Proceedings

Interstate Ten Steps Collaborative

2013 Meeting

Appendix B: Ring of Knowledge




Ring of Knowledge

Area Name	Category	Problem	Solution	Outcomes	Lessons Learned
Southwest	NB Assessment	Pediatrician Buy-in Newborn assessment in M/B rooms	PSA- Find champions Do-Test-Report; Prenatal education for mothers; Policy-close NBN behavior modeled by PNPs (easy win)	Moms/Parents report on positive experience; Pediatricians with Knowledge RE: BF; Increase continuity of care; Increase BF duration	Helpful when things are consumer driven; Insecurity-change; Improves pt. care overall; Old dogs learn new tricks; find champions in all the right places.
NYC Health & Hospital Corporation	Return on Investment/cost effectiveness of BFHI	Financial restraint Breastfeeding is not viewed as a priority due to low financial outcome	Education of healthcare leaders/admin on best practices & centers of excellence	Competitive in recruiting patients to increase financial gain due to hospital's reputation on excellences.	Increase a communication & transparencies of hospital's activities e.g. center of excellence in best practices will promote increase support to breastfeeding.
Oregon	Building Capacity for change	Healthcare Leaders & Admin are not coordinating together; Funding: there is no funding, no understanding, interest or engagement with funders to support the work.	Reconvene-OEBIN to continue to build capacity to make change toward baby friendly increase BF initiation & duration; Convene funders to cultivate understanding, interest, engagement & support for the work.	Regional OEBIN groups & statewide articulation through BCO; Support for OEBIN, training, site visits, T/A, coordination, communication etc.; Reduced duplication of efforts. Higher quality implementation.	Sustained ongoing effort to continue momentum & moving forward toward positive change; Sustainability is **SO** important to insuring forward movement and momentum & positive intended outcomes. You need funding to cultivate more funding.
Pennsylvania-Philadelphia		Engaging healthcare leaders	Reach out individually; relationship building; Summit Nov. 2011; Health Commissioner sent out pre-in violation letters; Joint commission & CDC; BFUSA	All 6 hospitals engaged; Multi Hospital Task Force, meets quarterly; 5 of 6 on pathway; WIC grant; 3 align in 2014	Relationship building; Don't be afraid to take risks; think outside the box; collaboration is key.
Los Angeles	Technical Assistance	Hospitals need TA to achieve Baby-Friendly: a) confusion about BFUSA requirements; b) Staff training occurring before "Development" (planning); c) first 5 LA (tobacco tax) grants-provided $ w/o TA & additional requirements beyond BFUSA	Use CPPW & CTG $ to provide TA- • Individualized to hospitals • Site visits • Cohort group TA based on 4-D Phase • Use CTG & First 5 LA $ for ALL hospitals to have Regional collaborative learning/network/sharing Mock surveys	• 3 DHS county hospitals achieved Baby Friendly designation. • Stronger partnership with Coalition & County Health Dept. • 17 hospitals applied for TA – no $ to hospital • Hospitals participate in Regional Consortium & Summits (2008, 2010, 2012) • We expect lots of Baby-Friendly designations!!!	• Individualized TA is essential. • Hospitals are willing to share in Regional mtgs. • Doctors are still a problem • CNO & Directors of Mat Care turnover shows change. • TA is most successful when the Director of Maternity Care is engaged.
Illinois (1st in state (1998) BFHI)	Technical Assistance	Other Hospitals looked to us to provide assistance with becoming BFHI Leaders	Offered In-services & seminars to Hospital Staffs on The Ten Steps	Assisted 4 Hospitals. All became CERTIFIED as BFHI	It is achievable with the Desire & Early Buy In from ADMIN. 1st in Illinois; 1st in MO Pekin St. Mary's –Decatur (Little Company of many in Chicago

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Lactation Improvement Network of Kentucky	Technical Assistance	Bottom of the Barrel Breastfeeding Rates; No 10 step program	• Convened BF Summit by WIC • Started State Coalition strategic • Developed state plan to increase BF Rates in KY • Goal #1, number of hospitals • Increase skin to skin • Collaborated w/U of L to develop statewide training on birth KC	• 100% Hospitals trained • 90% ish implemented • Data collected • All hospitals who have implemented have seen significant increases in BF rates (Manchester 01 – 70% increase in 3 mos. • Facebook birth pics of moms in KC	• Hospitals thought they were already doing it but they weren't doing in @ birth-received training to do it right. • Private & Public partnership necessary for success. • Hospitals did a good job of sharing • Hospitals asking for more follow-up training • Enjoyed getting together in non-competitive atmosphere. • Need to figure next steps • Do another step or do all 5 or 10 steps • Leave the baby alone.
North Carolina (SE)	Technical Assistance	• Technical Assistance • Incomplete application when no TA requested and MC does not participate in the informational webinars	• Adjust application & webinar as needed • Post review call • Include review of all 10 steps • Connect with resources • (other hospitals in state experts, WIC Regional Lactation Training Centers)	• More complete applications with extensive validation material • Connecting with WIC & training centers (outside resource) • Building informal collaborative network for hospitals.	• Investment ends up saving time and effort • On-on-one generates more conversation, uncovers more information, and results in TA that is specific, measurable & achievable.
USBC	Infant Formula Marketing	• Inconsistent policies and perspectives on relationship of national organization & State BF coalitions to infant feeding industry.	• Assessment of current policies & practices • Convene national stakeholder meeting & focus group • Facilitate discussion • Aim: balance • Sustainability for BF work • Holding industry accountable for compliance w/the code	• A successful meeting of a difficult conversation • Safe space for differing perspectives • Identification of alignment & agreements on how to move forward together • Guidance document next steps	• We could convene a difficult conversation • Practiced diplomacy • We can agree to disagree on some things & still find common ground • Can apply these skills to other areas & topics & other audiences.
Connecticut	Infant Formula Marketing	• Formula • Discharge bags still being given in CT	• Adopted a "ban the bag in CT" as an overarching goal of the CT 10 Step Collaborative in order to promote an "all in" approach	• Currently 70% Formula Bag Free in CT as self -reported by CT. 10 step collaborative members	1) It wasn't that <u>hard.</u> You <u>can</u> just tell the company to stop sending them….Really! 2) We were farther along than we expected when we started data. Many hospitals were already discontinuing the practice. 29 corporate compliance issues. 3) Bag free hospitals were able to help mentor others to Ban the Bag

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Massachusetts	Infant Formula Marketing	• Distribution of formula company gift bags	1. Primary focus of annual summit 2. Naming names 3. Peer pressure	2nd bag –free state in US without a mandate	• Need to create a tipping point • Need to focus on the issue • Choosing your language is important
Rhode Island	Infant Formula Marketing	• Formula Marketing via Hospital Discharge Bags	• Developed maternity Care Practice Collaboration • Current BFH and non-BFH Nurse Managers – instituted no more d/c bags • "Peer Pressure" state wide	First State in the county to Ban The Bags	• Collaboration works • Peer Pressure works • State to State competition is powerful – helped push movement forward
TN	Infant Formula Marketing	• Formula Marketing • Consumer access to 'free' formula • Before delivery • In hospital • After delivery	• Some hospitals have ban bags, limit going home formula for bottle feed infants. • Limit of rep access to hospital staff.	No push back from families, but formula companies going to OB offices to give prior delivery. Pediatrician's offices hand-out at first visits.	• When road block in one place the formula company goes around it. • Pushing Ensure, Boost & other dietary supplements for mother. • Can't control what on internet, TV or private doctors.
Ohio	Formula Co. Marketing	• Formula bag distribution oat hospital discharge	• Survey/Census of birth facilities re: who gives out bags?	% bag free up % births in bag free facility up Give out certificates to bag free facilities, announced @ annual mtg.	• Recognition/certificate has impact • Baseline data • Longitudinal
NJ	Healthcare	• Resistance from upper level hospital management & lack of education on BFI	1. Summit requiring Senior level teams to attend educated 46/52 2. Self-Assessment by 10 hospitals & all had to have a hospital policy 3. 10 hospitals received grants $10,000 4. Develop hospitals steering committees at hospitals 5. Involved the Hospital Association Consortia 6. Buy in by health Commissioner	4 BFI, over 20 working towards BFI	1) Involve upper management early. 2) Celebrate little successes 3) Provide clear information on financial data 4) Hospitals share with other hospitals what worked, what didn't
Michigan	Healthcare leaders & Administration	• Healthcare leaders unaware of the 10 steps to Baby Friendly	Baby Friendly Summit provides free training that provides CEU's, CME's, CERPS. All Birthing hospitals administration contacted with formal invitations and	200 invited from 98 Birthing hospitals, 55 institutions out of 98 attended. • Favorable feedback from those who attended. 9 hospitals awarded NICHQ training	• Make more "grass roots" contact to birthing facility administration • Feedback: • Reasons why hospitals didn't attend • Sharing outcomes

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			followed by phone calls. Bring in National speaker		• Need more relationship building with Health care Leaders • Step it up a level
South Carolina	Healthcare Leaders and Administration	• Healthcare Leaders and Administration • Leadership buy-in and need for greater capacity • TA ☺	1) Engage right partners SCHA Quality & Safety (Sr. VP) mPINC -integrate maternity care Sponsor SC summit	1) BFHI workgroup added to BOI (2012) 2) Incentives from DHHS for BFHI designation 3) 18 hospitals declared interest in becoming BFHI designated (via survey) Grant NICHQ	1) Engage stakeholders 2) Speak right language 3) Est. goals/Aim statement
NYC DOHMH	Healthcare Leaders & Administrators	There are many champions/advocates at the hospitals- but they aren't always in positions of power to effect hospital-wide system level changes & the champions have different priorities than the admin staff. System change needs to be bottom up & top down	1) Require CEO/admin sign on to join collaborative (i.e. Discovery phase letter of support) 2) Require leadership designee on core improvement team & their attendance at portion of learning session. 3) Require training of leaders (step 2) in best practices in hospital level system changes to support breastfeeding	1) Each participating hospital has an identified leadership designee that is aware of the project & committed to positive outcome.	1) Engage leadership from Day 1 – they are key for success 2) Key leadership engaged through storing of project milestones & regular storing of trend data.
Minnesota	Healthcare Leaders	Cost effectiveness of BFHI 1) Return on investment 2) FTE/Time/$ for ten step program 3) Staff Training Costs & program. 4) Healthcare leaders- BFHI Myths. Baby friendly is seen as "negative thing" for hospitals: Push back: Hospital Association – "force breastfeeding"; "cost too	-Public Embarrassment -Strategy "Ban the bags" in mass - Hospital rated - Hospital Award - Strategy – North Carolina - $ & staff time WIC Training centers for helping hospitals with training • Half WIC & half hospital staff – CLC training • Myth Busting • Perinatal leadership summit	Hospital summit to engage & educate hospital leaders • Mother Baby Healthcare Collaborative Workshops • Relationship building • Consistent • Collaboration between WC & Hospitals & continuity of care • Take away emotion – look at data • Data Analysis • Summit looking at GAPS between Mothers intention & BF rate at D/C • Look at BF initiation rates	Trust & Dialogue Relationships • WIC & Hospitals working together • Helps continuity of care • Helps moms & babies • Don't use the name baby friendly in the 1st summit- Say 10 steps then show data • More trust & better b/t staff helps •

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		much" ; "moms left out"; "pay for formula"	• Mother's "choice" • Redefine BFHI & what it means-help all families achieve infant feeding goals • Getting beyond the emotion-focus on data & have conversations • "bring data, GAP data" California approach Jane Heinig • Look @ Mothers intent & Performance		
Colorado	Healthcare Leaders & Administrators	Engaging hospital leaders & administration • Consult with CNOs prior to statewide summit & altered agenda to make strong alignment to what leaders want to know • Held summit, handful of CEOs attended despite overall fantastic attendance.	Short time convenient time (1st thing in the morning) 2 webinars 1-1 All states inclusive @8am 1-2 1-1/2 CEO Targeted @8am Hospital leaders present (on a panel) • Used their mission statements	Goal attendance @ webinar Ok attendance @ ½ can view later Asked questions Evaluations completed	• Use hospital staff • When hospital staff partner in conveying message, the become stronger advocates • Gained new allies! • Learn how to use media better livestream (challenges) webinar (better)
Virginia	Healthcare Leaders	• Engagement of high-level stakeholders • Inertia in statewide coalition	• Formation of VA Breastfeeding • Advisory Committee-separate from the coalition, but funded by Dept. of Health & following USBC membership model	• Formed in 2006 • Still active • 2nd Strategic Plan in process • Continue to broaden representation • Planning a statewide summit	• Further broaden representation & reach • Collaborate w/statewide coalition move • Reach out to VA Hospital Association
NICHQ	Healthcare Leaders & Administrators	• Leadership buy-in • Leveraging Resources for success. • Align strategic organization with baby-friendly maternity care practices. • Use of data to drive &	-Mid & high level staff in each team - Development of curriculum focused on leading & how to accelerate project outcomes.	-Easier access to decision makers to help overcome barriers - Potential outcome: Data snows high performing teams correlated to high leadership engagement.	- Maintaining this level Leadership engagement throughout the project is not easy but essential - Set curriculum with expectation helps to keep the pressure on.

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		sustain improvement			
Utah Breastfeeding Coalition	Legislation & Policy	• Lack of insurance reimbursement for IBCLC and lactation care.	Licensure for IBCLC	1) Increase access to IBCLC care. 2) Encourage private practice IBCLCs 3) Encourage Lactation programs within the University education system. 4) Increase quality of lactation care provided.	• So far: NA all IBCLC's agree to licensure • Proving public harm without licensure is difficult • Proving fiscal benefit to insurance providers is difficult • Having legislative allies and medical allies is crucial to success.
NY State	Legislation & Policy	• NY Hospital regulations require 9 steps legislation in 10 • Written hospital BF Policy • Hospital policies not C/W state rep.	2009 review Ind. Feedback Revised 2011 reviewed incl. feedback NYS model hospital BF policy – training TA & implement guide & webinar • Threat of hospital being cited for deficiency • Fine • Requires plan improvement • Public reporting • 2013 reviewed • OHSM regulation <u>Developed</u> Policy codebook vetted by regulators & NMSCiv legal affairs		•
CDC	Legislation & Policy	• High level buy-in to the Public Health importance of BF was missing. • No cohesive prior plan for continuity of how to address BF issues	Surgeon General's Call to Action to Support BF	• Helped out a lot • SG recognition of USBC • Almost everyone roaming in the same direction • High level buy-in • Nat'l strategy	• Should have stacked the deck more- Recognize you are creating the source of future quotes so build in your own dream sound bites! • Engaging all players is worth it.
California	Legislation & Policy	Many hospitals in California do not have "infant feeding" policies- especially policies that support breastfeeding • Per mPINC 18% CA hospitals had	2011 SBS02 was introduced to mandate that all hospitals have infant feeding policies that support breastfeeding.	• Law passed and requires all labor & delivery facilities have infant feeding policies that support breastfeeding – utilizing guidance provided by the BFMO or CA Model Hospital Policy • Recommendations should be routinely	• Was placed in our Health & Safety code in an area that no government entity believes is their territory. • At this time no monitoring the state is planned • CDPM, MIAH sent a letter to all labor & delivery hospitals about the law & provided resources for implementation

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		documented policy w/10 model policy elements		communicated to perinatal unit staff • To be operative by January 1, 2014	• Some hospital management have directed staff to respond "how will they implement."

Mississippi	Legislation	Lack of protection or support of Breastfeeding mothers especially working mothers	Implementation of legislation supporting Breastfeeding working women.
			• Employer support
			• Childcare support
			  • Training
			  • 0 Discrimination
			  • Private space availability
			  • Display positive messages of breastfeeding
				• Growing interest among hospitals & Universities.
				• State childcare regulations include Breastfeeding language
					• Laws need more (picture of a mouth) voice?
					• Law needs more (picture of person with megaphone) communication?
					• Needs more training and assistance for implementation.

West Virginia	Legislation & Policy to increase BF measures	• WV does not have a statewide law for protection of BF in public (other than exemption from public indecency changes). • Since 2005, we have attempted to pass "A Child's Right to Nurse" • Conservative values • Cultural issues • Opposition to change • Influence of Big Pharma • Lack of understanding of need (presumed lack of need) • Statement of support conflicts with proposed amendments	• Redirect & reframe as Civil Rights issue so that references to judiciary instead of health. • Try to direct down a different track in hopes of achieving different outcome.	• In 2008, exemption from being arrested for public indecency. • Since 2007, received pass thru funds for education of hospital nurses & others for BF support • Conducted 3 (4 in June) CLC/CLS courses, 250 will have been trained.	• Nurse in's won't work • Meet legislators where they are. • Educate, educate, educate! • Pushing this issue as a "health" issue is not working.
Louisiana	Healthcare Practices	• Interest of Baby Friendly/Participation in BFB	• Providing support and recognition in incremental change for 10 step implementation (the gift) • Provide additional support • BFB support group	• 9 hospitals engaged in 4D pathway • 4 hospitals in BFB	• Hospitals have a genuine interest • The gift is helping hospitals become Baby Friendly • Hospital to hospital support is important • TA is helpful

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District of Columbia	Healthcare Providers	We have 2 hospitals in the Best fed Beginnings collaborative +1 already designated But we don't have enough resources in the city for training ($, time, etc.). Also once we get staff trained they seem to leave and we seem to be "building capacity" always.	1. Organize as a convener to work across the health care workforce infrastructure 2. Encourage all birthing facilities (5 remaining) to go Baby-Friendly 3. Develop staff training tools that utilize technology and can be used in perpetuity 4. Use staff training that is accessible to staff and use CEUs	1. Increase # of staff trained 2. Increase HC workforce infrastructure for the city 3. Better outcomes for moms & infants 4. Increase learning opportunities for providers	1. Can't just address provider training at 1 institution 2. Provider training never goes away 3. Resources exist, must communicate what resources are available.
Georgia/Florida	Healthcare Providers	Many physicians/nurses not converted to certain of the ten steps, i.e. rooming in (resistance to change)	a. Training • Webinar • Onsite b. Peer leadership c. 'whine session'	• Resisters feel heard/validated • Admin demonstrates leadership • Staff have more information • Limit exposure to formula reps	• Line up support in advance • Expect resistance • Create buffer/quarantine zone
Texas	Healthcare Providers	HCP – providing inconsistent BF information (anecdotal, personal experience) • Access to BF education	90's Survey of MD's to ask about their history of BF education Result: • Pocket guide for MD (2 educators) 2012 Iphone app • MD training-on site taught by MD/offers CME • HCP training – on site • Access to WIC BF materials	• Star achiever-integrate materials resources/other invite • HCP guide app in use • Increase request/demand for MD training • Resources integrated into multiple agencies-further reach • Online module thru different funding stream (obesity)	• Dissemination of MFO - large state • App need android version • Training band with
Maryland Breastfeeding Coalition	Healthcare Providers	Staff need for training 1) Paid or unpaid time? 2) Who will provide? 3) What content? 4) Staff resistance Provider resistance to training & changing practices	1) Because staff was <u>REQUIRED</u> to come it was paid time, scheduled when not working on floor. 2) Offered different days of the week & different times of day. 3) RN/IBCLC hired to also facilitate training.	• 15 classes over 2 months • All 64 staff (RN, Tech, Admin) Trained in 2 months timeframe, well received, good evaluation practices changing (STS) (decrease pacifier/bottle) (RoomIn) • Hands on section with IBCLC to individual in progress	• Earned credibility by working on floor first • Admin by-in essential • Internal drive to improve processes by core group of staff/BF advocates.

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			4) Content from curriculum from previous experience of IBCLC followed 10 step guide 5) REQUIRED & supported by senior admin staff now part of annual competencies		
Alaska	Systemic-Healthcare providers	• Supporting mom & baby in recovery from C/S • Barrier – turn over the L & D room faster • C/S rate 12-15%	(moms) Patients need to be recovered by L & D or post-partum nurses so mom and baby stay together.	• More skin-to-skin • More cross training of nurses • Better pain management • Increased in breastfeeding • Compare breastfeeding success between those able to stay together • Require less staff more consistency	• Staffing mutually
Indiana	Continuity to Community	• How to create and link between hospital& community services pre & post-partum support	1) Priority given to building enhancing coalition infrastructure. 2) Formal & informal relationship building between community partners & hospitals (Collaboration!)	1) Growth of community coalitions from 8-44. 2) Specialization of state coalition into specialized groups 3) hospital summits w/98% of hosp. in attendance • Increase drop in centers (including unique (uncommon) partnerships & projects) Lactation Walgreens's drop in, increase childcare palmers.	1) Relationship building is at core of success. 2) Finding common threads to tie communities together.
WA	Continuity to Community-Applying BF lessons to Childcare, workplace & HCP	Continuity to community siloed efforts to promote BF – hospitals, providers, worksite, etc. Losing sight that it's the family – moms, dads & baby who are walking through life-living in their community & being impacted by everything at once & inconsistent messages	Organize & standardize efforts in a way that will be : • Recognized by parents • Using a model & spreading it out (e.g. NC/BFHI steps & spreading it out to other areas of society) • Have a name. Ours is Washington Steps Up For Breasting Success	Still on early phases This is what we found so far: • Framework to communicate to Public Health Officials – its setting their attention • Tool/framework for local coalition to organized around. • Able to get funding because we are able to articulate what we're doing in measurable steps • Academic Relationship on	• Take the time develop the framework- from start to finish • Borrow – don't re-create - Be thankful! • Track milestones – even if they aren't in the original plan
USBC	Continuity to Community	Lack of CI leading @ statewide BF level	• Strengthen & broaden coalitions to serve as	• Increase BFHI hospitals • Public awareness	• Coalition needed autonomy • Multi-sector approach

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		• Fragmented services • Lack of coordination • Competition • CBO/org awareness	credible source of info, ed., convening, training & advocacy and assist w/ • Community asset building	• Staff/medical education & summits • Worksite awareness & state awards • Link to providers for post-partum support • Legislation passed & policy changed for lac. Acc.	• Diverse funding streams • Geographical differences that still need to be investigated • Mentoring 4 peer learning
North Dakota	Continuity to Community Statewide stages of Statewide Healthcare Program	Lack of support in workplaces & Overall awareness of the benefits of breastfeeding	• Develop an "Infant Friendly" Workplace designation to promote breastfeeding support in the workplace. • TV commercials • Handouts, bookmarks *At same time ND legislator adopted laws to support breastfeeding. * PCW grant.	• Over 35 businesses & 10,000 employees have benefited from the IFBD	• Promote program at the local level • Saw increase in breastfeeding awareness & support for employees which increase breastfeeding duration. • Feedback from employees-hospital staff, admin, became more aware of need for breastfeeding support long-term
Funder/Foundation	Continuity to Community	Ensuring unique aspects and cultural qualities of communities are embrace in moving the First Food agenda forward	**IMPROVEMENTS** • Ensuring that grantees understand and embrace the racial equity lens. • Providing guidance, information and resources for communities • Focus on community engagement among vulnerable populations	• Higher rate of Baby Friendly cert. in hospitals that serve vulnerable populations • Racial equity lens is applied in unique ways in grantee work • Narrowing of health disparities over time • Not just "preaching to the choir" in work	• Ensuring resource availability • Encouraging cultural nuances • Supporting grassroots- treetops, leadership development & engagement • Encouraging lens throughout all work proves beneficial
Kansas	Consumers and Continuity to Community	Prenatal education - Not everyone gives same message- continuity of care	**1)** Collaboration building with all players – invite community. **2)** Utilize continuity of care grant **3)** Use continuity of care tools in 4 D toll kit **4)** Use tools-handouts etc. already developed	1) Moms (families) go to hospital expecting skin to skin…. 2) Ask moms were you taught about skin to skin Use mom survey Baby-Friendly in Development Phase	1) Create a positive competition – your patients can't be the ones not coming to the hospital unprepared 2) Don't let any parents fall through the cracks - Cost - Language verbal, written skills - Transportation 3) Need to reach or meet them where at-not a class, social media- go to them

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Southeast Alabama	Consumers	Consumer awareness of benefits of breastfeeding and what to expect from hospital experience such as: skin to skin, no pacifiers, rooming in	Education – program in prenatal clinic	Started to see increase expectations of mother's to receive baby friendly care.	Need to involve whole support team or family in education prior to birth especially grandmothers.