

Step 2: Staff Education

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



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

Step 2

Train all health care staff in skills necessary to implement your facility's breastfeeding and infant feeding policies.

BFHI Guidelines: A designated health care professional should be responsible for assessing needs, planning, implementing, evaluating, and periodically updating competency-based training in breastfeeding and parent teaching for formula preparation and feeding for all health care staff caring for mothers, infants and/or young children. Such training may differentiate the level of competency required and/or needed based on staff function, responsibility, and previously acquired training, and should include documentation that essential skills have been mastered.

Step 2: Objectives

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

- Describe evidence that supports the recommended 20 hours of training / education for nursing staff in regards to lactation and breastfeeding management
- Identify new strategies and key resources to increase health care staff education in one's own hospital

Step 2: Formal Recommendations

- Educate all healthcare staff regarding the advantages of breastfeeding for the mother and infant
- Orient all health care staff who care for pregnant women, mothers, and/or infants to your facility's breastfeeding and infant feeding policies within 6 months of hire
- Orient all staff to local breastfeeding support services including those available in the hospital, clinic, and community

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Step 2: Formal Recommendations

- **Designate a staff position to be responsible for assuring that all staff caring for mothers and babies are:**
 - oriented to the facility's breastfeeding and infant feeding policies at time of hire
 - scheduled for formal training within 6 months of hire which includes training in:
 - Lactation and breastfeeding management and support
 - Parent teaching for formula preparation and feeding



Step 2: Formal Recommendations

- **Ensure that all staff members who directly care for pregnant women, mothers & infants receive *and* document 20 hr of training* including:**
 - 15 hr of education on lactation, BF management & support
 - 5 hr of supervised clinical experience

* See Suggested Content for Staff Breastfeeding Training and Competency Verification
- **Ensure that this training occurs within 6 months of hire, includes clinical competency verification, and covers the:**
 - *Ten Steps to Successful Breastfeeding*
 - *International Code of Breastmilk Substitute*
 - Safe preparation of infant formula

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Suggested Content for Staff Training

- The BFHI - a part of the Global Strategy
- Communication skills
- How milk gets from the breast to the baby
- Promoting breastfeeding during pregnancy
- Birth practices & breastfeeding
- Helping with a breastfeed
- Practices that assist breastfeeding
- Milk supply

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Suggested Content for Staff Training

- Supporting the non-breastfeeding mother & baby
- Infants and mothers with special needs
- Breast and nipple concerns
- If the baby cannot feed at the breast
- On-going support for mothers
- Protecting breastfeeding
- Making your hospital or birth center Baby-Friendly

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Suggested Content for Competency Verification

- **Communicating with pregnant & postpartum women about infant feeding, including counseling around the feeding decision**
- **Providing skin-to-skin contact in the immediate postpartum period**
- **Assisting and assessing the mother & baby in achieving:**
 - comfortable and effective positioning
 - attachment at the breast

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Suggested Content for Competency Verification

- **Counseling mothers regarding:**
 - importance of and how to maintain exclusive breastfeeding
 - identification and response to feeding cues
 - importance of rooming-in with their infants
- **Teaching and assisting mothers with hand expression and safe storage of milk**
- **Teaching safe formula preparation and feeding to parents, when necessary**
- **Assisting mothers in finding support upon discharge**

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Step 2: Formal Recommendations

- **Ensure that all Physicians, Midwives, Physician Assistants, and Advanced Practice Registered Nurses (APRNs) who have labor, delivery, maternity &/or nursery privileges:**
 - Receive *and* document 3 hr of breastfeeding education, pertinent to their roles in the care of mothers and infants, including the:
 - **Benefits of breastfeeding**
 - **Management of breastfeeding**
 - **Support of breastfeeding**



Step 2: Formal Recommendations

- Ensure that training for non-clinical staff and staff working outside of maternity is sufficient, given their roles in interacting and caring for breastfeeding couplets in their workplace setting, to provide them with the skills and knowledge necessary to support mothers in successfully breastfeeding their infants



Step 2: Original Evidence Presented

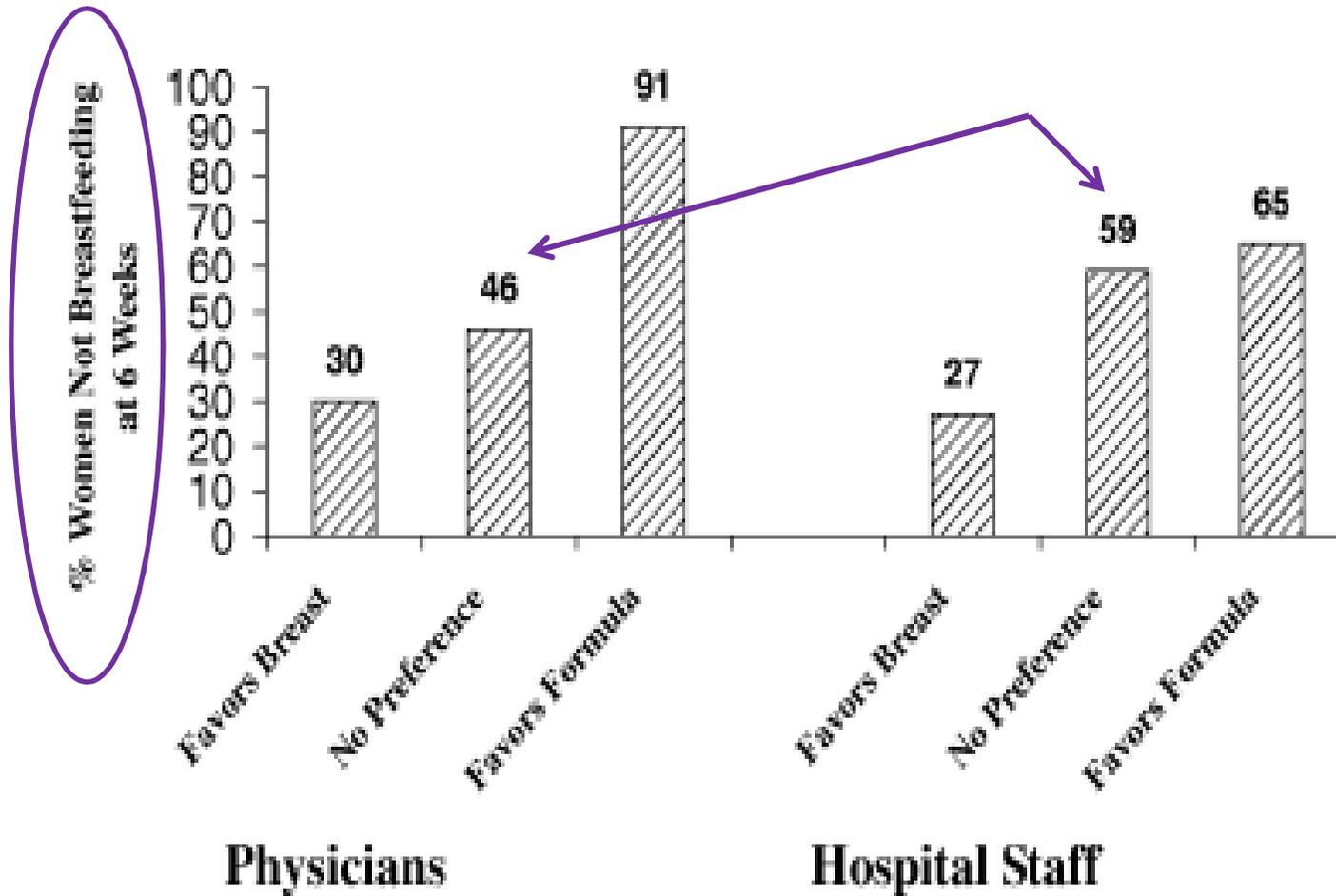
- **Staff training → Increased rate of exclusive BF (41% → 77%)**
Cattaneo & Buzzetti. *BMJ*. 2001.
- **Combined lay & professional support → Increased BF duration and exclusivity rate**
Britton, *et al.* *Cochrane Database Syst Rev*. 2007.
- **WHO/UNICEF breastfeeding counseling and lactation management training course = effective model**
Britton, *et al.* *Cochrane Database Syst Rev*. 2007.



Impact of Providers on Breastfeeding

- **Most breastfeeding women look to their physician for information or when experiencing a problem**
 - Ertem IO, *et al. Pediatrics.* 2001.
- **The clinician's attitude plays a powerful role in family's decision and in the way breastfeeding is practiced**
 - Lu MC, *et al. Obstet Gynecol.* 2001.
 - DiGirolamo AM, *et al. Birth.* 2003.
 - Raj VJ, Plichta S. *J Hum Lact.* 1998.

Effect of Provider Attitudes



Provider Influence

Taveras EM, *et al. Pediatrics.* 2004.

- **Mothers more likely to discontinue breastfeeding when:**
 - a health care provider recommended formula supplementation for inadequate weight gain
 - cared for by physician who considered their advice on breastfeeding duration not important

Step 2: Evidence Update

Zakarija-Grkovic, *et al.* *J Hum Lact.* 2012.

- **Following education of $\geq 80\%$ medical / nursing staff with the 20-hr UNICEF/WHO BFHI course, significant improvements noted in:**
 - duration of early mother-infant contact (Step 4)
 - rooming-in (Step 7)
 - recommendations for “on demand” feedings (Step 8)
 - Rate of exclusive breastfeeding in 1st 48 hr

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Step 2: Evidence Update

Zakarija-Grkovic, *et al.* *J Hum Lact.* 2012.

- **Implementation of other steps did not significantly change & sustained improvements in exclusive BF not seen**
 - *Possibly related to:*
 - Training = largely didactic in nature & occurred in large groups
 - Practical training attended primarily by junior nursing staff
 - Lack of endorsed breastfeeding policy
 - Level of implementation of other steps remained low
 - Large # of newborns still received routine supplementation post-training
 - Change in institutional factors required to increase support of Ten Steps – e.g., adequate staffing, structure, policy, routines, managerial support, interdisciplinary care, and patient-centered care

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Step 2: Evidence Update

Rempel, et al. *Research in Nursing & Health*. 2012.

- **Breastfeeding Best Practice Guideline (BPG) developed for Public Health Nurses (PHN) to improve prenatal & postnatal BF support**
 - Intervention included BPG education & provision of BF support resources
- **Intervention associated with:**
 - Increased PHN knowledge & positive beliefs regarding BF
 - Increased maternal knowledge re: sources of BF help
 - Increased help received from PHNs & more BF-related discussion with healthcare providers

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Step 2: Evidence Update

- **Continuing BF education:**
 - improved knowledge, clinical skills/practices, & counseling skills of nurses and midwives
 - improved BFHI compliance of institutions

Ward, et al. J Hum Lact. 2011.

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- Rempel L & McCleary L. Effects of the implementation of a breastfeeding best practice guideline in a Canadian public health agency. *Research in Nursing & Health.* 2012;35:435-449.

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