Welcome to the Colorado Baby-Friendly Hospital Collaborative Webinar

Anticipating the Finish Line

Preparing for the site visit and final barriers

June 9, 2015

The webinar will begin shortly...
Objectives

✔ Gain an understanding of the last steps in the Designation phase, including the readiness assessment call and site visit preparation. Learn tips for passing your site visit and becoming Baby-Friendly designated

✔ Learn some options for adhering to Step 9, using alternative feeding methods instead of artificial nipples/bottles

✔ Apply at least one idea shared during the webinar to your hospital’s efforts to successfully achieve Step 9 and prepare for Baby-Friendly designation
Agenda

✓ Preparing for the readiness assessment phone call, site visit and final pieces of Baby-Friendly designation:

  Marianne Allen from Pinnacle Health at Harrisburg Hospital in Pennsylvania will present.

  Pinnacle Health recently obtained Baby-Friendly designation in late 2014

  Q&A session will immediately follow presentation

✓ Step 9: Alternative Feeding Methods review
✓ Baby-Friendly Updates and Tips
✓ Next Steps
Designation Information and Tips

Marianne Allen, DrNP (c), MN, RNC-OB, CNS

Clinical Nurse Specialist

Women and Children's Services

Pinnacle Health at Harrisburg Hospital
Alternative Feeding Methods

☑ Complying with Step 9
☑ Various methods used
☑ Research based evidence
☑ Messages and tips

Stacy Miller, PhD, RD
Breastfeeding Specialist
CDPHE
Step 9: Ten Steps to Successful Breastfeeding

“Give no pacifiers or artificial nipples to breastfeeding infants.”

✓ Requires when a mother is unable to breastfeed use of an artificial teat should be avoided in order to protect breastfeeding

✓ Little published evidence on safety or efficacy of most alternative feeding methods
Alternative Feeding Methods

✓ Supplemental nutrition system (SNS) or devise at the breast
✓ Cup feeding
✓ Spoon or dropper feeding
✓ Finger feeding
✓ Syringe feeding
✓ Bottle feeding
Optimal Alternative Feeding Method

✓ No single method/device has been identified as best

✓ Varies from infant to infant, mother to mother and based upon situation

✓ No method is without potential risk or benefit
Supplemental Nutrition Systems

✓ Advantages:
  • Supplied at breast
  • Reinforces feeding at the breast to the infant
  • Stimulates breast to produce more milk

✓ Disadvantages:
  • Awkward to use
  • Difficult to clean
  • Expensive
  • Require moderately complex learning
  • Not good for use post hospital discharge
Supplemental Nutrition Systems

✔ Types:
  • Medela Supplemental Nursing System
  • Lact-Aid Nursing Trainer System
  • Stimulates breast to produce more milk
Cup Feeding

✓ Advantages:
  • Most research - shown to be safest and best choice
  • Safe for preterm and term infants
  • Infant is required to only lap at milk and coordinate swallowing and breathing
  • Infant paces feed to enhance oxygen saturation and limit energy expenditure
  • Can begin as early as 30 weeks gestation
  • Oral experience for infant and parents are involved
  • May help preserve breastfeeding duration
  • Does not interfere with baby learning to suckle at the breast (no “nipple confusion” issues)
  • Easiest to clean - best choice when cleanliness is suboptimal
Cup Feeding

✓ Disadvantages:
  • Awkward to use
  • Lost milk in spillage
  • Risk of aspiration if improper technique is used
  • Length of time taken for feeds
  • Breast refusal if used long term

Cups available through Ameda, Medela (cup and softcup), La Leche League International, etc.
Cup Feeding

✓ Cochrane Review:
  • 4 clinical trials included
  • Statistically significant improvement in number of exclusively breastfed infants at discharge
  • No statistical difference in infant weight gain
  • One study suggested possible increased length of hospital stay with cup feeds (however moms not allowed to discharge if still cup feeding)
Spoon Feeding

✓ Advantages:
  • Safe for preterm and term infants
  • Infant is required to only lap at milk and coordinate swallowing and breathing
  • Can begin as early as 30 weeks gestation
  • Oral experience for infant and parents are involved
  • Does not interfere with baby learning to suckle at the breast (no “nipple confusion” issues)
  • Easy to clean

✓ Disadvantages:
  • Takes longer for infant receive necessary nutrition
  • Possibility of infant not getting enough milk by spoon
  • Aspiration risk
Cup or Spoon Feeding Method

✓ Hold cup or spoon to infant’s mouth and tip just until fluid touches lips
✓ Be patient - Do not pour milk into infant’s mouth
✓ Hold cup or spoon steady while infant is actively drinking, remove when infant stops
✓ Return cup or spoon when infant is showing signs of readiness
✓ Repeat until feed is completed
✓ Assess mother’s understanding and comfort with practice
✓ Provide written information about feed as required (cup feeding handout)
✓ Fill several cups so that feeding rhythm is not interrupted
Finger Feeding

✓ Advantages:
  • Encourages breastfeeding type suck (motion of tongue and jaw similar)
  • Several small studies suggest improved breastfeeding rates at discharge

✓ Disadvantages:
  • Need appropriately trained staff
  • Not feasible outside of hospital
  • Difficult to clean and not reusable
Finger Feeding Method

✓ Hold feeding tube (#5F) with end on soft part of finger, tip no further than end of finger, and other end in container of milk
✓ Encourage infant to open mouth similar to breastfeeding
✓ Insert finger so soft part of finger remains upward and flat
✓ Hold cup or spoon steady while infant is actively drinking, remove when infant stops
✓ Return cup or spoon when infant is showing signs of readiness
✓ Repeat until feed is completed
✓ Assess mother’s understanding and comfort with practice
✓ Provide written information about feed as required (cup feeding handout)
Syringe or Dropper Feeding

✓ Advantages:
  • Can feed at breast (insert tip into infant’s mouth while latched on and depress plunger when infant sucks) - use oral (slip tip) syringes
  • Simulates suckle - avoids nipple confusion

✓ Disadvantages:
  • Awkward to use
  • Not always approved feeding device in hospitals
  • Not good at discharge
  • Not good for larger volumes or for long-term
Bottle Feeding

✓ Advantages:
  • Most commonly used method
  • Faster feeds with more volume consumed

✓ Disadvantages:
  • Distinct differences in tongue and jaw movements compared to breastfeeding
  • Increased flow may make infant less likely to accept breast after bottle is introduced
  • Hygiene issues
  • Interference with breastfeeding

✓ Recommend using wide base nipple with slow flow
Selecting a Feeding Method

✓ Cost and availability
✓ Ease of use and cleaning
✓ Stress to the infant
✓ Whether adequate milk volume can be fed in 20-30 minutes
✓ Whether anticipated use is short- or long-term
✓ Maternal preference, and
✓ Whether the method enhances development of breastfeeding skills

ABM Clinical Protocol #3, Revised 2009
Alternative Feeding Guidelines

- WHO prefers only cup or spoon feeding for alternative feeding methods
- ABM Clinical Protocol #3: Hospital Guidelines for the Use of Supplementary Feedings in the Healthy Term Breastfed Neonate
- FirstLatch
- University of California San Diego
- Ballarat Health Services - Australia
Step 9 - Remember...

- Mothers should report that their infant has not been bottle fed or given a pacifier
- Staff should be able to speak to the risks of pacifier and nipple use on milk supply and suckle
- Staff should be able to educate on alternative feeding devices and choices
- Provide scripting to staff to improve communication
- Add pacifier research to patient information/handouts
- Document all staff training and patient education in EMR
Baby-Friendly Updates and Tips from CDPHE
Baby-Friendly Updates

✓ 12% of births nationwide occurred in Baby-Friendly designated hospital in 2014

✓ As of January 2015, new language is required for the 10 Step poster - See your Baby-Friendly tools for complete information

✓ Breastfeeding data maps and trends are available on CDC website. Sociodemographics within states for 3 years combined available.
Baby-Friendly Updates

✓ Baby-Friendly USA now requiring all formula policy and patient education be updated to reflect CDC/WHO formula preparation guidelines (use of boiling or at least 70oC water for powdered infant formulas to prevent potential Cronobacter illnesses) - [http://www.cdc.gov/Features/Cronobacter/](http://www.cdc.gov/Features/Cronobacter/)

• Baby-Friendly policy tools are not yet updated
• Suggest using WHO/UNICEF handouts as models for designing your own handout
• Ensure any patient education handout specifically states the need for at least 70oC water (158oF) for powdered formula
• Use ready-to-feed only in the hospital - suggest this use for all discharging premature and immune compromised infants (physician prescription for WIC participants)
• Use liquid human milk fortifier (CDC currently lacks recommendations)
• State WIC changing formula preparation recommendations to match CDC guidelines and hospital discharge recommendations
Baby-Friendly Tips

✓ Nursery water or anything similarly purchased through formula companies could come under scrutiny at site visit.

✓ Check your hospital gift shops

✓ If any affiliated physicians/offices receive formula packets or free formula, etc., this could raise a red flag and cause difficulties with designation.

✓ Target affiliated practices that focus on high risk populations when performing audits

✓ Suggested to do monthly audits of staff and especially patient interviews - keep all data recorded in a binder for viewing during site visit
Baby-Friendly Tips

✓ Physician Training:
  • 3 hour training can be divided into 3 - 1 hour webinar training sessions (physician compliance/time)
  • Partner with AAP, etc. to provide CME credits
  • Alabama AAP chapter offers 3 - 1 hour trainings for physicians (CME through AAP may still be available) at: http://www.alaap.org/showandtell.asp?id=1527949

✓ Skin-to-skin button = size of newborn stomach.
  Available from Massachusetts Breastfeeding Coalition http://massbreastfeeding.org/2013/06/27/skin-to-skin-buttons-now-available/
  Or create your own!
Next Steps

✓ Free latchME app is available - Colorado Breastfeeding Coalition is a partner and supporter: http://www.latchmd.com/latchMEapp.html/
  • Include app information in patient information to easily find and populate local community breastfeeding resources
  • Be sure and add your hospital/community resources!

✓ Please complete the webinar evaluation!
  Provides valuable feedback for future webinar needs, etc.
Mark your Calendar!!

✓ Workplace Lactation Accommodation webinar - July 16th 10-11 am
  • Explain state/federal accommodation laws, tips and resources for approaching employers
  • For more information or register please email Stacy - stacy.miller@state.co.us

✓ CBFHC Annual Networking Workshop:

Designation and Beyond

September 24th, 8:30 a - 4 p at CDPHE

✓ Next CBFHC Webinar - December 8th 12 - 2:30 p
THANK YOU!

For participating today!
And a BIG thank you to Marianne Allen with Pinnacle Health at Harrisburg, PA for presenting and sharing all of her valuable tips and information to the group!