Step 1: Breastfeeding Policy

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Adapted from materials developed by Baby-Friendly USA with their permission
Step 1

Have a written breastfeeding policy that is routinely communicated to all health care staff and is in accordance with the Ten Steps to Successful Breastfeeding.

**BFHI Guidelines:** Summaries of the policy, including at minimum the Ten Steps and the institutional philosophy regarding the purchase and promotion of breastmilk substitutes, nipples and pacifiers, should be prominently displayed in all areas that serve mothers, babies and young children. This information should be available in the language(s) most commonly understood by patients and, if needed and/or possible, should be available in appropriate formats for illiterate and visually impaired patients.

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Step 1: Objectives

At the end of this 25 minute session, the participant will be able to:

- Describe how implementation of at least 6 of the Ten Steps to Successful Breastfeeding significantly impacts breastfeeding outcomes

- Strategize new ways to successfully implement a hospital-wide evidence based breastfeeding policy including communication to all perinatal health care staff

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Step 1: Formal Recommendations

• Develop a written breastfeeding/infant feeding policy that:
  – establishes breastfeeding as standard for infant feeding
  – is evidence-based
  – addresses each of the Ten Steps to Successful Breastfeeding
  – contains specific language that protects breastfeeding by:
    • prohibiting the promotion and group instruction of formula feeding
    • prohibiting the use of bottles and/or pacifiers
    • referencing the International Code of Marketing of Breastmilk Substitutes
  – prohibits distribution of gift packs with commercial samples, coupons, or other materials that promote use of formula, bottles and/or pacifiers to pregnant women and new mothers
Step 1: Formal Recommendations

• Communicate and make breastfeeding policy readily available to all health care staff that care for mothers and babies in the:
  – prenatal, intrapartum, and postnatal setting
    • including obstetricians, nurse midwives, pediatricians, family physicians, nurses, and medical assistants

• Ensure that health care staff refers to policy when needed
Step 1: Formal Recommendations

• Display a summary of hospital’s breastfeeding policy in all areas of the health care facility that serve mothers, infants, and/or children and ensure that this summary:
  – refers to the Ten Steps To Successful Breastfeeding
  – refers to the International Code of Marketing of Breastmilk Substitutes
  – is written with wording / language most commonly understood by mothers and staff

• Ensure a mechanism is in place for evaluating the effectiveness of the breastfeeding/infant feeding policy

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Step 1: Formal Recommendations

- Review all institutional policies and protocols related to breastfeeding and infant feeding including all policies related to the care of childbearing women and children, and ensure that policies:
  - are in line with current evidence-based standards
  - have language that protects, promotes & supports breastfeeding
  - are communicated to all current and new health care staff
Step 1: Original Evidence Presented

Existence of written policy associated with:

- Increased breastfeeding initiation
- Continued breastfeeding at 2 weeks
  - Better BF outcomes for hospitals with more comprehensive policies
Step 1: Evidence Update

Breastfeeding Policies provide a cohesive foundation for the Ten Steps

- Ten Steps formally endorsed by the AAP in 2012
  “Hospital routines to encourage and support the initiation and sustaining of exclusive breastfeeding should follow the Ten Steps.”

Dose-response relationship b/w # BFHI-practices experienced & likelihood of early BF cessation

Mothers who experienced ≤ 1 Baby-Friendly practice were > 3x more likely to stop BF before 8 weeks as compared with mothers who experienced 6 practices


<table>
<thead>
<tr>
<th># BFHI Practices Experienced</th>
<th>OR (95% CI)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>3.13 (1.41 to 6.95)</td>
</tr>
<tr>
<td>2</td>
<td>2.03 (1.05 to 3.94)</td>
</tr>
<tr>
<td>3</td>
<td>2.31 (1.21 to 4.42)</td>
</tr>
<tr>
<td>4</td>
<td>2.08 (1.08 to 4.00)</td>
</tr>
<tr>
<td>5</td>
<td>1.45 (0.70 to 2.99)</td>
</tr>
<tr>
<td>6</td>
<td>1.00</td>
</tr>
</tbody>
</table>

NH’s Ten Steps to Successful Breastfeeding: Step by (baby) Step

Adapted from materials developed by Baby-Friendly USA with their permission
### Birth in Baby-Friendly Hospital (BFH) & Positive Effect on BF duration and exclusivity


| Median Duration of EBF |  
|------------------------|--------------------------------------------------|
| Birth at BFH           | 60.2 days (95% CI: 56.5 to 64.2) |
| Birth elsewhere        | 48.1 days (95% CI: 45.3 to 50.8) |

<table>
<thead>
<tr>
<th>Outcomes for births at BFH</th>
<th>aPR* (95% CI)</th>
<th>Infants who delivered at a BFH were 6% more likely to be exclusively BF 1 day post-discharge, 13% more likely at 2 mo, 8% more likely at 3 mo, and 6% more likely at 6 mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfed in 1st hr</td>
<td>1.09 (1.06 to 1.11)</td>
<td></td>
</tr>
<tr>
<td>EBF at 1 day post-discharge</td>
<td>1.06 (1.04 to 1.09)</td>
<td></td>
</tr>
<tr>
<td>EBF at 2 mo</td>
<td>1.13 (1.07 to 1.20)</td>
<td></td>
</tr>
<tr>
<td>EBF at 3 mo</td>
<td>1.08 (1.03 to 1.13)</td>
<td></td>
</tr>
<tr>
<td>EBF at 6 mo</td>
<td>1.06 (1.01 to 1.11)</td>
<td></td>
</tr>
</tbody>
</table>

*aPR = adjusted Prevalence Ratio

**NH’s Ten Steps to Successful Breastfeeding: Step by (baby) Step**

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Meeting Maternal Goals for Exclusive Breastfeeding (EBF)


\( n = 1457 \)

< 40% of mothers able to meet their EBF goals of > 1 mo duration

<table>
<thead>
<tr>
<th>Intended Duration, mo</th>
<th>%</th>
<th>&lt;1 mo</th>
<th>1–2 mo</th>
<th>3–4 mo</th>
<th>5–6 mo</th>
<th>≥ 7 mo</th>
<th>Met Goal, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>1.1</td>
<td>93.8</td>
<td>6.3</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>1–2</td>
<td>11.9</td>
<td>61.3</td>
<td>23.1</td>
<td>11.0</td>
<td>4.6</td>
<td>0.0</td>
<td>38.7</td>
</tr>
<tr>
<td>3–4</td>
<td>29.2</td>
<td>47.7</td>
<td>15.3</td>
<td>22.5</td>
<td>14.1</td>
<td>0.5</td>
<td>37.1</td>
</tr>
<tr>
<td>5–6</td>
<td>40.6</td>
<td>33.1</td>
<td>10.3</td>
<td>22.5</td>
<td>30.4</td>
<td>3.7</td>
<td>34.1</td>
</tr>
<tr>
<td>≥ 7</td>
<td>17.2</td>
<td>34.4</td>
<td>9.6</td>
<td>19.6</td>
<td>24.8</td>
<td>11.6</td>
<td>11.6</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>41.6</td>
<td>13.1</td>
<td>20.4</td>
<td>21.3</td>
<td>3.6</td>
<td>32.4</td>
</tr>
</tbody>
</table>

NH’s Ten Steps to Successful Breastfeeding: Step by (baby) Step

Adapted from materials developed by Baby-Friendly USA with their permission
BFHI Practices & Likelihood of Meeting Personal EBF Goal


Mothers who experienced 5-6 BFHI practices were >2x more likely to meet their EBF goals than mothers who experienced 0-1 BFHI practice.

<table>
<thead>
<tr>
<th># BFHI Practices Experienced</th>
<th>% Met Goal</th>
<th>aOR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>23.4</td>
<td>1.0</td>
</tr>
<tr>
<td>2</td>
<td>26.0</td>
<td>0.9 (0.5 to 1.6)</td>
</tr>
<tr>
<td>3</td>
<td>26.6</td>
<td>1.1 (0.7 to 1.8)</td>
</tr>
<tr>
<td>4</td>
<td>32.7</td>
<td>1.5 (0.9 to 2.5)</td>
</tr>
<tr>
<td>5</td>
<td>40.6</td>
<td>2.1 (1.3 to 3.5)</td>
</tr>
<tr>
<td>6</td>
<td>46.9</td>
<td>2.7 (1.5 to 4.8)</td>
</tr>
</tbody>
</table>

**BFHI Practices** = Step 4 (BF within 1 hr), 6 (breastmilk only), 7 (rooming-in), 8 (BF on demand); 9 (no pacifiers), and 10 (info on BF support).

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References


