STEPPING UP YOUR BABY FRIENDLY GAME

Building Momentum Through Partnerships
AAP STATEMENT

“Breastfeeding and human milk are the normative standards for infant feeding and nutrition. Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice.”

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospital Name</th>
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<tbody>
<tr>
<td>1994</td>
<td>Parkland Memorial</td>
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<tr>
<td>2000</td>
<td>Methodist Dallas</td>
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<td>2000</td>
<td>Methodist Charlton</td>
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<td>2006</td>
<td>Mesquite Community</td>
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<td>2007</td>
<td>Baylor Irving</td>
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<td>2009</td>
<td>Doctors Hospital</td>
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<td>2014</td>
<td>Clements Hospital</td>
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Challenge Defined

Baby Friendly Hospital Initiative – Step Two

“Train all health care staff in skills necessary to implement policy.”
Planning

Goal:

- To provide at least 3 hours of hands on experience for staff that met the requirements for Baby Friendly
- Workshop format
- Initially ~ 1000 nurses targeted
- Share resources
Timeline

Spring 2013
- Initiated Planning
- WIC, PHHS, MHS

Summer 2013
- CEU approval
- Create DVD
- Meeting 2-3 times/month

Sept 2013
- Started trainings
- 4 sessions/month

Since then
- Presentations at: USBC, TX Star Achiever, NICHQ
- Replication of training modules in other states!

Lessons Learned
Six Content Areas

- Safe skin to skin care
- Hand expression
- Use of breast pumps
- Position and latch assessment
- Supplementation
- Positive messaging
Dissemination Phase

Where Life Shines Bright

Methodist Charlton Medical Center

Mentoring Facility

Baby-Friendly USA
The gold standard of care

Dissemination Phase
WIC Peer Counselors

EXCELLENT! So helpful!

Lisa
GREAT!

Awesome!

Wonderful!

Adette
Loved her!
SKIN-TO-SKIN

NURSING INTERVENTION

IT'S NEVER TOO EARLY OR TOO LATE TO START!

JUST DO IT!

THE SOONER......THE LONGER......THE BETTER
Skin-to-Skin

- Define various terms used for skin-to-skin
- Stress safe skin-to-skin positioning
- Define Sudden Unexpected Postnatal Collapse (SUPC)
- 5 Criteria for SUPC
- Risk Factors for SUPC
Skin-to-Skin

- Students demo safe STS
- Critique pictures of babies STS
- Used principles of “The Magical Hour”
- “Growing Your Baby’s Brain” by Dr. Nils Bergman
- Dr. Susan Ludington & USIKC website
Practicing Safe Skin to Skin
SAFE POSITIONING FOR SKIN-TO-SKIN

- Face can be seen
- Head is in “sniffing” position
- Nose & mouth are not covered
- Head is turned to one side
- Neck is straight, not bent
- Shoulders are flat against mom
- Chest-to-chest with mom
- Legs are flexed
- A little upright, not flat, in bed or chair
- Cover back with blankets
- Both are watched when sleeping
- Baby is being monitored

If no one can watch you and your baby after feedings and when sleep is likely, put your baby on their back in the baby’s own firm bed.
Hand Expression

- Describe benefits of hand expression
- Review literature citing increase in milk volume when using hand expression at the end of pumping session
- Describe effective steps to hand expression
Hand Expression

- Describe and demonstrate “hands-on-pumping”
- Each participant performed hand expression with a hand expression model
- Provided links to video clips of Jane Morton’s demonstration of hand expression and hand’s-on-pumping
Hand Expression
Where excellence is delivered daily.

Where life shines bright.
Position & Latch
Position and Latch

- Define aspects of an asymmetrical latch
- Signs of successful milk transfer for infant/mother
- Review positive messaging for assisting breastfeeding couplet
- Discuss common latch challenges
Position and Latch

- Observe pictures of proper position and latch
- Demonstrate position and latch with a doll
- Role play with participants and dolls
- Review LATCHES documentation tool
Parkland Health & Hospital System
Supplementation Tools

What device to use for supplementation?
- Supplemental feeding system
- Cup feeding
- Enema syringe
- Bottle

Reasons and Methods of Supplementation

Reasons when babies may need supplementation:
- Inadequate intake
- Diarrhea/vomiting
- Preterm/low birth weight
- Premature or low protein
- Neural-tube defect

When babies are supplemented and this is usually not needed:
- Fever
- Infection
- Weight
- Length

Reasons when babies may need supplementation:
- Normal growth
- History of low birth weight
- Premature birth
- Certain infections
Supplementation
Evidence-based care

- Step 5: Show mothers how ... to maintain lactation, even if they are separated from their infants
- Step 6: Give the newborn infant no food or drink other than breast milk, unless medically indicated
- Step 9: No artificial nipples
What to Use and How?

What?
- Mother’s milk
- Banked milk
- Formula

Other Tools
- Nipple shields
- Breast shells

How?
- Supplemental nursing system (SNS)
- Cup feeding
- Finger feeding
- Syringe
- Finger-syringe feeding
- Spoon
- Bottle
Reasons to Supplement

**Infant Issues**
- Baby unable to achieve an effective latch
- Prematurity
- Poor tone
- Anatomical abnormalities
- Fussy/ Sleepy
- Medically baby cannot breast feed
- Galactosemia

**Maternal Issues**
- Illness
  - Too sick
  - Radiation therapy
  - Certain medications
- Infectious diseases
  - Active or untreated TB, HtLV -1, HIV
- Illicit drug use
- History of some breast surgeries
- Non-glandular breast development
Breast Pumps

- Verbalize reasons for mother/baby separation
- Reasons for the use of manual & electric breast pumps
- Review set-up and use of manual, single-user and hospital grade pumps
Breast Pumps

- Hands-on interactive practice assembling manual and electric pumps
- Participants identify proper uses for hospital grade, single-user and manual pumps
- Shown various flange sizes and how to ensure proper fit
Hands-on Training
The Power of Positive Messaging
Positive Messaging

- Stress that change is hard for staff, patients and providers
- Use concrete examples
- Discuss “new” ways of talking to patients and peers
- Role Play/Problem Solve
LOVE Technique

- L ~ Listen
- O ~ Observe
- V ~ Validate
- E ~ Educate, Empower, Encourage
Baby-Friendly Designation
February 10, 2015!!!
Successes

- 1500 participants
- Increased visibility of Hospital Peer Counselor Program
- Increased exclusive breastfeeding rates in the partnering hospitals
- Reaching beyond Dallas
Thank You!

- Christine Wiseman, RN, IBCLC
  City of Dallas WIC
- Reba Godfrey, RNC-MNN, IBCLC, LCCE
  Methodist Charlton Medical Center
- Janice Ballou, DNP, PPCNP, IBCLC
  Parkland Health & Hospital System
- Dani Cagle, BA, IBCLC
  Methodist Dallas Medical Center
- Linda Jackson, MA, IBCLC, LCCE
  Methodist Richardson Medical Center
Our Message to HCP.avi