

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

Collect Data

*Bridge to Designation Phase
Dissemination
Certificate of Completion*

Implement
QI Plan

Readiness
Interview

On-Site
Assessment

Baby-Friendly
Designation

Train Staff

*Bridge to Dissemination
Phase-
Development-
Certificate of
Completion*

Data
Collection
Plan

Prenatal/Postpartum
Teaching Plans

Staff Training
Curriculum

Hospital
Breastfeeding
Policy

Start

Development

Discovery

Register with
Baby-Friendly USA

Obtain CEO
Support Letter

Complete Self
Appraisal Tool

*Bridge to
Development Phase-
Registry of Intent
Award*

BF Committee
Or Task Force

BFHI
Work Plan

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
 - International Code of Marketing of Breastmilk Substitutes
- Self Appraisal Tool
- Sample CEO Support Letter

DEVELOPMENT

- Guidelines and Evaluation Criteria
- Workplan template
- Budget planner
- Policy development tool
- Policy check off tool
- Community survey
- Patient education tool

DEVELOPMENT

- Staff training requirements
- Staff education documentation tool
- Quality improvement plan template
- BFHI power point presentation

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

DESIGNATION

- 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 on first assessment

And Baby-Friendly USA, Inc. Responses

Reasons for not passing the first assessment

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

BFUSA Response

- Discovery Phase - Require CEO Letter of Support
- Development Phase - Require formation of multi-disciplinary team to implement the Guidelines and Evaluation Criteria
- Development Phase - Require multi-disciplinary team to review the results of mPINC and BFUSA self-appraisal tool and develop a workplan to address low scoring areas
- Development Phase - BFUSA reviews and provides feedback on plan

Reasons for not passing the first assessment

- Facility breastfeeding/infant feeding policy and/or supporting documents are not comprehensive
- Facility has other policies, protocols and or procedures that countermand the breastfeeding/infant feeding policy

BFUSA Response

- Development Phase – Provide a policy development guidance tool
- Development Phase – Provide a policy check off tool
- Development Phase – BFUSA reviews and provides feedback on the policy
- Dissemination Phase – Provide a Quality Improvement Audit tool
- Designation Phase – inquire about policy changes, review policy during assessment

Reasons for not passing the first assessment

- Records on the day of assessment show that staff are not fully trained
- Initial training complete, but new employees have not received the required training
- Staff training took place too close to assessment, skills are not fully integrated
- Staff competencies were not verified

BFUSA Response

- Development Phase – Require a comprehensive training plan to address initial training, new hire training, competency verification and continuing education
- Development Phase – Provide the list of required training topics
- Development Phase – Provide a spreadsheet to document training
- Development Phase – BFUSA reviews and provides feedback on training plans

BFUSA Response

- Dissemination Phase – Provide Quality Improvement Audit Tools
- Designation Phase – inquire about training, review training records during assessment

Reasons for not passing the first assessment

- Patient education is fragmented, incomplete and undocumented

BFUSA Response

- Development Phase – Require development of patient education plans
- Development Phase – BFUSA reviews and provides feedback on patient education plans
- Dissemination Phase – Provide Quality Improvement Audit Tools
- Designation Phase – inquire about patient education, review plans, materials and records during assessment

Reasons for not passing the first assessment

- Facilities not measuring health outcomes
- Facilities not measuring performance outcomes
- Facilities not comparing their work to the Baby-Friendly Guidelines and Evaluation Criteria.

BFUSA Response

- Development Phase – Prepare a data collection plan
- Dissemination Phase- Audit health and performance outcomes



The On-Site Assessment

What should you be prepared for

On-Site Assessment

- Quantitative and Qualitative
- Interviews with:
 - CEO
 - Senior nursing administrator
 - Purchasing agent
 - Nurse manager, Prenatal Service
 - Unit manager, Maternity & NICU/SCU
 - Training coordinator
 - Baby-Friendly project coordination team

Assessment Interviews, cont.

- Randomly selected key informants:
 - 5+ physicians with privileges on maternity
 - 10+ nursing staff (day and evening shifts)
 - 10+ prenatal woman >32 wks gest
 - 10+ mothers of vaginal delivery
 - 5+ mothers of cesarean delivery
 - 5+ mothers of babies in NICU/SCU

Assessment Activities

- The following items are examined:
 - breastfeeding policy and other standards
 - prenatal education curricula
 - staff training curricula
 - educational material given to parents
 - discharge packs
 - posted documents and media
 - charts when clarification is needed
 - vendor invoices for formula and related feeding equipment

Assessment Activities

Random observations are made throughout the survey of:

- staff competency with breastfeeding teaching
- birth practices
- location of babies on the unit
- mothers' feeding competency
- visible messages about infant feeding

Assessment Activities

- Report is compiled by assessors
- Report is reviewed by External Review Board
- Assessment standards: 80+% compliance on most items
- ERB determines:
 - Designation, or
 - Reassessment of failed step(s)

What if the facility doesn't pass?

- ERB identifies sub-steps which must be improved
- Assessor is sent to evaluate sub-steps not passed
- ERB reviews findings of revisit and makes determination
- (Most facilities pass on 1st revisit)

Designation

- Only after passing internal and external review, may a facility refer to itself as a “Baby-Friendly” facility

After Designation

Success is Journey, not a Destination

- Designation is for 5 years
- Facility to conduct annual audits on the Ten Steps
- On-Site Reassessment after 5 years