BECOMING BABY-FRIENDLY IN OKLAHOMA: REAL FACTS ABOUT BABY-FRIENDLY HOSPITALS

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BECOMING BABY-FRIENDLY IN OKLAHOMA PROJECT LEAD
I **DO NOT** have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.
BABY-FRIENDLY AROUND THE WORLD

• Over 22,000 hospitals in 157 countries are Baby-Friendly
• 100% of hospitals in Sweden
• 74% of Scottish hospitals and the other 26% are working towards Baby-Friendly (UNICEF)
  • Scotland has had the fastest increase in breastfeeding rates in the UK
  • Scottish data links “deprivation, maternal age and Baby-Friendly status” to breastfeeding rates
• 10% of hospitals in India
  • 41% early initiation of breastfeeding
What have we learned?

• Breastfeeding saves lives

• Ensuring early and effective breastfeeding can have long-term effects on breastfeeding duration

• Wrong practices still occur such as separation of mothers and babies and inadequate staff training

• Most sustainable when continuously monitored by facilities themselves

• The Baby-Friendly Hospital Initiative is most successful when regarded as part of continuum of care within hospitals and clinics and is built as part of the hospital accreditation system.
Percent breastfeeding at 6 months, National Immunization Survey for children born in 2010
**BECOMING BABY FRIENDLY IN OKLAHOMA**

- Number of Baby Friendly Hospitals in Oklahoma: 4
- Percent of Oklahoma Babies Born in a Baby Friendly Hospital: 10%
- Percent of Oklahoma Birthing Hospitals: 7.5%

**US Healthy People 2020 Goal = 8.1%**

*One more hospital will bring Oklahoma to 9.4%!*
Figure 1. Prevalence of Key Hospital Baby-Friendly® Practices as Experienced by Breastfeeding Mothers*, PRAMS 2012

<table>
<thead>
<tr>
<th>Hospital Practice</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gave telephone number to call for help</td>
<td>86.5</td>
</tr>
<tr>
<td>Not given gift pack with formula</td>
<td>32.5</td>
</tr>
<tr>
<td>Told to breastfeed on demand</td>
<td>86.4</td>
</tr>
<tr>
<td>Baby fed only breast milk</td>
<td>62.0</td>
</tr>
<tr>
<td>Staff helped mother learn how</td>
<td>80.0</td>
</tr>
<tr>
<td>Breastfed first hour after birth</td>
<td>73.6</td>
</tr>
<tr>
<td>Baby stayed in same room</td>
<td>95.3</td>
</tr>
</tbody>
</table>

* Among infants not admitted to the NICU
STEPS 1 AND 2

• POLICY AND TASK FORCE

• STAFF TRAINING
IT TAKES A TEAM APPROACH

Facilitators of achieving Baby-Friendly include:

- **Endorsements of both local administrators and governmental policy makers**
  - CDC, Surgeon General, Healthy People 2020, OSDH, OHCA

- **Effective leadership of the practice change process**
  - Admin support, multidisciplinary team, open communication, BBFOK

- **Health care worker training**
  - Mandatory and flexible

- **Limiting marketing influence of formula companies**

- **Integrating hospital and community health services**

Semenic et al, JHL 2012
IT TAKES A TEAM APPROACH

• BBFOK Webinars held monthly, 2nd Wed at 12pm
• Previous webinar recordings available online at www.okbrc.org under Baby-Friendly
• Upcoming webinar topics:
  • March 9: Step 3 and 10: *WIC’s Breastfeeding Peer Counselor Program* – Amanda Morgan
  • April 20: Topic to be determined – Anne Merewood
  • May 11: Steps 1-10: *A Military Hospital’s Journey to Baby-Friendly* – Angela Love-Zaranka
  • June 8: Step 2: *Communication and Counseling* – Cathy Carothers
STEP 3 – MATERNAL EDUCATION
'The midwives aren’t allowed to tell you': perceived infant feeding policy restrictions in a formula feeding culture - the feeding your baby study.

- Perception that midwives aren’t allowed to talk about formula
- Women felt pressured to breastfeed
- Women reported conflicting advice, mixed messages and missing messages
  - “One of them said I was feeding her too much; the other one said let her have it.”
- Prenatal breastfeeding information was not realistic
  - Breastfeeding is not always easy; mothers weren’t prepared for demands of breastfeeding
- Formula feeding mothers were not taught formula preparation
  - “I was literally reading the boxes on the sterilizer”
Hide! The Baby-Friendly police are here!
STEP 4 – SKIN TO SKIN AND EARLY INITIATION
SKIN TO SKIN CONTACT

Kangaroo Mother Care and Neonatal Outcomes: A Meta-Analysis

• Among Low Birth Weight newborns, KMC associated with:
  • 36% lower mortality
  • Decreased sepsis, hypothermia, hypoglycemia, hospital readmission
  • Increased exclusive breastfeeding
  • Lower mean respiratory rate and pain measure
  • Higher oxygen saturation, temperature and head circumference growth

Boundy et al, Peds 2016
Any and exclusive breastfeeding rates are lower for cesarean deliveries.

In Vietnam, mothers who initiated breastfeeding after c/s had similar breastfeeding rates to mothers who delivered vaginally.

Immediate or early skin-to-skin contact after a caesarean section:

- Increase breastfeeding initiation
- Decrease time to the first breastfeed
- Reduce formula supplementation in hospital
- Increase bonding and maternal satisfaction
- Maintain the temperature of newborns
- Reduce newborn stress.

Nguyen et al, BMC Public Health 2013; Stevens et al, MCN 2014
STEPS 5-9

THE ORIGINAL ROOMING-IN

THE HOGAN IS THE TRADITIONAL HOME OF THE DINE PEOPLE. IT ALL HAPPENED IN THE HOGAN.

Rooming-in, where mom and baby stay together in the hospital 24 hours a day, is best for you and your new baby. It helps with bonding and breastfeeding. There are many benefits to rooming-in and breastfeeding, and they are healthy choices for you and your baby. Talk to your health care provider if you have questions about rooming-in or breastfeeding.
HOSPITAL PRACTICES AND WOMEN’S LIKELIHOOD OF FULFILLING THEIR INTENTION TO EXCLUSIVELY BREASTFEED

• 49% of primiparas who intended to EBF reported their baby receiving formula
• 45% reported being given pacifiers
• Primiparas who delivered in hospitals that practiced 6-7 of the Ten Steps were 6 times more likely to achieve their goal of EBF
• Mothers whose babies did not receive formula were 4.4 times (primips) and 8.8 times (multips) more likely to achieve their goal of EBF

Declercq et al, 2009
DISPARITIES

- Mothers with insurance funded by a job or by military health insurance were more likely to experience 5 or more practices compared to mothers with medicaid or IHS/tribal-funded prenatal care. (OSDH PRAMS Brief 2015)

- Breastfeeding rates in U.S. Baby-Friendly hospitals were not associated with the proportion of black or low-income women (Merewood et al, Peds 2005)
BREASTFEEDING-ASSOCIATED HYPERNATREMIA: A REVIEW

- This current survey of the literature identified the following risk factors:
  - Cesarean delivery!
  - Primparity
  - Breastfeeding problems
  - Excessive maternal body weight
  - Delayed breastfeeding
  - Lack of previous breastfeeding experience
  - Low maternal education level

Lavagno et al, JHL 2016
STEP 6 – EBF AND MARKETING
HOW MUCH DOES IT COST?

Eradicating reliance on free artificial milk, JHL 2014

- 596 BED HOSPITAL, 2200 DELIVERIES/YEAR

“ACTUAL EXPENDITURE IN ALL NEONATAL NURSERIES FROM JULY 2013, WHEN WE BEGAN PURCHASING FORMULA AND SUPPLIES, TO DECEMBER 2013 WAS 19.7% LESS THAN PROJECTED.”

OF NOTE, EXPENDITURE ON TERM COW’S MILK-PROTEIN BASED FORMULA WAS 40% LESS THAN PROJECTED.

DESPITE AN INCREASED EXPENDITURE OF 6.7% ON PRETERM PRODUCTS DURING THE SAME TIME PERIOD, THE DECREASE IN USE OF TERM FORMULA RESULTED IN AN OVERALL DECREASE IN EXPENDITURE OVER THE PREDICTED COSTS.
HOW MUCH DOES IT COST?

• Cost comparison of baby friendly and non baby friendly hospitals in the United States

“...Becoming baby-friendly is relatively cost-neutral for a typical acute care hospital”

• Anecdotally some Oklahoma hospitals report spending less on breast pump kits and pacifiers which offsets the cost of formula

Pediatrics 2011
Figure 3: % Incremental Cost Declines over Time, as BF rates Increases

An Economic Cost Analysis of Becoming a Baby-Friendly Hospital, 2009
An Economic Cost Analysis of Becoming a Baby-Friendly Hospital, 2009
**BANNING INDUSTRY MARKETING “GIFT” BAGS INCREASES BREASTFEEDING**

- Removal of industry-sponsored formula sample packs from the hospital: does it make a difference? (Feldman-Winter et al, JHL 2012)
  - Mothers who did not receive formula in the take home bag had higher exclusive breastfeeding rates
  - BUT 36% of women in the intervention group reported receiving formula in their take home bag even though the hospital was “bag-free”
BAG FREE STATES

- Maryland joins Washington, D.C., Rhode Island, Massachusetts and Delaware in going bag-free.

- 67% of top hospitals in gynecology (30 out of 45) ranked by *U.S. News* reported not distributing formula company sponsored discharge bags or formula samples to mothers in their maternity units.

- 69% of US hospitals reported no longer giving formula bags to breastfeeding mothers (Nelson et al, *Peds* 2015)
## Bag-Free Hospitals in Oklahoma

| 1. | Cherokee Nation W.W. Hastings Hospital, Tahlequah |
| 2. | Chickasaw Nation Medical Center, Ada |
| 3. | Claremore Indian Hospital, Claremore |
| 4. | Comanche County Memorial Hospital, Lawton |
| 5. | Deaconess Hospital, Oklahoma City |
| 6. | Duncan Regional Hospital, Duncan |
| 7. | Great Plains Regional Hospital, Elk City |
| 8. | Hillcrest Hospital South, Tulsa |
| 9. | Hillcrest Medical Center, Tulsa |
| 10. | INTEGRIS Baptist Medical Center, OKC |
| 11. | INTEGRIS Baptist Regional Health Center, Miami |
| 12. | INTEGRIS Bass Baptist Hospital, Enid |
| 13. | INTEGRIS Canadian Valley Hospital, Yukon |
| 14. | INTEGRIS Clinton Regional Hospital, Clinton |
| 15. | INTEGRIS Grove Hospital, Grove |
| 16. | INTEGRIS Health Edmond, Edmond |
| 17. | INTEGRIS Southwest Medical Center, OKC |
| 18. | INTEGRIS Baptist Regional Health Center, Altus |
| 19. | INTEGRIS Baptist Medical Center, OKC |
| 20. | INTEGRIS Baptist Regional Health Center, Edmond |
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| 25. | INTEGRIS Baptist Regional Health Center, Edmond |
| 26. | INTEGRIS Clinton Regional Hospital, Clinton |
| 27. | INTEGRIS Baptist Regional Health Center, Altus |
| 28. | INTEGRIS Baptist Regional Health Center, Edmond |
| 29. | INTEGRIS Baptist Regional Health Center, Altus |

*55% of OK birthing hospitals are “bag-free”.*

**How do we get to 100%??**
WHY INFANT FORMULA SAMPLES POSE A RISK TO HEALTH CARE WORKERS

• Powdered infant formula is not sterile and has caused cases of meningitis
• Infant formula alters gut programming and immune system development
• Small amounts of formula in a family with allergies can sensitize the baby
• Formula displaces breast milk from the diet
• Formula bags have been recalled and powdered formula products have been recalled
  • Does your facility track the patients and lot numbers of formula they sent home with them?

Walker, JOGNN 2015
STEP 10 – COMMUNITY RESOURCES

- November 2015 JHL issue dedicated to community resources
- One article analyzed discharge pack information and found wide discrepancies in adequacy of information
- NY state has developed a Breastfeeding Friendly Practice designation
- Some states have collaborated with community clinics
- Make use of our breastfeeding coalition – COBA!
- Oklahoma Breastfeeding Hotline
BECOMING BABY-FRIENDLY IN OKLAHOMA PROJECT

- Monthly webinars for each group
- Technical assistance as needed – in person, email and phone
- Website resources, staff and physician training
- Mock surveys prior to assessment
- Funding
  - $500 enrollment stipend
  - Up to $3000 for completion of BFUSA phases
    - Development
    - Dissemination
    - Designation

Preparing for a Lifetime
It’s Everyone’s Responsibility
BFUSA 4D PATHWAY

- Discovery
  - Register, send CEO letter, no fee
- Development – develop plans:
  - Policy
  - Staff/MD education
  - Patient education
  - Data collection
  - Send 1\textsuperscript{st} fee
- Dissemination
  - Complete plans, do audits
  - Send 2\textsuperscript{nd} fee
- Designation
  - Mock survey
  - Phone assessment
  - Send 3\textsuperscript{rd} and final fee and schedule BFUSA assessment
Annual Conference Registration is now available on the TRAINING/EVENTS page!

The Oklahoma Breastfeeding Resource Center (OKBRC) is a statewide resource for healthcare providers and organizations working to improve the care of nursing mothers and children.

OKBRC is part of the Department of OB/GYN at the University of Oklahoma Health Sciences Center and partners with many state and community organizations. Please, feel free to make use of anything you find on this site! With your commitment, together we can improve the health of our state by helping more mothers and babies successfully breastfeed.

CONTACTS

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Tiny Tummies

Babies have tiny tummies!
A newborn's small stomach is easily filled by breastfeeding often, 8-12 times every 24 hours. Baby's stomach grows as mom's milk increases. Feeding often and skin to skin contact builds milk supply.

Day 1
5-7 mL

Day 3
22-27 mL

ouhsc.edu/breastfeeding

Badge Buddies to help with Prenatal Education
BBFOK: HOW TO GET STARTED

• Gain hospital leadership support – we can help you!
• Notify us that you’re ready to start
  • Send CEO letters, register for Discovery phase
• Participate in BBFOK activities
• Let us know what you need – we are here to help!
BECOMING BABY-FRIENDLY IN OKLAHOMA

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