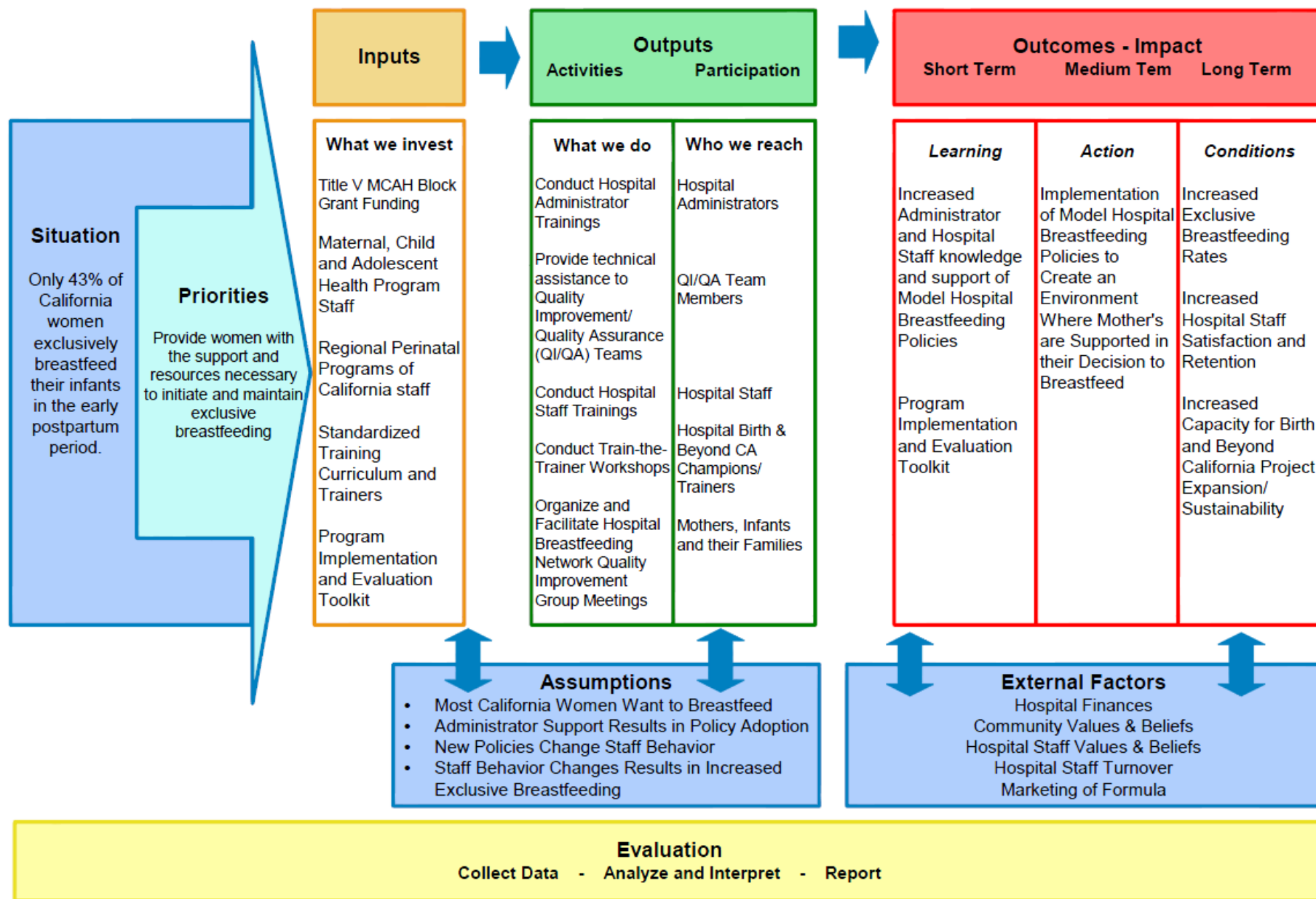


BBC Development

- In June 2007, \$500K (Title V) earmarked annually for 4 years
- Goal: To develop a hospital quality improvement project that promotes exclusive breastfeeding
- Model: Birth and Beyond Project in Riverside and San Bernardino counties
 - 12 Hospitals obtained Baby Friendly designation through this program
- Model: Miller Children's Hospital Gentle Transitions Nurse training



Figure 3: Birth and Beyond California (BBC) Logic Model



BBC Components

1. Continuous Quality Improvement (CQI)
 - Multi-disciplinary Quality Improvement (QI) team
 - Policy revision
 - Technical assistance and tools for data collection and analysis tailored to hospital's needs
2. Training
 - 2 hour Decision Maker
 - 16 hour Staff (Learner Workshop)
 - 16 hour Train the Trainer (Trainer workshop)
3. Regional Network meetings and/or Teleconferences

BBC Evaluation Tools

1. Hospital Breastfeeding Policy
2. Self-Appraisal Questionnaire (Participating hospitals improved 50-75 % of the 10 model hospital policies)
3. Pre-Post Training Tests
4. Self-Efficacy Questionnaire
5. Data Collection Template



Majority of Hospitals Improved These Policies (N=20)

Hospital promotes & supports breastfeeding

Health professionals educate pregnant and postpartum women when opportunity exists

Hospital perinatal staff support moms decision to breastfeed & encourage exclusive BF

Few Hospitals Improved These Policies (N=20)

Hospitals encourages medical staf to perform a thorough breast exam on all pregnant women and provide anticipatory guidance for conditions that could affect breastfeeding.

Artificial nipples and pacifiers are discouraged for healthy breastfeeding infants

Barriers

- Routine formula feeding,
- Lack of staff breastfeeding education and training,
- Separation of mother and baby,
- Lack of physician and staff “buy-in” to breastfeeding QI, and
- Lack of ability to address the language and culture of patients.

Surprise! (*These were not barriers*)

- Cost of nurse education was not an issue
- No one objected to skin to skin before bathing baby
- Physicians didn’t object to skin to skin
- Patients didn’t need “Free Formula Bag”

Lessons Learned:

Value Regional Networks

- Strategize to overcome barriers
- Sharing successes
- Choose own topics

Data collection & analysis are essential

- State level data can identify poor performing hospitals
- Examples of possible hospital data
 - Minutes of skin to skin
 - Hours of rooming
 - Exclusive breastfeeding

Obtain Administrative Buy-in

- Chief Executive Officer
- Chief Nursing Officer
- Physicians
- Quality Improvement Officer

Validate the Nurses

- Nurses facilitate attachment and bonding through skin to skin
- Nurses support maternal confidence and competence
- Address nurses' concerns

Recommended Steps for the Birth and Beyond California Project

1. Provide hospitals with breastfeeding rates
2. Facilitate hospital's self-appraisal questionnaire
3. Conduct Decision Maker Workshop
4. Create a hospital Interdisciplinary QI team
5. Convene BBC Community Network
6. Identify QI Goals
7. Monitor policy implementation w/ hospital self-appraisal questionnaire
8. Facilitate staff training: 16 hour BBC learner workshop
9. Facilitate Development of Senior Trainers: 16 hour BBC train-the-trainer workshop (Order of 8 and 9 may be reversed)
10. Support communication between staff and interdisciplinary QI team

Conclusions

- Statewide data, media and local partnerships can increase interest in promoting breastfeeding in target areas with greatest need.
- Title V funding can be the catalyst in establishing a hospital QI and staff training program.
- Hospital administrators support is essential for change to occur.
- Utilizing QI methods is effective in overcoming barriers to implementing evidence-based policies and practices that support breastfeeding.

Colorado Can Do 5! Initiative: Baby Steps to Baby Friendly



WHAT: A collaborative training and outreach initiative encouraging implementation of five breastfeeding supportive maternity practices was provided to all Colorado hospitals, targeting maternity staff, primary care providers, public health partners, and community members.

WHY: Colorado Pregnancy Risk Assessment and Monitoring System (PRAMS) 2002-2003 survey data revealed statistically significant differences in breastfeeding duration among women of healthy newborns who experienced five supportive hospital breastfeeding practices, regardless of socio-economic status. The five practices are: Infant is breastfed in the first hour after birth; Infant is fed only breast milk in the hospital; Infant stays in the same room with the mother in the hospital; Infant does not use a pacifier in the hospital; and Hospital staff gives mother a telephone number to call for help with breastfeeding after discharge.

How:

2007 PUBLISHING FINDINGS

The PRAMS findings were published in a report, *Getting It Right After Delivery: Five Hospital Practices That Support Breastfeeding*, and in a journal article, *Hospital Practices that Increase Breastfeeding Duration: Results from a Population-Based Study* (*Birth: Issues in Perinatal Care* 34:3, September, 2007).

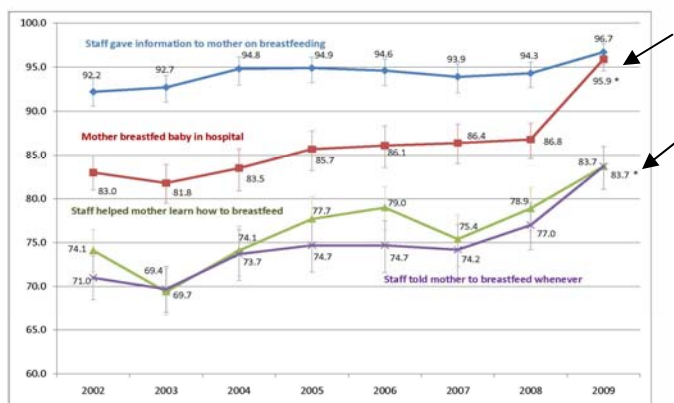
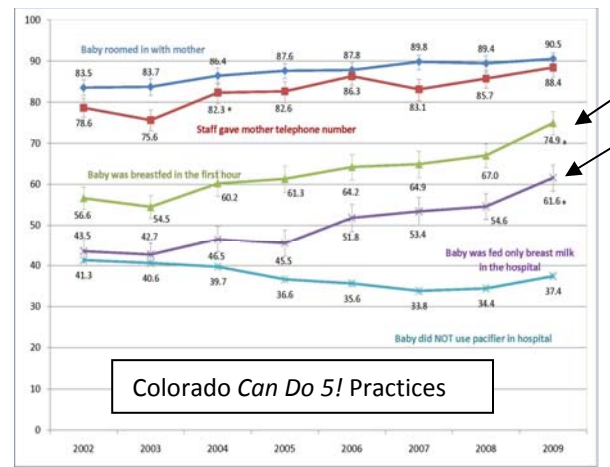
2008, 2009, 2010 STATEWIDE OUTREACH

Colorado Breastfeeding Coalition volunteers and Dr. Marianne Neifert, contractor for the Colorado Department of Public Health and Environment reached out and provided training to hospitals. Staff at the CDPHE created a variety of resources, including breastfeeding training curricula, and disseminated these to WIC Program staff, public health nurses, and many others. Key outcomes: All Colorado hospitals received information; over 900 individuals were trained; and a hospital listserv was created to facilitate ongoing information sharing.

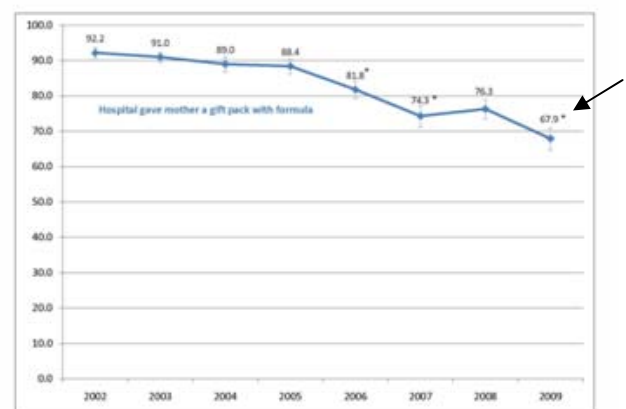
2010 EVALUATION WITH PRAMS DATA

PRAMS staff analyzed trends in mothers' responses for years 2002-2009. An arrow (↖) denotes statistically significant improvements in some practices between years 2008-2009.

- The graph on the right shows results for the Can Do 5! Practices, reflecting improvements in all five practices.
- Results for other Baby Friendly practices are depicted in the graphs below.



Colorado Hospital Breastfeeding Practices, 2002-2009
* Statistically significant change between asterisk year and previous year



Colorado Hospital Breastfeeding Practices, Gift Pack, 2002-2009
* Statistically significant change between asterisk year and previous year

2011 EVALUATION OF HOSPITAL POLICIES

In an effort to understand statewide breastfeeding policy implementation related to Step 1 of the BFHI, “Have a written breastfeeding policy that is routinely communicated to all health care staff,” an electronic survey was sent to all hospitals. Survey questions sought to elicit:

- The existence of policies for each of the *Can Do 5!* practices and the other four baby friendly practices.
- How policies are communicated to staff.
- The challenges and barriers hospitals face in implementing policies.
- How the CDPHE can support hospitals.

Colorado Hospitals by Births Per Year

20 large hospitals 1550 – 5272
19 medium hospitals 337 -1497
14 small hospitals 11-296

Colorado has ~70,000 births/year and

Outcomes: Lots of helpful insight and baseline data.

Ninety-six percent of hospitals responded, with 39% reporting having policies for all five *Can Do 5!* practices and 41% reporting having policies for the remaining four BFHI practices. Small rural hospitals were less likely to have policies. The survey identified hospital-specific challenges and many ideas about ways the CDPHE can support their efforts.

2011 HOSPITAL RECOGNITION

Upon completion of survey, hospitals were invited to apply for a *Colorado Can Do 5!* B.E.S.T. (Breastfeeding Excellence Starts Today) award if they believed they had policies inclusive of the five practices. To apply, hospitals submitted their policies to the CDPHE for review.

Outcomes:

18 hospitals applied for a B.E.S.T. Award. A committee of seven individuals reviewed the policies.

Each hospital received specific feedback, offering ideas to strengthen their breastfeeding policies.

13 hospitals received an award (sample plaque on right), presented on August 5 at a recognition event during the Colorado Perinatal Care Council meeting at CDPHE.

Awardees:

8 large hospitals (2 are designated Baby Friendly)

3 medium hospitals

2 small rural hospitals

Since September, five large hospitals are reported to be working toward the *Can Do 5!* for next year. One has requested a competency-based online module specific to the five practices and an exam to use with all staff.

2012– 2013 NEXT STEPS

Evaluate need for a model hospital breastfeeding policy for Colorado.

In summer 2012, repeat the *Colorado Can Do 5!* B.E.S.T award opportunity.

Throughout 2012, secure resources to:

- 1) host a hospital summit in early 2013
- 2) provide staff training opportunities
- 3) offer mini-grants for hospitals to become Baby Friendly

CONTACT

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Connecticut Breastfeeding Initiative

Assist Hospitals in the pursuit of
WHO/UNICEF Baby-Friendly Hospital
Designation

Joint Collaborative Between



Funds awarded to the Connecticut Department of Public Health from
the Centers for Disease Control and Prevention.

Starting Up!

- Prepared for funding opportunities
 - Have plan ready!
- Developed project application and selection criteria to critically target resources
 - Some criteria required explanation, FAQ's sheet developed to clarify expectations
- Invited all 29 Connecticut maternity hospitals
 - Invitations sent to 7 key hospital stakeholders
- Created buzz and de-bunked myths
 - Connecticut Breastfeeding Coalition (CBC) held dinner symposium for maternity facilities
 - DPH and CBC held teleconference to describe project
 - Article in Connecticut Hospital Association (CHA) newsletter

Planning

- Prepared and offered hospital toolkit with ongoing additions throughout project
- Conducted Statewide 2-day training (July 2010) to “kick-off” project for key hospital staff
- Scheduled 2-day trainings on-site at all hospitals
 - Hospitals shared available training slots with staff from other hospitals
- Planned monthly conference calls for key hospital contacts to network
- Centralized make-up trainings offered for Day 1 and Day 2

Demand creation /Created demand

- Generated healthy competition between hospitals
 - 13 applied – 10 selected
- Individualized consulting for each hospital based on Baby-Friendly Self Appraisal Tool
- Provided training for 550+ maternity staff
- Fostered in-person collaboration with bimonthly networking opportunities
- Built hospital-to-hospital peer support and strengthened CBC membership
- Promoted confidence among hospital staff
 - Completed Baby-Friendly mock surveys for each hospital to determine progress to date
 - Created sustainability plans on how to train new maternity staff in the future

Technical Assistance

Hospitals received:

- Financial support for Baby-Friendly fees (\$2000 per hospital for Dissemination)
- Hardcopy toolkit & resource binder
- Pocket guide for hospital staff
- \$750 per hospital for patient education and staff resource materials

Evaluation/Assessment

- Flexible, adjusted to challenges
- Monthly conference calls with DPH and contractor allowed for timely problem solving
- Independent evaluation
 - Telephone breastfeeding committee interviews
 - On-line survey of trained hospital staff
- Lessons learned workshop to discuss next steps, project improvement and sustainability

The Baby-Friendly Journey



The New 4-D Pathway to
Baby-Friendly Designation

Speaker Disclosure

- The speaker discloses employment with Baby-Friendly USA, Inc.
- There are no other conflicts of interest.
- This presentation is not supported by any funds from companies that violate the International Code of Marketing of Breastmilk Substitutes

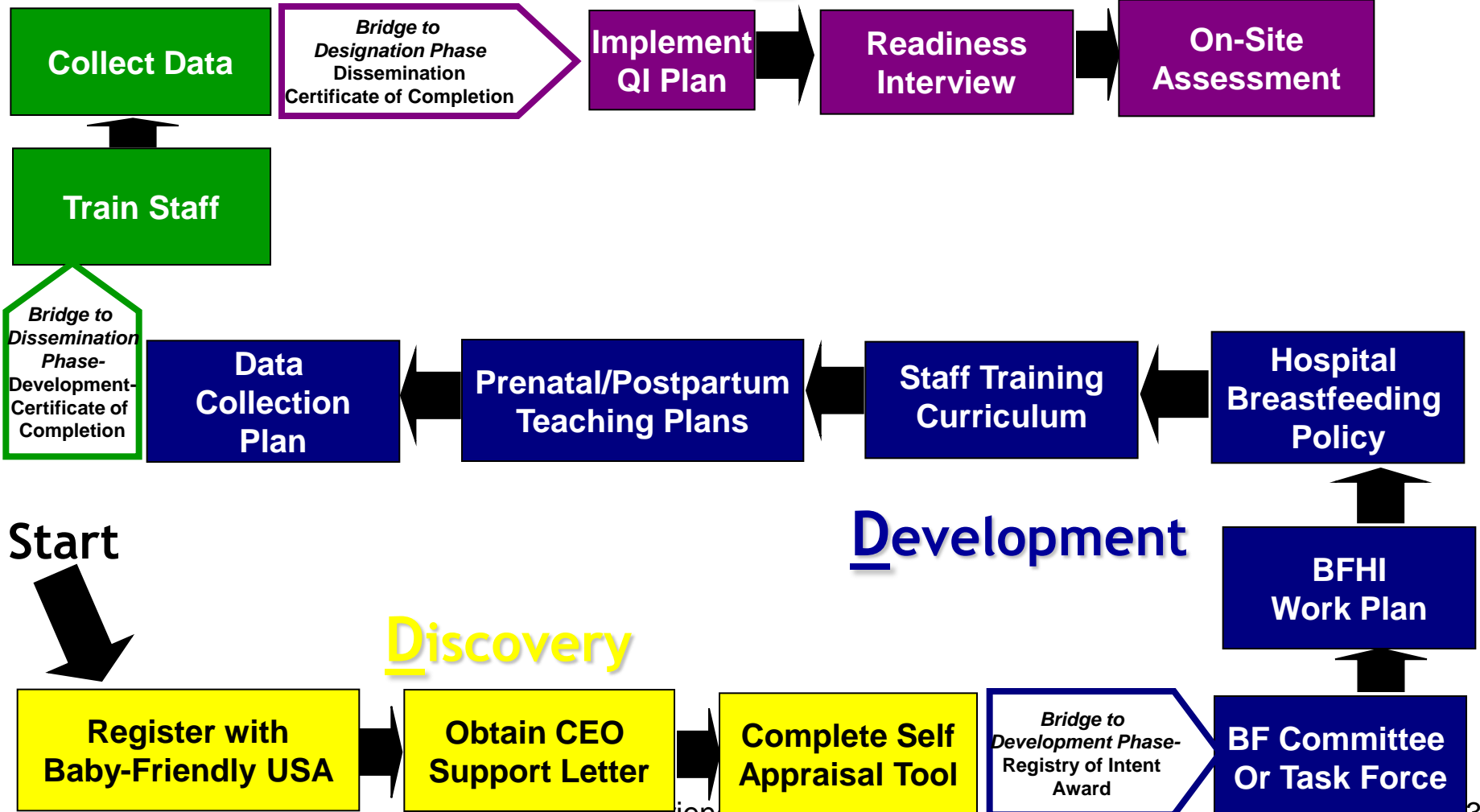


The 4-D Pathway to Baby-Friendly® Designation

Dissemination

Designation

Baby-Friendly
Designation



Why the change

- Create a structure that utilizes program development and QI processes that are familiar to hospitals
- Help facilities determine a good starting point for the journey
- Provide a series of guidance and planning tools
- Provide additional feedback and support throughout the process



The Baby-Friendly Journey



4 – D Pathway tools to
prepare for the
on-site assessment

DISCOVERY

- Information Packet
 - What is the BFHI
 - 10 Steps to Successful Breastfeeding
 - International Code of Marketing of Breastmilk Substitutes
- Self Appraisal Tool
- Sample CEO Support Letter
- Q & A on process of becoming Baby-Friendly



DEVELOPMENT

- Guidelines and Evaluation Criteria
- Model action plans
- Budget planner
- Policy development tool
- Policy check off tool
- Community survey
- Patient education tool
- Patient education plan template



DEVELOPMENT

- Staff training requirements
- Staff education documentation tool
- Staff training plan template
- Data collection plan guidance tool
- United States Breastfeeding Committee (USBC) Joint Commission EBMF tool kit
- BFHI power point presentation
- Sample mPINC report



BFUSA Support

- Review and provide feedback
 - Workplan
 - Infant feeding policy
 - Staff training plan
 - Patient education plan
 - Data collection plan



DISSEMINATION

- Audit tools
 - Code implementation
 - Policy implementation
 - Staff competency
 - Staff knowledge
 - Training implementation
 - Patient knowledge
 - Infant Feeding Outcomes



BFUSA Support

- Respond to telephone and e-mail inquiries on the Guidelines and Evaluation Criteria



DESIGNATION

- Checklist of required items for submission during the Designation Phase
- Facility Description Form
- Facility Data Sheet
- Training Data Sheet
- Attestation of Infant Formula Purchase
- Request for Readiness Assessment Interview
- On-Site Assessment Checklist



BFUSA Support

- BFUSA and Facility participate in Readiness Assessment Telephone Interview
- Facility works with purchasing department to implement requirement to purchase infant formula, bottles and nipples
- Facility preparation for the on-site assessment materials
- BFUSA support in planning for your on-site assessment



Reasons facilities have not passed assessment



And Baby-Friendly USA, Inc.
Responses

Reasons For Not Passing Assessment

- Baby-Friendly is viewed as a lactation department project, not a facility initiative.
- The facility is not always aware that the maternity department is even working towards Baby-Friendly designation



4-D Pathway Response

BFUSA Asks Facility To:

- Obtain CEO Letter of Support
- Form multi-disciplinary team
- Review the results of mPINC and BFUSA self-appraisal tool
- Develop a workplan to address low scoring areas

BFUSA:

- Reviews and provides feedback on plan



Reasons For Not Passing Assessment

- Breastfeeding/infant feeding policy does not address all Ten Steps
- Other policies, protocols and or procedures countermand the breastfeeding/infant feeding policy



4-D Pathway Response

BFUSA Provides:

- Policy development guidance tool
- Policy check off tool
- Reviews and provides feedback on the policy
- Provides a Quality Improvement Audit tool
- Inquires about policy changes, reviews policy during assessment

Facility utilizes tools to improve their policy



Reasons For Not Passing Assessment

- Staff are not fully trained
- Initial training complete, but no plan for new hire training
- Staff training took place too close to assessment, skills are not fully integrated
- Staff competencies were not verified



4-D Pathway Response

BFUSA Provides:

- Comprehensive training plan template
 - initial training, new hire training, competency verification and continuing education
- List of required training topics
- Spreadsheet to document training
- Review and feedback on training plans
- Quality Improvement Audit Tools

Facility utilizes tools to develop training plan



Reasons For Not Passing Assessment

- Patient education is fragmented, incomplete and undocumented



4-D Pathway Response

BFUSA Provides:

- Patient education plan template
- Review and feedback on patient education plans
- Quality Improvement Audit Tools

Facility utilizes tools to develop and evaluate education plan



Reasons for not passing the first assessment

- Infant feeding outcomes are not monitored
- Performance outcomes are not monitored
- Outcomes are not compared to Baby-Friendly Guidelines and Evaluation Criteria



4-D Pathway Response

BFUSA Provides:

- Data collection plan guidance tool

Facility audits infant feeding and performance outcomes



How others can support facilities in achieving BFHI Designation



Others Support

- Learn about the process of becoming Baby-Friendly
- Share resources with facility (ABM protocols, training opportunities, etc)
- Seek to develop continuity of care committees that involve community members, prenatal, pediatric and post partum providers



Others Support

- Understand the change management process
 - Sustainable change requires widespread buy-in
 - Recruit and support the facility change agents
- Know what the BFHI is and is NOT



MYTHS and FACTS



Barriers to Baby-Friendly designation

MYTH

- It is very expensive to become Baby-Friendly



FACT

- Every facility has different challenges and costs
- There are 3 primary Baby-Friendly budget items
 - Fees
 - Training
 - Breastmilk substitutes, bottles and nipples



Tips: Breastmilk Substitutes

- Work to improve exclusive breastfeeding rates
- Conduct an audit of actual amount of breastmilk substitutes specifically used in the facility
- Adopt “in-facility use only” policy for breastmilk substitutes
- Consider putting breastmilk substitutes in medication carts/dispensing units requiring staff signature for utilization



Tips: Breastmilk Substitutes

- Evaluate “expiration date” policy for products and determine its adequacy for breastmilk substitutes
- Educate mail room staff responsible for receiving products on “expiration date” policy for breastmilk substitutes



Tips: Training

- Consider grant opportunities to fund training
- Identify competent “in-house” trainer
- Identify competent community trainer
- Attend train the trainer program
- On-line training



Tips: Training

- Programs offered by a training company
- Self contained learning modules



MYTH

- It doesn't matter what price you pay for infant formula, as long as you pay for it



FACT

- Hospitals who have achieved the Baby-Friendly designation are expected to pay “fair market value” for formula.
- There are many ways that “fair market value” may be calculated. The Guidelines and Evaluation Criteria offer one possible way.



MYTH

- A Baby-Friendly designated facility forces all mothers to breastfeed



FACT

- All mothers are to be treated with dignity and respect
- Their infant feeding choices should be explored and education offered when breastfeeding is not chosen
- Efforts should be made to assist the mother with overcoming any barriers to breastfeeding
- Her final choice is respected



MYTH

- NO formula is allowed in a Baby-Friendly designated facility



FACT

- Every baby born in a Baby-Friendly designated facility is SPECIAL regardless of how it is being fed
- Every mother and baby in a Baby-Friendly designated facility deserves the same high quality care, regardless of feeding method
- Because every baby is special, they deserve to be offered normal (optimal) infant nutrition and care...BREASTFEEDING



FACT

- Formula may not be ROUTINELY provided and protocols must be followed
- Mothers requests for formula must be explored and concerns addressed. She must be informed of the health consequences. The education and informed consent should be documented



MYTH

- Mothers who plan to formula feed must bring their own formula to a Baby-Friendly designated facility



FACT

- Formula is provided by a Baby-Friendly facility, it must be purchased, like all other food and products, at a fair market price



MYTH

- Baby-Friendly is not mother-friendly.
Mothers should not be forced to care for their own babies so soon after birth



FACT

- The early post partum period is a very important time for mothers and babies to learn about each other
- They learn to recognize and respond to each others smells and cues
- What better place for this to happen than in the supportive and educational environment of the Baby-Friendly designated birth facility



MYTH

- There are no pacifiers in a Baby-Friendly facility



FACT

- Step 9 – Give no artificial teats, pacifiers, dummies or soothers to breastfeeding infants
- This refers to the routine use of pacifiers. They may be used for painful procedures or other medical indication



MYTH

- We don't have the right number and type of staff to become Baby-Friendly



FACT

- The Baby-Friendly assessment does not look at the number or type of credentialed providers at a facility
- It assesses the amount and quality of breastfeeding training each provider has received



MYTH

- There are so many things that we are not doing at our facility, we are not “Baby-Friendly” enough to even start the process



FACT

- Although many of the challenges are the same, every facility has its own unique set of hurdles
- The pathway to Baby-Friendly designation is flexible enough to meet each facility at their own specific starting point



MYTH

- If we don't give out the “diaper bags” mothers will choose a different hospital



FACT

- Baby-Friendly designated facilities provide mothers with the best discharge gift ever...a healthy baby that was provided with optimal care for the best start in life



Improving Breastfeeding Practices in US Hospitals



NICHQ and the CDC Baby Friendly Initiative in Context

October 20, 2011



National Initiative for Children's Healthcare Quality

Meeting Agenda

- Getting to Know NICHQ
 - Our Experience
 - Breakthrough Series and Model for Improvement
- Project Overview
 - Purpose and goals
 - Overview of activities
- Getting Involved



GETTING TO KNOW NICHQ

NICHQ's Vision and Mission

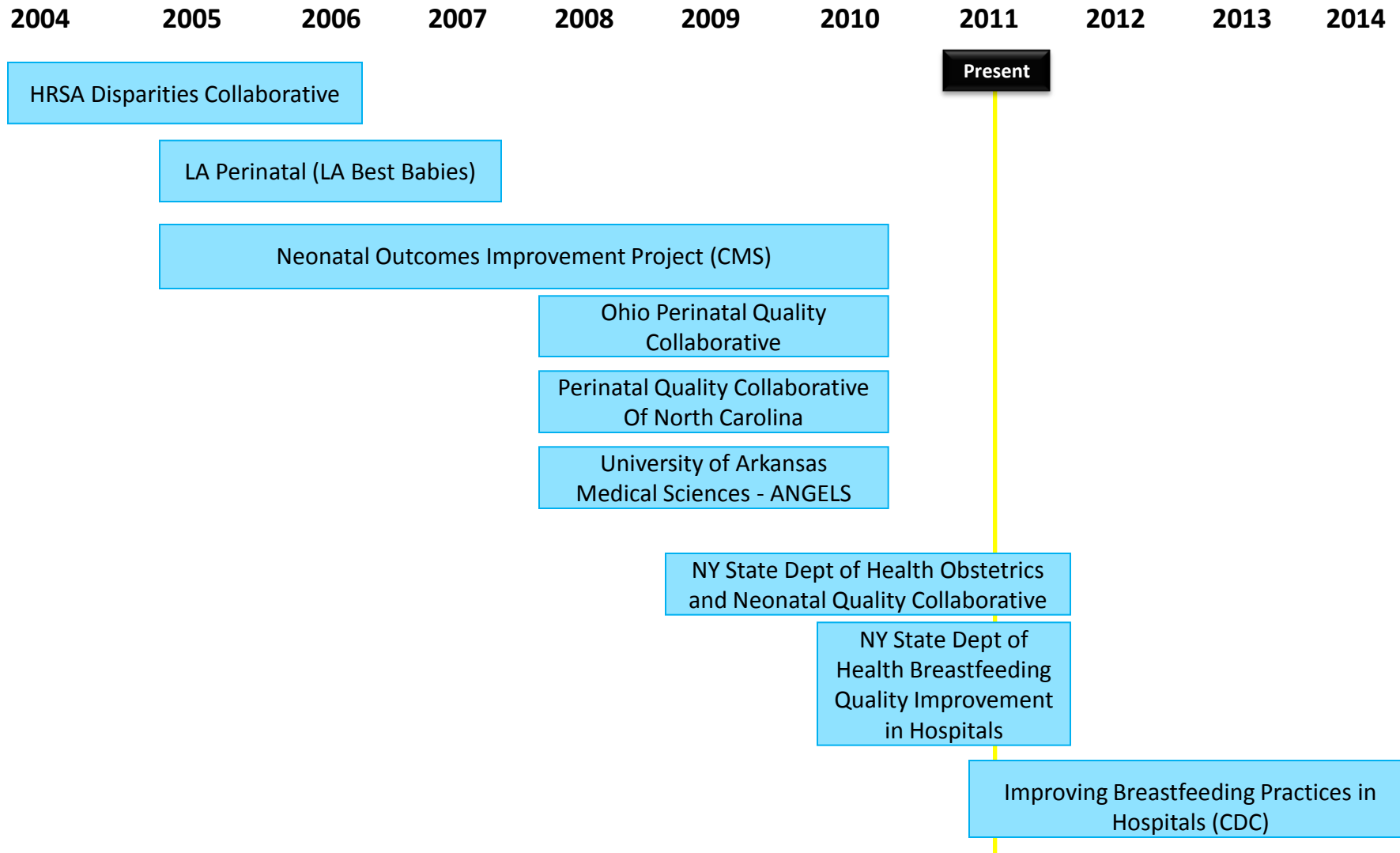
Vision: *A world in which all children receive the high quality health care they need.*

Mission: *To improve children's health through improving the systems responsible for the delivery of children's healthcare.*

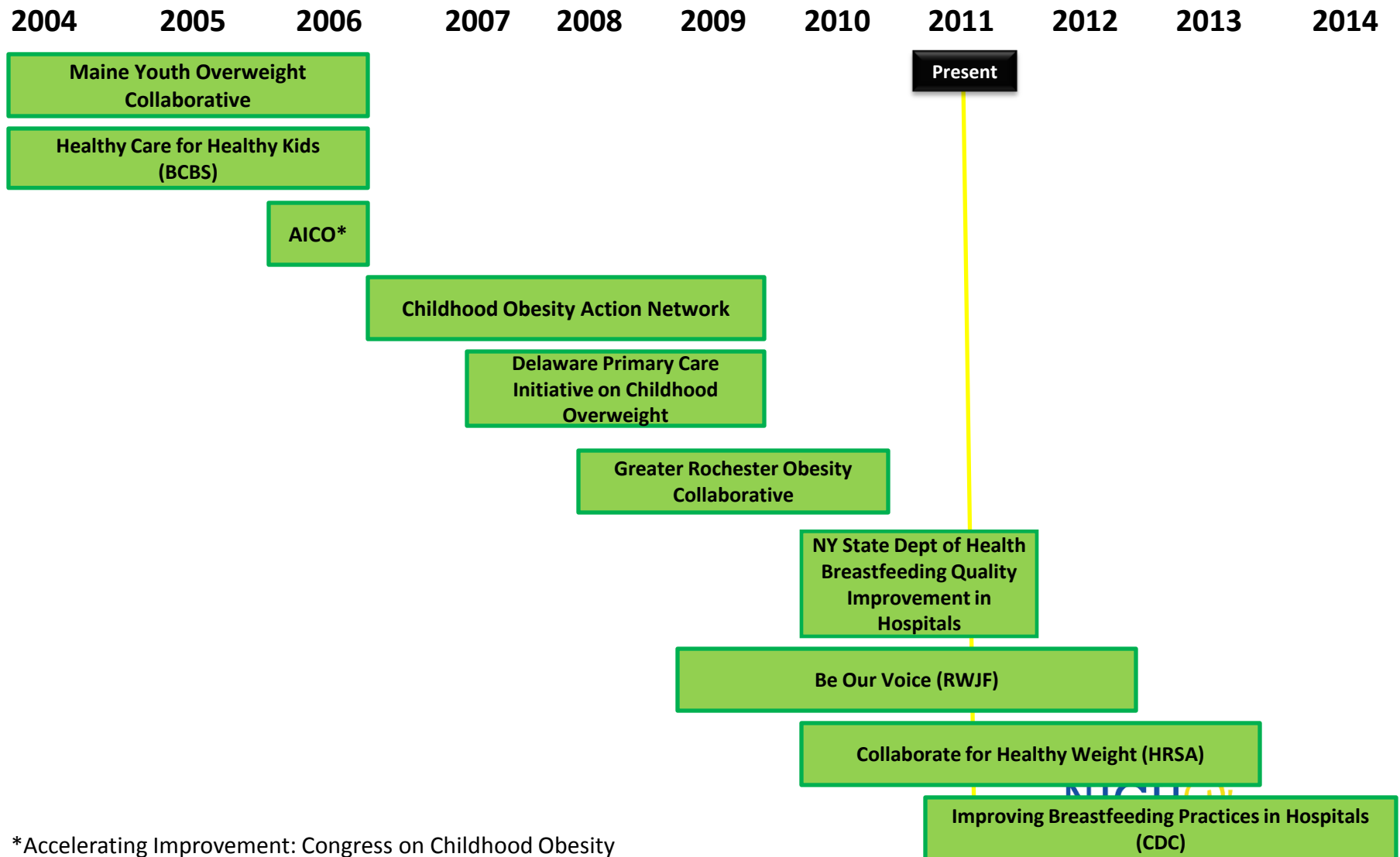
About NICHQ

- Founded in 1999, NICHQ is an independent non-profit organization that partners with healthcare systems, foundations, government, payors, and family and community organizations to:
 - Optimize healthcare system performance and
 - Develop and spread innovation and best practices
- NICHQ's major areas of focus are:
 - Chronic illness in childhood (Children and Youth with Special Health Care Needs)
 - Obesity Prevention and Treatment
 - Perinatal Health
- Promoting equity and incorporating public health are cross cutting themes across NICHQ activities.

NICHQ's Experience: Perinatal Projects



NICHQ's Experience: Obesity Projects



BREAKTHROUGH SERIES AND MODEL FOR IMPROVEMENT

Prime Directive for Quality Improvement

- Each System Perfectly Designed to Achieve the Results It Gets



Knowledge for Improvement

Subject Matter Knowledge

Subject Matter Knowledge:

Knowledge basic to the things we do in life. Professional knowledge & training. On-the-job experience.

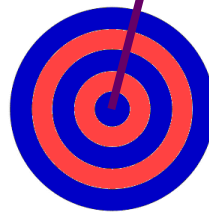
Profound Knowledge:

The interaction of the theories of systems, variation, knowledge, and psychology.

Profound Knowledge

Knowledge for Improvement

Subject Matter
Knowledge

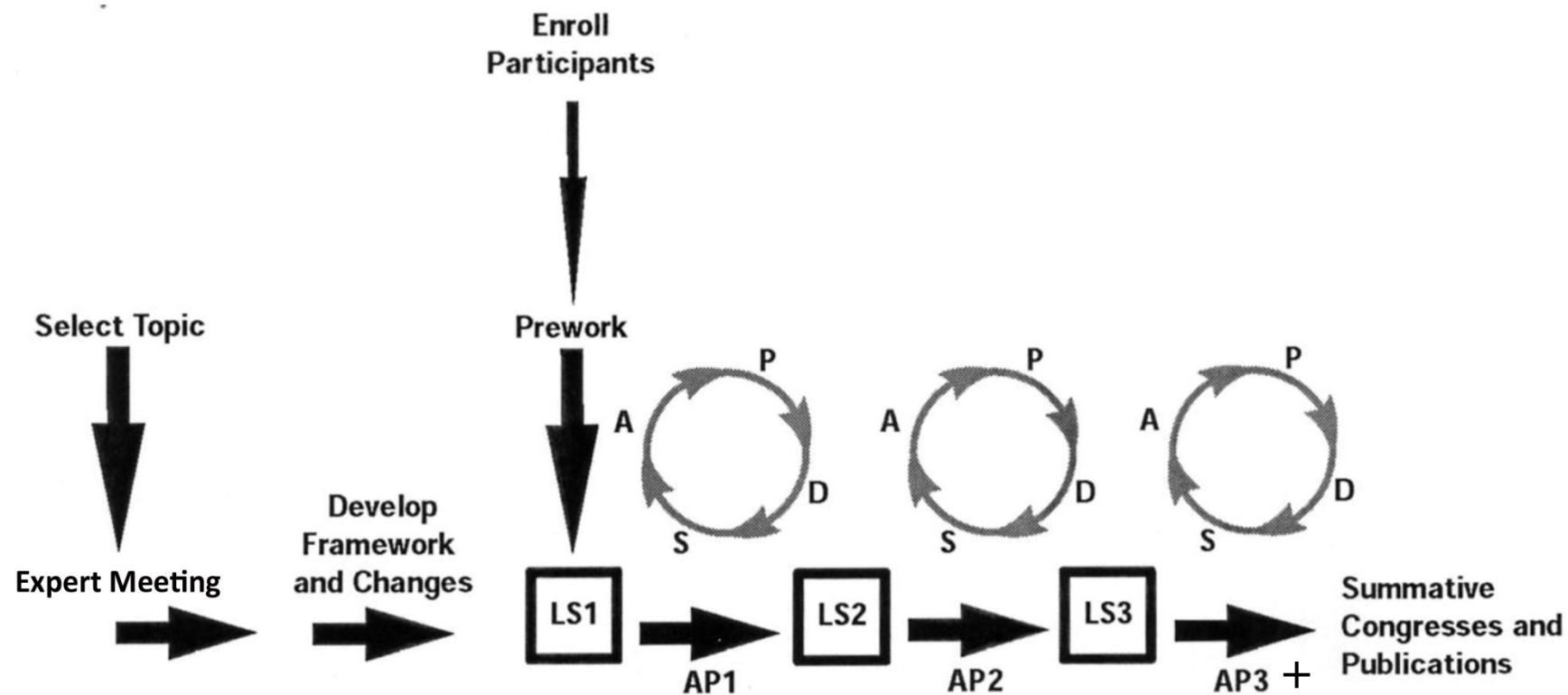


Improvement: *Learning to combine subject matter knowledge and profound knowledge in creative ways to develop effective changes for improvement.*

Profound Knowledge

IHI Breakthrough Series™

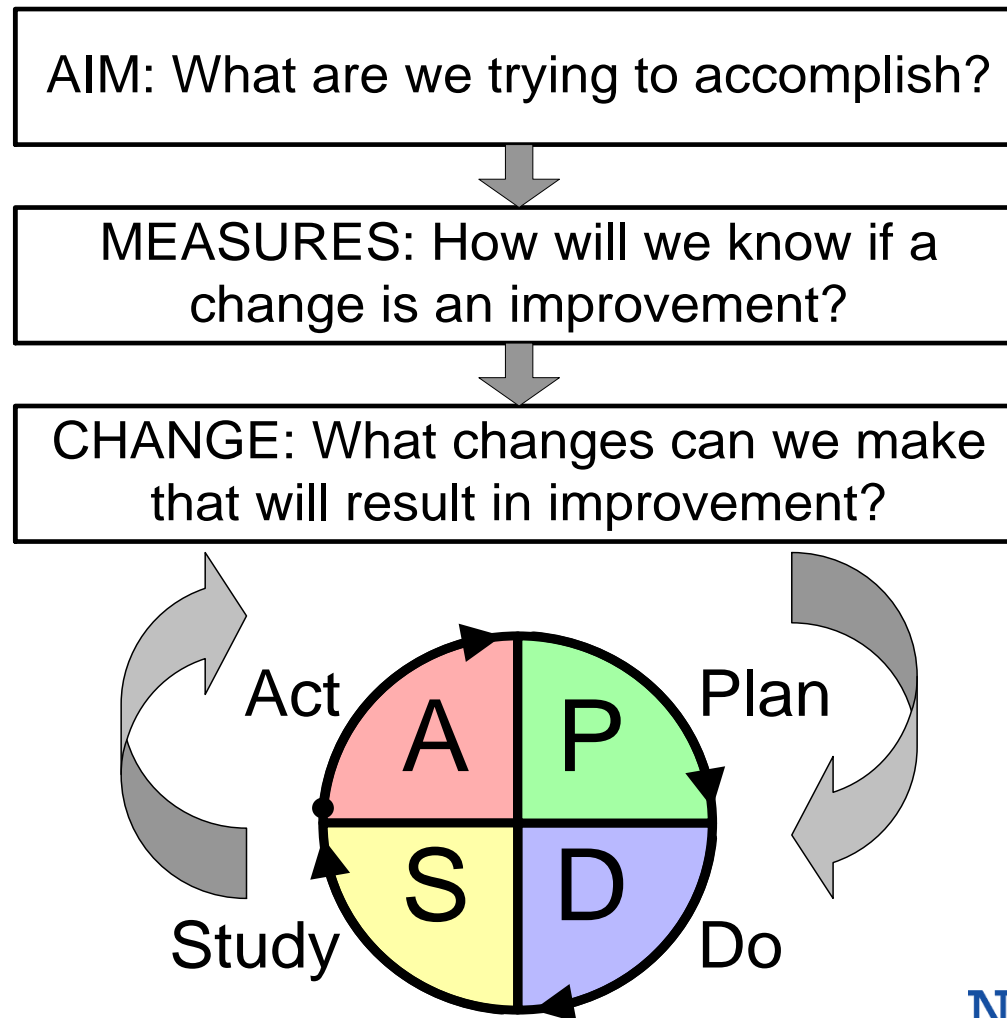
Core Model



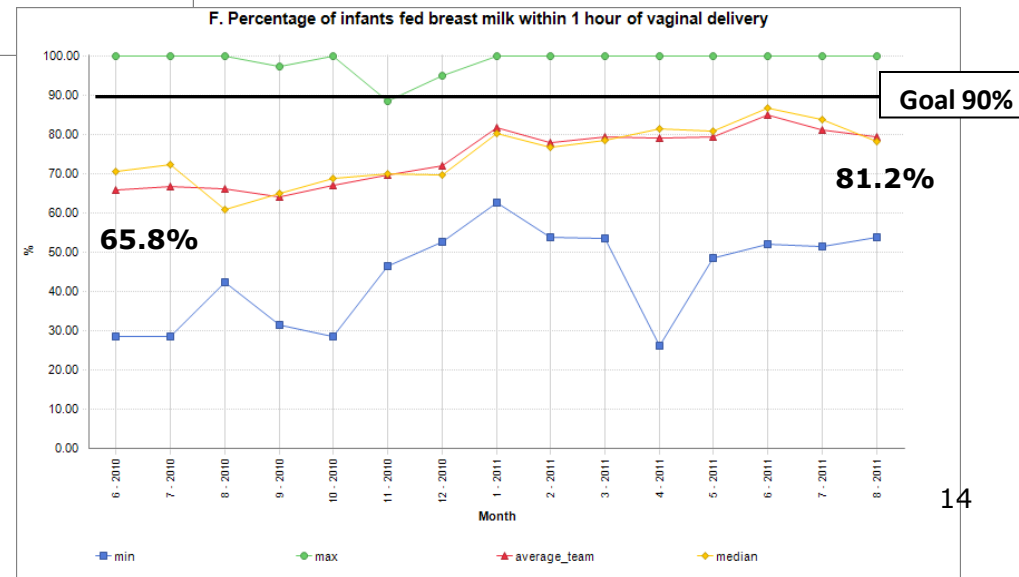
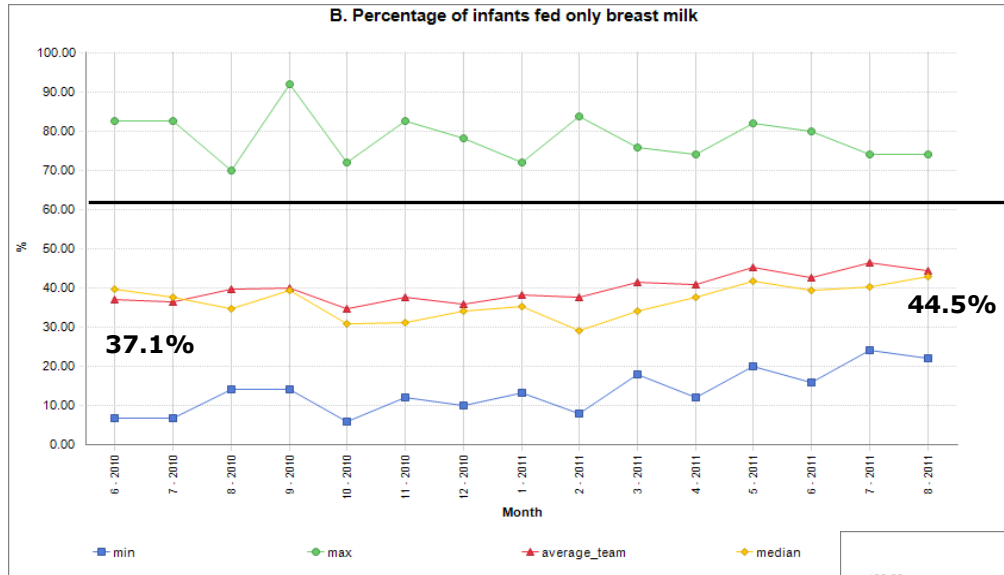
LS1: Learning Session
AP: Action Period
P-D-S-A: Plan-Do-Study-Act

Supports:
Email • Visits • Phone Conferences • Monthly Team Reports • Assessments

Model for Improvement



Selected Results: NICHQ Breastfeeding Collaborative



IMPROVING BREASTFEEDING PRACTICES IN US HOSPITALS PROJECT OVERVIEW

Project Aim

- Promote exclusive breastfeeding nationwide by creating environments in which women's choices concerning breastfeeding can best be supported by:
 - Enabling hospitals to earn Baby-Friendly designations by improving breastfeeding practices;
 - Increasing capacity of BF-USA to meet increased need and ensure sustainability;
 - Provide a foundation for long-term sustainability and spread.

Project Goals

- Primary goals:
 - To increase the number of hospitals that fulfill the Ten Steps;
 - To increase the number of hospitals that are designated as Baby-Friendly;
- Through recruitment:
 - To reduce both geographic and racial/ethnic disparities in these breastfeeding rates;
 - To increase the proportion of births that occur in hospitals that are Baby-Friendly;
- Desired Outcomes:
 - To decrease the proportion of breastfed infants who receive any formula supplementation in the first two days of life;
 - To increase the proportion of infants who are exclusively breastfed at six months (not directly assessed)

Project Approach

- Conduct concurrent learning collaboratives
 - Geography TBD
 - Priority: areas of greatest need
- Conduct strategic review of Baby-Friendly USA to expand the capacity of organization
- Establish foundation for sustainability and spread
 - Communicate project results externally;
 - Cement organizational improvements in Baby-Friendly USA's;
 - Refine plans for replication and spread:
 - Build hospital leadership engagement
 - Consider regional infrastructure(s)
 - Promote alignment with policy and finance

Project Evaluation

- Includes formative elements and summative assessments
 - Formative: understand and guide program implementation;
 - Summative: understand program impact across the three major areas of project activity (hospital teams, organizational development and public-facing);
- Formative Methods:
 - Direct observation project processes
 - Interviews of hospital teams, faculty, other stakeholders
 - Tracking quantitative team data
- Summative Methods
 - Team reported data on defined measures
 - BF designation progress
 - Surveys and interviews

Project Timeline



Getting involved

- Do you know of a hospital who would be interested in participating as a project team?
- Do you or your organization have relevant skills or resources that could help contribute to the success of this project?
- Let's make a connection! Please visit...
http://www.nichq.org/our_projects/cdcbreastfeeding.html
to learn more about the project and complete a project interest form.

THANK YOU!