

The Business Case for Becoming a Baby-Friendly Hospital

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April 30, 2013

What's in it for your hospital?

1. Provide high-quality care throughout your spectrum of maternity services and improve the long-term health of the families you serve.
2. Offer the highest standards in evidence-based maternity care and engender staff pride and confidence.
3. Increase your patients' satisfaction and enhance your public image.
4. Promote a public health priority that helps reduce health care costs and potentially improves your hospital's bottom line.

2012 American Academy of Pediatrics Breastfeeding Policy Statement

✓ **High-quality care**

✓ **Long-term health**

Evidence-based standards

**Patient satisfaction/
public image**

Reduced health care costs

□ Breastfeeding/human milk are normative standards for infant feeding and nutrition.

□ Breastfeeding is a public health priority - not a lifestyle issue.

□ Breastfeeding for one year, with the first 6 months as exclusive breastfeeding (or expressed milk or donor milk).

□ Complementary foods introduced around 6 months.

Kaiser Permanente Mission Statement

“Kaiser Permanente exists to provide affordable, high quality healthcare services to improve the health of our members and the communities we serve.”

Breastfeeding Reduces the Risk of Adverse Infant Health Outcomes in a Dose-Response Manner

✓ **High-quality care**

☐ Severe lower respiratory tract infections

☐ Type 1 and type 2 diabetes

✓ **Long-term health**

☐ Otitis media

☐ Inflammatory bowel disease

Evidence-based standards

☐ Gastroenteritis

☐ Adolescent and adult obesity

Patient satisfaction/
public image

☐ Necrotizing enterocolitis

☐ Acute lymphocytic and acute myeloid leukemia

☐ Sudden Infant Death Syndrome

✓ **Reduced health care costs**

☐ Asthma and atopic dermatitis

☐ Improved neurologic outcomes

☐ Celiac disease

Breastfeeding Improves Infant Health Outcomes in a Dose-Response Manner

✓ **High-quality care**

□ Any breastfeeding, compared with the exclusive formula feeding, reduces the risk of otitis media (OM) by 23%. Exclusive breastfeeding for more than 3 months reduces the risk of OM by 50%.

✓ **Long-term health**

Evidence-based standards

□ Any breastfeeding in infancy, compared with no breastfeeding, is linked with a 15% to 30% reduction in adolescent and adult obesity.

**Patient satisfaction/
public image**

✓ **Reduced health care costs**

□ Breastfeeding is associated with a 36% reduced risk of Sudden Infant Death Syndrome.

Breastfeeding Reduces the Risk of Adverse Infant Health Outcomes in a Dose-Response Manner

✓ **High-quality care**

▣ Feeding preterm infants human milk reduces the risk of necrotizing enterocolitis (NEC) by 58%. NEC is reduced by 77% in preterms fed exclusive human milk products compared with those fed human milk supplemented with cow-milk-based infant formula products.

✓ **Long-term health**

Evidence-based standards

Patient satisfaction/
public image

▣ Exclusive breastfeeding for >4 months reduces the risk of hospitalization for lower respiratory tract infections in the first year by 72%.

✓ **Reduced health care costs**

▣ Any breastfeeding is associated with a 64% reduction in nonspecific gastroenteritis.

Breastfeeding Confers Health Benefits for Mothers

✓ **High-quality care**

✓ **Long-term health**

Evidence-based standards

**Patient satisfaction/
public image**

✓ **Reduced health care costs**

□ Cumulative breastfeeding experience reduces the risk of:

- Type 2 diabetes
- Rheumatoid arthritis
- Hypertension
- Hyperlipidemia
- Cardiovascular disease
- Breast & ovarian cancer

□ More rapid uterine involution

□ Increased child spacing

□ Decreased post-partum blood loss

□ Higher child/neglect among mothers who do not breastfeed

Economic Benefits of Breastfeeding



✓ **High-quality care**

□ If 90% of US mothers breastfed exclusively for 6 months, the resulting cost savings--based on the documented improved infant and maternal health outcomes--would amount to \$13 billion per year.

✓ **Long-term health**

✓ **Evidence-based standards**

✓ **Patient satisfaction/
public image**

✓ **Reduced health care costs**

□ Additional savings would accrue from a reduction in parental absenteeism or adult deaths from diseases acquired in childhood.

Economic Benefits of Breastfeeding



✓ **High-quality care**

□ Compared breastfed (n=406) and formula-fed (n=470) infants enrolled in WIC.

✓ **Long-term health**

✓ **Evidence-based standards**

□ Total Medicaid expenditures in the first six months were lower by \$111.63 for breastfed compared to formula-fed infants.

**Patient satisfaction/
public image**

□ Mean Medicaid pharmacy payments, a subcategory of total Medicaid expenditures, were significantly lower for the breastfed compared to the formula-fed cohort. (\$16.83 and \$34.56 respectively, $p=.001$).

✓ **Reduced health care costs**

U.S. Governmental Organizations Endorse Breastfeeding

✓ **High-quality care**

□ *The Surgeon General's Call to Action to Support Breastfeeding (2011).*

✓ **Long-term health**

□ Institutes of Medicine

✓ **Evidence-based standards**

□ Department of Health and Human Services
– *Blueprint for Action on Breastfeeding*

**Patient satisfaction/
public image**

□ Centers for Disease Control and Prevention

✓ **Reduced health care costs**

□ Preventative Services Task Force

□ Department of Agriculture – *WIC Program*

Endorsement of Breastfeeding

- ✓ **High-quality care**
 - American Academy of Pediatrics
- ✓ **Long-term health**
 - American Academy of Family Physicians
- ✓ **Evidence-based standards**
 - American College of Obstetricians and Gynecologists
- Patient satisfaction/
public image**
 - American College of Nurse-Midwives
 - American Dietetic Association
- ✓ **Reduced health care costs**
 - American Public Health Association

2012 American Academy of Pediatrics Breastfeeding Policy Statement

✓ **High-quality care**

✓ **Long-term health**

✓ **Evidence-based standards**

✓ **Patient satisfaction/
public image**

✓ **Reduced health care costs**

□ The WHO/UNICEF evidence-based *Ten Steps to Successful Breastfeeding* represent ideal hospital routines to promote successful initiation of exclusive breastfeeding.

□ Need for a major conceptual change in the organization of hospital services for the mother-infant dyad to ensure a uniform hospital policy that supports early and exclusive breastfeeding.

Healthy People 2020 Breastfeeding Goals

- **Increase** the proportion of live births that occur in **facilities that provide recommended care** for lactating mothers and their babies to 8.1%. (In CO, 7.72% of births occur at BFHI facilities).
- **Reduce** the proportion of breastfed newborns who receive **formula supplementation within the first 2 days** of life to 14.2%. (In CO, the rate is presently 19.5%).
- **Increase** the proportion of employers that have **worksite lactation support programs** to 38%.

Baby-Friendly Hospital Initiative

- ✓ **High-quality care**
 - ✓ **Long-term health**
 - ✓ **Evidence-based standards**
 - ✓ **Patient satisfaction/public image**
 - ✓ **Reduced health care costs**
- Launched in 1991 as a joint WHO/UNICEF initiative to ensure that maternity facilities optimally support and protect breastfeeding.
 - The BFHI's evidence-based model policies, *Ten Steps to Successful Breastfeeding*, represent optimal maternity practices.
 - Baby-Friendly status
 - Worldwide: > 20,000 facilities (>150 countries)
 - US: 154 hospitals (< 5%)
 - CO: 3 Baby-Friendly hospitals (several more have begun the process)

Baby-Friendly Hospital Initiative

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. Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour.

Baby-Friendly Hospital Initiative

Ten Steps to Successful Breastfeeding

5. Show mothers how to breastfeed, and how to maintain lactation even if they are separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless *medically* indicated. (Formula used in hospitals should be purchased by the facility and not accepted free or promoted in any way).
7. Practice rooming-in – allow mothers and infants to remain together 24 hours a day.

Cost Comparison of Baby-Friendly and non-Baby-Friendly Hospitals

✓ High-quality care	<u>Results</u>	<u>Cost per delivery</u>
✓ Long-term health	Baby-Friendly	\$2205
✓ Evidence-based standards	Non Baby-Friendly	\$2170
✓ Patient satisfaction/ public image	Difference	\$35
✓ Reduced health care costs	(non significant)	

Baby-Friendly Hospital Initiative

Ten Steps to Successful Breastfeeding

8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

The 4-D Pathway to Baby-Friendly™ Designation

Dissemination

Collect Data

Train Staff

*Bridge to Designation Phase
Dissemination
Certificate of Completion*

Implement
QI Plan

Readiness
Interview

On-Site
Assessment

Designation

Baby-Friendly
Designation

*Bridge to Dissemination
Phase-
Development-
Certificate of
Completion*

Data
Collection
Plan

Prenatal/Postpartum
Teaching Plans

Staff Training
Curriculum

Hospital
Breastfeeding
Policy

Start

Development

Discovery

Register with
Baby-Friendly USA

Obtain CEO
Support Letter

Complete Self
Appraisal Tool

*Bridge to
Development Phase-
Registry of Intent
Award*

BF Committee
Or Task Force

BFHI
Work Plan

Supportive Maternity Care Practices Improve Breastfeeding Outcomes

- ✓ **High-quality care** □ Evidence-based interventions to increase breastfeeding duration and exclusivity.
- ✓ **Long-term health** □ Baby-Friendly designated hospitals, compared to non-Baby-Friendly facilities, are consistently linked with increases in breastfeeding initiation, duration, and exclusivity.
- ✓ **Evidence-based standards**
- ✓ **Patient satisfaction/public image**
- ✓ **Reduced health care costs** □ When hospitals have more of the *Ten Steps* in place, mothers breastfeed longer.

BFHI Increases Breastfeeding at an Inner-City Teaching Hospital

✓ **High-quality care** ■ Breastfeeding rates at Boston Medical Center were compared before, during and after Baby-Friendly policies were in place.

✓ **Long-term health**

✓ **Evidence-based standards**

✓ **Patient satisfaction/public image**

✓ **Reduced health care costs**

	Before (1995)	During (1998)	After (1999)
Breastfeeding Initiation	58.0 %	77.5 %	86.5 %
Exclusive Breastfeeding	5.5 %	28.5 %	33.5 %
Initiation among US-born black mothers	34.0 %	64.0 %	75.0 %

CDC National Survey of Maternity Practices in Infant Nutrition and Care

✓ **High-quality
care**

□ Anonymous national survey of “usual” maternity care practices and policies.

✓ **Long-term
health**

□ Administered every other year with scores calculated on a scale of 0-100.

✓ **Evidence-
based standards**

□ From 2009 - 2011, national average mPINC score increased from 65 to 70.
Colorado’s 2011 mPINC score is 77.

✓ **Patient
satisfaction/
public image**

□ Colorado “needs improvement” in: model breast-feeding policies, appropriate use of supplemental feedings, post-discharge breastfeeding support, and assessment of staff competencies.

✓ **Reduced
health care costs**

The Joint Commission Introduces Perinatal Care Core Measures

✓ **High-quality care**

✓ **Long-term health**

✓ **Evidence-based standards**

✓ **Patient satisfaction/
public image**

✓ **Reduced health care costs**

Since 2010, J.C. accredited hospitals began reporting on perinatal care core measures:

- Elective delivery
- Cesarean section
- Use of antenatal steroids
- Newborn health care associated bloodstream infections
- **Exclusive breast milk feeding**

Effective 2014, measures will be mandatory for hospitals with $\geq 1,100$ births/year

The Joint Commission Core Measure on Exclusive Breast Milk Feeding

- ✓ **High-quality care**
 - Exclusive breast milk feeding is recognized as a quality measure of a hospital's performance.
- ✓ **Long-term health**
 - Changes the paradigm that supplementing a breastfed baby requires using infant formula.
- ✓ **Evidence-based standards**
 - Rather, mother's own milk, expressed by hand or pump, is the preferred supplement for breastfed infants (or screened, processed donor milk).
- ✓ **Patient satisfaction/public image**
- ✓ **Reduced health care costs**
 - See "Implementing TJC Core Measure on Exclusive Breast Milk Feeding"
www.usbreastfeeding.org

Ban the Bags

✓ **High-quality care**

□ A long-standing, inappropriate relationship between hospitals and “industry;” implies a hospital’s endorsement of formula-feeding and specific formula products.

✓ **Long-term health**

✓ **Evidence-based standards**

□ Violates the WHO Code of Marketing of Breast Milk Substitutes

✓ **Patient satisfaction/
public image**

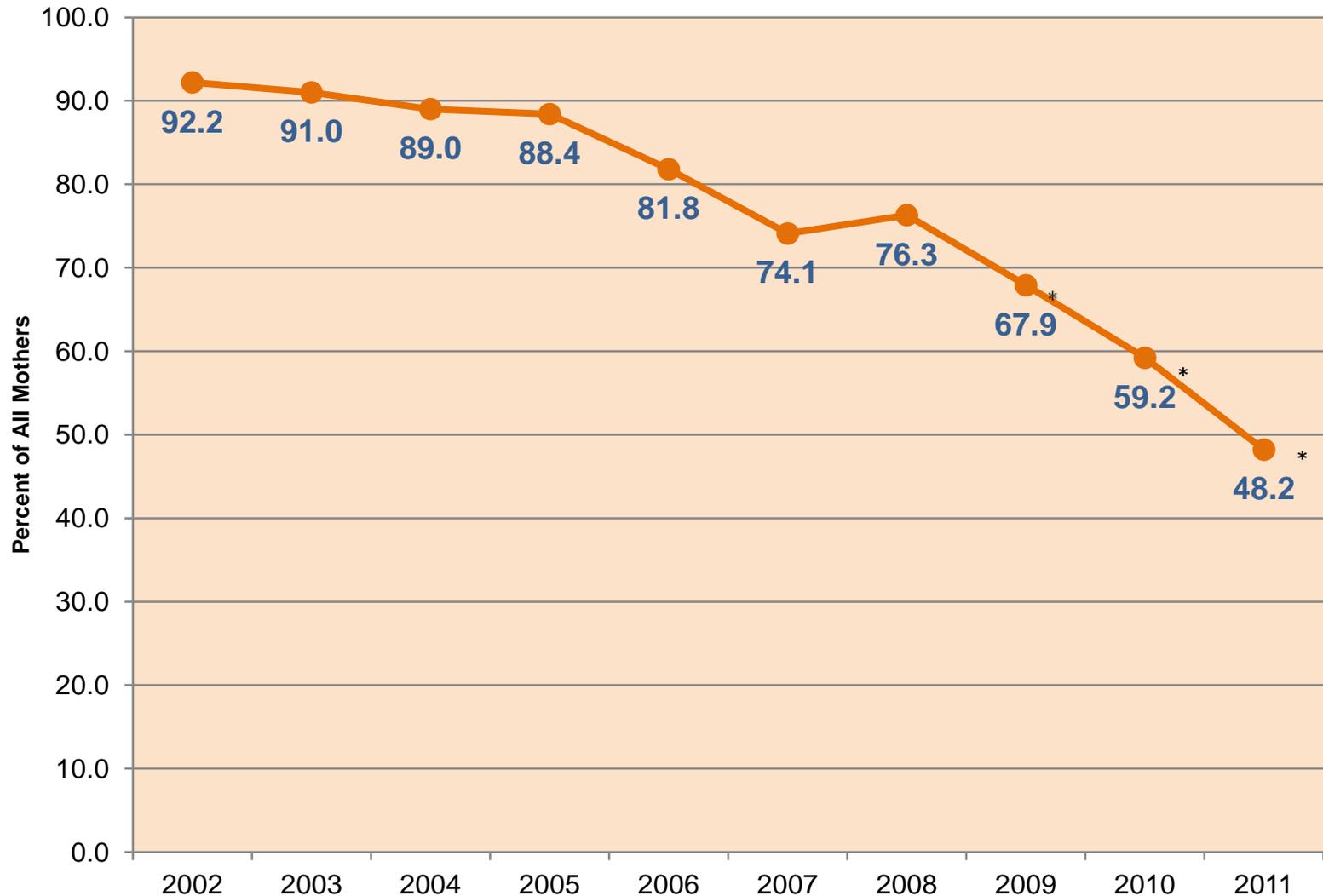
□ Undermines the hospital’s efforts to promote good health and breastfeeding

✓ **Reduced health care costs**

□ More than 1/3 of US maternity facilities (all hospitals in RI and MA) have banned the bags.

□ Less than 40% of Colorado hospitals still give a bag.

Hospital Gave Mother Gift Pack with Formula



Data source: Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) annual surveys. Colorado Dept. of Public Health and Environment

* Statistically significant change from previous year

Promote Patient Satisfaction

High-quality care
Long-term health
Evidence-based standards

- Maternity care is a major segment of the health care system.

Long-term health
Evidence-based standards

- Nine out of 10 CO mothers choose to breastfeed and want help getting the best start.

✓ Patient satisfaction/
public image

- Women make health care decisions for their family. When a family member needs hospitalization, a woman remains loyal to the hospital where she gave birth.

Reduced health care costs

- Satisfied maternity patients become “ambassadors” for your hospital!



Bond with your baby; bond with your hospital.

Colorado Can Do 5! Linked with a Longer Duration of Breastfeeding

- ✓ **High-quality care**
 - ✓ **Long-term health**
 - ✓ **Evidence-based standards**
 - ✓ **Patient satisfaction/public image**
 - ✓ **Reduced health care costs**
1. Infants are breastfed in the first hour.
 2. Infants stay in the same room as their mothers.
 3. Infants are fed only breast milk.
 4. No pacifier is used in the hospital.
 5. Staff give mothers a phone to call for help with breastfeeding.

Over 60% of Colorado hospitals have policies for *Can Do 5!* supportive practices.

Bonus Outcomes of Can Do 5!

1. Infants are breastfed in the first hour with immediate mother-infant skin-to-skin contact.
 - ★ Bonus outcomes include fewer newborns with low blood sugar or requiring oxygen.
2. Infants stay in the same room as their mothers.
 - ★ Bonus outcomes include fewer infants cared for in the nursery at night.
3. Infants are fed only breast milk & are not supplemented.
 - ★ Strong association with mothers reaching their exclusive breastfeeding goals.

Bonus Outcomes of Can Do 5!

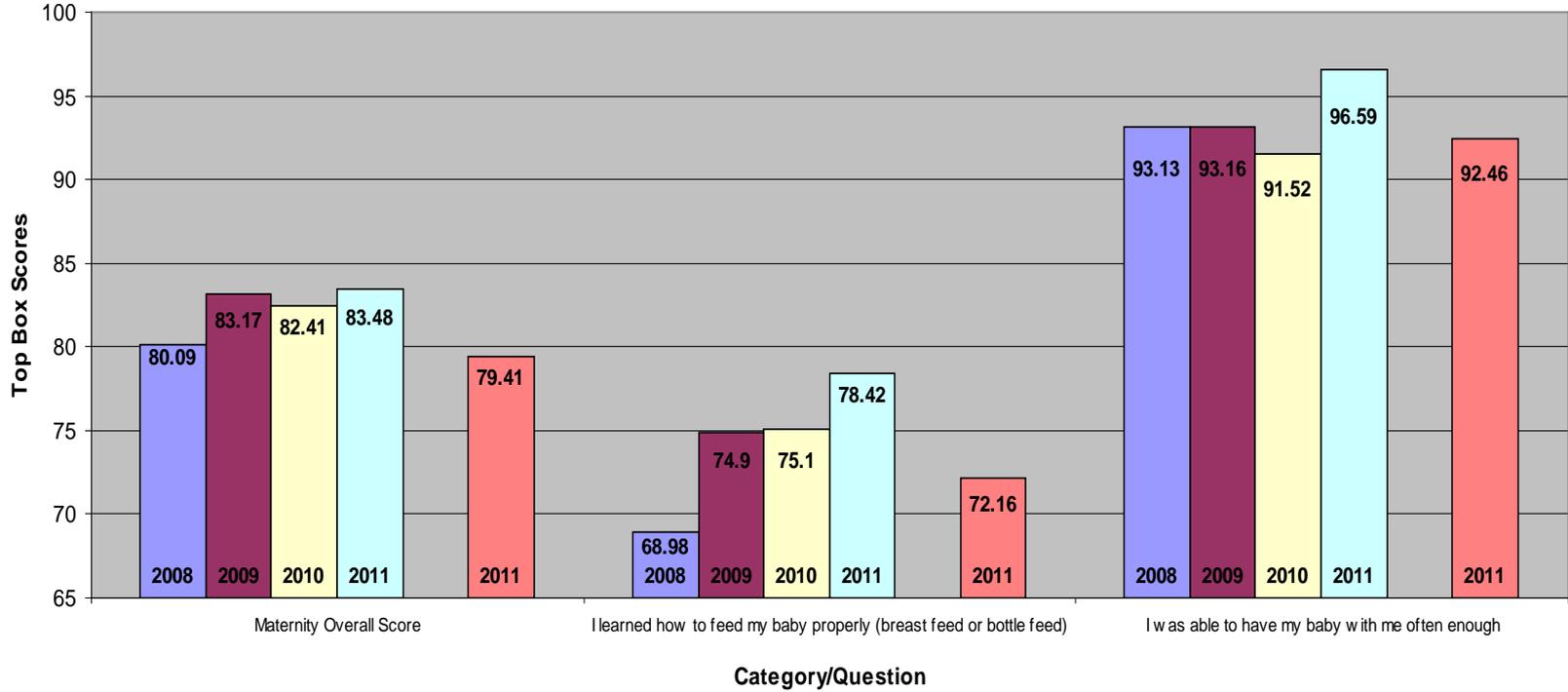
4. No pacifier is used.

★ Bonus outcome is cost savings for 1-3 pacifiers per infant.

5. Staff give mothers a phone number to call for help with breastfeeding.

★ Bonus outcome: “The patient satisfaction surveys are through the ceiling!”

Poudre Valley Hospital Patient Satisfaction Scores



PVH JCAHO Core Measure – Exclusive Breastfeeding: **2010 – 72.61**
2011 – 76.55

Greenville Hospital Rooming-In Rates

Quality of care

Public Image

✓ Patient Satisfaction

✓ Staff pride & confidence

Long-term health



□ 10 percent in July 2012 to 100 percent in February 2013.

Credit: Greenville Health System

http://www.nichq.org/our_projects/cdcbreastfeeding.html

Banner Health Mission Statement

“We exist to make a difference in people’s lives through excellent patient care.”

Centura Health Mission Statement

“We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.”

HCA Mission Statement

“Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we strive to deliver high quality, cost effective healthcare in the communities we serve ...”

Staying Ahead of the Curve

✓ **High-quality care**

✓ **Long-term health**

✓ **Evidence-based standards**

✓ **Patient satisfaction/
public image**

✓ **Reduced health care costs**

□ In the future, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) will play an even larger role in reimbursement.

□ As of 2013, providers will shift from HCAHPS pay-for-reporting to HCAHPS pay-for-performance.

Higher scores will count!

Prevent “Non-Compensated” Re-admissions

✓ **High-quality
care**

Successful breastfeeding can reduce “non-compensated” newborn re-admissions due to preventable infant morbidities, such as:

✓ **Long-term
health**

✓ **Evidence-
based standards**

Neonatal hyperbilirubinemia

✓ **Patient
satisfaction/
public image**

Excessive infant weight loss and dehydration

Newborn respiratory and GI infections

✓ **Reduced
health care costs**

Rule out “sepsis

Ineffective breastfeeding, especially among late-preterm infants

Staying Ahead of the Curve

Healthcare Reform Hospital Re-Admissions Reduction Program (HRRP)

✓ **High-quality care**

✓ **Long-term health**

✓ **Evidence-based standards**

✓ **Patient satisfaction/
public image**

✓ **Reduced health care costs**

□ Reimbursement will change for hospitals paid under the Medicare Inpatient Prospective Payment System (PPS) related to re-admission rates.

□ The reimbursement changes are intended to incentivize hospitals to reduce overall readmission rates.

□ Hospitals' Medicare payments will be reduced if readmission rates exceed expected benchmarks.

Identify with Ideal Standards

- Provide high quality, cost-effective, evidence-based health care to promote optimal health.
- Promote a public health priority that reduces health care costs, promotes maternal-child health, decreases health disparities, and combats childhood obesity.
- Engender staff pride, and acknowledge your commitment to the highest standards in evidence-based maternity care practices that support long-term, successful breastfeeding.



Exempla Healthcare Mission Statement

“Our mission is simple: to foster healing and health for the community we serve.”

What's in it for your hospital?

1. Provide high-quality care throughout your spectrum of maternity services and improve the long-term health of the families you serve.
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Colorado Baby-Friendly Hospital Priority

- To increase the number of Colorado Baby-Friendly Hospitals in order to support exclusive breastfeeding as a strategy to reduce childhood obesity.
- Participating hospitals can receive technical and potential financial support to facilitate their journey toward the Baby-Friendly Hospital designation.
- While only 154 US hospitals to date have been designated as Baby-Friendly, more than 500 have now embarked on the Baby-Friendly path. We are on the brink of a mega-trend!



Next Steps...

- ▣ Complete the brief evaluation
- ▣ In early May expect an invitation to apply for the Colorado Baby-Friendly Hospital Collaborative.

Time for Questions

