Baby-Friendly and the Indian Health Service: 
A New Standard of Care

Anne Merewood PhD
MPH IBCLC
Associate Professor of Pediatrics, Boston University School of Medicine
Consultant, Indian Health Service
Editor in Chief, Journal of Human Lactation
Why?
Why?
The Baby-Friendly Hospital Initiative

- WHO/UNICEF Initiative
- Launched in 1991
- “Award” or designation for a birthing facility that meets the Ten Steps to Successful Breastfeeding
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 the 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 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 birth center.
Baby-Friendly Hospital Initiative and the IHS

- Michelle Obama’s *Let’s Move Indian Country*
- All 13 Federal IHS hospitals will become Baby-Friendly (2011)
- Tribally administered sites “encouraged” to become Baby-Friendly
IHS: In favor

This is NOT an IHS facility!!
This *is* an IHS facility...
Baby-Friendly launch at IHS: 2011

- Baby-Friendly lead named at each site
- Initial train the trainer meeting for leads and key individuals
Methods

- 1st 3 hospitals set stage through Area leadership; developed policies
- Division of Nursing (DC/HQ) and Consultant worked with all 13 sites
- CMO, Nursing leadership, and Area leadership made site visits for “encouragement” and celebration
- Consultant and Area nursing performed mock Baby-Friendly assessments at most hospitals
Methods: Training

- IHS training systemwide:
  - Training went beyond standard BFHI needs – ALL RNs at each hospital took 15 hour online course
  - Public Health Nurses took extra 5 hours of training
  - All OB/Pedi/Family Med providers completed 3 hours
  - Pharmacists now engaged
Methods

- IHS adopted wide reaching implementation strategies – for example:
  - All 13 hospitals adopted an infant feeding policy based on a common model
  - Medical record templates were made Baby-Friendly compatible
  - Hospitals shared strategies via regular webinars and phone conferencing
Groups like the Navajo Area Baby-Friendly Task Force united geographic regions
Community: Zuni WIC
Community: Zuni WIC
Community: Public Health Nursing
Community: Zuni WIC
Development

Data Collection Plan

Prenatal/Postpartum Teaching Plan

Staff Training Curriculum
Hospital Breastfeeding Policy
BFHI Work Plan
BF Task Force/Committee

Development Phase

Data Collection Plan
Dev-9

Staff Training
Dev-8

Patient Ed
Dev-7A

Incubator Nurse (baby nurse)
Post-Delivery Nurse
New-baby Nurse

Mother Baby 9/20/13

Staff Training Plan
Dev-3A

Start Dec Complete Feb 2014

NICU Staff: Haraway
- Rehabilitation baby
The 4-D Pathway to Baby-Friendly™ Designation

**Dissemination**
- Collect Data
- Train Staff

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

**Development**
- Prenatal/Postpartum Teaching Plans
- Staff Training Curriculum
- Hospital Breastfeeding Policy

**Discovery**
- Register with Baby-Friendly USA
- Obtain CEO Support Letter
- Complete Self Appraisal Tool

For more information go to www.babyfriendlyusa.org

© Baby-Friendly USA 2010
WELCOME TO OUR BREASTFEEDING-FRIENDLY FACILITY

Feel free to breastfeed anywhere you wish.

If you would like a more private place, please let us know.

Breastfeeding: A Winning Goal for Life!

Courtesy of the International Lactation Consultant Association
www.ICA.org Telephone 1-919-861-5577

Facilities Management installed speed humps in front of W. A. Hospital to slow vehicle traffic, in an effort to promote the safety of patients and staff while crossing Bia to and from the hospital. Speed humps were installed a few weeks ago in the East parking lot to improve pedestrian safety.

What’s the difference between speed bumps and speed humps? Humps are “Traffic Calming bars” designed to promote the safety of pedestrians by slowing the speed of vehicles. Speed bumps are designed to restrict drivers to slow down significantly as they cross over them and to be mindful of their speed in the area they’re driving. Speed humps are also intended to slow vehicle traffic in a more gradual manner, as well as reminding drivers to obey posted speed limits.

Please be mindful of your speed while on the hospital campus.
We will have more infants and staff walking in and out from the hospital.
Cherokee Nation W.W. Hastings Hospital Baby Friendly Committee will be hosting a Baby Friendly Hospital Initiative luncheon for our physicians. This will provide answers to questions regarding our BFHI Journey. We will be watching the recent summit presented by Dr. Mannel, and will be joined by guest speaker Dr. Fernando Fernandez from Claremore Indian Hospital. Your presence is vital to the success of this program.

Please join us for lunch and discussion.

September 16, 2013
12:00PM - 1:00PM
Annex Conference Room

Warmest Regards,

Brian Hail
CEO
Cherokee
Claremore – honored by state of Oklahoma

Dr Cline, OK State Commissioner for Health, awards certificate of recognition to Gibby Sweetwater, Nurse Manager, OB/inpatient at the 1st (and only) Baby-Friendly Hospital in OK: **Claremore Indian Hospital**
ABQ conference
Where we are now

- **Dec 2014**: 13/13 (100%) of IHS hospitals Baby-Friendly designated (~6% nationally)
- 1st BF hospitals in AZ, NM, ND, OK, SD all IHS sites
- 6% of all designated US sites are IHS
- In the 6 states where they exist, IHS hospitals comprise 76% of all BF hospitals
- 4/5 tribal sites on pathway
IHS Baby-Friendly hospitals

Blackfeet, Montana

Rosebud, Pine Ridge & Belcourt - 1st 3 Baby-Friendly hospital in the Dakotas

Chinle, Hopi, Phoenix IMC and Whiteriver: 4/5 BF hospitals in AZ

Claremore 1st Baby-Friendly hospital in OK

Zuni: 1st Baby-Friendly hospital in NM; Crownpoint, Shiprock
Barriers to Baby-Friendly

- Focus - “Just 1 more initiative”?  
- High staff turnover/understaffing  
- “Top down” mandate has advantages and disadvantages  
- Resistance to change and to new practices like skin to skin post cesarean  
- Challenges with prenatal education  
- Charting inconsistencies
IHS: Strengths

- Ethical issues, like paying for formula, easily accepted in a government system
- Smaller hospitals = fewer people to convince
- Systemwide sharing of resources, data and knowledge
- Peer pressure – once >50% of federal sites were designated, others obliged to follow suit
IHS: Benefits

- Baby-Friendly designation brought ‘new life’ to many sites and revitalized maternity service
- Local and regional leaders emerged and expanded breastfeeding related work
Breastfeeding initiation 2005-11

- 2005
- 2006
- 2007
- 2009
- 2010
- 2011

Graph showing breastfeeding initiation rates over the years 2005 to 2011 for different racial and ethnic groups.
Exclusive breastfeeding @ 3m 2005-11

Graph showing the percentage of exclusive breastfeeding at 3 months from 2005 to 2011 for different racial and ethnic groups. The graph indicates an increasing trend in exclusive breastfeeding across all groups, with a significant increase in some groups during the later years.
IHS lessons learned

- Many tribal communities embrace breastfeeding as the normal infant feeding method
- Tribal partners favored practices like skin to skin because they reconnect to traditional practices
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.
FIGURE 1—2009-2010 Indian health expenditures per capita compared with other federal health care expenditures per capita.

Note. FEHB = Federal Employee Health Benefits; IHS = Indian Health Service.
Source. National Tribal Budget Formulation Workgroup.6
Life expectancy in Montana is 20 years shorter for Native Americans than for Whites.