Massachusetts Baby-Friendly Collaborative: Lessons Learned

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Becoming Baby-Friendly: Oklahoma Summit
Presenter Disclosures

Melissa Bartick

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
Overview of our Collaborative

• Our history

• Special challenges
  – Skin to skin
  – Rooming in
  – Banning the bags

[Map of Massachusetts]
Collaborative History

• Started in 2008 with 4 facilities (of 49)
• Now we include all 48 facilities
• Meet every other month except summer
Skin-to-Skin
Advertising STS to patients and staff

- We made S2S buttons
- Size of newborn’s stomach
- Staff can all wear them or earn them
Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns

Lori Feldman-Winter, MD, MPH, FAAP, Jay P. Goldsmith, MD, FAAP, COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME

Skin-to-skin care (SSC) and rooming-in have become common practice in the newborn period for healthy newborns with the implementation of maternity care practices that support breastfeeding as delineated in the World Health...
Safe Skin-to-Skin positioning: preventing SUPC
Box 2: Components of Safe Positioning for the Newborn While Skin-to-Skin\textsuperscript{62}

1. Infant’s face can be seen
2. Infant’s head is in “sniffing” position
3. Infant’s nose and mouth are not covered
4. Infant’s head is turned to 1 side
5. Infant’s neck is straight, not bent
6. Infant’s shoulders and chest face mother
7. Infant’s legs are flexed
8. Infant’s back is covered with blankets
9. Mother-infant dyad is monitored continuously by staff in the delivery environment and regularly on the postpartum unit
10. When mother wants to sleep, infant is placed in bassinet or with another support person who is awake and alert

AAP document lists EVIDENCE for STS

- crying
- hypoglycemia
- hypothermia
- Cardiorespiratory stability
STS benefits to mom in AAP paper

- ↓ maternal depression and stress
- ↓ pp hemorrhage
- ↓ cortisol over the first month
- ↑ early breastfeeding
Sidecar for hospital use

Lori Feldman-Winter et al. Pediatrics
doi:10.1542/peds.2016-1889
STS recommended for at least 30 minutes for DAD
STS– an early win on your BF journey!
Skin-to-skin with C-section

Plan ahead first time:

• 1 mom, 1 nurse, 1 anesthesiologist
• LC can be present.
• Plan-Do-Study-Act cycle
Skin-to-skin with C-section

- Leads on the back or shoulder
Skin-to-skin with C-section

Drape is moved down after birth
Safe skin-to-skin

• Teach positioning to moms and staff
• Call-light on during feeds, so staff can check after feed is done
• Train all staff, even housekeepers, to let staff know if they see unsafe situation
Monitoring infant falls

- Who was holding baby?
- What shift? Time of day?
Unique environment for infant

Thermal Images

Non-lactating Breasts

Lactating Breasts

Image courtesy of Peter Hartmann, Univ of W. Australia
Rooming-in
Making Any Change

• Set a date
• Let moms and staff know
• Post flyers
  – in NST
  – on the unit
  – OB offices
Prenatal Education is key

• Explain evidence for mom and baby

• Use OB visits, flyers, classes, to reach moms
Rooming In Evidence: Baby

• ↘ CRYING

• ↘ stress on the newborn
• ↘ Risk of hypoglycemia
• ↘ Risk of hypothermia
• ↑ attachment and bonding
“We never hear crying here.”

• “Since we went Baby-Friendly, we never hear babies crying on our unit. If we hear a baby crying, something must be really wrong.”

– Common observation among people who’ve worked in BFHI hospitals.
Separation from mother is NOT the human natural state

Infant separated from the only person he’s ever known. Doesn’t know if he’ll ever see mom again.
Separation linked to Toxic Stress: Nils Bergman

- 16 2-day old infants sleeping skin-to-skin vs alone for 1 hour

- Infants sleeping alone had 176% increase in autonomic activity and 86% decrease in quiet sleep

Morgan, Horn, Bergman. Biol Psychiatry 2011. 70: 817-825

Toxic stress: Infant feels abandoned, “protest and despair.”
Toxic Stress: definition

- A child experiences prolonged adversity, and his physiologic stress response can “disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.”

- Harvard University Center for the Developing Child
Toxic Stress

• Baby rats licked more by their moms show less response to stress as adults. They carry this on to the next generation.

• Stress hormones can alter size and neuronal architecture of parts of the brain.

Shonkoff et al, Pediatrics 2012. 129: e232
Fighting Backlash in Mass and US

PARENTING

Closing Newborn Nurseries Isn't Good for Babies or Moms

Dr. Amy Tuteur
Feb 11, 2016

Dr. Amy Tuteur is an OBGYN and the author of the forthcoming book, *Push Back: Guilt in the Age of Natural Parenting.*

I'm deeply disappointed to learn that the hospitals in my state, Massachusetts, are closing their newborn nurseries. It's a submission to the entreaties of breastfeeding activists (lactivists), and doesn't accomplish its stated aim. Most importantly, it's unsafe.
What’s in it for mom

• Moms actually get just as much rest
• Moms bond better with babies
• More success in breastfeeding

• More CONFIDENCE—moms tell us so in surveys
Rooming in prepares for life at home

• Here, we’ll coach you. If you’re baby’s crying in the night, we’ll help you manage. Or having a problem, like choking, we’ll help you manage. Or you feel too tired? We’ll coach you through it. You’ll feel ready.
Increased Patient satisfaction

We can give you a fish (nursery), you eat (sleep) for a day. Or we teach you how to fish (room in), you eat (manage) for a lifetime.
Watch your language

• Use “your and your baby’s room”
• Not “your room”
• Use “evidence” and “best practice” not “Baby-Friendly” because it’s not about that.
Consider renaming the Nursery

Neonatal Observation Unit

“Nurseries are for SICK Babies.”
Scripting: At the hospital

- First step: Listen to mother’s concerns and validate them, that you are there for her
- OK to assure mom that no one is going to “make her” keep her baby with her
- Assure her that you do have a nursery
Tell moms what the nursery is like

• It’s loud
• Your baby may not get personal attention and holding like you would give your baby
• It’s bright- the lights are on
• Baby won’t be able to sleep well.
• We typically reserve it only for babies who are sick.
• Hospital germs, not family germs
“But this is my third kid”

• Every baby’s different. Every relationship is different. This baby might respond differently.
• Baby will be stressed being separated
• And important bonding time for baby and you.
• “We used to think it was OK for the newborn to be separated from his mom. Now we know there’s evidence that it’s harmful for baby”
Offer alternatives

• “We’ll come in whenever you want. We can sit with you.”

• Most moms don’t want to be watched while they sleep and will decline.
If you do need to separate

• If you need to separate, tell the baby that mom is coming back

• Baby-Friendly requires only 80% compliance. (Aim for 100% and you might get 80%.)
Banning the Bags
Background: 2006

February 2006: Gov. Romney seeks to quash a regulation banning the bags enacted by the state’s Public Health Council.

Vote to occur May 2006
Making the case

Why are hospitals marketing baby formula?

Give the Bag the Boot!

Hospitals should market health, and nothing else.

Distill a complex issue into a few words
The bags cost families money--Brand loyalty means families spend 1/3 more for formula.
We lost in 2006, but 2012 Massachusetts went bag-free!
Lessons Learned: Framing the issue

- **Them:** “Women should be free to choose.”
- “Bottle-feeders shouldn’t be punished.”

**DON’T GO THERE!**
Making the case:

• Formula samples linked to early use of formula by breastfeeding mothers

• Formula subject to recall—managers need to keep track of lot numbers of all giveaways
  – Our DPH sent a letter to all hospitals about this

• Bags and samples take up a lot of space
How we advanced our state

At our Spring and Fall conferences:

Naming the hospitals that are bag-free

THEN: Naming the hospitals that still had bags
Banthebags.org Toolkit

Ban the Bags Tool Kit
Anticipating Formula Industry Strategies and Countering Them

Health professionals should prepare talking points for interview situations, contact with the press, or meeting with legislators or public health officials and avoid being drawn into debates that make them appear to be zealots. The following are common industry assertions and claims by opponents followed by useful responses.

Industry Assertion: Attempts to ban free formula gift packs are “anti-business”; formula companies have a responsibility to communicate their product innovations
Counter: Permitting the practice undermines the public health, which is costly, unethical, and, ultimately, bad for business. Marketing to mothers through the health care system exploits women’s fears and insecurities during the transition to motherhood

Industry Assertion: The Ban the Bags movement

Industry Assertion: Ban the Bags makes women feel guilty.
Counter: Health professionals work hard to help women breastfeed, and are well aware of the problems that can occur to prevent success. What we seek to prevent is the deliberate undermining of breastfeeding by an industry that profits when breastfeeding fails. Industry would not provide the bags if they did not subvert breastfeeding. The “guilt” argument is used to dodge the issue of failure to fully inform women of the risks of formula feeding.

Industry Assertion: Ban the Bags is elitist because it deprives poor women of a free present they look forward to receiving.
Counter: Undermining breastfeeding and depriving low-income families of the numerous health and economic protections that breastfeeding
Infant Formula Marketing in Hospitals

Background FAQ

Q: How do infant formula companies market their products in healthcare settings?

A: Formula companies use a variety of strategies. Our primary focus in this campaign is the distribution of industry-sponsored formula samples to new mothers in hospitals. These samples come in "discharge bags," which also contain an array of formula coupons. Some brands of formula offer both "breastfeeding" and "formula feeding" bags. However, "breastfeeding" bags also contain formula and formula coupons! Between 66 and 72 percent of hospitals in the U.S. distribute these samples, which have been shown to reduce the duration of breastfeeding and lessen exclusive breastfeeding.

Formula companies also market their products in doctor’s offices with displays, samples, logos and contests to win free formula.
Massachusetts DPH Toolkit

Becoming Baby-Friendly: Practical Solutions Toolkit

- Overview
- Step 1 - Have a Written Breastfeeding Policy
- Step 2 - Train All Health Care Staff
- Step 3 - Inform All Pregnant Women about Breastfeeding
- Step 4 - Help Mothers Initiate Breastfeeding within One Hour of Birth
- Step 5 - Show Mothers How to Breastfeed
- Step 6 - Practice Exclusive Breastfeeding
- Step 7 - Practice Rooming-In
- Step 8 - Encourage Breastfeeding On-Demand
Lessons Learned

Different arguments work in different settings:

• Anti-Corporate/anti-Pharma,
• Anti-marketing
• Evidence-based medicine- health of pts!
• Corporate compliance
• Administrative hassles (lot numbers)
Massachusetts: 2008->2017

1->10 Baby-Friendly Hospitals

16 on the pathway (in addition to 10 BFHI)

14.8% births in BFHI

Bag Free State

View of Boston from Nixes Mate
Questions?
Thank you!

Nantucket overlooking the Atlantic Ocean

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