

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/>
 - 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!

