



IMPROVING HOSPITAL BREASTFEEDING SUPPORT

Implementation Toolkit

Acknowledgements

Kaiser Permanente leaders across its eight geographical regions have been steadfast in their dedication to support members who intend to breastfeed. We are grateful for the specific contributions of physicians and staff from Kaiser Permanente's hospital-based regions—Northern California, Southern California, Northwest, and Hawaii—who have provided their expertise, tools, and guidance toward the development of this guide and its supporting documents.

Most of all, we wish to express heartfelt thanks to Kaiser Permanente members and families, who do the important work of nourishing their babies day by day.

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This implementation guide and its supporting documents were developed to support performance improvement. These resources are not intended or designed as a guide for clinician and patient decisions about breastfeeding and breastfeeding support, nor are they a substitute for the reasonable exercise of independent clinical judgment by practitioners, considering each patient's needs on an individual basis. Recommendations contained in this implementation guide apply to populations of patients; clinical judgment and shared decision-making are necessary to support breastfeeding plans for individual patients.

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About the Care Management Institute

The Care Management Institute, a partnership between the Permanente Medical Groups and Kaiser Foundation Health Plan, synthesizes knowledge on the best clinical practices to develop integrated care management programs. It serves as a gathering point for coordinated learning and the study of evidence-based approaches to superior clinical performance. Created in 1997, the Care Management Institute provides Kaiser Permanente with resources and capabilities to ensure delivery of the highest quality and safest patient-centered care possible. For more information, visit kpcmi.org.



Table of Contents

▶ USING THIS TOOLKIT	5
▶ UNDERSTANDING THE EVIDENCE	6
Why exclusive breastfeeding?	6
Summary of evidence-based maternity practices	7
▶ KAISER PERMANENTE’S JOURNEY	8
Baby-Friendly Approach: The 4D Pathway	8
IHI Collaborative Model and the Breastfeeding Bundle	10
▶ BUILDING FOR SUCCESSFUL CHANGE	12
Leadership engagement	12
Planning and ongoing improvement	13
Measurement strategy	14
Keeping patients at the center	15
Sustainability	16
▶ INNOVATIVE IDEAS: ADVANCING BREASTFEEDING SUPPORT LOCALLY	17
▶ TOOLS	18

USING THIS TOOLKIT

This toolkit contains information about breastfeeding promotion in the inpatient setting, designed to assist health care organizations and hospital teams in planning and implementing performance improvement projects.

In addition to background information on the evidence-based practices that have been shown to improve exclusive breastfeeding rates at hospital discharge (page 7) and the specific processes that Kaiser Permanente improvement teams have developed to meet the needs of their respective patient populations (page 8), this toolkit is organized around five primary components of performance improvement in hospital-based breastfeeding support.

These five components include:

- | | |
|------------------------------------|---------|
| • Leadership engagement | page 12 |
| • Planning and ongoing improvement | page 13 |
| • Measurement strategy | page 14 |
| • Keeping patients at the center | page 15 |
| • Sustainability | page 16 |

The approach described in this toolkit can be modified to the specific circumstances and goals for breastfeeding support across a variety of settings. This resource is not intended as a prescriptive manual on how to implement breastfeeding support programs, rather it describes the experience from the perspective of a large health care system and provides tactics and tools to facilitate the process.

The Care Management Institute website, kpcmi.org, also provides access to additional resources as part of this toolkit, including references and videos that may be used as part of a “case for change,” to educate leaders and stakeholders on the opportunity to improve hospital systems to support breastfeeding.



UNDERSTANDING THE EVIDENCE

Why exclusive breastfeeding?

Exclusive breast milk feeding for the first six months of life has long been the expressed goal of World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG).

The benefits of breastfeeding for both mother and infant are overwhelmingly positive.¹ Breastfeeding boosts a baby's immune system to help minimize the risks of common infant illnesses such as gastrointestinal problems, otitis media, respiratory infections, diabetes, pneumonia, and sudden infant death syndrome. In addition, research suggests that breastfeeding decreases the risk for childhood obesity. A 2007 CDC *Research to Practice* review² found that, for each month of breastfeeding up to nine months of age, the odds of becoming overweight decrease by four percent. Benefits to mothers include lower risk for breast and ovarian cancers, diabetes and heart disease.¹

In addition to direct health benefits, breastfeeding can be cost-saving for families and has environmental benefits as well. The carbon footprint created by the formula-milk industry is substantial. In the USA alone, more than 32 million kW of energy is used every year for processing, packaging and transporting formula. More than 800,000 pounds of paper and 86,000 tons of metal are added to landfills every year due to formula use in the USA.³

Hospitals can play an instrumental role in supporting mothers and families in initiating and maintaining exclusive breastfeeding. Supporting breastfeeding during the hospital stay is ideal for a number of reasons:

- The best physiological window of opportunity to stimulate lactation begins immediately after delivery, in the inpatient setting.
- Having real-time access to clinical staff in the hospital is an opportunity to identify and troubleshoot issues and celebrate early success.
- Positive breastfeeding experiences in first few days can promote a cascade of breastfeeding successes.

¹ Ip, S., Chung, M., Raman, G., Chew, P., Magula, N., DeVine, D., Trikalinos, T., & Lau, J. (2007). Breastfeeding and maternal and infant health outcomes in developed countries. Agency for Healthcare Research and Quality (AHRQ) Evidence Report/Technology Assessment, 153, 1-86.

² Arenz, S., Ruckerl, R., Koletzko, B., & von Kries, R. (2004). Breast-feeding and childhood obesity - a systematic review. *Int J Obes Relat Metab Disord*, 28:1247-1256.

³ Coutsoudis, A., Hoosen, M., & Coovadia, J.K. (2009). The breastmilk brand: promotion of child survival in the face of formula-milk marketing. *Lancet*, 374: 423-25

"Breast milk is uniquely suited to the human infant's nutritional needs and is a live substance with unparalleled immunological and anti-inflammatory properties."

—The Surgeon General's Call to Action to Support Breastfeeding, 2011

Summary of evidence-based maternity practices

While many underlying factors, prenatal experiences and postpartum circumstances can affect the likelihood of sustained exclusive breastfeeding, key experiences during the maternity inpatient period play a significant role.

A Cochrane review found that institutional changes in maternity care practices make a difference in exclusive breastfeeding rates at the time of hospital discharge—and beyond—among women who intend to breastfeed their babies.⁵ A list of such practices - supported by literature - is included to the right.

Although some mothers are unable, or choose not to breastfeed, the implementation of evidence-based practices to support exclusive breastfeeding can benefit all moms and babies. Several of the maternity care changes involve increased contact between mother and newborn, as well as patient-centered education about normal newborn physiology and behavior. Altogether, the practices represent an opportunity to promote a better maternal-child care experience, regardless of infant feeding method.

While each of the evidence-based practices is supported by research showing a positive impact on breastfeeding rates, implementation may take on a variety of forms. For example, a few key practices may be selected as part of a “bundle” of changes to produce a measurable improvement in breastfeeding outcomes, carefully tracked over time, as in *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement*. Alternately, a comprehensive set of practices and process steps may be adopted as part of a holistic program to align organizational culture around breastfeeding support, as in the Baby-Friendly approach.

One of these two models—or components of both—may be a better initial “fit” for any given facility or health system based on organizational imperatives, experience and history, performance improvement infrastructure, patient population, and other factors.

All of Kaiser Permanente’s hospitals offering maternity care services have pursued one or both of these related approaches. Both approaches share the five primary components of breastfeeding performance improvement (leadership engagement, measurement strategy, planning and ongoing improvement, keeping patients at the center, and sustainability) described in this toolkit. Both have demonstrated effectiveness in improving exclusive breastfeeding rates at the time of hospital discharge. Kaiser Permanente's experience with these two approaches is described in more detail in the next section.

⁵ Fairbank, L., O’Meara, S., Renfrew, M.J., Woolridge, M., Snowden, A.J., & Lister-Sharp, D. (2000). A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. *Health Technology Assessment*, 25: 1-171.

Evidence-based maternity care practices to promote exclusive breastfeeding*

- #1 Early breastfeeding initiation
- #2 No formula supplementation
- #3 Rooming-in
- #4 Immediate skin-to-skin contact
- #5 No use of pacifiers
- #6 No distribution of formula samples
- #7 Lactation assistance/education

* DiGirolamo, A.M., Grummer-Strawn, L.M., & Fein, S.B. (2008). Effect of maternity-care practices on breastfeeding. *Pediatrics*, 122 Suppl 2:S43-9.

* Moore, E.R., Anderson, G.C., & Bergman, N. (2007). Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database Syst Rev*, CD003519.

* Moril RŽ, Khanna RŽ, Pledge DŽ, Nakayama T. /\$ " " +fz Meta-analysis of physiological effects of skin-to-skin contact for newborns and mothers. *Pediatr Intl* 52:161–70.

* Centers for Disease Control and Prevention. The CDC Guide To Breastfeeding Interventions: Maternity Care Practices. /\$ " " +fz <http://www.cdc.gov/breastfeeding/resources/guide.htm>

* United States Breastfeeding Committee. /\$ " # " fz Implementing The Joint Commission Perinatal Care core measure on exclusive breast milk feeding. Zffb,!i i i žgeTd/\$efXWW[Yždř

KAISER PERMANENTE'S JOURNEY

Baby-Friendly Approach: The 4D Pathway

The Baby-Friendly Hospital Initiative (BFHI) is a quality improvement and recognition program for maternity facilities that have created an optimal environment for appropriate infant feeding and mother-baby bonding. BFHI is co-administered by the World Health Organization and the United Nations Children's Fund, who together developed and published the "Ten Steps to Successful Breastfeeding" in 1989. In 1997, Kaiser Permanente Moanalua Medical Center in Honolulu, Hawaii became the second BFHI-designated facility in the USA.

The "Ten Steps" center on the development and implementation of policies, training and practices for both staff and patients. While some of the steps are relatively less complex (e.g., have a written breastfeeding policy and train staff on the policy), others may require significant practice changes (e.g., initiate breastfeeding within one hour of birth).

The step of eliminating formula unless medically indicated can be a big change for hospitals and may also require allocation of new resources to purchase infant formula—a product that has been historically promoted in hospitals and provided for free by formula companies.

There is no specified overall target rate for exclusive breastfeeding at hospital discharge in "Baby-Friendly" facilities, though the Baby-Friendly guidelines indicate that facilities must track exclusive breast milk feeding according to The Joint Commission (TJC) definition, Perinatal Core Measure PC-05⁶. BFHI facilities are expected to compare their annual rates of supplementation to the rate reported by the Centers for Disease Control Immunization Survey data for the geographic-specific region in which the facility is located. A year-by-year reduction in non-medically indicated supplementation is expected in Baby-Friendly facilities.

In Kaiser Permanente's experience, training is a central component of the Baby-Friendly process, as it increases knowledge about the benefits of exclusive breastfeeding and can lead to a shift in an organization's cultural norms. In the Kaiser Permanente facilities that have pursued BFHI designation, early training was provided to clinicians and staff to ensure they understood the benefits of breastfeeding and to "socialize" the practice changes that were planned. Regular communication on the initiative was shared via project websites. Weekly emails containing tips and tools were disseminated to core team members, to assist with planning and implementation.

⁶ The Joint Commission's [Specifications Manual for Joint Commission National Quality Measures \(v2013A1\)](http://manual.jointcommission.org/releases/TJC2013A/MIF0170.html) <http://manual.jointcommission.org/releases/TJC2013A/MIF0170.html>

The Ten Steps to Successful Breastfeeding*

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.
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.

* Baby-Friendly USA. [Baby-Friendly Hospital Initiative: The Ten Steps](http://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps) <http://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps>

Because implementation of these 10 practices is a complex process, BFHI provides a pathway to achieve designation, called 4-D (discovery, development, dissemination, and designation). Hospitals may earn designation by successfully completing all four phases and passing an on-site assessment.

More information about the Baby-Friendly Hospital Initiative and the 4D pathway to designation can be found on the Baby Friendly-USA website, babyfriendlyusa.org.

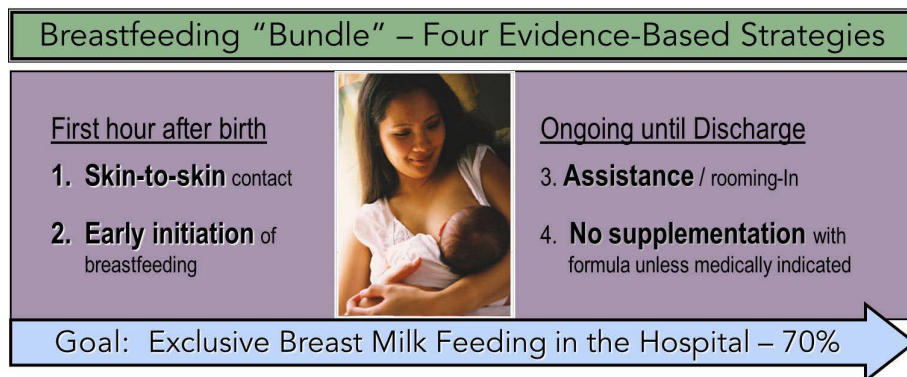


KAISER PERMANENTE'S JOURNEY

IHI Collaborative Model and the Breastfeeding Bundle

An alternative pathway to excellence in hospital breastfeeding support within Kaiser Permanente Northern California was based on the Institute for Healthcare Improvement (IHI) Collaborative model, forming a working group of several local teams, each made up of accountable representatives from medical centers. The collaborative was led by a core faculty team of subject matter experts in breastfeeding and performance improvement.

The collaborative focused on key strategies as part of a "bundle" to improve hospital breastfeeding rates. The term "bundle" refers to a collection of processes or interventions and may be thought of as a grouping of several scientifically-grounded elements essential to improving clinical outcomes. These several interventions are bundled together, and when combined, significantly improve patient care outcomes.



After conducting a literature review, a breastfeeding bundle **comprised of these four evidence-based strategies** was identified by the collaborative faculty and became the primary focus of the collaborative teams.

At the beginning of the collaborative, members were provided with an orientation and grounding in improvement methodology. Performance tools were developed and shared to help drive operational discussions and identify opportunities to test new processes. A subset of the local teams were identified as pilot sites to begin implementing the breastfeeding bundle, reporting back to the larger collaborative.

At the regular collaborative meetings, facility teams shared their experiences and discussed opportunities to mitigate barriers to continued improvement. Regular communication on the initiative was shared via project websites.

In addition to a focus on the breastfeeding bundle, this approach was characterized by an outcomes-oriented plan identifying areas for improvement. Data monitoring occurred both locally through required

About bundles

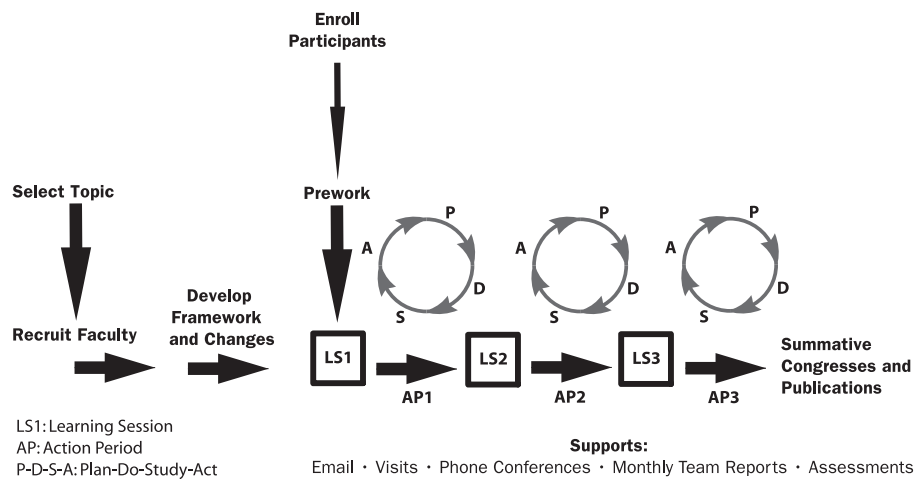
"IHI believes that all of the things in the bundle are absolutely necessary for providing the best care. First, it has to be irrefutable science, Second, all elements of the bundle have to be executed in the same space and time to ensure that clinical improvement occurs."

—Carol Haraden, PhD
Vice President, IHI

monthly chart reviews as well as quarterly through The Joint Commission (TJC) perinatal core measures program. TJC's exclusive breastfeeding measure was put in place as part of regional quality goals (70 percent breastfeeding exclusivity at hospital discharge), and continues to promote ongoing attention to breastfeeding support by way of regular data review among participating facilities. Because of this frequent, transparent data monitoring, local teams experience high motivation to understand and address performance gaps.

The overall structure of the breastfeeding collaborative mirrored IHI's Breakthrough Series model, shown below.

Breakthrough Series Model⁷



⁷ Institute for Healthcare Improvement. *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement*. (Available on www.IHI.org)

Additional References:

- Langley GJ, Moen RZ, Nolan KZ, Nolan TJ, Norman CZ, Provost L. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. Jossey-Bass Publishers; San Francisco
- Moen RZ, Nolan KZ, Provost L. *Quality Improvement Through Planned Experimentation*. McGraw-Hill; New York.



BUILDING FOR SUCCESSFUL CHANGE

Leadership engagement

Securing sponsorship and/or leadership engagement is a critical first step toward putting plans in place for performance improvement work in hospital breastfeeding support.

Tactics that may facilitate leadership engagement include:

- Identifying the champion/s to initiate the conversation with sponsors
- Formulating a case for change, including evidence, cost data, and baseline breastfeeding data if available, to support the proposed work
- Obtaining commitments from executive and mid-level leadership
- Securing financial and staff resources to ensure that adequate and ongoing project management and training can be provided
- Involving leaders in successes and achievements along the way

True leadership engagement is characterized by senior leadership expressing belief—and demonstrating, via time and/or resource allocation—that the initiative fits with the organization’s aims and culture. As such, engaged senior leaders actively seek to remove obstacles to sustained change.

“The evidence on health benefits for newborns that are breastfed should motivate every clinician to help mothers succeed.”

—Tracy Flanagan, MD
Director, Women’s Health
Kaiser Permanente
Northern California



Planning and ongoing improvement

Developing the project plan is a central element of improvement work. This plan should clarify team member roles, assign accountability for data collection, and directly link the activities of the project to the measurement strategy.

Tactics to build for an organized approach to the project include:

- Identifying sponsors, team members, and administrative support for the core project team
- Developing a project charter and workplan
- Identifying expectations/roles for staff champions and key personnel
- Educating project staff in the performance improvement process, including a timeline and clear accountabilities
- Demonstrating credibility of the change (e.g., providing the scientific evidence-base)
- Providing orientation for all staff involved in executing the change
- Ensuring the skills required are part of staff competencies, recognition, and/or job descriptions
- Developing meeting agendas, and scheduling regular advisory team meetings and subgroup/committee meetings as needed to review progress
- Tracking progress toward specific, concrete milestones
- Championing development of local PDSA cycles with timelines to develop, test, and implement/spread changes

An organized approach to the improvement process allows teams to follow a clear pathway, with regular feedback and opportunities to create solutions that address performance gaps.

Tools

Core team member roles - 19

Project charter - 20

Sample workplan 1 - 22

Sample workplan 2 - 23

Staff responsibilities - 29

Presentation: Performance improvement overview - 37

Performance improvement timeline - 44

Presentation: Evidence base - 45

Presentation: Staff training - 56

Lactation competency checklist - 67

Tracking scorecard - 69

PDSA cycle tool - 77

Sample PDSA timeline - 78

Measurement strategy

Meaningful data is critical to performance improvement work, as it allows for monitoring of progress and the identification of opportunities for change. A measurement strategy can ensure a structure for fulfillment of the project plan, and may serve as the framework for understanding how to address performance gaps and the resource needs specific to each facility/area.

A clear measurement strategy also provides the opportunity for data to influence decision-making and to support the work across multiple levels. For instance, front-line teams may use “real-time” daily or weekly project measures that are easily collected or abstracted from chart reviews to drive improvement locally. Monthly review of other related metrics may occur at the project team level to identify overall trends and opportunities. Finally, a quarterly analysis of the most important data can be performed at a system- or regional-level as part of overall quality review.

Tactics to ensure a solid measurement strategy is in place include:

- Defining measures and identifying SMART (specific, measurable, attainable, realistic, time-bound) goals
- Including a family of metrics that will measure improvement as well as other consequences of changes
- Understanding and responding to the implications of data entry at the point of care (e.g., does documentation reflect the clinical practice?)
- Collecting data on a regular basis using a standardized collection tool or process
- Using data review tools based on variation over time and comparison across sites (if applicable)
- Translating data into meaningful information for front-line teams
- Including exclusive breastfeeding data as part of organizational quality monitoring at the highest levels of leadership

With all of the above tactics, it is critical to ensure close collaboration with analytic staff, or other representatives with detailed knowledge and responsibilities for data extraction, to facilitate a smooth process for regular data review. Ideally, the data monitoring process put in place for this improvement initiative should be a system that exists beyond the life of the project, providing feedback to the front line and keeping leadership appropriately informed.

Tools

Measures table - 79

Sample point-of-care documentation guide - 80

Presentation: Variation over time - 81

Poster: Daily breastfeeding rate on the unit - 83

Keeping patients at the center

Each patient brings a unique set of perspectives, informed by diverse life experiences in a unique familial and cultural context. As health care providers, it is critical to foster the practice of cultural humility, enhancing the ability to recognize one's own assumptions and to discern appropriate care based on patients' self-identified hopes and needs.

In the development of programs to promote breastfeeding in the hospital, Kaiser Permanente encourages a balanced approach to supporting all patients in achieving their own infant feeding goals.

Maternity care staff and physicians should be able breastfeeding advocates, educators, champions, and barrier-busters. However, in the context of breastfeeding improvement work, there is a risk that enthusiasm—and the pressure of being accountable for performance on breastfeeding metrics, as described in the Measurement strategy section of this toolkit—can translate into putting emotional pressure on patients and can undermine opportunities for effective communication.

Given this context, several tactics may be used to enhance patient-centeredness in breastfeeding performance improvement work:

- Supporting clinicians to develop communication skills in shared decisionmaking via continuing education opportunities
- Providing orientation to patients about ongoing breastfeeding improvement projects in the organization in addition to comprehensive breastfeeding education
- Including patient representatives on breastfeeding advisory committees
- Including patient satisfaction data in the measurement plan
- Conducting focus groups or interviews, or using video ethnography techniques to deepen understanding. More information about Kaiser Permanente's video ethnography methods can be found at kpcmi.org/cmi-news/tool-kits/
- Using Plan, Do, Study, Act (PDSA) opportunities to respond to patient needs identified through satisfaction surveys or direct communication with staff

As teams plan for improving exclusive breastfeeding support, it is also an important opportunity for nurses, staff, and physicians to re-energize their commitments to effective, respectful dialogue with their patients, no matter what feeding choices are carried out.

"The most rewarding experience for me was when my C-section patient looked up from holding her baby skin-to-skin in the operating room. She had tears in her eyes as she looked at her newborn son, and she said to me: 'Thank you for helping to create for us this incredible memory. I was so afraid that having a C-section, I would not be able to hold my baby and breastfeed.'"

—Kaiser Permanente Labor and Delivery RN

Tools

Baby-Friendly information for patients - 84

Breastfeeding patient education - 86

Video Ethnography toolkit

Sustainability

Sustainability may be thought of simply as “when new ways of working become the norm.”⁸ If a health system sustains a change, at a minimum it has not reverted to the old way of working or old level of performance, and may even continue to improve outcomes over time.

In addition to the tactics described in the other four components of performance improvement in hospital-based breastfeeding support, the following attributes can enhance sustainability of the changes made in improvement process:

- Articulating clear benefits in addition to helping patients (e.g., makes jobs easier, saves money, promotes joy in work, etc...)
- Achieving simplicity (e.g., the new processes involve easier or fewer steps than the old processes)
- Building opportunities for real-time data monitoring at the front line of care
- Developing a resource sharing space, e.g., online
- Using a pre-defined process to address high variation and errors
- Celebrating success!⁹

To fully support the end-to-end change processes of improving hospital breastfeeding, it is critical to emphasize the concept of sustainability as a concrete dimension of the improvement process.

“Sustainability of improvement in breastfeeding support occurs when we have transparency. When we share our successes, and when we think creatively together to design how we do what we do, we can sustain our gains.”

—Kaiser Permanente
Lactation Consultant

⁸ NHS Institute for Innovation and Improvement. (2012). Sustainability Model and Guide. http://www.evidenceintopractice.scot.nhs.uk/media/135265/sustainability_model.pdf

⁹ Institute for Healthcare Improvement. (2008). 5 Million Lives Campaign. Getting Started Kit: Rapid Response Teams. Cambridge, MA: Institute for Healthcare Improvement. (Available on www.IHI.org)

INNOVATIVE IDEAS: ADVANCING BREASTFEEDING SUPPORT LOCALLY

This section of the toolkit provides some examples of the tailored tools and techniques developed by front-line Kaiser Permanente teams in order to address the needs of their patient populations and staff.

Principles to keep in mind in the development of materials for use at the point of care:

- Keep messages clear, repeatable and consistent
- Tools for nurse and physician staff should be simple and relevant on the unit
- Large-format visuals can help make the changes in process or policy more apparent to both patients and staff

Many of these tools were developed using PDSA processes, addressing questions such as: What do my patients really need? What are the most common questions from patients and/or staff? What are the gaps in knowledge?

Innovative ideas:

- Proactively addressing common lactation questions and concerns: "Got colostrum?" campaign, including poster and pocket card for staff
- Breastfeeding support tailored especially for patients whose infants require NICU care
- Establishing a policy of daily nap times for new mothers and families
- Skin-to-skin checklist for delivery RNs
- Process map for skin-to-skin in the Operating Room for babies delivered via C-section
- Standardized scripts for consistent messages about common lactation questions, perceptions and challenges
- Tools for discussing and debriefing formula supplementation with nursing staff

Tools

"Got Colostrum" materials - 90

NICU breastfeeding information - 92

NICU breastfeeding video: <http://bit.ly/12JkSP8>

Nap time program video: <http://bit.ly/13bAsi9>

Skin-to-skin RN checklist - 96

Process map for C-section - 97

Breastfeeding education scripts - 98

Supplementation debriefing tool - 103

TOOLS

Samples and Templates

• Core team member roles (BF, BC)	19
• Project charter (BC)	20
• Sample workplan 1 (BC)	22
• Sample workplan 2 (BF)	23
• Staff responsibilities (BF, BC)	29
• Presentation: Performance improvement overview (BC)	37
• Performance improvement timeline (BC)	44
• Presentation: Evidence base (BC)	45
• Presentation: Staff training (BF)	56
• Lactation competency checklist (BF, BC)	67
• Tracking scorecard (BF)	69
• PDSA cycle tool (BF, BC)	77
• Sample PDSA timeline (BF, BC)	78
• Measures table (BC)	79
• Sample point-of-care documentation guide (BF, BC)	80
• Presentation: Variation over time (BF, BC)	81
• Daily breastfeeding rate on the unit (BF, BC)	83
• Baby-Friendly information for patients (BF).....	84
• Breastfeeding patient education (BF, BC).....	86
• Video Ethnography toolkit: kpcmi.org/cmi-news/tool-kits/	
• "Got colostrum" materials (BF, BC)	90
• NICU breastfeeding information (BF, BC)	92
• NICU breastfeeding video: http://bit.ly/12JkSP8	
• Nap time program video: http://bit.ly/13bAsi9	
• Skin-to-skin RN checklist (BF, BC)	96
• Process map for C-section (BF, BC)	97
• Breastfeeding education scripts (BF, BC)	98
• Supplementation debriefing tool (BF, BC)	103

Tool designation:

Applicable to Baby-Friendly
Approach: BF

Applicable to Breastfeeding
Collaborative Approach: BC



Core Team Member Roles

Breastfeeding Collaborative

Physician Champion/Lead

Characteristics of a champion – recognized as a leader in the department, passionate, able to address challenges and build collaboration across departments.

- Champion project
- Provide clinical expertise to project implementation design
- Assist in assessment of performance and identifying opportunities to improve
- Assist in escalating barriers to senior leaders
- Provide department and MD-specific feedback on individual successes and missed opportunities
- Participate in monthly collaborative
- Co-chair BF committee

Nursing Champion/Lead

Characteristics of a champion – recognized as a leader in the department, passionate, able to address challenges and build collaboration across departments.

- Champion project
- Help reinforce training
- Provide clinical expertise to project implementation design
- Assist in assessment of performance and identifying opportunities to improve
- Assist in escalating barriers to senior leaders
- Provide department and RN-specific feedback on individual successes and missed opportunities
- Participate in monthly collaborative
- Co-chair BF committee

Co-chairs of the multidisciplinary committee

- Schedule meetings, plan agendas
- Monitor progress of project
- Identify successes and challenges with implementation
- Ensure audits are complete and data entered
- Ensure data is communicated to medical center leadership and on unit for staff to see progress
- Ensure adequate representation on collaborative calls

Quality team member (may be the abstraction person or clinical quality staff)

- Participate on multidisciplinary committee
- Participate in medical record review
- Provide expertise in performance improvement activities

CNS/Educators/designees

- Provide clinical expertise to project implementation design
- Develop and complete planned training/competency testing of staff
- Provide feedback to staff on performance
- Participate on multidisciplinary committee

Front Line Staff (Nurses, Lactation)

Characteristics of a champion – recognized as a leader in the department, passionate, able to address challenges and build collaboration within and across departments.

- Front line champion for project
- Provide clinical expertise to project implementation design
- Assist in assessment of current practice and identifying opportunities to improve
- Participate in PDSAs
- Communicate project to peers

Project Charter: Exclusive Breast Milk Feeding Collaborative

Aim

To improve the rate of exclusive breast milk feeding during the hospital stay for newborn infants to xx% by [date].

Background Information

Exclusive breast milk feeding for the first 6 months of neonatal life has long been the expressed goal of World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG). ACOG has reiterated its position (ACOG, 2007) and a Cochrane review also substantiates the benefits (Kramer et al., 2002). Much evidence has now focused on the prenatal and intrapartum period as critical for the success of exclusive (or any) breastfeeding (Centers for Disease Control and Prevention [CDC], 2007; PETRONAS et al., 2007; Sealy et al., 2005; Taverns et al., 2004). Exclusive breast milk feeding rate during birth hospital stay has been calculated by the California Department of Public Health for the last several years using newborn genetic disease testing data. Healthy People 2020 and the CDC have also been active in promoting this goal. Implementation of evidence-based supportive hospital practices can improve exclusive breast milk feeding rates.

Goals

1. Standardize and reliably implement evidence-based supportive hospital care practices for breastfeeding
 - Skin-to-skin contact – Doctors/midwives place newborns skin-to-skin immediately after birth, allowing enough uninterrupted time for mother and baby to breastfeed well
 - Hospital staff teach mothers and babies how to breastfeed and to recognize and respond to important feeding cues
 - Hospital staff only disrupt breastfeeding with supplementary feedings in cases of rare medical emergencies
2. Leverage technology to provide meaningful breastfeeding data that drives performance

Executive Sponsors

[name]	[title]
[name]	[title]
[name]	[title]
[name]	[title]
[name]	[title]

Project Measures

Population denominator: [e.g., TJC Breast Milk Feeding Core Measure Population]

Measure	Data Source	Target
% newborn infants who receive exclusive breast milk feeding, without formula supplementation		xx%
% of mother/baby couplets with immediate skin-to-skin contact after birth (L&D)		xx%
% newborn infants who breastfeed immediately after birth		xx%
% patients (mothers) with documented evidence of breastfeeding teaching		xx%
Patient and/or staff satisfaction data		xx%

Project Team

System Team Members:

Operational Hospital Project Leaders: [names]

MD Sponsor: [name]

Other Team members: (e.g., Quality/PI Consultant, Project Manager): [names]

Local Team Members:

RN, MD Lead: [names]

Quality RN: [name]

Front-line Staff: [names]

Educator/CNS: [name]

Key Local Stakeholders:

Chief of Pediatrics: [name]

Chief of OB/GYN: [name]

Etc...

Sample Workplan 1

Breastfeeding Collaborative Implementation Checklist

Key elements	Tasks to be completed	Recommended completion date	Actual completion date
Senior leadership sponsors	<input type="checkbox"/> Obtain/confirm local leadership commitment to the breastfeeding program at the medical center level. <input type="checkbox"/> Schedule presentation to appropriate joint leadership meetings for baseline information and regular updates on status.		
Building your team	<input type="checkbox"/> Identify key physicians and staff who will be the breastfeeding champions and leads. These leaders are critical to successful implementation. <input type="checkbox"/> Establish a multidisciplinary committee that includes: <ul style="list-style-type: none"> ○ OB, Pediatrics, NICU champions ○ MCH ICU & ED managers, educators and staff ○ Quality staff <input type="checkbox"/> Identify Quality staff to be involved in the collecting of breastfeeding data. <input type="checkbox"/> Plan an agenda for your first meeting. <input type="checkbox"/> Assess your team's readiness by completing a stakeholder analysis. <input type="checkbox"/> Complete patient flow diagram to determine how OB, Pediatrics, and Neonatology nurses, physicians, CNM, and lactation specialists will collaborate to ensure that all patients get the desired care in required intervals. Handoffs between physicians, nurses and units support optimal outcomes. <input type="checkbox"/> Review and establish multidisciplinary agreement around the breastfeeding bundle and guideline. <input type="checkbox"/> Complete assessment of your team's readiness for the implementation of the breastfeeding bundle. <ul style="list-style-type: none"> ○ Current knowledge of MD & RN staff (competency) about the elements of the bundle ○ Evaluate integration of bundle into unit practices ○ Analyze trends in YTD core measure performance 		
Documentation tools	Review and implement: <ul style="list-style-type: none"> <input type="checkbox"/> Documentation for skin-to-skin and early opportunity to breastfeed. 		
Quality audits	<input type="checkbox"/> Run monthly report of exclusive breastfeeding at hospital discharge including at least 5 vaginal and 5 c-section births per month. <input type="checkbox"/> Complete audits and begin regular review of data at multidisciplinary breastfeeding committee meetings. <input type="checkbox"/> Begin auditing process measures (bundle) e.g. skin-to-skin, early opportunity to breastfeed, supplementation. <input type="checkbox"/> Begin reporting monthly data to multi-site collaborative team (if applicable).		
Collaborative calls	<input type="checkbox"/> Mandatory attendance on collaborative calls (if applicable) for all sites, with at least one co-chair of committee along with one physician. <input type="checkbox"/> Collaborative call schedule: 1st Tuesday of each month, 12-1pm.	Ongoing	

Sample Workplan 2

Baby-Friendly Hospital Initiative Implementation Tool

STEP 1: Have a written breastfeeding policy that is routinely communicated to all health care staff

		Target date	Completed
1.1	Create a written breastfeeding policy for the entire medical center that addresses all 10 steps (refer to the sample policy in the Baby-Friendly toolkit).		
1.2	The nurse executive and executive medical director for the medical center identify and name an appropriate staff member, physician, and/or advanced practice practitioner who has ultimate responsibility for assuring the implementation of the breastfeeding policy.		
1.3	Give instruction on the content and implementation of the policy to all relevant staff members, physicians, and advance practice practitioners.		
1.4	Create a mechanism for evaluating the effectiveness of the policy. A suggested method is keeping a Monthly Log of randomly selected staff members, physicians, and advance practice practitioners and ask them to confirm that they are aware of the hospital policy and that they know where it is located or posted.		
1.5	Orient all relevant staff members, physicians, and advance practice practitioners to the policy. This might include staff meetings, newsletters, and breastfeeding classes		
1.6	Post the 10 steps in the following areas: L&D/LDR/LDRP <input type="radio"/> Yes FCC <input type="radio"/> Yes <input type="radio"/> Area does not exist Well-baby nursery <input type="radio"/> Yes <input type="radio"/> Area does not exist NICU <input type="radio"/> Yes <input type="radio"/> Area does not exist OB Clinic <input type="radio"/> Yes <input type="radio"/> Area does not exist Women's Health center <input type="radio"/> Yes <input type="radio"/> Area does not exist Emergency/Urgent Care <input type="radio"/> Yes <input type="radio"/> Area does not exist Family Medicine <input type="radio"/> Yes <input type="radio"/> Area does not exist Internal Medicine <input type="radio"/> Yes <input type="radio"/> Area does not exist Pediatrics <input type="radio"/> Yes <input type="radio"/> Area does not exist Pediatrics Clinic/ Follow-up Clinic <input type="radio"/> Yes <input type="radio"/> Area does not exist Health Education <input type="radio"/> Yes <input type="radio"/> Area does not exist		
1.7	Post information that communicates the facility policy regarding the restriction of the promotion of breast milk substitutes, such as the recommendations by the American Academy of Pediatrics.		
1.8	Display the 10 steps in the language(s) most commonly understood by the patients.		

STEP 2: Train all health care staff and physicians in skills necessary to implement this policy

		Target date	Completed
2.1	The nurse executive and/or executive medical director identify the health care professional(s) responsible for all aspects of staff training in breastfeeding.		
2.2	The designated health care professional responsible for staff and physician training on breastfeeding documents that training is provided to all health care staff and physicians caring for mothers, infants, and young children.		
2.3	<p>All new staff members, physicians, and advanced practice practitioners who care for women and infants are scheduled for training within six months of start date.</p> <ul style="list-style-type: none"> Training acquired prior to employment may be accepted as a means of meeting the minimum education requirements as designated by the Baby-Friendly Certification. 		
2.4	<p>Ensure that curricula and/or course outlines are available for training in lactation and breastfeeding management for all responsible staff that care for mothers and infants. The training curricula or outlines cover steps 3-10 adequately.</p> <ul style="list-style-type: none"> The training curricula or outlines cover the content of at least 11 of the 14 components of the UNICEF 18-hour course. (Physicians will get a modified course to meet their specific needs). 		
2.5	<p>Confirm that staff, physicians, and advanced practice practitioners have received the described training, or if they have been newly assigned to any mother/baby units (including L&D, FCC, NICU, or Pediatrics) within the last six months, they were oriented to breastfeeding and lactation management on arrival:</p> <ul style="list-style-type: none"> The staff, physicians, and advanced practice practitioners are able to answer four of five questions on breastfeeding management correctly. 		
2.6	Staff and physicians are familiar with the effects of labor and delivery medications on breastfeeding outcomes.		

STEP 3: Inform all pregnant women about the benefits and management of breastfeeding

		Target date	Completed
3.1	Senior nursing and physician leaders for prenatal services ensure that breastfeeding counseling or group talks are given to at least 80% of the pregnant women.		
3.2	Create a written description of the standard minimum content of prenatal education and make it available. The prenatal information either oral or written covers: <ul style="list-style-type: none"> • The importance of exclusive breastfeeding for the first 6 months, (no formula and no solid foods) • The benefits of breastfeeding 		
3.3	Basic breastfeeding management <ul style="list-style-type: none"> • Create a mechanism to evaluate the ability of women of 36 weeks or more gestation to list at least 2 benefits of breastfeeding and at least 2 of the things they need to know to successfully breastfeed at home. • Of these same women, they confirm that they received no group education on the use of infant formula. 		
3.4	Written educational materials on breastfeeding are free of messages that promote or advertise infant food or drink other than breastfeeding.		
3.5	Written educational materials on breastfeeding are free of any references to proprietary product name(s) or logo(s).		

STEP 4: Help mothers initiate breastfeeding within an hour of birth

		Target date	Completed
4.1	Mothers who have normal vaginal deliveries and healthy newborns will be given their babies to hold, with skin-to-skin contact, within half-hour of birth.		
4.2	The same mothers will be offered help by a staff member to initiate breastfeeding within one hour after birth.		
4.3	Mothers who have a cesarean delivery, within a half-hour after they are able to respond, will be given their babies to hold, with skin-to-skin contact, for at least 30 minutes.		
4.4	The same mothers, within an hour after they were able to respond, will be offered help by a staff member to initiate breastfeeding.		

STEP 5: Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants

		Target date	Completed
5.1	Confirm that randomly selected postpartum mothers (including some C-section deliveries) report being provided the following: <ul style="list-style-type: none"> • Offered assistance with breastfeeding within 6 hours of delivery • Shown positioning/attachment • Shown how to express milk, provided written information on breast milk expression, and advised where they can get help 		
5.2	Verify that RNs, LVNs, and Lactation Staff are able to do the following: (refer to the competency validation checklist). <ul style="list-style-type: none"> • Demonstrate ability to correctly position and latch baby at breast • Document breastfeeding appropriately in mother and baby's chart • Identify infant feeding cues • Assess intake of milk based on audible swallows, satiety, and urine and stool output • Teach manual expression to all mothers • Demonstrate appropriate use, care and cleaning of electric breast pumps on the unit 		
5.3	Confirm that staff members or counselors who have specialized training in breastfeeding and lactation management will be available full time to advise mothers during their stay in health care facilities and in preparation for discharge.		
5.4	Confirm that a woman who has never breastfed or who has previously encountered problems with breastfeeding will receive special attention and support from the staff of the health care facility. Example: follow-up phone call, offered appointment at outpatient clinic.		
5.5	Confirm that randomly selected mothers with babies in special care report the NICU staff: <ul style="list-style-type: none"> • Offered to help initiate and encouraged initiation and feeds of baby at breast when appropriate. • Showed them how to express their breast milk within the first six hours • Encouraged them to express their breast milk at least eight times a day for 10-15 minutes. 		

STEP 6: Give newborn infants no food or drink other than breast milk, unless medically indicated

		Target date	Completed
6.1	Confirm that staff have a clear understanding of what the few acceptable medical reasons are for prescribing food or drink other than breast milk.		
6.2	Confirm that breastfeeding babies received no food or drink (other than breast milk) unless medically indicated.		
6.3	Confirm that breast milk substitutes, including special formulas that are used in the facility are purchased in the same way as other foods or medicines.		
6.4	Confirm that materials displayed in the facility or distributed to breastfeeding mothers are free of messages that promote infant food or drink other than breast milk and do not refer to proprietary (or commercial) products or logos.		
6.5	Confirm that the facility does not accept or distribute free or subsidized supplies of breast milk substitutes, nipples, or pacifiers.		
6.6	The institution provides written documentation that breast milk substitutes, nipples, and pacifiers are purchased at a fair market value in the same manner as other food and medical supplies.		

STEP 7: Practice rooming-in (allow mothers and infants to remain together) 24 hours a day

		Target date	Completed
7.1	Mothers report that since they came to their rooms (or, in the case of cesarean sections, since they were able to respond to their babies) their infants have stayed with them in the same room, day and night, except for periods of up to one hour for hospital procedures.		
7.2	Mothers are not separated from their babies for longer than one hour before starting rooming-in (or, in the case of c-sections, since they were able to respond to their babies).		
7.3	For those mothers who did not have their babies with them, staff document the acceptable reasons for the separation per the above.		

STEP 8: Encourage breastfeeding on demand

		Target date	Completed
8.1	By placing no restrictions on the frequency or length of breastfeeding, staff show that they are aware of the importance of breastfeeding on demand.		
8.2	Staff advise mothers to feed their babies whenever they are exhibiting feeding cues, at least eight times in 24 hours.		

STEP 9: Give no artificial teats or pacifiers to breastfeeding infants

		Target date	Completed
9.1	Mothers report that their infants have not been fed using artificial nipples and have not used pacifiers.		
9.2	Breastfeeding mothers are instructed that they should not give any artificial nipples or pacifiers to their babies.		
9.3	Free or low-cost feeding bottles, nipples, or pacifiers, are not accepted by the facility, and staff demonstrate that these should be avoided.		
9.4	Staff on the maternity unit report that the hospital does not provide pacifiers to breastfeeding babies or feed them with artificial nipples.		
9.5	Staff on the maternity unit report that the use of pacifiers is discouraged for breastfeeding babies.		

STEP 10: Foster the establishment of breastfeeding support and refer mothers to them on discharge from the facility

		Target date	Completed
10.1	The facility provides education to key family members so that they can support the breastfeeding mother at home.		
10.2	Breastfeeding mothers are referred to breastfeeding support groups.		
10.3	The facility has a system of follow-up support for breastfeeding mothers after they are discharged, such as early postnatal or lactation clinic check-ups, home visits, or telephone calls. Ideally, a follow-up appointment is made for the breastfeeding mother at three to five days post birth, in the outpatient lactation clinic.		
10.4	The hospital system of follow-up support includes available resources such as: Lactation Clinics, referral to La Leche League, community groups, etc...		
10.5	Staff on the maternity unit will describe at least one way in which mothers are referred to any available breastfeeding support groups (e.g., through written materials or counseling).		

Staff Responsibilities

Breastfeeding Promotion

OB/GYN, Midwife, Family Practice, and Health Education

OB and Midwives

- Be knowledgeable about the importance of breastfeeding to improve the health of our patients
- Understand basic breastfeeding management
- Give breast exam during first pregnancy physical
 - Identify breast surgeries on problem list
- Inform patient about the benefits of breastfeeding
- Refer to Health Education Classes
- Give breastfeeding information booklet with DVD to patient
- Deliver targeted messages that are appropriate to developmental stage of the fetus
 - Tie to corresponding patient education or developmental stage of pregnancy
 - First trimester – tender breasts? – inform mother her breasts are beginning to prepare for milk production
 - Breastfeeding is best
 - Only food needed for the first six months
 - Formula is expensive; breastfeeding incurs little or no cost
 - Encourage to take class, read books, rent DVDs
 - Breastfeeding is a healthy choice
 - Feeding takes time, breast or formula—importance in spending time with baby no matter feeding choice for bonding and attachment
 - Nipple type – provider should check nipple function—refer to lactation specialist if anticipated problems
 - Introduce topic of working and breastfeeding as achievable
 - Mid-pregnancy
 - Leaking colostrum—tie this to breastfeeding
 - The breasts are preparing for milk production
- During Non-Stress Test
 - Show video on basic breastfeeding management

Staff Responsibilities

Breastfeeding Promotion

Labor and Delivery

Nurses and any other staff as appropriate

- Be knowledgeable about the importance of breastfeeding to improve the health of our patients
- Understand basic breastfeeding management

Labor and Delivery Tour Leaders

Explain skin-to-skin and the definition of intimate family time after delivery

- Leave mother, partner or significant other, and baby together for intimate family time
- Educate families about the support they will receive regarding breastfeeding in the hospital setting
- Emphasize that exclusive breastfeeding is best. While mothers are in the hospital, they are supported to breastfeed only, unless there is a medical indication for supplementation

Admission RN

- Ask open-ended questions about feeding plans: How do you plan to feed your baby?
- Educate about skin-to-skin after delivery when admitted to Labor & Delivery

After Delivery

The RN and care team will:

- Initiate intimate family time with parents for first hour after delivery—extended family will be asked to step out of the room
- Early skin-to-skin as soon as mother and baby are stable
 - Document time baby spends skin-to-skin
- Assist with latch as needed
- Keep mother and baby together as much as possible
- Skin-to-skin with father (or significant other) when mother is not available
- Begin pumping as soon as possible when baby not able to breastfeed, at least within the first six hours
- Breastfed babies will not be offered supplementary water, glucose water, or artificial baby milks unless specifically ordered for a clinical condition by the physician, or after mother has received education regarding the potential risks

Staff Responsibilities

Breastfeeding Promotion

Labor and Delivery (continued)

- Educate patient regarding importance of exclusive breastfeeding if mother requests formula
- If supplement is needed:
 - Supplement with breast milk whenever possible
 - Teach hand expression (review video if needed)
<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>
 - Begin breast pumping
- Notify appointed manager/physician of need/request for first formula use
 - Track using Supplementation Debriefing Tool
 - Report to appropriate committee
- Educate family regarding normal process of breastfeeding
 - Normal intake/output
 - Normal feeding frequency
- Situation, Background, Assessment, Recommendation report to postpartum nurse regarding baby's breastfeeding and time spent skin-to-skin

Staff Responsibilities

Breastfeeding Promotion

Postpartum, NICU, and Pediatrics

Nurses and other staff as appropriate

- Be knowledgeable about the importance of breastfeeding to improve the health of our patients
- Understand basic breastfeeding management
- Continue skin-to-skin ad lib – monitor if latch has been achieved
 - Track time baby spends skin-to-skin
- Use skin-to-skin for pain management before and after painful procedures – 15 minutes of skin-to-skin before and after painful procedures has been shown to be effective pain relief for newborns
- Evaluate breastfeeding at least once per shift, more frequently if LATCH score ≤ 7
- Refer to lactation staff per protocol
- Breastfed babies will not be offered supplementary water, glucose water, or artificial baby milks unless specifically ordered for a clinical condition by the physician or after mother has received education regarding the potential risk
 - Educate regarding supplementation when requested
 - Supplement with expressed breast milk whenever possible
 - Teach hand expression
<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>
 - Provide patient with breast pump to use in patient room
 - Identify need for breast pump at home
 - Arrange for breast pump order through DME if needed
 - Refer to lactation consultant
 - Sign out formula (as with medications) to assist in tracking formula usage patterns and identify who received the formula in case of recall
 - Report first formula use to appointed manager/physician using Supplementation Debriefing Tool
 - Appointed manager/physician will identify reason for first supplementation through
 - Chart review
 - Patient interview
 - Provide data to Lactation Consultants and Breastfeeding QI team to help identify trends and need for improved targeted education and annual updates
- Develop Care Plan and schedule follow-up appointment for outpatient lactation assessment at three to five days of life

Staff Responsibilities

Breastfeeding Promotion

Postpartum, NICU, and Pediatrics (continued)

Lactation Staff

- Be knowledgeable about current breastfeeding management and practice guidelines
 - Update knowledge on a regular basis by reading breastfeeding journals, attending breastfeeding conferences and through interaction with peers
 - Act as a resource for physicians, nurses and other staff regarding breastfeeding questions or concerns
- All newborns will be placed in a Patient List daily for tracking purposes
 - Review patient charts for potential breastfeeding problems
 - Patients will be seen based on identified need through chart review and/or through referrals
 - Receive SBAR report from RN prior to lactation visit
 - Provide SBAR report regarding outcome and plan of care for follow-up
 - Assess, identify problems, educate, support and develop care plan for patient
- Reporting and Data Collection
 - Track number of patients seen, referrals and reason for referral (report to appropriate committee)
 - Report breastfeeding QI data to appropriate committee to help identify trends and need for improved targeted education
 - Review charts of babies readmitted for hyperbilirubinemia or dehydration—identify areas for improved practice regarding breastfeeding education, assessment or support
 - Report findings to appropriate committee
 - Identify breastfeeding-friendly practices by staff and breastfeeding unfriendly practices by staff using tracking tool
 - Report findings to appointed manager/physician and committee
 - Celebrate success
 - Identify teams that are working—celebrate by providing recognition at staff meetings and/or providing lunch
 - Place identified nurses' names in a box for a monthly drawing for a gift certificate
 - Create a "Breastfeeding Hall of Fame" with the nurses who are recognized to be displayed
 - Use your imagination to develop other reward and recognition activities

Staff Responsibilities

Breastfeeding Promotion

Pediatrics and Family Practice Clinic

Physicians, Nurses, and Staff

- Be knowledgeable about the importance of breastfeeding to improve the health of our patients
- Understand basic breastfeeding management
- Acknowledge and celebrate that patient is breastfeeding and the health benefits for baby and mother—this has been shown to increase breastfeeding duration
- Medical assistant or LVN will transfer information on infant feeding from form parent completed for well baby visits. The information will be charted for:
 - Newborn exam
 - 2- to 3-week exam
 - 2-month exam
 - 4-month exam
 - 6-month exam
 - 9-month exam
 - 12-month exam
- Ask questions to find out from the mother about any breastfeeding concerns
 - Respond to questions or concerns
 - Refer to lactation staff for breastfeeding concerns
 - Schedule same-day appointment for problems that could threaten breastfeeding continuance
 - Identified need for supplementation
 - Poor weight gain
 - Latch problems
 - Sore or damaged nipples
 - Perceived or actual insufficient milk production
- Praise ongoing breastfeeding as “best for babies” using targeted information
 - Breastfed babies are sick less
 - Breastfed babies have fewer ear infections
 - Encourage six months of exclusive breastfeeding, at least one year of breastfeeding with the addition of solid foods

Staff Responsibilities

Breastfeeding Promotion

Breastfeeding Clinic

Lactation staff

- Be knowledgeable about current breastfeeding management and practice guidelines
- Update knowledge on a regular basis by reading breastfeeding journals, attending breastfeeding conferences, and through interaction with peers
- Act as a resource for physicians, nurses, and staff for breastfeeding questions or concerns
- Transfer patient list from hospital to outpatient clinic daily
 - Call patients at three weeks, six weeks and three months to provide information, encouragement, and support for continued breastfeeding
 - Send targeted messages to patients regarding the importance of continued breastfeeding
- Assess effectiveness of lactation in babies at three to five days of age
- Schedule follow-up appointment for high-risk patients, including
 - Late pre-term
 - Growing premie
 - Delayed onset of lactogenesis II
 - Identified need based on individual assessment
- Provide education and self-referral information for patients with no identified need for follow-up
- Answer breastfeeding calls from patients
- Oversee breastfeeding support group
 - Answer breastfeeding questions
 - Provide brief education on specific areas of concerns to breastfeeding mothers, such as starting solids, nighttime parenting, and mother's diet and weight concerns
- Reporting and data collection
 - Track number of patients seen in clinic
 - Age at first visit
 - Follow-up visits
 - Problems after two weeks (reason for visit)
 - Breastfeeding persistence
- Run reports on breastfeeding persistence and report to appropriate committee and the breastfeeding task force/Quality Improvement team at least semi-annually

Staff Responsibilities

Breastfeeding Promotion

System-wide Lactation Peer Group; Medical Center Breastfeeding Task Force

Ongoing

- Monitor breastfeeding practice at each medical center
- Stay current on breastfeeding research as it impacts patients and patient care
- Provide ongoing education to physicians and staff regarding breastfeeding as it relates to their practice

Annually

- Celebrate World Breastfeeding Week—August
- Breastfeeding promotion messages in waiting rooms in OB department
- Breastfeeding promotion throughout the medical center with targeted messages to the importance of breastfeeding for babies and how to contact the lactation clinic
- Request that managers inform all employees about lactation accommodation facilities in the medical center as well as the legal rights of lactating employees

[return to
section overview](#)

Performance Improvement Overview

Breastfeeding Collaborative



Performance Improvement

What is the best way to approach trying to make a change that results in improvement?

- Thinking about doing something better is often easy
- Actually making a change is not

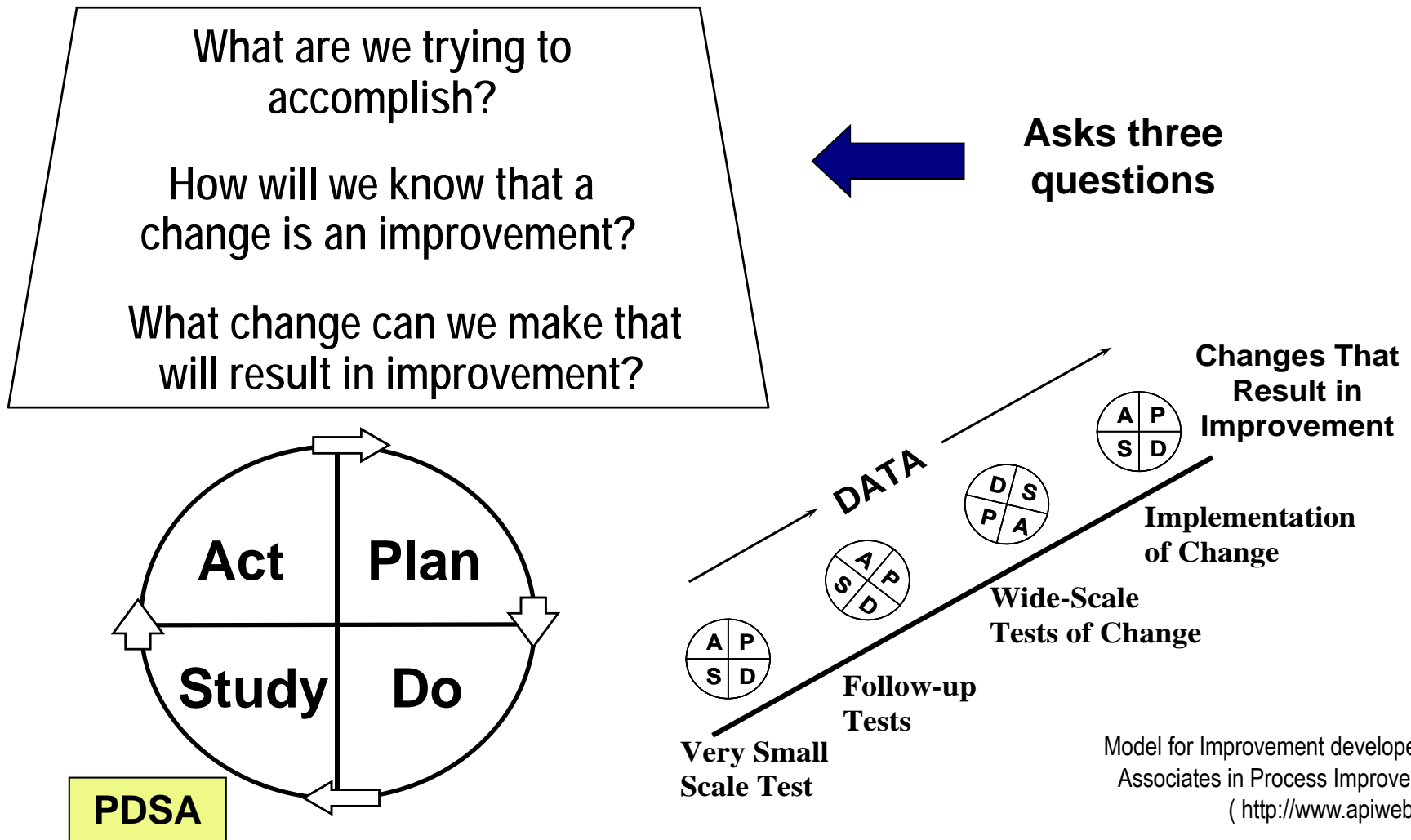
Five Central Principles of Improvement

1. The aim or goal of the project is clear
2. Regular performance data drives the work
3. Changes are designed to improve the current process
4. Changes are tested before implementing
5. Teams consisting of people *doing* the work are key to successful improvement



The Breastfeeding Collaborative PI Model

Based on the Institute for Healthcare Improvement *Model for Improvement*



The Breastfeeding Collaborative design includes a charter that is a roadmap for the *Model for Improvement* approach

AIM - What are we trying to accomplish?

Improve rate of exclusive breast milk feeding to [percent] by [date] at the facility

GOAL – How will we accomplish our aim?

Standardize and reliably implement evidence-based practices for mothers who choose to breastfeed

1. Skin-to-skin contact
2. Early breastfeeding within one hour
3. Consistent breastfeeding education and assistance
4. Supplementation with formula limited to medical indications

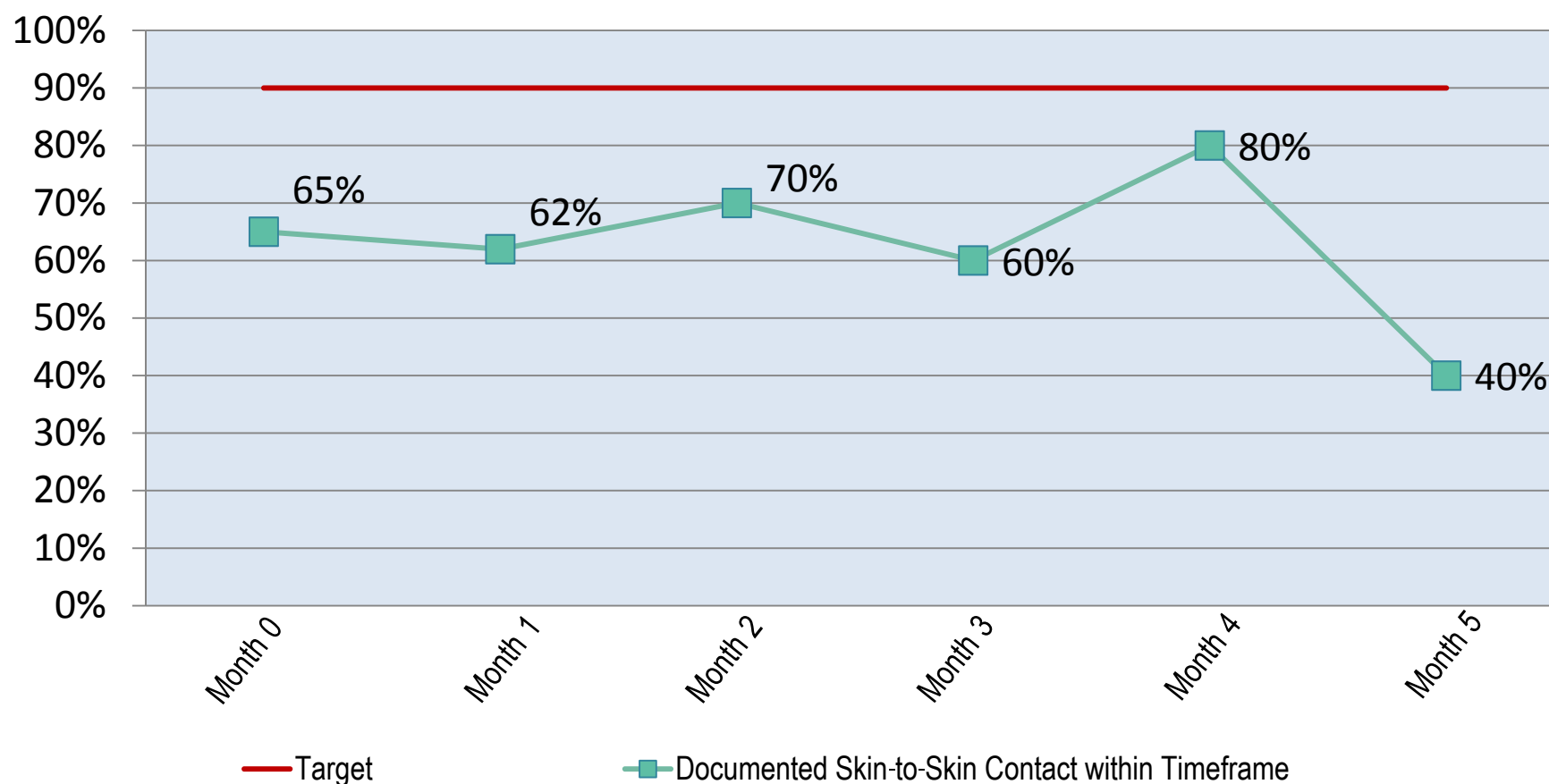
MEASURES – How will we know if we have improved?

1. Skin-to-skin contact
2. Early breastfeeding
3. Exclusive breast milk feeding without supplementation

Using data to drive performance

Project Measures (Sample)

Documented Skin-to-Skin Contact within Timeframe

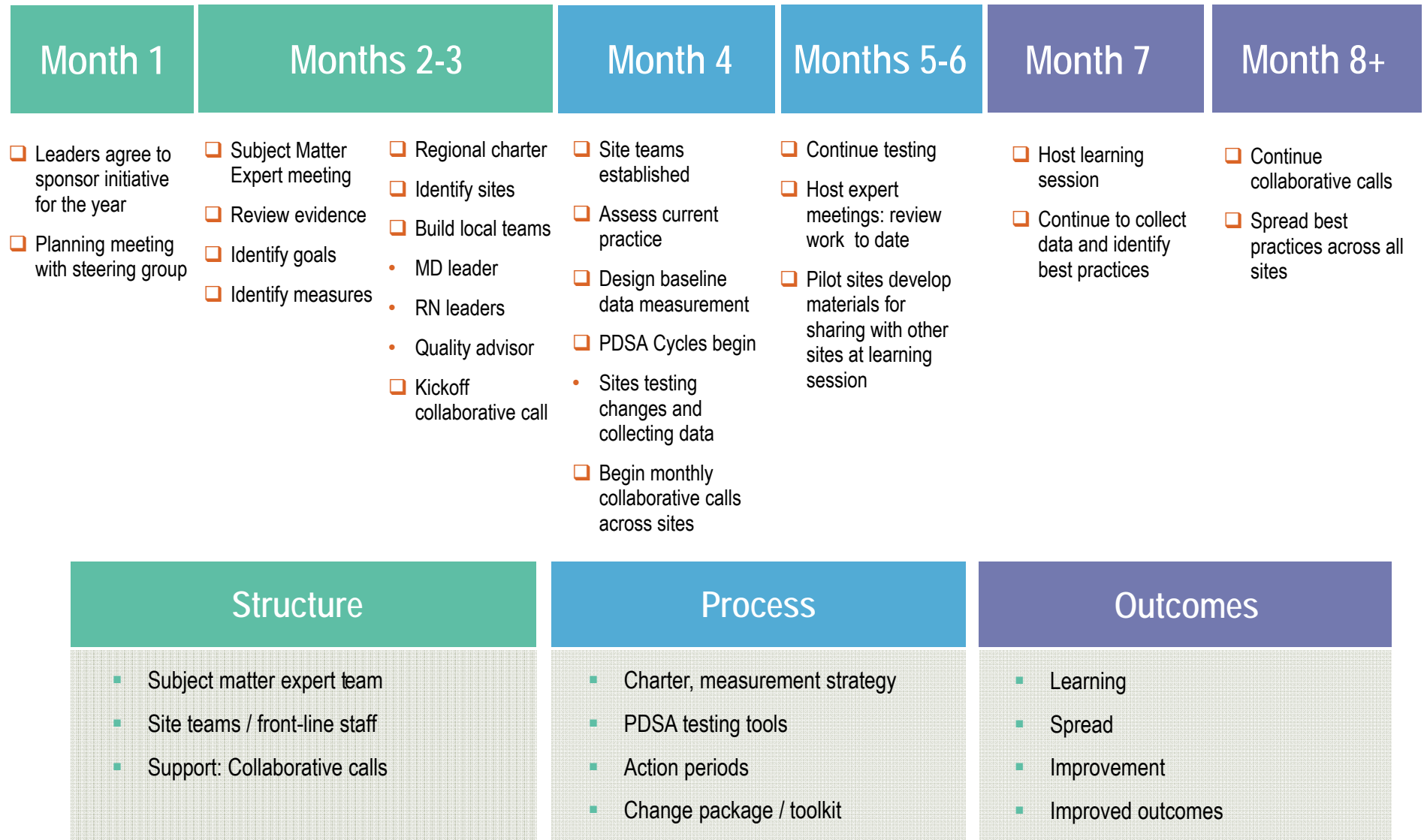


Essential concepts of the *Model for Improvement*

- Well constructed **charters** help teams to remain focused
- A **family of measures** (process, outcome, balance) demonstrate the impact of changes, including unintended consequences of improvements/changes
- Sequenced **PDSA cycles** are used under varying conditions to develop, test, and implement changes
- **Data is collected** during cycles and is translated into run, control charts to inform team about changes being tested
- Data is used to **measure and analyze progress** toward project aim
- **Front-line teams** design and test changes

Breastfeeding Collaborative Timeline

[return to
section overview](#)



The Evidence Base

Best Practices to Support Breast Milk Feeding in the Hospital

Key Information from the CDC

- In the US, most babies start breastfeeding, but within the first week, half have already been given formula
- By 9 months, only 31% of babies are breastfeeding at all
- Breastfeeding for 9 months reduces a baby's odds of becoming overweight by more than 30%
- Even mothers who want to breastfeed have a hard time without hospital support; about 1 mother in 3 stops early without it

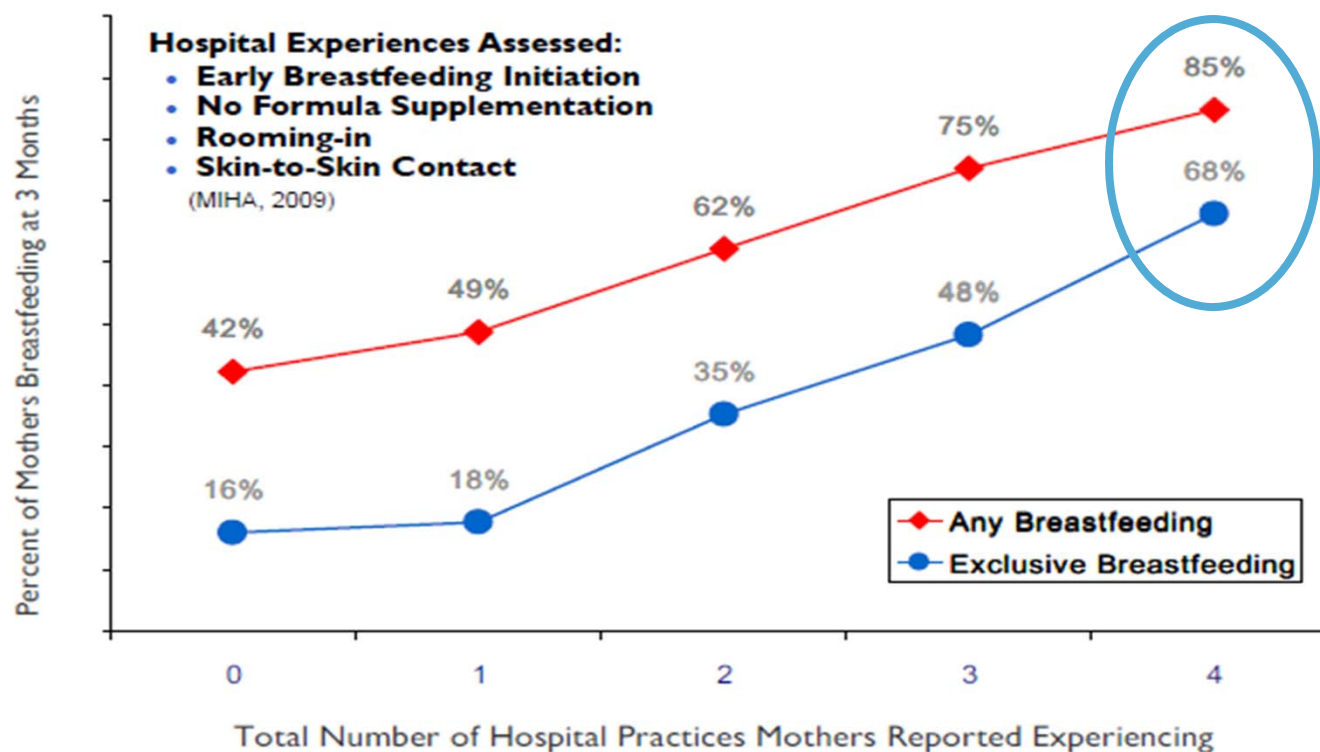


Reference: Centers for Disease Control and Prevention, August 2011.

Four Key Practices support exclusive breastfeeding



Breastfeeding at 3 Months Postpartum by Total Number of Hospital Practices Experienced Among Women Delivering “Healthy Newborns”, MIHA 2009



Implementation of all
4 practices has the
most impact

Reference: Maternal & Infant Health Assessment Survey – MIHA, 2009.

Evidence-based Bundle

Breastfeeding Collaborative

Breastfeeding "Bundle" – Four Evidence-Based Strategies

First hour after birth

1. **Skin-to-skin** contact
2. **Early initiation** of breastfeeding



Ongoing until Discharge

3. **Assistance** / rooming-In
4. **No supplementation** with formula unless medically indicated

Goal: Exclusive Breast Milk Feeding in the Hospital – 70%

Evidence-Based Practice #1

Initial skin-to-skin contact

The Practice: Skin-to-skin contact (SSC) immediately after birth to facilitate bonding and good breastfeeding technique

The Benefits

- Helps promote breastfeeding
- Prevents hypoglycemia
- Prevents hypothermia

The Evidence

Statistically significant positive effects on:

- Success of first breastfeeding
- Breastfeeding status at 1-4 months post birth
- SSC infants cry for shorter length of time
- Late preterm newborns better cardiorespiratory stability
- No adverse effects

References:

United States Breastfeeding Committee. Implementing The Joint Commission Perinatal Care core measure on exclusive breast milk feeding. Rev ed. Washington, DC: United States Breastfeeding Committee; 2010.

Moore ER, Anderson GC, Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database Syst Rev 2007:CD003519.

Evidence-Based Practice #1

Initial skin-to-skin contact

Summary:

The evidence shows babies placed skin-to-skin with mother immediately after delivery cry less, interact more with mothers, stay warmer, are more likely to breastfeed longer, and have improved neurodevelopmental organization, which correlate with improved breastfeeding behaviors.

References:

United States Breastfeeding Committee. Implementing The Joint Commission Perinatal Care core measure on exclusive breast milk feeding. Rev ed. Washington, DC: United States Breastfeeding Committee; 2010.

Moore ER, Anderson GC, Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database Syst Rev 2007:CD003519.

Evidence-Based Practice #2

Initial Breastfeeding Opportunity

The Practice: Emphasize early breastfeeding opportunities

The Benefits

- Infants placed skin-to-skin tend to spontaneously initiate breastfeeding within first hour after birth

The Evidence

- Infants have heightened olfactory learning in first hours after birth and naturally seek mother's breast
- Postponing first feed is a strong predictor of breastfeeding failure
- Immediate bathing may increase risk for hypothermia and disruption of breastfeeding behavior

References:

United States Breastfeeding Committee. Implementing The Joint Commission Perinatal Care core measure on exclusive breast milk feeding. Rev ed. Washington, DC: United States Breastfeeding Committee; 2010.

Moore ER, Anderson GC, Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database Syst Rev 2007:CD003519.

Evidence-Based Practice #2

Initial breastfeeding opportunity

Summary:

The evidence shows that the initial feeding opportunity shortly after delivery is important for breastfeeding success. Delay bath, eyes & thighs, and other interventions until after the first feed if possible. Anticipatory guidance should be given to the family to allow the infant and mother uninterrupted time for skin-to-skin and early breastfeeding.

References:

United States Breastfeeding Committee. Implementing The Joint Commission Perinatal Care core measure on exclusive breast milk feeding. Rev ed. Washington, DC: United States Breastfeeding Committee; 2010.

Moore ER, Anderson GC, Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database Syst Rev 2007:CD003519.

Evidence-Based Practice #3

Assistance / Rooming In

The Practice: Standardize rooming-in and breastfeeding education in the hospital

The Benefits

- Mothers learn baby's hunger cues
- Babies breastfeed more often, which helps mature milk to come in sooner
- Parents understand that frequent breastfeeding improves milk production, and that babies breastfeed for comfort as well as nourishment
- Parents understand that supplementing with formula is not necessary

The Evidence

- Standardizing breastfeeding assistance and education has been shown to promote breastfeeding duration and exclusivity
- Provider support leads to improved breastfeeding duration

References:

United States Breastfeeding Committee. Implementing The Joint Commission Perinatal Care core measure on exclusive breast milk feeding. Rev ed. Washington, DC: United States Breastfeeding Committee; 2010.

Moore ER, Anderson GC, Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database Syst Rev 2007:CD003519.

Evidence-Based Practice #4

No formula supplementation unless medically necessary

The Practice: Supplemental feedings should not be given to breastfed infants unless there is a medical indication for such feedings

The Evidence

- Supplementation can prevent the establishment of maternal milk supply and have adverse effects on breastfeeding (e.g., delayed lactogenesis, breast engorgement)
- Supplemental feeds may alter infant bowel flora, sensitizing the infant to allergens; interfere with maternal-infant bonding; and interfere with infant weight gain
- There is no evidence to support routine supplementation of non-dehydrated infants with water or dextrose water, and these can contribute to hyperbilirubinemia

The Benefits

- Increases milk supply more quickly
- Babies have lower risk of hyperbilirubinemia and hypoglycemia
- Breastfeeding satisfies nutritional and comfort needs for baby
- Reduces risk of early weaning

References:

United States Breastfeeding Committee. Implementing The Joint Commission Perinatal Care core measure on exclusive breast milk feeding. Rev ed. Washington, DC: United States Breastfeeding Committee; 2010.

Gartner et al., 2005; Bystrova et al., 2007; American Academy of Pediatrics Subcommittee on Hyperbilirubinemia, 2004.

Call to Action



Use this information

As a tool in your daily
workflows



Share this information

- Conversations with leaders
- Department meetings
- Huddle messages
- Education with patients



Use this presentation

As a resource in your
role as a breastfeeding
champion

Becoming Baby-Friendly

General Overview for Medical Center Staff

Purpose

- To encourage and support any mother choosing to breastfeed by providing accurate and consistent information and assistance, in accordance with the **Ten Steps to Successful Breastfeeding**, by the Baby-Friendly Hospital Initiative developed by WHO and UNICEF



The Baby-Friendly Hospital Initiative (BFHI)

- BFHI is a global program sponsored by WHO and UNICEF
- It encourages and recognizes hospitals and birth centers when they have implemented the Ten Steps to Successful Breastfeeding

The Ten Steps Worldwide

- Thousands of hospitals and birth centers around the world have achieved Baby-Friendly Hospital designation
- Baby-Friendly facilities in the USA:
 - 160+ facilities nationwide
 - 50+ facilities in California

Why should we become a Baby-Friendly facility?

- For many reasons!
- First, for the health of all our most vulnerable citizens: our babies
 - Even those who are not breastfed
- Full implementation of the 10 Steps benefits all babies
 - Improves mother-baby contact and education

More Benefits of participating in the US-BFHI



Quality Improvement

Increased
patient satisfaction



Cost Containment

Decreased
healthcare costs



Marketing & Reputation

Families seek out
hospitals with BFHI
designation

An opportunity to achieve patient-centered goals and to celebrate

How does the Baby-Friendly process work?

- Three major phases:
 1. Facility submits an application to Baby-Friendly USA
 - Includes letter of intent, annual fee, and completed self-appraisal tool
 2. After receipt of a Certificate of Intent, the facility works towards implementing all 10 steps
 - Hospital may access technical assistance from Baby-Friendly USA staff as needed
 3. Facility requests on-site assessment by the Baby-Friendly survey team and a review, to receive the “Baby-Friendly” designation

The Ten Steps

1. Maintain 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.

The Ten Steps

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.
6. Give infants no food or drink other than breast milk, unless medically indicated.

The Ten Steps

7. Practice “rooming in”: allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
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/clinic.

What do I need to do to support this change?

- Encourage mothers to breastfeed
- Refer questions or concerns to the nurse
- Avoid comments that can undermine mothers' confidence and success

Lactation Competency Checklist

RN/LVN Clinical and Professional Performance

Employee Name:	Employee ID#:	Unit:
Hire Date:	Evaluation Written:	() Probationary () Re-evaluation () Annual () Evaluation after training
Write appropriate abbreviation in the skill level box: GO = Growth Opportunity P = Proficient E = Expert		

Competency	Skill Level	Date	Comments
Duties:			
<ul style="list-style-type: none"> Provide individualized breastfeeding care with an emphasis on the mother's ability to make informed decisions. 			
<ul style="list-style-type: none"> Review breastfeeding history by: <ol style="list-style-type: none"> Patient interview Review of infant feeding log, voiding and stooling patterns, weight gain/loss patterns 			
<ul style="list-style-type: none"> Perform breast evaluation related to lactation, identify potential problems and verbalize appropriate interventions for: <ol style="list-style-type: none"> Nipple function (everted, flat, inverted, large) Breast development Areolar edema versus engorgement or flat/inverted nipples History of breast surgery 			
<ul style="list-style-type: none"> Assist at least one mother in basic positioning techniques for effective latch-on and milk transfer. 			
<ul style="list-style-type: none"> Teach the family basic breastfeeding management for the healthy term newborn including: <ol style="list-style-type: none"> Normal newborn patterns Feeding cues Milk transfer 			
<ul style="list-style-type: none"> Evaluate the infant's ability to effectively transfer milk. 			
<ul style="list-style-type: none"> Identify potential breastfeeding problems and provide appropriate interventions for: <ol style="list-style-type: none"> Disorganized newborn feeding behavior Sleepy baby Late preterm 			
<ul style="list-style-type: none"> Document outcome of feeding evaluations, using a LATCH score. 			

Competency	Skill Level	Date	Comments
Duties:			
<ul style="list-style-type: none"> Verbalize: <ol style="list-style-type: none"> Two policies and practices relating to breastfeeding and supplementation Conditions that indicate need for supplementation in the healthy term newborn 			
<ul style="list-style-type: none"> Demonstrate manual expression of mother's breasts. 			
<ul style="list-style-type: none"> Demonstrate reverse pressure softening technique. 			
<ul style="list-style-type: none"> Verbalize indications for breast pump initiation. Identify nipple size and correct size flange needed for effective pumping. 			
<ul style="list-style-type: none"> Set up breast pump, Teach mother breast pump use, care and cleaning of equipment. 			
<ul style="list-style-type: none"> Verbalize and demonstrate how to initiate and supplement baby using alternative feeding devices appropriate to the patient (e.g., cup, SNS, feeding tube, spoon, finger feeding). 			
<ul style="list-style-type: none"> Identify at least three reasons for appropriate referrals to lactation staff. 			

Validated by: _____ Date: _____
 Manager Signature: _____ Date: _____
 Employee Signature: _____ Date: _____

Notes/Action Plan (for growth opportunity):

BREASTFEEDING TEAM SCORECARD

Instructions

Worksheet A. Training Tracker

Purpose:

To track the percentage of providers and staff, in the inpatient and outpatient settings, who have completed the Baby-Friendly Educational requirement.

Procedure:

I) For inpatient and outpatient nursing staff:

- A) Inpatient – L&D, FCC, NICU, and Lactation consultants/educators need 16 hours of training; Pediatrics need 4 hours of training
- B) Outpatient – all OB/Gyn, Pediatric and Family Practice nursing and trained clinic assistants need to complete 30 minutes of training; Lactation consultants/educators need 16 hours of training
- C) Enter number of staff to be trained for each department
- D) Fill in cell with the appropriate color according to the key below

KEY: percentage of the staff who have completed the training

Red = 0-25%

Pink = 25-50%

Blue = 50-75%

Green = 75-100%

II) Providers, Inclusive of MDs (OBs, Neonatologists, Pediatricians, and Family Practice), CNMs, and RNPs:

- A) Enter number of departmental specific providers to be trained in the "Total #"
- B) Fill in cell with appropriate color according to the key below

KEY: percentage of the providers who have completed the training

Red = not started

Blue = partial completion

Green = completed

Worksheet A. Training Tracker

Facility:

	Year 1				Year 2			
	1stQ	2ndQ	3rdQ	4thQ	1stQ	2ndQ	3rdQ	4thQ
Baby-Friendly Training Tracking								
Inpatient Nursing								
Labor and Delivery (16-Hours Training)								
# staff=								
FCC (16-Hours Training)								
# staff=								
NICU (16-Hours Training)								
# staff=								
Peds (4-Hours Training)								
# staff=								
Lactation Consultants/Educators (16-Hours Training)								
# staff=								
Outpatient Nursing and TCAs								
OB/GYN (30 Minutes)								
# staff=								
Pediatrics (30 Minutes)								
# staff=								
Family Practice (30 Minutes)								
# staff=								
Lactation Consultants/Educators (16-Hours Training)								
# staff=								
% of Staff Completing Training	Please calculate the % of your staff completing the training and place the color in the appropriate quarter.							
0-25% of staff trained								
25-50% of staff trained								
50-75% of staff trained								
75-100% of staff trained								

Providers: Inclusive of MDs (OBs, Neonatologists, Pediatricians & Family Practice), CNMs & RNPs								
Obstetrics (3-Hours)								
MD Total # =								
CNM Total # =								
RNP Total # =								
Pediatrics (3-Hours)								
MD Total # =								
RNP Total # =								
Neonatology (3-Hours)								
MD Total # =								
RNP Total # =								
Family Practice (3-Hours)								
MD Total # =								
RNP Total # =								
% Providers Completing Training	Please calculate the % of providers completing the training and place the color in the appropriate quarter.							
Not started								
Partial completion								
Fully completed								

BREASTFEEDING TEAM SCORECARD

Instructions

Worksheet B. Baby-Friendly Steps Tracker

Purpose:

To track the progress of the implementation of the Baby-Friendly Steps for certification.

Procedure:

- I) Yellow cells indicate the regional goal completion dates
- II) Quarterly goals:
 - ◆ 1st Quarter Year 1: Multidisciplinary lactation team formed and meeting monthly
 - ◆ 2nd Quarter Year 1: 4 Baby-Friendly Steps implemented, including Step One
 - ◆ 3rd Quarter Year 1: 3 additional Baby-Friendly Steps implemented. File for Baby-Friendly Certificate of Intent
 - ◆ 4th Quarter Year 1: 3 additional Baby-Friendly Steps implemented
 - ◆ 1st Quarter Year 2: Mock survey site visit
 - ◆ 2nd Quarter Year 2: Baby-Friendly site visit
 - ◆ 3rd Quarter Year 2: Baby-Friendly certification completed
- III) When clicking on the cell, there is a dropdown box for a "√" if completed or "x" if in progress or incomplete

Worksheet B. Baby-Friendly Steps Tracker								
Medical Center Team and Baby-Friendly Steps Scorecard								
Medical Center:								
Fill in with \surd =completed, \times =incomplete	Year 1				Year 2			
	1stQ	2ndQ	3rdQ	4thQ	1stQ	2ndQ	3rdQ	4thQ
Multidisciplinary Lactation Team								
Multidisciplinary lactation team formed and meeting monthly								
Baby-Friendly Steps								
1. Written policy that is routinely communicated to all health care staff								
2. Train all healthcare staff in skills necessary to implement the policy								
3. Inform all pregnant women about the benefits and management of breastfeeding								
4. Help mothers initiate breastfeeding within an hour of birth								
5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants								
6. Give newborn infants no food or drink other than breastmilk, 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 artificial teats or pacifiers to breastfeeding infants								
10. Foster establishment of breastfeeding support and refer mothers to them on discharge from the facility								
Baby-Friendly Certification								
File intent for Baby-Friendly certification								
Conduct mock site visits								
Baby-Friendly USA site visits								
Baby-Friendly USA certification obtained								

Blue = target completion

BREASTFEEDING TEAM SCORECARD

Instructions

Worksheet C. System Implementation Status Sheet

Purpose:

To track Baby-Friendly stages of implementation across sites, including training and Ten Steps

Procedure:

- I) Fill appropriate cells for each facility according to the key below:
 - A) Baby-Friendly Steps
 - i) Red = 0 steps completed
 - ii) Pink = 1-5 steps completed
 - iii) Blue = 6-9 steps completed
 - iv) Green = all 10 steps completed
 - B) Baby-Friendly Certificate of Intent
 - i) Red = no Certificate of Intent
 - ii) Green = Received Certificate of Intent
 - C) Inpatient and Outpatient Training
 - i) Red = 0-25% staff training completed
 - ii) Pink = 25-50% staff training completed
 - iii) Blue = 50-75% staff training completed
 - iv) Green = 75-100% staff training completed
 - D) Provider Training (OB, Peds, Neo, FP)
 - i) Red = not started - 0 hours training completed
 - ii) Blue = partially completed - 1 or 2 hours training completed
 - iii) Green = fully completed - 3 hours training completed

Worksheet C. Implementation Status Sheet

Worksheet C. Implementation Status Sheet																	
Facility	Year 1				Year 2				Facility	Year 1				Year 2			
	1stQ	2ndQ	3rdQ	4thQ	1stQ	2ndQ	3rdQ	4thQ		1stQ	2ndQ	3rdQ	4thQ	1stQ	2ndQ	3rdQ	4thQ
[name]									[name]								
Baby-Friendly Steps									Baby-Friendly Steps								
Baby-Friendly Certificate of Intent									Baby-Friendly Certificate of Intent								
IP Nurse Training									IP Nurse Training								
OP Staff Training									OP Staff Training								
Obstetrics Training									Obstetrics Training								
Pediatrics Training									Pediatrics Training								
Neonatology Training									Neonatology Training								
Family Practice Trng									Family Practice Trng								
[name]									[name]								
Baby-Friendly Steps									Baby-Friendly Steps								
Baby-Friendly Certificate of Intent									Baby-Friendly Certificate of Intent								
IP Nurse Training Trng									IP Nurse Training								
OP Staff Training									OP Staff Training								
Obstetrics Training									Obstetrics Training								
Pediatrics Training									Pediatrics Training								
Neonatology Training									Neonatology Training								
Family Practice Trng									Family Practice Trng								
[name]									[name]								
Baby-Friendly Steps									Baby-Friendly Steps								
Baby-Friendly Certificate of Intent									Baby-Friendly Certificate of Intent								
IP Nurse Training									IP Nurse Training								
OP Staff Training									OP Staff Training								
Obstetrics Training									Obstetrics Training								
Pediatrics Training									Pediatrics Training								
Neonatology Training									Neonatology Training								
Family Practice Trng									Family Practice Trng								
[name]									[name]								
Baby-Friendly Steps									Baby-Friendly Steps								
Baby-Friendly Certificate of Intent									Baby-Friendly Certificate of Intent								
IP Nurse Training									IP Nurse Training								
OP Staff Training									OP Staff Training								
Obstetrics Training									Obstetrics Training								
Pediatrics Training									Pediatrics Training								
Neonatology Training									Neonatology Training								
Family Practice Trng									Family Practice Trng								
[name]									[name]								
Baby-Friendly Steps									Baby-Friendly Steps								
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Obstetrics Training									Obstetrics Training								
Pediatrics Training									Pediatrics Training								
Neonatology Training									Neonatology Training								
Family Practice Trng									Family Practice Trng								
[name]									[name]								
Baby-Friendly Steps									Baby-Friendly Steps								
Baby-Friendly Certificate of Intent									Baby-Friendly Certificate of Intent								
IP Nurse Training									IP Nurse Training								
OP Staff Training									OP Staff Training								
Obstetrics Training									Obstetrics Training								
Pediatrics Training									Pediatrics Training								
Neonatology Training									Neonatology Training								
Family Practice Trng									Family Practice Trng								
[name]									[name]								
Baby-Friendly Steps									Baby-Friendly Steps								
Baby-Friendly Certificate of Intent									Baby-Friendly Certificate of Intent								
IP Nurse Training									IP Nurse Training								
OP Staff Training									OP Staff Training								
Obstetrics Training									Obstetrics Training								
Pediatrics Training									Pediatrics Training								
Neonatology Training									Neonatology Training								
Family Practice Trng									Family Practice Trng								

Key: Baby-Friendly Steps	Key: Baby-Friendly Certificate of Intent	Key: IP & OP Training	Key: Provider Training
0 Steps= None	No	0-25%	Not Started
1-5 Steps = Early Stages of Implementation	Yes	25-50%	Partially Completed
6-9 Steps = Partially Implemented		50-75%	Fully Completed
10 Steps = Fully Implemented		75-100%	

BREASTFEEDING TEAM SCORECARD

Instructions

Additional Worksheets: Training Lists

Purpose:

To track fulfillment of training requirements for all team members across the various units and departments

Procedure:

1) List name, title, employee ID #, and completion date for fulfillment of BFHI education/training requirements

Labor and Delivery Nursing Staff

[illegible]

PDSA Worksheet for Testing Change

Aim (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done

Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds

Do

Describe what actually happened when you ran the test

Study

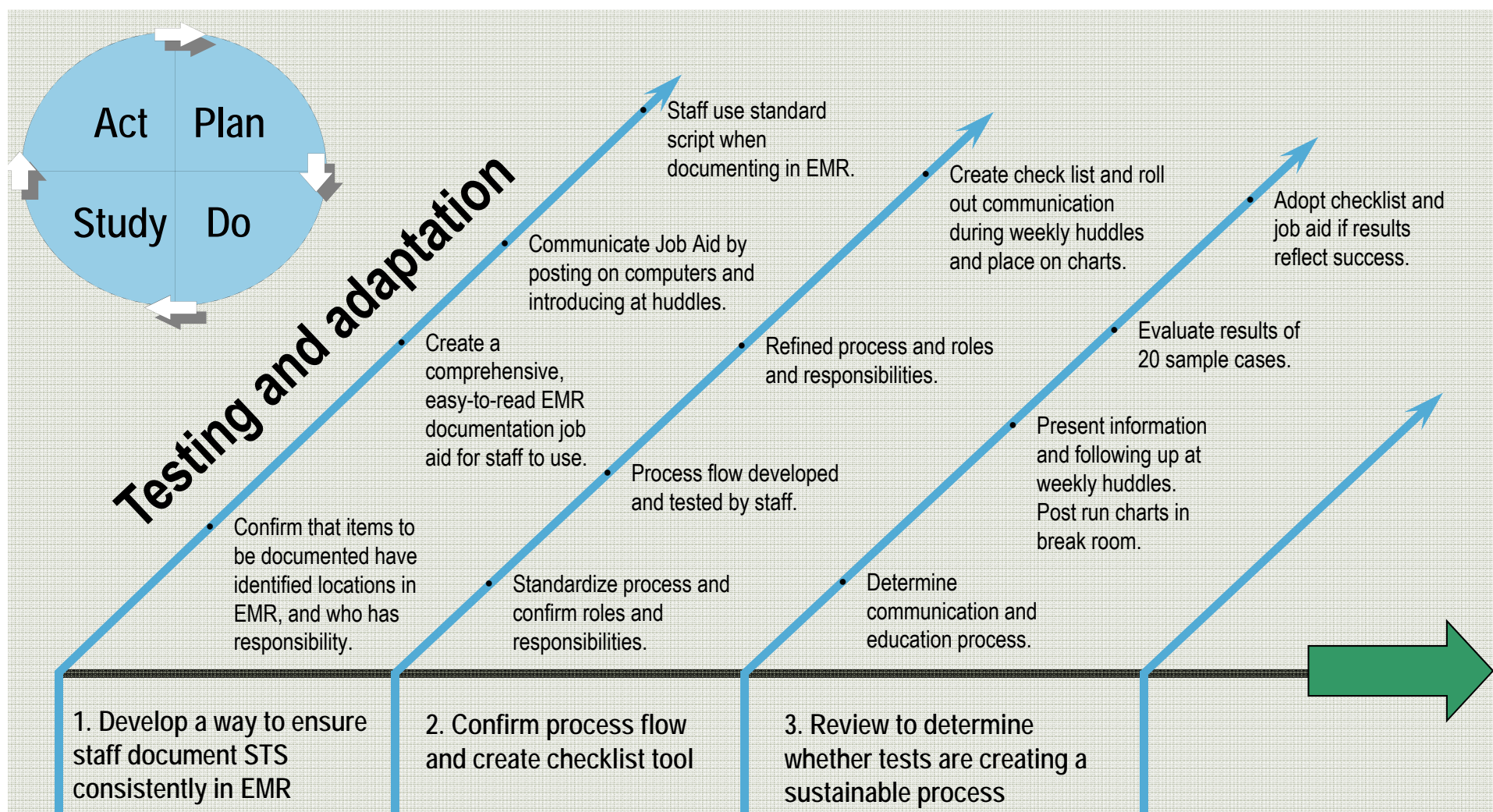
Describe the measured results and how they compared to the predictions

Act

Describe what modifications to the plan will be made for the next cycle from what you learned

Sample PDSA Timeline

Skin-to-skin (STS) contact and exclusive breastfeeding



Measures Table

Breastfeeding Collaborative

[*Population: TJC Exclusive Breast Milk Feeding Core Measure Population*](#)

Measure	Data Source	Target
1. % newborn infants who receive exclusive breast milk feeding, without formula supplementation		
2. % of mother/baby couplets with immediate skin-to-skin contact after birth (L&D)		
3. % newborn infants who breastfeed immediately after birth		
4. % patients (mothers) with documented evidence of breastfeeding teaching		
5. Patient and/or staff satisfaction measures		

Sample Documentation Guide

EHR Charting Procedure: Skin-to-skin and initial breastfeeding

I. Proper Documentation of skin-to-skin after Vaginal Birth

Goal: Skin-to-skin for at least 30 minutes within one hour of birth. If this cannot be met, please document WHY skin-to-skin was not completed (e.g., maternal condition, infant condition, etc...)

- 1) Doc Flowsheets→ Initial Physical Assessment→ Insert column with **actual time** of skin-to-skin
- 2) Document **Initial skin-to-skin completed** and **Total Minutes**. *Both components need to be documented in order to reflect your hard work. Total Minutes should be documented in **same** column with time skin-to-skin **started**.

II. Proper Documentation of skin-to-skin after Caesarean Birth

Goal: Infant is placed skin-to-skin for **30 minutes** or longer within two hours of c-section delivery. If not completed, please document "reason not done". Note: Skin-to-skin for a few minutes in the OR does NOT fulfill this goal; skin-to-skin must also be completed in the PACU (preferably at first feed).

- 1) Doc Flowsheets→ Initial Physical Assessment→ Insert column with **actual time** of Skin-to-skin
 - 2) Document **Initial skin-to-skin completed** and **Total Minutes**. *Both components need to be documented in order to reflect your hard work. Again, total minutes should be documented in **same** column with time skin-to-skin **started**.
- Note: PACU RN should document additional skin-to-skin in Recovery.

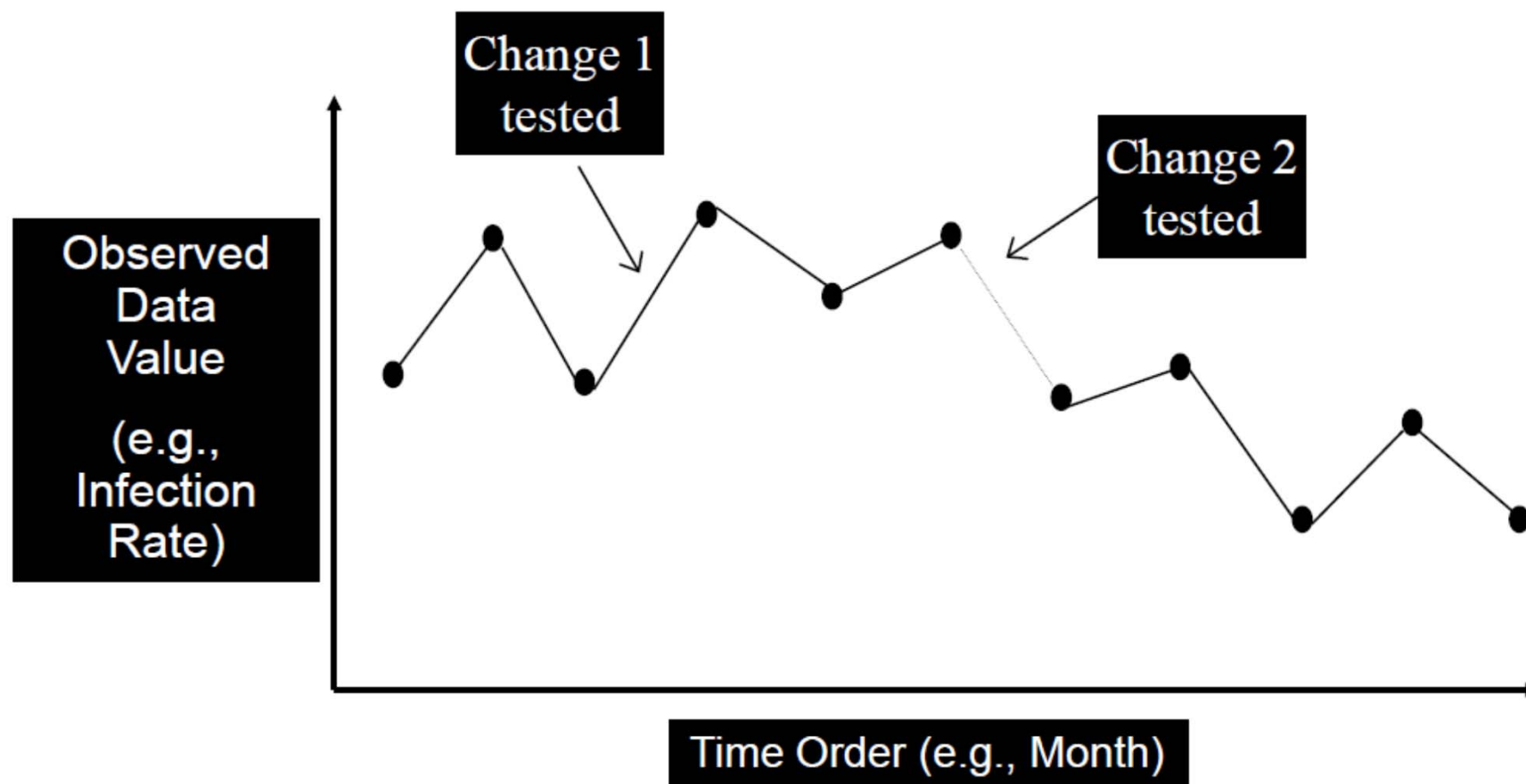
III. Proper Documentation of First Breastfeeding after Birth

Goal: Infants attempt to breastfeed within the first hour after vaginal delivery, or within two hours of c-section delivery. If latch is not achieved, allow infant to lap expressed colostrum from the breast within the first hour of NSVD or two hours of a c-section.

- 1) Doc Flowsheets→ I&O Infant→ Breastfeeding
- 2) Document position, number of minutes, and LATCH score under actual time of feeding. *If infant didn't latch, but lapped colostrum at the breast, document the attempt, give a LATCH score, and document alternative method for breastfed baby. This way, we reflect that baby was fed in first hour.

Breastfeeding Data Review

Variation Over Time



- Plot small samples frequently over time

Daily Exclusive Breastfeeding Rate:

[date]
[percent]

If supplementation is given, remember to do the following:

- Explain typical awake, alert, and feeding behaviors for newborns
- Recommend skin-to-skin kangaroo positioning
- Inform mother about the impact supplementation can have on breastfeeding, latch positioning, and milk supply
- Document proper reason for supplementation in SOAP note

Let's work together to increase our exclusive breastfeeding rates! It is best for our moms and babies!

Our “Baby Friendly” Commitment to You!



In 1997, Kaiser Foundation Hospital became the first Hawaii hospital to achieve “Baby!Friendly” designation from the World Health Organization and UNICEF.

As a “Baby!Friendly” hospital, we believe that breastfeeding is the healthiest way to feed your baby. We also recognize the important benefits that breastfeeding provides for both you and your baby. We will:

- provide you with the information needed to make informed choices
- support your right to make informed choices about infant feeding
- help you start and continue to successfully feed your baby

How we will help you.

1. Your nurses and lactation consultants are **specially trained** to help you breastfeed your baby.
2. **During your pregnancy**, you will be able to individually discuss breastfeeding with your clinicians who will answer any questions you may have. Free prenatal breastfeeding classes are also available to you.
3. **Soon after birth**, you will have the opportunity to **hold your new baby against your skin** for at least an hour. This promotes bonding, breastfeeding, and helps to maintain your baby’s temperature, heart rate, and other vital signs.
4. Your nurses will be there to **support and help** you with breastfeeding. They will be available to help you put your baby to breast correctly and to help with feeding while in the hospital.
5. You will be encouraged to feed your baby **whenever s/he seems to be hungry**.
6. Most babies need only **breast milk for the first six months**. If you feel that your baby needs other types of feedings, please let your nurse or baby doctor know.
7. We strive to keep your baby with you at all times while you are at the hospital. If a medical procedure is necessary, you may be allowed to accompany your baby.
8. You will be shown how to **express** your breast milk, and we’ll provide you with information to use at home.
9. **We recommend that you avoid** using bottles, artificial nipples and pacifiers while your baby is learning to breastfeed. This can change the way your baby sucks, and cause it to be more difficult for your baby to breastfeed successfully.
10. **Before you leave the hospital**, you will be given a list of **resources** that can provide extra breastfeeding help and support when you are at home. Our Lactation Clinic staff, located at the Mapunapuna Clinic, provides the support and information you need for long-term breastfeeding success.

This is your guide to our breastfeeding policy. Please ask a staff member if you wish to see the full policy. Kaiser Foundation Hospital purchases all formulas and supplies at fair market price and does not accept gifts, materials, or support in any form from manufacturers of formulas, bottles, nipples, or pacifiers.

This information was provided as a courtesy of and adapted in part from UNICEF at www.unicef.org.uk



Baby Friendly Breastfeeding Services

While you are in the hospital, our health care staff will help you and your baby learn to breastfeed. Kaiser Permanente Southern California hospitals are now some of the few designated as “Baby Friendly” by the World Health Organization and the United Nations Children’s Fund. It is a global program that recognizes hospitals and birthing centers that offer an optimal level of care for breastfeeding.

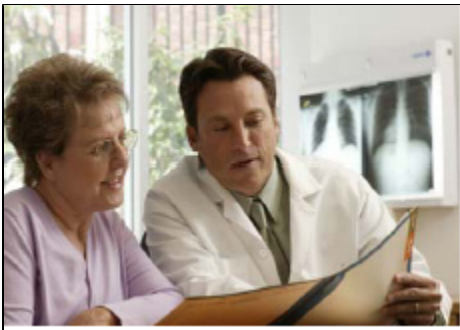
Kaiser Permanente promotes pregnancy and breastfeeding education. We believe good health begins with breastfeeding. You will receive clear

information to help you make a fully informed choice as to how to feed your baby. Our health care staff will support you when you have made that choice.

Ten Steps to Successful Breastfeeding

Here’s our promise to you. We will:

1. Have a written breastfeeding policy that is given to all health care staff.
2. Train all health care staff in the skills needed to implement this policy.
3. Inform you about the benefits and management of breastfeeding.
4. Help you start breastfeeding within one hour of giving birth.
5. Show you how to breastfeed and how to maintain your milk supply, even if you are separated from your baby.
6. Give newborn infants no food or drink other than breast milk, unless medically needed.
7. Practice “rooming in,” which allows you and your baby to stay together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to infants who are breastfed.
10. Refer you to breastfeeding support groups when you are discharged from the hospital or clinic.



CARE INSTRUCTIONS

KAISER PERMANENTE

Breast-Feeding: After Your Visit

Your Kaiser Permanente Care Instructions



Football position



Cradle position

Breast-feeding has many benefits. It may lower your baby's chances of getting an infection. It also may prevent your baby from having problems such as diabetes and high cholesterol later in life. Breast-feeding also helps you bond with your baby.

The American Academy of Pediatrics recommends breast-feeding for at least a year. That may be very hard for many women to do, but breast-feeding even for a shorter period of time is a health benefit to you and your baby. In the first days after birth, your breasts make a thick, yellow liquid called colostrum. This liquid gives your baby nutrients and antibodies against infection. It is all that babies need in the first days after birth. Your breasts will fill with milk a few days after the birth.

Breast-feeding is a skill that gets better with practice. It is normal to have some problems. Some women have sore or cracked nipples, blocked milk ducts, or a breast infection (mastitis). But if you feed your baby every 1 to 2 hours during the day and use good breast-feeding methods, you may not have these problems. You can treat these problems if they happen and continue breast-feeding.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Breast-feed your baby whenever he or she is hungry. In the first 2 weeks, your baby will feed about every 1 to 3 hours. This will help you keep up your supply of milk.
- Put a bed pillow or a nursing pillow on your lap to support your arms and your baby.
- Hold your baby in a comfortable position.
 - You can hold your baby in several ways. One of the most common positions is the cradle hold. One arm supports your baby, with his or her head in the bend of your elbow. Your open hand supports your baby's bottom or back. Your baby's belly lies against yours.
 - If you had your baby by cesarean, or C-section, try the football hold. This position keeps your baby off your belly. Tuck your baby under your arm, with his or her body along the side you will be feeding on. Support your baby's upper body with your arm. With that hand you can control your baby's head to bring his or her mouth to your breast.
 - Try different positions with each feeding. If you are having problems, ask for help from your doctor or a lactation consultant.
- To get your baby to latch on:
 - Support and narrow your breast with one hand using a "U hold," with your thumb on the outer side of your breast and your fingers on the inner side. You can also use a "C hold," with all your fingers below the nipple and your thumb above it. Try the different holds to get the deepest latch for whichever breast-feeding position you use. Your other arm is behind your baby's back, with your hand supporting the base of the baby's head. Position your fingers and thumb to point toward your baby's ears.
 - You can touch your baby's lower lip with your nipple to get your baby to open his or her mouth. Wait until your baby opens up really wide, like a big yawn. Then be sure to bring the baby quickly to your breast—not your breast to the baby. As you bring your baby toward your breast, use your other hand to support the breast and guide it into his or her mouth.
 - Both the nipple and a large portion of the darker area around the nipple (areola) should be in the baby's mouth. The baby's lips should be flared outward, not folded in (inverted).
 - Listen for a regular sucking and swallowing pattern while the baby is feeding. If you cannot see or hear a swallowing pattern, watch the baby's ears, which will wiggle slightly

when the baby swallows. If the baby's nose appears to be blocked by your breast, tilt the baby's head back slightly, so just the edge of one nostril is clear for breathing.

- When your baby is latched, you can usually remove your hand from supporting your breast and bring it under your baby to cradle him or her. Now just relax and breast-feed your baby.
- You will know that your baby is feeding well when:
 - His or her mouth covers a lot of the areola, and the lips are flared out.
 - His or her chin and nose rest against your breast.
 - Sucking is deep and rhythmic, with short pauses.
 - You are able to see and hear your baby swallowing.
 - You do not feel pain in your nipple.
- If your baby takes only one breast at a feeding, start the next feeding on the other breast.
- Anytime you need to remove your baby from the breast, put one finger in the corner of his or her mouth. Push your finger between your baby's gums to gently break the seal. If you do not break the tight seal before you remove your baby, your nipples can become sore, cracked, or bruised.
- After feeding your baby, gently pat his or her back to let out any swallowed air. After your baby burps, offer the breast again, or offer the other breast. Sometimes a baby will want to keep feeding after being burped.

When should you call for help?

Call your doctor now or seek immediate medical care if:

- You have problems with breast-feeding, such as:
 - Sore, red nipples.
 - Stabbing or burning breast pain.
 - A hard lump in your breast.
 - A fever, chills, or flu-like symptoms.

Watch closely for changes in your health, and be sure to contact your doctor if:

- Your baby has trouble latching on to your breast.
- You continue to have pain or discomfort when breast-feeding.
- Your baby wets fewer than 4 diapers a day.

- You have other questions or concerns.

Where can you learn more?

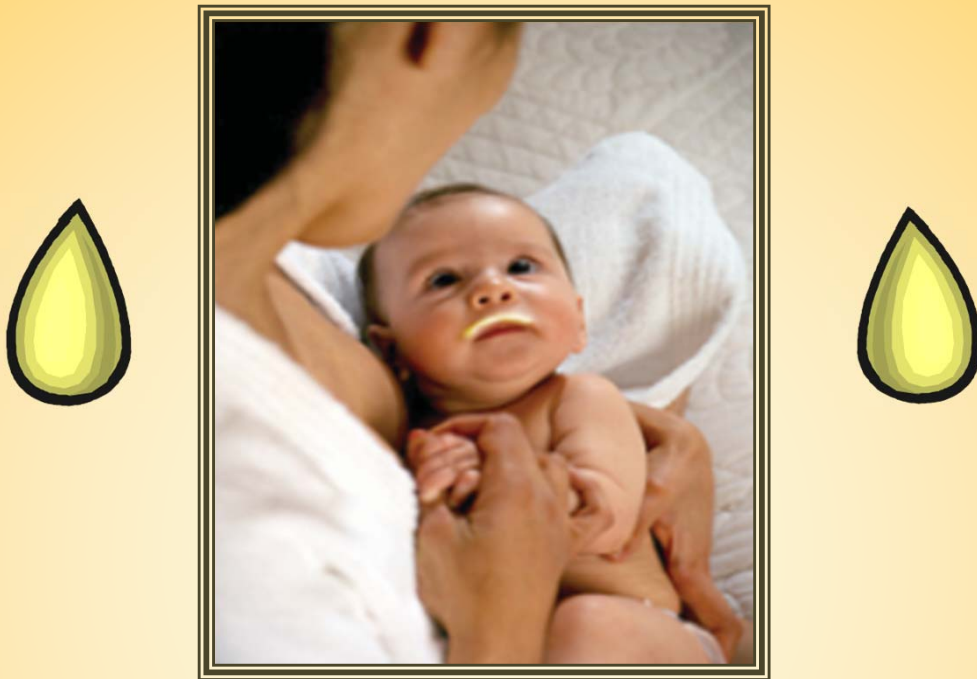
Go to <http://www.kp.org>

Enter P492 in the search box to learn more about **"Breast-Feeding: After Your Visit"**.

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Got colostrum?

It's all they need!



Colostrum is concentrated milk.

New babies only need small amounts of milk.

Colostrum is the perfect nutrition for babies,
free and ready to use on baby's birth day.

Colostrum is Liquid Gold!

Got colostrum?

We support your decision to exclusively breastfeed your baby

- We will make sure your baby stays with you as much as possible.
- We will provide lactation support to you 24 hours a day. All nurses are trained to assist with breastfeeding, and we also have a team of lactation specialists available for consultation from 8am-5pm.
- We want you to know that **you have all that your baby needs**. You have colostrum! It is available now, on your baby's birthday. You only have a small amount because that is all your baby needs. It is like liquid gold, full of nutrients and immunities that your baby needs.
- Don't worry, when your baby needs more, your body will make more. Your milk will come in fully within the next few days
- Please call us anytime you need help!

Colostrum is Liquid Gold!



Breastfeeding Your Baby

IN THE NEONATAL INTENSIVE CARE UNIT

A Supplement to *Breastfeeding with Success*

Human Milk for Human Babies

When your baby is in the special care nursery (neonatal intensive care unit, or NICU), making milk is something **only you** can do. Your breast milk will give your baby the best nutrition possible. Your Kaiser Permanente lactation consultants, nurses, and physicians are there to help.

Valuable general information on breastfeeding can be found in the Kaiser Permanente *Breastfeeding with Success* booklet.

Breast milk is like medicine for all newborns in the NICU. Breast milk is perfect for both premature and full-term babies.

Babies fed their mother's milk have:

- Better health with fewer and less-serious infections
- Lower risk of life-threatening infections
- Lower risk of sudden infant death syndrome (SIDS), also known as crib death
- Fewer eye problems that premature babies are more likely to have
- Fewer feeding problems
- Improved digestion and absorption of nutrients (food), especially during the first two weeks when feedings are started
- Lower rate of chronic lung disease

Breast milk made right after giving birth is called *colostrum*. It has:

- 600 nutrients that no artificial formula can compare with
- Fats that help with brain growth
- Fats, sugars, and proteins to help the baby grow strong and healthy
- Hormones that teach the baby's intestines to digest food
- Antibodies and live cells to prevent and fight infections

Keys to Breastfeeding with Success

Hand Expression

**Hand Expression + Hospital-Grade Breast Pump
= More Milk**

Expressing milk by hand raises hormone levels. It also helps to maintain milk production using breast massage and compression. Early hand expression helps to increase later milk production.

To watch a video to learn how to hand express your breast milk, visit this website:
[newborns.stanford.edu/Breastfeeding/
HandExpression.html](http://newborns.stanford.edu/Breastfeeding/HandExpression.html)

Guidelines

1. **Place your fingers and thumb** either at the edge of your areola or 1 inch beyond the edge in a “C” shape. As you learn to express your milk you will find the spots where the milk comes out the easiest.
2. **Press** back toward your chest.
3. **Compress** your fingers and thumb together through the breast. Avoid sliding down toward the nipple.
4. **Release** the pressure and start over again.
5. Go back and forth from one breast to the other. **Press. Compress. Release.**
6. At first you may only see drops of colostrum, but as your mature milk comes in you will start to see sprays of milk.
7. Hand expression is a skill that takes practice. The more you hand express, the easier it will become.

Pump Early, Pump Often, and Pump Well



Pump Early

- **The most important time to start a good milk supply is during the first 2 weeks after giving birth.**
- Start pumping as soon as possible. We recommend that you start pumping **within 1 to 3 hours of giving birth.**
- For the first few days, your breasts make a very small amount of colostrum, which is thick and sticky and yellow to orange in color. When your milk changes to mature milk at 2 to 5 days, you should see long, thin sprays of thinner white or bluish milk.
- Hold your baby **skin to skin** as often as possible. This close contact will soothe your baby. He or she will learn to feed faster and it will increase your milk supply.
- If your baby is premature, you may make more milk than your baby needs.

Pump Often

- Your breasts operate on a **demand and supply** principle. The more milk is **demand**ed by breastfeeding or pumping, the more milk **supply** you will have. The less often you breast-feed or pump, the less milk you will make.
- At first, you will express drops of milk. This is normal.
- **Removing small amounts of colostrum regularly will stimulate your milk production.**
- In the beginning, it is best to pump 8 to 10 times every 24 hours. Pumping on schedule will help to start and increase your milk supply.
- Pump at least once during the night. Do not go longer than 4 hours at night without pumping.
- It takes 3 to 5 days of consistent pumping to be able to make 2 ounces or more each time.
- From your baby's birth to 4 days of age, pump each breast for 10 to 15 minutes. Your milk supply will increase a lot by days 3 to 5.
- From days 4 to 10, pump longer—until 2 minutes after the last milk drops or for 20 minutes.
- Your goal is to express 2 to 3 ounces each time or 25 to 30 ounces daily by day 10.
- When you are making 20 to 25 ounces per day, you may be able to decrease sessions to 6 to 8 times per day.
- It is normal if one of your breasts makes more milk than the other.

Pump Well

- You can use a hospital-grade breast pump when you are separated from your baby or when the baby is not able to breastfeed. You can use the breast pumps in the NICU and rent one to use at home.
- Your lactation consultant or nurse will check your health plan for breast pump coverage. If it is not covered, you may still buy or rent a pump.
- Pumping both sides at the same time (double pumping) will help you make more milk and save time.
- In general, do not use nipple lubricants.
- Center your nipple in the breast shield tunnel, where it should move freely. It is important to

have a good fit. If it is too tight, it may hurt your nipple. Most women fit the standard size.

- Some women may need a larger breast shield. Your nurse or lactation consultant can help you with the correct size.
- Start the pump on a low level of suction and increase slowly to find a comfortable level.
- Pumping should not hurt. If it hurts, turn the pump down a little.

Getting Ready to Pump

1. Wash your hands. Do not wash your breasts. A daily shower is plenty. Do not use soap on your nipples; it will dry them out.
2. Place a warm, moist cloth on your breasts for about 5 to 10 minutes before pumping. This will help your milk ducts relax and help the milk flow better. After using the warm compress, massage your breasts for 1 to 2 minutes. Start from the largest part of the breast and work all around it, moving toward the nipple.
3. Have a picture of your baby in front of you. Take a deep breath and imagine happy times together.
4. Get comfortable, relax, and think about your baby. **Learning to pump takes practice.** The milk will come.

Remember to clean the breast pump parts after every use. Take the kit apart and wash all parts that touch breast milk in hot soapy water. Rinse well. Air dry on a clean surface. See the Kaiser Permanente *Breast Pump Cleaning and Care Instructions* handout for more information.

Getting the Best Milk Supply

- Massaging your breasts during pumping may increase your milk supply.
- Hand expression before, during, and after pumping will increase your milk.
- Your lactation consultant may recommend supplements to help you make more milk.

- Foods that may increase milk supply:
 - High-fiber foods and grains such as oats (not instant), barley, brown rice, quinoa, and beans
 - Calcium-rich foods such as sesame, almonds, and dark-green leafy vegetables
 - Fruits such as apricots, dates, figs, and cooked green papaya

To watch a video about hands-on pumping, visit this website: newborns.stanford.edu/Breastfeeding/MaxProduction.html

Tip: You may want to buy a pumping bra that holds the breast shield in place so your hands are free to massage and compress or to just pump “hands free.”

Storing Your Milk While Your Baby Is in the Hospital

- Use only new bottles and labels provided by Kaiser Permanente. Your baby may not be able to have the milk if you use other types of containers.
- Put enough milk in each bottle for one feeding.
- Combine milk from the left and right pump bottles, if needed.
- Fill the bottle no more than $\frac{2}{3}$ full (milk expands when frozen).
- Refrigerate or freeze milk within 2 hours after pumping.
- If your baby was born at less than 32 weeks' gestation, freeze all of your breast milk for at least 2 days to kill viruses. Infants born at 32 weeks or less must be fed breast milk that has been frozen and thawed.
- Your baby's nurse will tell you how to freeze your breast milk and transport it to the hospital.



Photo: Thermo Fisher Scientific

See the **Breast Milk Storage Guidelines** section of the Kaiser Permanente *Breastfeeding with Success* booklet.

Mother's Name: _____ **Baby's Name:** _____

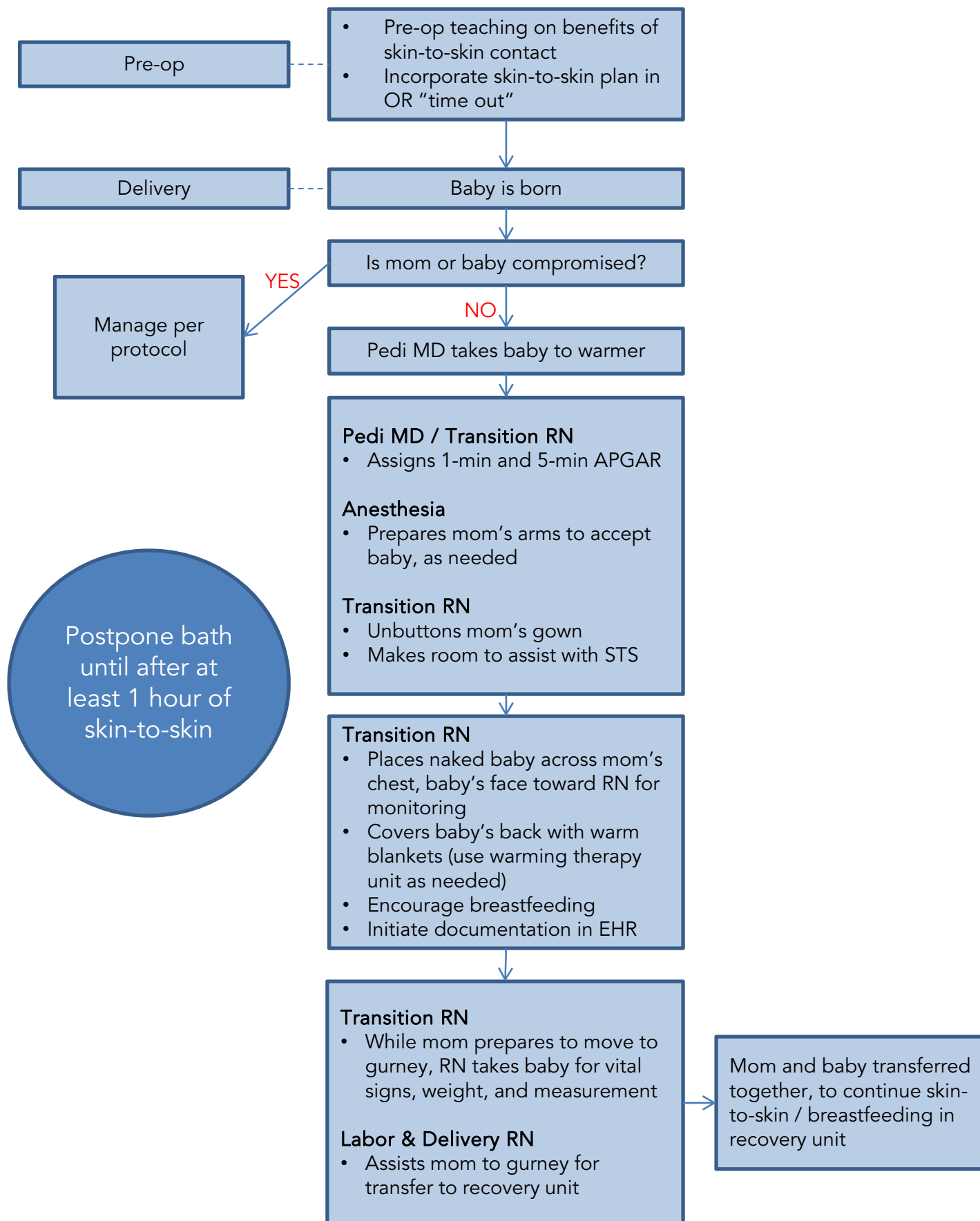
[illegible]

Skin-to-skin RN Checklist

Vaginal Delivery

		Task
Before birth	<input type="checkbox"/>	Educate mother about benefits of skin-to-skin
	<input type="checkbox"/>	Raise or remove gown
First 10 minutes after baby is born	<input type="checkbox"/>	Deliver infant to mother on bare abdomen or chest
	<input type="checkbox"/>	Dry infant (not hands) on mother's abdomen
	<input type="checkbox"/>	Bring naked infant to mother's bare chest (if not already there)
	<input type="checkbox"/>	Cover mother and infant with warm blanket
10-30 minutes after baby is born	<input type="checkbox"/>	Take first newborn vital signs
	<input type="checkbox"/>	If infant brought to ALS, bring back, unwrap, and place skin-to-skin on mother's bare chest
	<input type="checkbox"/>	Offer assistance with latch
	<input type="checkbox"/>	Document uninterrupted skin-to-skin in EHR
	<input type="checkbox"/>	Document breastfeeding status/attempts
1-2 hours after baby is born	<input type="checkbox"/>	Provide newborn medication, give bath, and second vital signs
	<input type="checkbox"/>	Transfer to Mom-Baby unit while skin-to-skin
	<input type="checkbox"/>	Document additional skin-to-skin and breastfeeding

Process map: Skin-to-skin (STS) after C-Section



Breastfeeding Education Scripts

Consistent Messaging for Patients from MDs, RNs, and LCs

Breastfeeding Benefits to mom:

- Exclusive breastfeeding helps:
 - Reduce risks of cancer (ovarian & breast)
 - Reduce risk of Type 2 Diabetes
 - Promote close maternal – infant bonding
 - Improve maternal healing and reduce bleeding

Breastfeeding Benefits to baby:

- Exclusive breastfeeding helps:
 - Promote best nutrition for baby
 - Provide natural immunity to infections
 - Reduce allergies, ear and respiratory infections, and sepsis
 - Lower risk of asthma / diabetes / obesity
 - Lower risk of GI disease
 - Enhance neurological development
 - Reduce risk for infant mortality

Choosing Breastfeeding

- Discuss maternal plan and priorities
- Address mother's specific situation and concerns with attention and respect
- Discuss advantages of breast milk to mom and baby
- Suggest skin-to-skin bonding
- Introduce pumping as an option

Perception of Insufficient Milk Supply

"Your colostrum is very rich and concentrated - the perfect amount of food."

- The first milk is colostrum: "Liquid Gold." It is the perfect food, and contains all the nutrition the baby needs for first days in small amounts when sucking
- Babies' stomachs are small, about the size of a walnut or a marble. Newborn tummy holds about a teaspoon full on the first day of life, the exact amount of liquid gold for the baby
- Colostrum is thick and rich, like syrup, very concentrated
- Colostrum has built-in immunities from mom to protect baby
- Mom's body has been producing colostrum since mid-pregnancy
- The milk comes in 3-4 days after delivery

Breastfeeding Education Scripts

Consistent Messaging for Patients from MDs, RNs, and LCs

Promoting milk production - hand expression

"Hand expression will promote milk production and help protect your nipples and skin."

"Drops of colostrum can encourage your baby to suck."

- Offer to demonstrate/teach how to hand express colostrum
- Hand expression of colostrum can be done before and after feeding, and with pumping
- You may not see it right away. Do not worry - baby's suck draws it in
- If drops are present, place them on the baby's lips to latch
- Skin-to-skin stimulates milk production too

"A good latch is so important"

Align baby's ear, shoulder, and hip in straight line. Place baby tummy to tummy with mom, chin up, nose to nipple. When mouth opens wide, lips flanged out, quickly bring baby to the breast, supporting neck and shoulders.

- Review baby hunger signs: Awake, mouthing, finger /hand search, rooting
- After four hours, if sleepy, stimulate
- Hand express colostrum drops to entice baby
- Unwrap the baby. Bare skin to skin contact, tummy to tummy
- Tickle lips with nipple; watch for wide open mouth
- Briskly bring baby to the breast supporting neck and shoulders
- Baby's head naturally tips back, chin up, lips flanged
- Maintain good body alignment: ears, shoulders, and hips in straight line
- Baby may nurse from 5 to 30 minutes each feeding in first few days
- Finish feeding on "first breast first." If baby stays on 30 minutes, you can take him off, burp and try the **other side** if he looks interested
- Air dry nipples

Normal Baby Activities

Cues tell us the baby's needs - observe and read baby's signals.

- Baby is **connecting** - Communicating signals include:
 - Baby is wide eyed and looking around
 - Baby's face and muscles are relaxed
 - Baby pays attention to you and follows your face and sound
 - Baby's hands reach toward you
 - Smiling expression
 - Baby is looking intently at your face
- Baby needs **rest** (maybe tired, uncomfortable, too full, or had too much activity). Let baby relax, and reduce stimulation and playing. Communicating signals include:
 - Baby is looking intently into space
 - Baby has tense face or muscles, or baby is crying
 - Baby is drifting to sleep
 - Baby is twisting, turning, moving or arching back away
 - Baby's hands and fingers are clenched or stiff

Breastfeeding Education Scripts

Consistent Messaging for Patients from MDs, RNs, and LCs

Sleepy baby in first 24 hours

Unwrap baby and attempt to breast feed every 3-4 hours. If not feeding, remove baby's shirt and place skin-to-skin to stimulate baby to feed.

- Holding baby skin-to-skin with mom or dad promotes closeness, reduces maternal anxiety, calms baby, balances and regulates infant temperature, breathing, and heart rate
- Heart to heart, calm with "baby time"
- Recovery time for both mom and baby
- Normal: feed at least 4 times in first 24 hours, If sleepy, try to awaken baby Q 3 - 4 hrs. to breastfeed
- Watch for cues, awake times: searching for hands, opening mouth and eyes

Sore Nipples

Call for assistance with latch, positioning, and unlatch. Apply hand expressed colostrum to nipples, air dry, then scant amount of lanolin. If no colostrum, use lanolin, then air dry.

Request to give baby a bottle or pacifier

Formula decreases baby's time at the breast and decreases milk supply.

Feeding cues may be missed with pacifiers.

- We recommend exclusive breast feeding in the beginning. Giving a bottle of formula or a pacifier in the first weeks may cause the following:
 - Baby may lose interest in sucking at breast
 - Baby may reject breast if given bottles while learning to breastfeed
 - Parents may miss hunger cues when baby sucks on pacifier
 - If formula is given when not medically necessary, baby may overeat formula, sleep too long, and miss next session of breastfeeding
 - After breastfeeding is established, a pacifier may be used

"Breasts are engorged"

Breastfeed often, baby will regulate milk production.

The baby stimulates the breast to produce the perfect amount of milk.

Warm showers, warm compresses, hand expression can give relief.

- Engorgement is a normal process occurring around 3-5 days after birth lasting 2-3 days. You feel full! The tissue is swelling. Your milk is in!
- Breastfeed regularly for breast relief and regulation of milk supply
- Softening your nipple by hand expression prior to feeding may improve latch and improve milk transfer
- For comfort, use heat on your breast with warm compresses, warm showers
- May use cool compresses after feeding to reduce swelling
- Pumping is not usually needed - it can cause increased milk production

Breastfeeding Education Scripts

Consistent Messaging for Patients from MDs, RNs, and LCs

“Baby crying and feeding all night long”

Night Activities: Crying does not mean hungry. Look at baby for hunger cues or rest cues.

Your baby is recovering from birth and transitioning into the world. Calm, comfort, and rock your baby.

- Check reasons why baby is crying: dirty diaper? is baby tired?
- Feeding cues:
 - Rooting, sucking, hands to mouth and smacking mouth and lips
- Calming measures:
 - Keep repeating. It may take a few minutes for a crying baby to settle down
 - Hold close to you, rock, swaddle, sing, talk softly, skin to skin, burping
- Baby is doing the work of frequent/cluster feeding to produce milk
- Frequent feedings stimulate production and helps milk come in more quickly
- Baby wants and needs closeness to you, for security, comfort, and milk
- This is normal behavior for newborns; formula is not needed

Sleep Patterns

Light Sleep

- Babies sleep lightly and awaken easily in the first 30 minutes
- Light sleep allows baby to dream with rapid eye movements
- While in light sleep, baby’s brain is active for growth and development
- Light sleeping baby moves around and is easily awoken

Deep Sleep

- After 30 minutes of sleep, babies enter deep sleep
- Baby’s brain rests, baby has minimal movement, and breathing is regular
- Baby is sound asleep; requires stimulation to wake up

Nighttime tips for moms

- Keep baby in mom’s room
- Ask for help from family and friends, such as diaper change, bring baby to mom, holding, comforting baby
- Reassurance: it is normal for newborns to wake up often during the night in the first several weeks

“Mom plans to breast feed and bottle feed baby”

To get a good milk supply, we recommend feeding exclusively by breast for 2-3 weeks. After 2-3 wks, pumped breast milk in bottles can be given to baby.

- Explore what plans mom has in mind
- Formula is not recommended unless there is a specific medical reason
- Emphasize that we respect mother’s choice. Explain your role: “from a healthcare provider perspective, we want to be sure that you have all the information you need to make an informed choice, or if you have concerns we may be able to help with”
- Offer discussion with lactation consultant

Breastfeeding Education Scripts

Consistent Messaging for Patients from MDs, RNs, and LCs

Post-Cesarean, mom is very sleepy

Skin-to-skin is beneficial for both mom and baby. Promote infant safety while mom is holding baby. Partner/family may stay with mom. "Please let your nurse know when you are alone and sleepy, so the baby may be safely placed in the bassinette."

- It is important for mom and baby to have skin-to-skin contact
- When taking pain medication, for safety, it is important for mom to have partner or visitor stay with you while you are holding your baby. The baby's safety is important while mom rests

Baby is in NICU and not able to nurse. Mom wants to give her breast milk. What to do?

Use pump in combination with manual hand expression. Pumping will stimulate milk production. It is best to start pumping within 3-6 hrs after birth. Pump both sides every 3 hrs for 10 to 15 minutes. Every drop is gold for baby!

- Colostrum is Liquid Gold. Normally, moms get very little colostrum in first day but it will increase
- Start pumping within 3-6 hrs after birth. Then every 3 hrs for 10 - 15 minutes. At least once in the nighttime. Pumping is important, stimulates breasts to produce milk
- Walk through logistics with mom on milk storage, labeling and how to clean pump parts with soap and water, air dry

References:

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Supplementation Debriefing Tool

Manager: _____ Date: _____

Mother's Name:	Mother's MR#:
Baby's Name:	Baby's MR #:
Baby's Date of Birth:	Baby's Gestational Age:
Time of Birth:	
Type of Delivery: <input type="checkbox"/> NSVD <input type="checkbox"/> C/S	
Labor Medications: Y/N	Type: Dose: Time given:
Mother's Documented Feeding Preference	<input type="checkbox"/> Breast <input type="checkbox"/> Bottle <input type="checkbox"/> Both
Date & Time of 1 st Breastfeeding	Date: _____ Time: _____
Date & Time of 1 st Formula Feeding	Date: _____ Time: _____
Amount of Formula Given	_____ ml
Three Previous LATCH scores, And if Observed or Reported	1 st : _____ <input type="checkbox"/> Observed <input type="checkbox"/> Reported 2 nd : _____ <input type="checkbox"/> Observed <input type="checkbox"/> Reported 3 rd : _____ <input type="checkbox"/> Observed <input type="checkbox"/> Reported
Flowsheet Documentation: Breastfeeding Supplementation Reason	<input type="checkbox"/> Poor Latch <input type="checkbox"/> Infant Lethargic <input type="checkbox"/> Weight Loss <input type="checkbox"/> Maternal Preference <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> No Urine Output/stool <input type="checkbox"/> Hyperbilirubinemia <input type="checkbox"/> SGA/Prematurity/LBW <input type="checkbox"/> Insufficient breastmilk supply <input type="checkbox"/> Not Charted
Flowsheet Documentation: Breastfeeding Supplementation Method	<input type="checkbox"/> SNS <input type="checkbox"/> Cup <input type="checkbox"/> Finger <input type="checkbox"/> Nipple
Written note as to why formula given	<input type="checkbox"/> No <input type="checkbox"/> Yes, with reason: <input type="checkbox"/> Nipple Issues <input type="checkbox"/> Pain <input type="checkbox"/> Too tired <input type="checkbox"/> Baby doesn't like it/want it <input type="checkbox"/> Irritable Baby <input type="checkbox"/> Baby not getting enough, still hungry <input type="checkbox"/> "The Dr. or NP told me to give a bottle"
Formula Acknowledgement Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurse who documented 1 st Formula	
Doctor who ordered 1 st Formula	<input type="checkbox"/> N/A
Doctor's Order for Supplementation and Method (SNS, Bottle, Amount)	Doctor's Order for Supplementation: <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes, and it included <input type="checkbox"/> SNS <input type="checkbox"/> Bottle <input type="checkbox"/> Amount
Doctor's Reason for supplementation	<input type="checkbox"/> Low Blood Sugar _____ <input type="checkbox"/> Weight Loss of _____ % <input type="checkbox"/> Elevated Bili of _____ at _____ hrs of age
Comments:	