Baby Friendly UNMH
Promoting Hospital Practices that support breastfeeding and improve maternal and infant health

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Overview
Objectives

- Understand the Baby Friendly Hospital Initiative (BFHI)
- Be familiar with BFHI’s “Ten Steps to Successful Breastfeeding”
- Review current Breastfeeding STATs in USA, NM, and UNMH
- Understand the evidence behind the BFHI
- Enhance interdisciplinary support of breastfeeding
- Understand your role in this process
The **Baby-Friendly Hospital Initiative (BFHI)** is a global program sponsored by the WHO and UNICEF to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding.

http://www.babyfriendlyusa.org
Baby Friendly

To achieve the Baby-Friendly designation, facilities must:

- Register with Baby-Friendly USA
- Demonstrate correct integration of all “10 Steps To Successful Breastfeeding”
The Ten Steps (USA)

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in 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.
The Ten Steps (USA)

6. Give newborn 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 clinic.
International Code of Marketing of Breast-milk Substitutes

In addition, hospitals must adhere to the *International Code of Marketing of Breast-milk Substitutes*, which prohibits advertising or promoting formula, including accepting free or discounted formula.
Why seek Baby Friendly certification?

- Improve Health
- Cost Containment
- Quality Improvement
  - 2011 Surgeon General’s Call to Action to Support Breastfeeding
  - *Healthy People 2020* Objectives for Breastfeeding
  - TJC 2010 core measure on exclusive breastfeeding
  - mPINC based on BFHI’s Ten Steps
- Marketing/Prestige
If every baby were exclusively breastfed for 6 months, an estimated 1.5 million lives worldwide would be saved each year.

http://www.unicef.org/programme/breastfeeding/challenge.htm
In the U.S. alone if 90% of babies were exclusively breastfed for 6 months, an estimated 911 lives and $13 billion would be saved each year.

Benefits of breastfeeding baby

- Cute & smart
- Happy & healthy
- Boogie free
- Well bonded
- Safe sleeper
- Poops less smelly & less diarrhea
- Chubby now—svelte later
- Flawless skin
- Decreased asthma & serious LRI’s
Benefits of breastfeeding for mom

- More confidence
- Less cancer
- Better REM sleep
- Less PPH
- No periods for awhile
Table 1. Excess Health Risks Associated with Not Breastfeeding

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Excess Risk* (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Among full-term infants</strong></td>
<td></td>
</tr>
<tr>
<td>Acute ear infection (otitis media)</td>
<td>100</td>
</tr>
<tr>
<td>Eczema (atopic dermatitis)</td>
<td>47</td>
</tr>
<tr>
<td>Diarrhea and vomiting (gastrointestinal infection)</td>
<td>178</td>
</tr>
<tr>
<td>Hospitalization for lower respiratory tract diseases in the first year</td>
<td>257</td>
</tr>
<tr>
<td>Asthma, with family history</td>
<td>67</td>
</tr>
<tr>
<td>Asthma, no family history</td>
<td>35</td>
</tr>
<tr>
<td>Childhood obesity</td>
<td>32</td>
</tr>
<tr>
<td>Type 2 diabetes mellitus</td>
<td>64</td>
</tr>
<tr>
<td>Acute lymphocytic leukemia</td>
<td>23</td>
</tr>
<tr>
<td>Acute myelogenous leukemia</td>
<td>18</td>
</tr>
<tr>
<td>Sudden infant death syndrome</td>
<td>56</td>
</tr>
<tr>
<td><strong>Among preterm infants</strong></td>
<td></td>
</tr>
<tr>
<td>Necrotizing enterocolitis</td>
<td>138</td>
</tr>
<tr>
<td><strong>Among mothers</strong></td>
<td></td>
</tr>
<tr>
<td>Breast cancer</td>
<td>4</td>
</tr>
<tr>
<td>Ovarian cancer</td>
<td>27</td>
</tr>
</tbody>
</table>

*The excess risk is approximated by using the odds ratios reported in the referenced studies. Further details are provided in Appendix 2.
Recent Evidence - SIDS

Meta-Analysis reviewing breastfeeding & risk of SIDS

(18 studies meeting strict eligibility criteria)

• Results
  ◦ Any breastfeeding ↓ risk of SIDS (OR 0.40 to 0.55)
  ◦ **Exclusive** breastfeeding resulted in largest reduction (OR 0.27 with 95% CI 0.24-0.31)

Recent Evidence - Obesity

- Exploring Perinatal Outcomes among Children
  - Retrospective cohort study of 6-13 yo exposed to diabetes in utero (89) and unexposed (379) who were adequately breastfed or not

- Exposed & unexposed children BF ≥ 6 months had ↓BMI, ↓waist circumference, and ↓subcutaneous adipose tissue

Effect of exposure to diabetes in utero on mean levels of childhood adiposity parameters

A

BMI (kg/m²)

10.0

12.0

14.0

16.0

18.0

20.0

22.0

24.0

BF < 6

BF ≥ 6

Unexposed

Exposed

19.8

21.5

18.7

18.0

B

WC (cm)

55.0

60.0

65.0

70.0

75.0

80.0

BF < 6

BF ≥ 6

Unexposed

Exposed

67.7

73.5

62.8

65.5

C

VAT (cm²)

0.0

5.0

10.0

15.0

20.0

25.0

30.0

35.0

40.0

BF < 6

BF ≥ 6

Unexposed

Exposed

26.2

32.3

22.0

24.1

D

SAT (cm²)

0.0

50.0

100.0

150.0

200.0

250.0

BF < 6

BF ≥ 6

Unexposed

Exposed

142.5

187.1

96.9

120.3

E

STIR

0.65

0.70

0.75

0.80

0.85

0.90

0.95

1.00

BF < 6

BF ≥ 6

Unexposed

Exposed

0.77

0.90

0.75

0.80
Recent Evidence - Obesity

- Prospective pre-birth cohort study of 847 children at 3yo
- Introduction of solids before 4 months of age resulted in a six-fold risk of obesity in infants never breastfed or breastfed for less than 4 months
- Age of introduction of solids had no effect on risk of obesity on children who were breastfed

Association between timing of solid food introduction in infancy and obesity at the age of 3 years (BMI ≥95th percentile) according to breastfeeding status (n = 847).

Breastfed

<table>
<thead>
<tr>
<th>Age at first introduction of solids, mo</th>
<th>Percent obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;4</td>
<td>3/43</td>
</tr>
<tr>
<td>4–5</td>
<td>30/427</td>
</tr>
<tr>
<td>≥6</td>
<td>7/98</td>
</tr>
</tbody>
</table>

Formula-fed

<table>
<thead>
<tr>
<th>Age at first introduction of solids, mo</th>
<th>Percent obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;4</td>
<td>23/91</td>
</tr>
<tr>
<td>4–5</td>
<td>8/163</td>
</tr>
<tr>
<td>≥6</td>
<td>4/25</td>
</tr>
</tbody>
</table>

\[ P < .0001 \]

\[ P = .06 \]
Recent Evidence - Obesity

- Retrospective cohort study of 739 black and white youth aged 10-19yo
- Youth who were breastfed for > 4 months had:
  - Decreased BMI
  - Decreased risk of BMI $\geq 85\%$ (OR 0.49, 0.33-0.72)
  - Decreased risk of BMI $\geq 95\%$ (OR 0.58, 0.34-0.99)
- Reduction in risk was independent of race or parental education

Recent Evidence - Intelligence

Western Australian Pregnancy Cohort Study

• Compared academic scores of 1038 ten yo who “predominantly” breastfed for 6 months vs. those breastfed for shorter period or not at all
  ◦ Breastfed boys scored significantly higher in mathematics, reading, and spelling.
  ◦ No significant effect seen in girls.

Oddy, et al, “Breastfeeding Duration and Academic Achievement at 10 Years,” Pediatrics 2011;127;127;e137; http://pediatrics.aappublications.org/content/127/1/e137.full.html
Western Australian Pregnancy Cohort Study

Oddy, et al, “Breastfeeding Duration and Academic Achievement at 10 Years,” *Pediatrics* 2011;127;127:e137;
Recent Evidence - Intelligence

Promotion of Breastfeeding Intervention Trial (PROBIT)

Randomized 31 maternity hospitals/prenatal clinics to Baby Friendly intervention vs. usual care.

- F/U of 13,889 children at age 6.5 years
- Those born at Baby Friendly hospitals had significantly higher verbal IQ scores and significantly higher reading and writing abilities.

Recent Evidence – Ovarian Cancer

Australian case-control study compared 1092 parous women with epithelial ovarian cancer to 1288 parous controls.

- Ever breastfeeding significantly reduced risk of ovarian cancer with OR of 0.77 (0.61-0.96).
- Increased duration of BF decreased risk by 1.4% per month
- Protective effect is slightly weaker in post-menopausal than pre-menopausal women

Recent Evidence – Ovarian Cancer

U.S. case-control study compared 828 parous women with ovarian cancer to 1006 parous controls.

- Women who breastfed **all** their children **or** their **last born** child had a significantly reduced risk of ovarian cancer
  - 0.58 (95% CI 0.37-0.91) breastfed some of children, including last born child
  - 0.72 (95% CI 0.58-0.91) breastfed all children
  - 0.91 (95% CI 0.66-1.26) breastfed **some** of children, **but not last** born child

Recent Evidence – Breast Cancer

- Indian multicenter case-control study, 1866 cases and 1873 controls (pre- and postmenopausal)
- Risk of BC decreased with duration of BF
  - 2 yrs OR 0.65 (0.41-0.95)
  - 3 yrs OR 0.62 (0.41-0.95)
  - 4 yrs OR 0.53 (0.35-0.80)
  - 5 yrs OR 0.56 (0.37-0.87)
  - 6 yrs OR 0.40 (0.25-0.64)
  - 7+ yrs OR 0.37 (0.24-0.58)
- Risk of BC decreased with number of children BF
  - 2 OR 0.74 (0.55-0.99)
  - 3 OR 0.56 (0.40-0.78)
  - 4 OR 0.46 (0.29-0.73)
  - 5+ OR 0.31 (0.16-0.59)

Impact of hospital and birth center practices on breastfeeding

- Hospital maternity practices can interfere with breastfeeding.

- States with low % of maternity practices promoting breastfeeding had low % of children breastfed for 6 months.

Impact of hospital and birth center practices on breastfeeding

- 65% facilities advised women to limit duration of suckling (Step 8)
- 45% gave pacifiers to more than half of all healthy term BF infants (Step 9)
- 24% gave supplements as a general practice to more than half of all healthy term BF infants (Step 6)

Do the 10 Steps make a difference?

YES!

At Boston Medical Center, the nation’s 22nd Baby Friendly hospital, breastfeeding rates rose from 58% to 87%, including an increase among US-born African-American mothers from 34% to 74%.

Do the 10 Steps make a difference?

Surveyed the exposure of 1,000+ women to six of the “Ten Steps”

- Mothers who experienced *none* of the steps were nearly 8x more likely to discontinue breastfeeding before 6 weeks

- The more steps that mothers experienced, the greater the likelihood of continuation of breastfeeding at and beyond 6 weeks

- The strongest risk factors for early breastfeeding termination were late breastfeeding initiation and supplementation

DiGirolamo, AM, Grummer-Strawn, LM, Fein, S, “Effect of Maternity-Care Practices on Breastfeeding,” *Pediatrics* 2008;122;S43; http://pediatrics.aappublications.org/content/122/Supplement_2/S43.full.html
Among women who initiated breastfeeding and intended to breastfeed for >2 months, percentage who stopped breastfeeding before 6 weeks according to the number of Baby-Friendly Hospital Initiative practices they experienced.

Do the 10 Steps make a difference?

PROBIT: largest RCT on effect of Baby Friendly (17,046 term breastfed infants)

- Rates of exclusive breastfeeding at 3 months
  - 43.3% in Baby Friendly hospitals/clinics
  - 6.4% in control hospitals/clinics
- Reduced rates of gastroenteritis and eczema in infancy
- Higher IQ and academic performance, especially verbal

Do the 10 Steps make a difference?

In China, after two years of BFHI implementation, exclusive breastfeeding rates doubled in rural areas and increased from 10% to 47% in urban areas.

Do the 10 Steps make a difference?

In Nicaragua, breastfeeding rates have increased from 47% prior to implementation of the BFHI to nearly 100% in 1999.
Do the 10 Steps make a difference?

In Zambia, implementation of the BFHI is credited with a rise in the exclusive breastfeeding rate from 16% in 1992 to 35% in 1997.

Do the 10 Steps make a difference?

In Poland, between 1995 and 1998, implementation of BFHI resulted in an increase of rooming-in from 19% to 60%, and the practice of supplementing breastfed infants fell from 54% in 1988 to 22%.

Skin-to-Skin

THE 11TH STEP
Skin-to-Skin Contact

- Improved maternal “affectionate love/touch” during observed breastfeeding and maternal attachment behavior
- Skin-to-Skin infants cried for a shorter length of time
- Late preterm infants had better cardio-respiratory stability with early Skin-to-Skin
- No adverse effects were found

Cochrane Database of Systematic Reviews 2007; 30 studies involving 1925 participants (mother-infant dyads)
The Surgeon General’s Call to Action to Support Breastfeeding 2011

Identified barriers to breastfeeding

- Lack of knowledge
  - Information regarding breastfeeding and formula rarely provided by obstetricians during prenatal visits
  - Women uncertain what to expect or how to breastfeed

- Poor family and social support

- Embarrassment

- Lactation problems, including
  - Concern insufficient milk supply
  - Not understanding normal physiology of lactation
  - Lack of confidence

- Return to employment
The Surgeon General’s Call to Action to Support Breastfeeding 2011

Relevant Recommendations

- **Action 1.** Give mothers the support they need to breastfeed their babies.

- **Action 7.** Ensure that maternity care practices throughout the U.S. are fully supportive of breastfeeding. Implement BFHI.

- **Action 9.** Provide education and training in breastfeeding for all health professionals who care for women and children.
Relevant Recommendations:

- **Action 10.** Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians.

- **Action 11.** Ensure access to services provided by IBCLC’s
## Healthy People 2020 Goals for Breastfeeding

<table>
<thead>
<tr>
<th>Goal</th>
<th>U.S. Baseline 2008</th>
<th>NM Baseline 2008</th>
<th>Goal 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Breastfed</td>
<td>74.6%</td>
<td>73.1%</td>
<td>81.9%</td>
</tr>
<tr>
<td>At 6 months</td>
<td>44.3%</td>
<td>51.8%</td>
<td>60.6%</td>
</tr>
<tr>
<td>At 12 months</td>
<td>23.8%</td>
<td>27.1%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Exclusive 3 months</td>
<td>35.0%</td>
<td>43.5%</td>
<td>46.2%</td>
</tr>
<tr>
<td>Exclusive 6 months</td>
<td>14.8%</td>
<td>14.9%</td>
<td>25.5%</td>
</tr>
</tbody>
</table>

Baseline data from CDC National Immunization Survey, Provisional Data, 2008 births.
Map 1: Percent Ever Breastfed by State among Children Born in 2005
Map 2: Percent Breastfed at 6 Months by State among Children Born in 2005
Map 3: Percent Breastfed at 12 Months by State among Children Born in 2005
NM Pregnancy Risk Assessment and Monitoring System 2006-2008

- 83.9% initiated breastfeeding
- 59.9 % continued for at least 2 months
- 28.6% who initiated quit by 2 months
Feeding Rates from UNMH L+D

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>75%</td>
<td>84%</td>
<td>78%</td>
<td>70%</td>
<td>75%</td>
<td>78%</td>
<td>81%</td>
</tr>
<tr>
<td>Bottle</td>
<td>16%</td>
<td>15%</td>
<td>16%</td>
<td>13%</td>
<td>12%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Both</td>
<td>9%</td>
<td>1%</td>
<td>7%</td>
<td>17%</td>
<td>13%</td>
<td>12%</td>
<td>9%</td>
</tr>
</tbody>
</table>
A Snapshot of Breastfeeding Data at Discharge at UNMH

<table>
<thead>
<tr>
<th></th>
<th>February 2010</th>
<th>March 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusive BF</td>
<td>58.4%</td>
<td>56%</td>
</tr>
<tr>
<td>BF &amp; Formula</td>
<td>27.5%</td>
<td>24%</td>
</tr>
<tr>
<td>Any BF</td>
<td>86%</td>
<td>80%</td>
</tr>
<tr>
<td>Formula only</td>
<td>14%</td>
<td>20%</td>
</tr>
</tbody>
</table>
mPINC survey

- Maternity Practices in Infant Nutrition and Care
- Biannual CDC survey
  - Reviews hospitals/birthing centers practices to support breastfeeding
  - Is based on the BFHI Ten Steps
2007 national results (mean score 65 out of 100), the CDC concluded:

“Maternity practices in US hospitals and birth centers must be changed to improve breastfeeding, thereby helping to improve maternal and child health.”
mPINC survey

- 2009 mean composite score U.S. 65
- 2009 mean composite score NM 64
- NM’s rank 24 out of 52
- UNMH composite score 89
  - 94th% nationally
  - 95th% in NM
  - 93rd% among similar size facilities in U.S.
<table>
<thead>
<tr>
<th>mPINC survey</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>What we do well</strong></td>
<td></td>
</tr>
<tr>
<td>skin to skin</td>
<td></td>
</tr>
<tr>
<td>early initiation BF</td>
<td></td>
</tr>
<tr>
<td>breastfeeding support</td>
<td></td>
</tr>
<tr>
<td>breastfeeding assessment</td>
<td></td>
</tr>
<tr>
<td>no gift bags</td>
<td></td>
</tr>
<tr>
<td><strong>Where we can improve</strong></td>
<td></td>
</tr>
<tr>
<td>supplementation</td>
<td></td>
</tr>
<tr>
<td>separation</td>
<td></td>
</tr>
<tr>
<td>support upon discharge</td>
<td></td>
</tr>
<tr>
<td>provider/staff education</td>
<td></td>
</tr>
<tr>
<td>policy</td>
<td></td>
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</tbody>
</table>
mPINC survey

- Improvement is needed in maternity care practices at UNMH
- Many opportunities exist to protect, promote, and support breastfeeding
- BFHI will help
In 2010 “The Joint” revised its Perinatal Core measure set to include exclusive breastfeeding rates.

- Infants discharged from the NBICU and infants with true contraindications to breastfeeding will be excluded.
- Infants born to mothers who do not wish to breastfeed are NOT excluded.

The 4-D Pathway to Baby-Friendly™ Designation

**Dissemination**
- Collect Data
- Train Staff
- Data Collection Plan
- Prenatal/Postpartum Teaching Plans

**Designation**
- Implement QI Plan
- Readiness Interview
- On-Site Assessment

**Development**
- Staff Training Curriculum
- Hospital Breastfeeding Policy
- BFHI Work Plan
- BF Committee Or Task Force

**Discovery**
- Register with Baby-Friendly USA
- Obtain CEO Support Letter
- Complete Self Appraisal Tool
- Bridge to Development Phase Registry of Intent Award

For more information go to www.babyfriendlyusa.org
Where We Are

• In the Dissemination phase
• A multi-disciplinary group has developed:
  ◦ a hospital-wide breastfeeding policy
  ◦ training curriculum
  ◦ educational materials for mothers
  ◦ a data collection plan
Where We’re Going

- Training of nursing staff begins this month
- Training for medical providers begins today
- Data collection begins in the next 12 months
- If all goes well, on-site assessment occurs by December 2012 and Baby Friendly status is achieved by early 2013
Training Requirements

- RNs in L&D, MBU, NBN, WSCU, GPU, CTH inpatient, & ICN-3
  - 20 hours initially
  - 2 hours every 2 years thereafter

- Providers in L&D, MBU, NBN, WSCU, GPU, CTH inpatient, ICN-3, Pediatric outpatient clinics, and FM outpatient clinics
  - 3 hours initially (Grand Rounds & Wellstart Lactation Management Self Study Manual)
  - 2 hours every 2 years thereafter
BFHI Prenatal

- Educational
- Early emphasis and support
- Follow-up
- Lay the ground work
Promote early and often

You can do it
This is normal
We can help
UNMH prenatal brochures

The First Days of Life

- Put your baby on your chest or belly right after birth and allow him/her to practice breastfeeding
- Hold your baby in skin to skin contact
- Room in with your baby
- Your baby may sleep most of the first day of life
- Learn hunger cues
- Sleep when your baby sleeps
- Ask for help and support
- Your baby may snack all night long on the second and third nights of life like night owls
- Your baby will eat at night for the first several months
- Limit your visitors

Mother’s milk is the most perfect food for your baby. Doctors recommend that babies receive only mother’s milk for the first six months and continue to breastfeed as long as possible.

F/K 5.7 6/21/2011

Breastfeeding Assistance
UNMH Lactation Clinic: (505) 272-0480
Childbirth Education: (505) 272-2245
La Leche League: (505) 821-2511
www.llli.org
New Mexico Breastfeeding Task Force: www.breastfeedingnewmexico.org
Federal Helpline: 1-802-994-9662
www.twoman.gov/breastfeeding
WIC: (505) 841-4173
Hotline for medications with breastfeeding: 1-806-352-2519

2211 Lomas Boulevard NE
Albuquerque, NM 87106
(505) 272-2111
www.hospitals.unm.edu

UNM Hospitals has Great Expectations for You and Your Baby
UNMH prenatal brochures

**Breastfeeding Assistance**

UNMH Lactation Clinic: 505-272-0480  
Childbirth Classes: 505-925-6550  
La Leche League: 800-525-3243  www.lli.org

New Mexico Breastfeeding Task Force:  
www.breastfeedingnewmexico.org

Medications with breastfeeding  
Hotline: 806-352-2519  
www.4woman.gov/breastfeeding  
Helpline: 802-994-9662

You and Your Baby — given before birth  
Breastfeeding Your Baby — given after birth

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Mothers often give up breastfeeding in the learning stage because they have little guidance and support.  
Call the lactation clinic for a class to help you prepare and succeed.

F/K 6.6 12/10

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**UNM Hospitals Lactation Services**

Mother/Baby: 505-272-5934  
Newborn ICU: 505-272-2149  
ICN: 505-272-4192

Lactation Clinic/Classes: 505-272-0480

Call any of the above numbers for access to the employee pumping room.  
**WE ARE HERE TO HELP YOU SUCCEED AT BREASTFEEDING.**

---

**Give the Gift of Breastfeeding**

Breastfeeding is the normal and healthy way to feed your baby and breast milk has all your baby needs. You and your baby will get the most benefit from breastfeeding when your baby gets 100% breast milk. Your newborn does not need any water or formula. Babies get small, powerful doses of colostrum while they are learning to breastfeed. The more you breastfeed, the more milk you make.

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To be sure all your nurses know your feeding choice, ask them to place this sign on your baby’s crib:

To All My Nurses: While I’m here and learning to breastfeed,  
PLEASE NO BOTTLES OR PACIFIERS.

My Mom will be happy to breastfeed me whenever I fuss.  
Thanks, Baby ________
Breastfeeding
Your Baby
A Guide for New Parents
BFHI Intrapartum/Postpartum

Step 4 Encourage early skin to skin and BF in the first hour
BFHI Newborn UNMH

- Honor mother’s choice
- Fully inform
- Finger feed
- Initiate pumping
- Pacifiers if medically indicated
Step 5

- All nurses trained to assist with breastfeeding
- Lactation specialists available 6 days a week and most nights
- Pumps provided to women with late preterm infants, women separated from their infants for some reason, and as needed for other lactation problems
Step 6

- Provider order required for supplementation with formula for medical reason
- If a breastfeeding mother requests formula
  - nurse or provider inquires about the reason and educates her regarding this concern and effect supplementation may have on breastfeeding
  - reason and education documented in chart
Step 7

- Routine couplet care
- Effort to limit mother-baby separation to no more than 1 hour every 24 hours
Step 8

- Breastfeeding on demand taught to all breastfeeding mothers (and formula on demand to formula feeding mothers)

- No set schedules for feeding though glucose will be checked if no feed in 5 hours
Step 9

- Pacifiers only for
  - preterm infants
  - infants undergoing painful procedure such as circumcision
  - infants under phototherapy
  - infants with neonatal abstinence syndrome

- Supplementation via finger feeding
Step 10

- Lactation follow-up scheduled prior to discharge at discretion of lactation specialists
- All mothers provided with information about Lactation Clinic and other breastfeeding resources in the community
UNMH Lactation Services

Breastfeeding Assistance

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Childbirth Classes: 505-925-6550
La Leche League: 800-525-3243  www.lli.org
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Helpline: 802-994-9662
Data Collection

- Data will be collected for each baby going to the NBN or ICN-3
  - beginning in L&D
    - gestational age
    - DOB, time of birth
    - type of delivery
    - skin to skin
    - feeding preference
    - time of first feeding & duration/amount
  - continuing in MBU
    - supplementation
      - reason
      - documentation
    - latch scores
    - if seen by lactation specialist
Data Collection

- UNM School of Public Health is committed to helping with data collection & research
- First grant proposal has been submitted
Benefits & Challenges with BFHI

Health
Cost Containment
Quality Improvement
Marketing/Prestige
Some Challenges

- Everyone must buy in
- UNMH is COMMITTED
- Educational time
Final inspirational zinger

- You can do it
- This is normal
- We can help!