

BFI Community Path

Winnipeg, MB.

Sept 30, 2011


Marianne Brophy

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Objectives:

At the end of this session, participants will

- **Assess current practice using the BCC BFI Ten Steps Integrated Indicators**
- **Understand the value of the BFI as continuing quality improvement**
- **Share successes and find solutions to common challenges to implementing best practice**

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Change the World!




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“Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers.”

Global Strategy for Infant and Young Child Feeding

WHO 2003




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Breastfeeding & Public Health

- Prevents injuries
- Ameliorates illness & chronic disease
- Provides food security
- Benefits psychosocial development
- Protects during emergencies
- Environmentally friendly


Global recommendations

- **Initiate breastfeeding through skin-to-skin care immediately after birth**
- **Breastfeed exclusively for the first 6 months of age**
- **Thereafter give nutritionally adequate & safe complementary foods**
- **Continue breastfeeding for 2 years & beyond**

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GSIYCF: other feeding options

“Infants who are not breastfed, for whatever reason, should receive special attention from the health and social welfare system since they constitute a risk group.” (page 10)


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CMES: Overview of Findings

JOGC 2008; 30(3):217-228

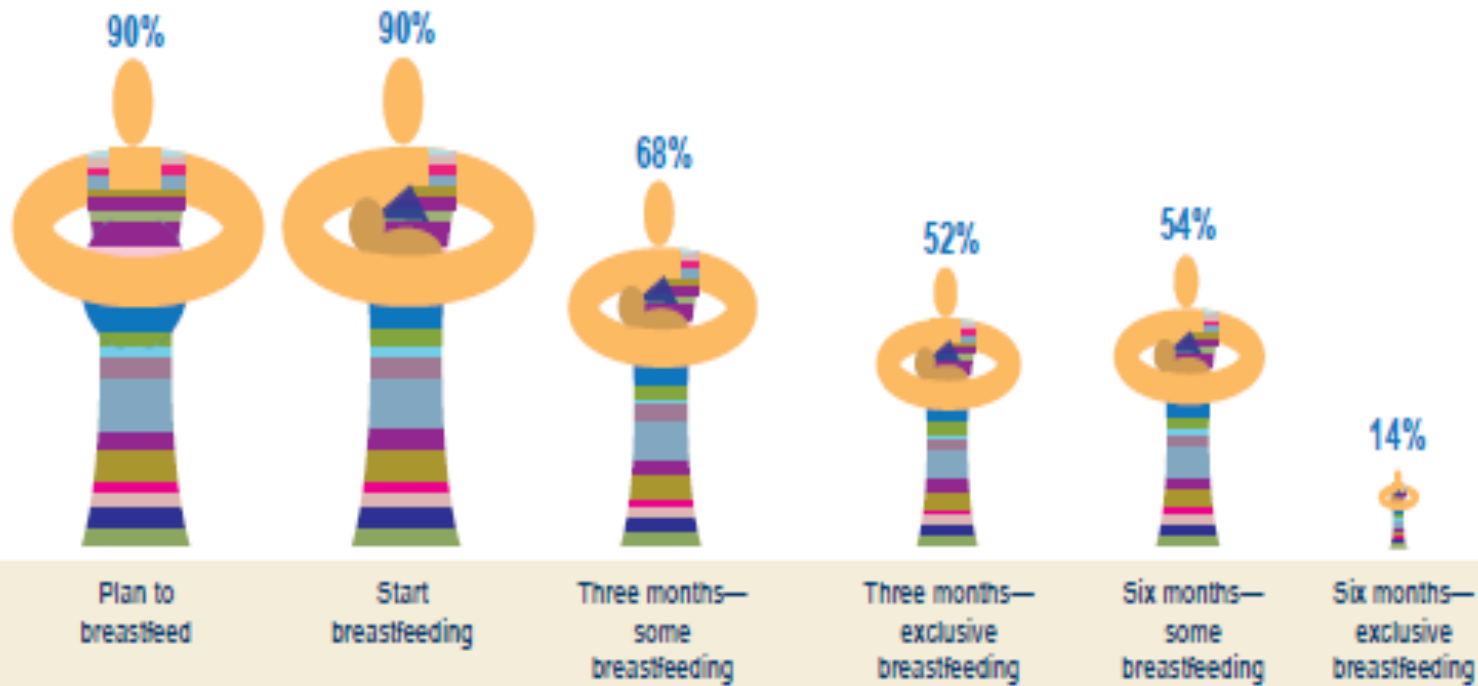
90 % of women

- Prenatal breastfeeding info
- Initiated
breastfeeding

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Breastfeeding

Women who planned to,
women who started and
women who continued



Mothers Voices

Maternity Experiences Survey 2006-2007

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Determinants of Health & Breastfeeding:

Income & social status

Social support networks/environments

Education

Employment

Physical environments

Personal health & coping skills

Health Services

Culture


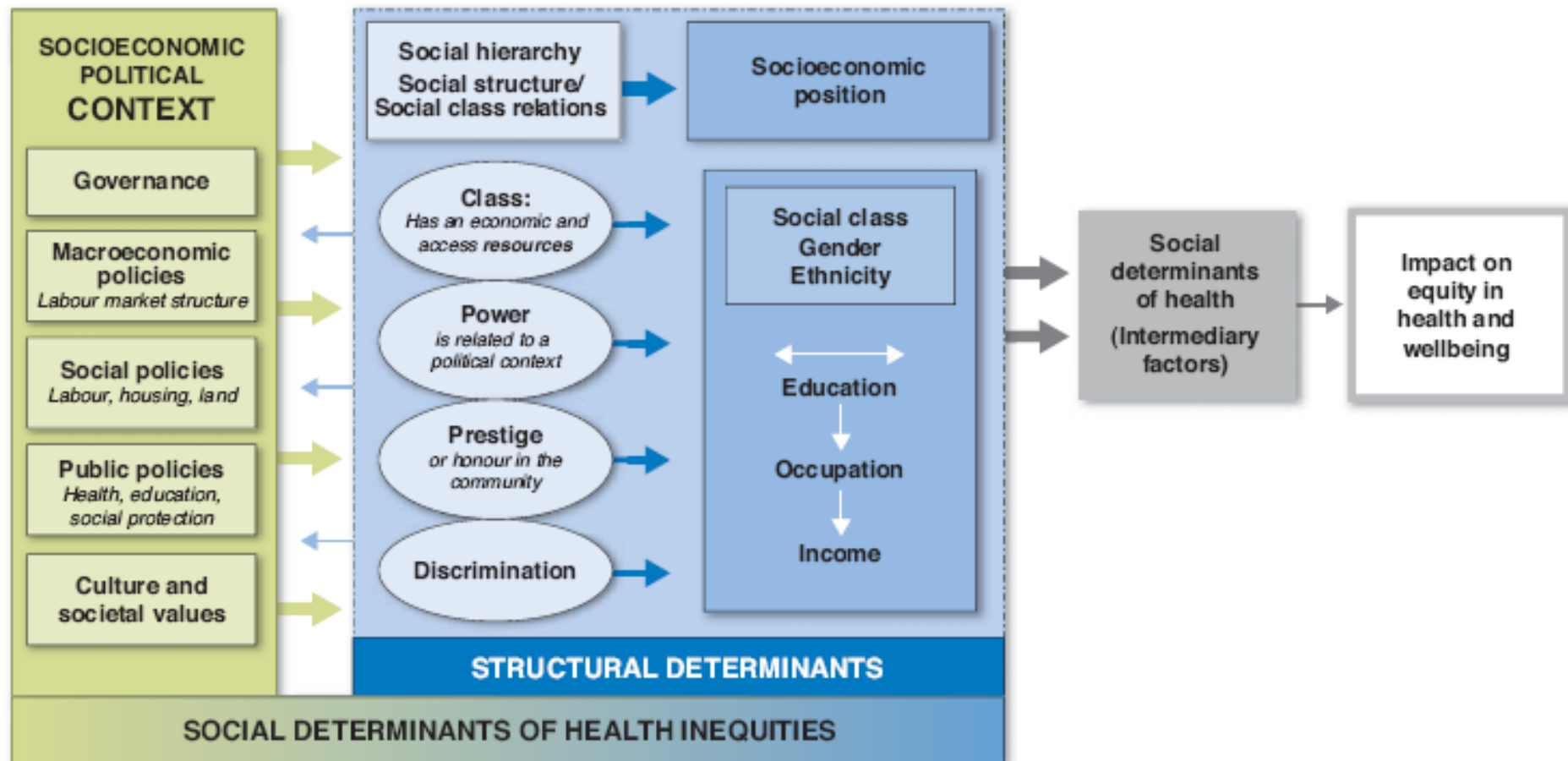
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Figure 6 Solar and Irwin model




Source: Solar & Irwin, 2007

AHS Social Environments & Health: Healthy Public Policy Concept Paper 2011

The importance of a population perspective on public health


Rose's Theorem: "a large number of people at small risk may give rise to more cases of disease than a small number who are at high risk"

– Rose, G. *The Strategy of Preventive Medicine*. Oxford, England: Oxford University Press; 1992.


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**What can be done to
improve breastfeeding
outcomes?**

Best practice?

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The WHO/UNICEF Baby-Friendly Hospital Initiative


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Goals of the BFI

- 1. To transform health care facilities through implementation of best practice (the “Ten Steps”)**
- 2. To end distribution of free and low-cost supplies of breastmilk substitutes**


Guiding Principles

- **Informed decision making**
- **Promoting and sharing evidence-based best practice**
- **Supporting breastfeeding across the continuum of services through collaboration**
- **Working toward public participation & empowerment**

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BFI Outcomes

- **Improved breastfeeding outcomes for mothers and babies**
- **Adequate practice outcomes as determined by assessment process**
- **The process of changing attitudes and practice is important, not “passing” or “failing”**

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BFI Tool Box

- **Global Criteria and WHO Code**
- **BCC Practice Outcomes Indicators**
- **Assessment Process**
- **Monitoring and Mentoring**

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Where to start?

Baseline scan

- Existing policy/ practice
- Staff & patient surveys


What are we doing well?

Any deficits – attitude, info, skills?

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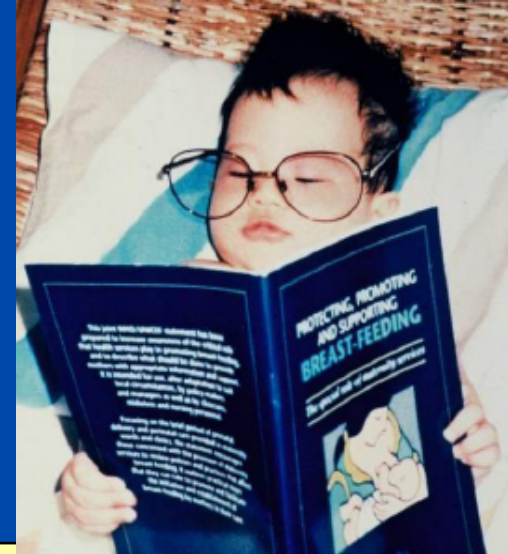
The ten Steps: Themes

- **Policy (1) and Education (2)**
- **Mother Baby Togetherness (4 & 7)**
- **Practical assistance (5 & 8)**
- **Exclusive breastfeeding at the breast (6 & 9)**
- **Seamless continuum of care (3 & 10)**
- **Ethical practice (WHO Code)**

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Step 1: Policy

- 10 Steps - All Mothers
- Breastfeeding staff



WHO Have a written breastfeeding policy that is routinely communicated to all health care staff.

Canada Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.

Step 2 Staff Education



WHO

Train all health care staff in the skills necessary to implement the policy.

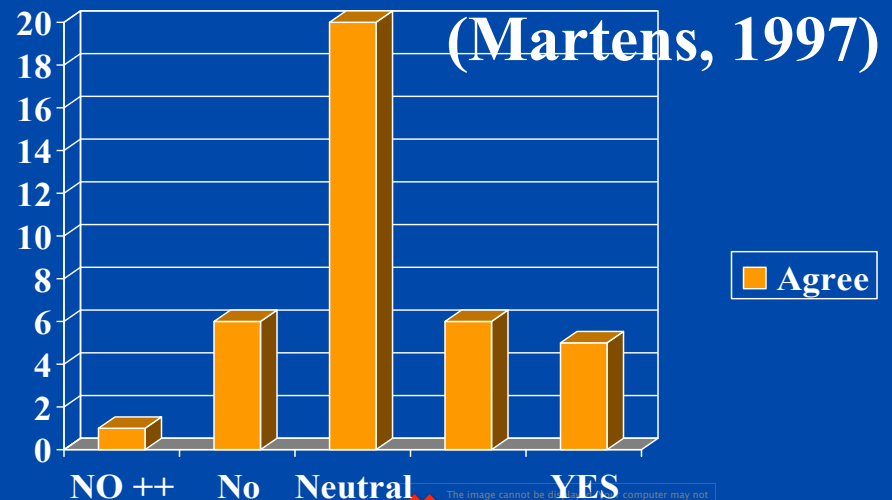
Canada

Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.

Health Care Providers Responses

“There is a real health difference between babies who are breastfed and babies who are bottle fed.”

- Strongly disagree 1
- Disagree 6
- Neutral 20
- Agree 6
- Strongly agree 5



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Seamless Transition (3 & 10) pregnancy to community

- Population Health
- Health Promotion
- Outreach Activities
- Collaboration
- Liaison

BREASTFEEDING TENT

A shaded, comfortable place to breastfeed while at an outdoor event within Peel



Peel Public Health

Step 3


Prenatal

WHO	Inform pregnant women and their families about the benefits and management of breastfeeding.
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Canada	Inform pregnant women and their families about the importance and process of breastfeeding.
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Prenatal Info

- **Collaboration -
hospital/ CHS**
- **Care for women
formula feeding**
- **Outreach
Activities**

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Client Education

Anticipatory Guidance

Health Professionals & peer support

- Influence mother's intention to bf
- Increase maternal confidence
- Enhance the bf experience
- Reduce the risk of early weaning

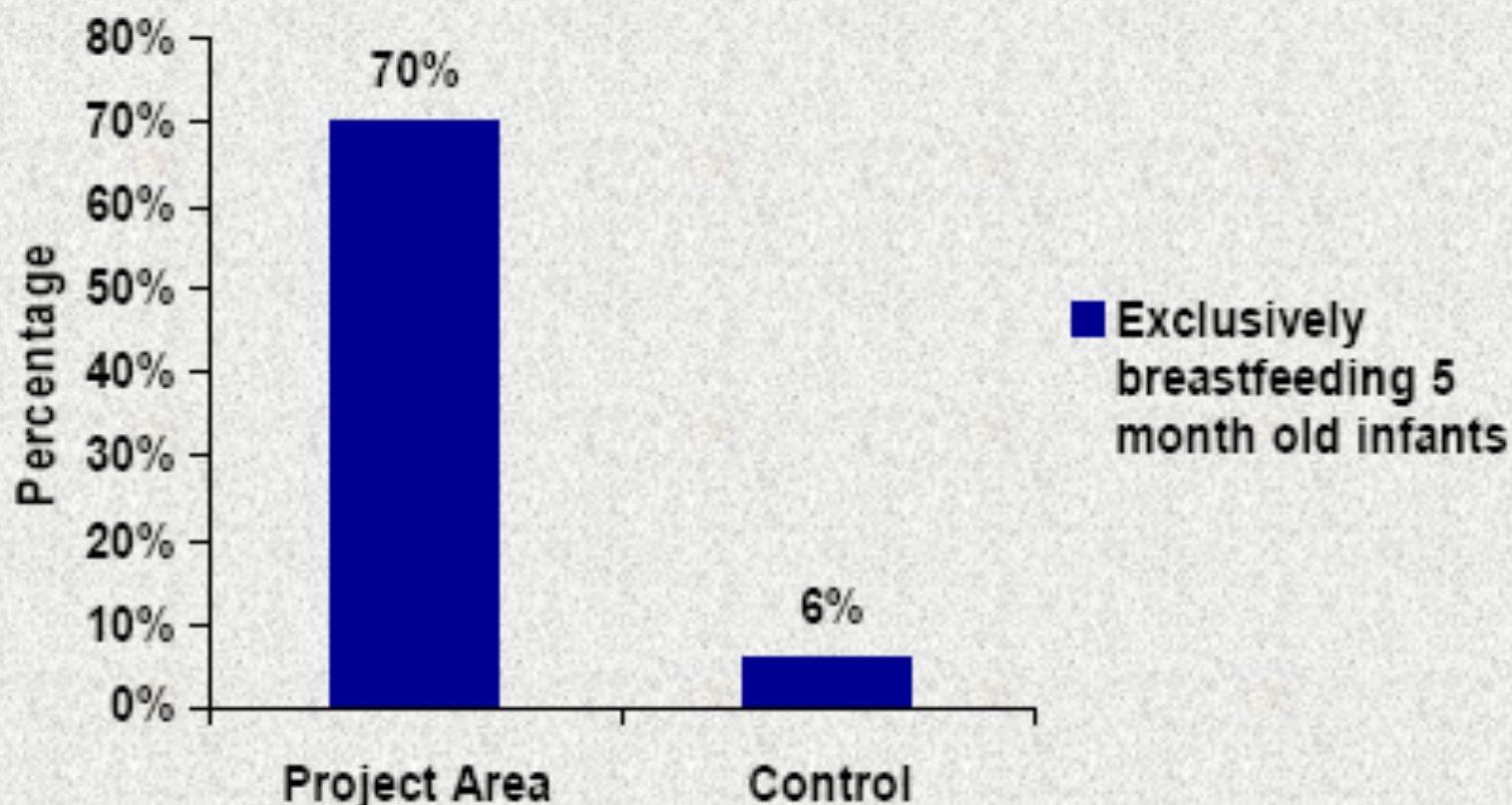
Step 10

WHO Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Canada Provide a seamless transition between the services provided by the hospital, community health services and peer support programs.

Apply principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.

Step 10: Effect of trained peer counsellors on the duration of exclusive breastfeeding



Adapted from: Haider R, Kabir I, Huttly S, Ashworth A. Training peer counselors to promote and support exclusive breastfeeding in Bangladesh. *J Hum Lact*, 2002;18(1):7-12.

Creating a Breastfeeding Culture



Protect, promote, support
breastfeeding

Step 4

WHO	Help mothers initiate breastfeeding within a half-hour of birth. WHO 2009: Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.
Canada	Place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes: Encourage mothers to recognize when their babies are ready to feed, offering help as needed.

Safe transition of the newborn



Jack Newman

Skin-to-Skin
in the Operating Room.
It is Possible!

Toronto East Gen. Hospital



Step 7

Rooming In

Mother, Baby

Support person


WHO Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.

Canada Facilitate 24-hour rooming-in for all mother-infant dyads: mothers and infants remain together.

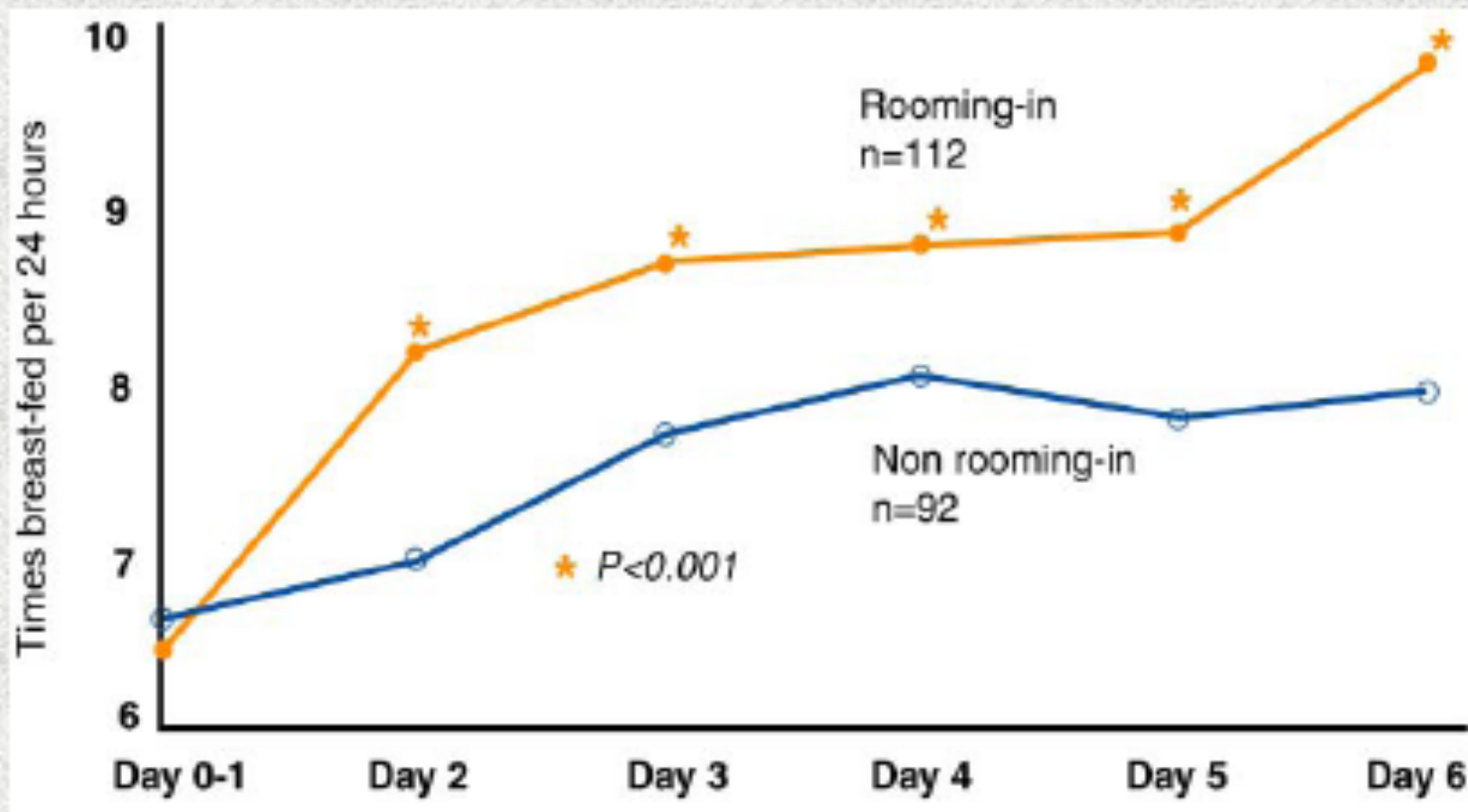
Safe Sleep Environment Guideline

0 – 12 months

http://www.perinataleservicesbc.ca/sites/bcrcp/files/Guidelines/Health_Promotion_and_Prevention/Infant_Sleep_Environment.pdf

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Effect of rooming-in on frequency of breastfeeding per 24 hours



Adapted from: Yamauchi Y, Yamanouchi I. The relationship between rooming-in/not rooming-in and breastfeeding variables. *Acta Paediatr Scand*, 1990, 79:1019.

Step 5

Assist mothers

WHO Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

Canada Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.


Assist early:

- Within 6 h in hosp
- 24 hours/48h

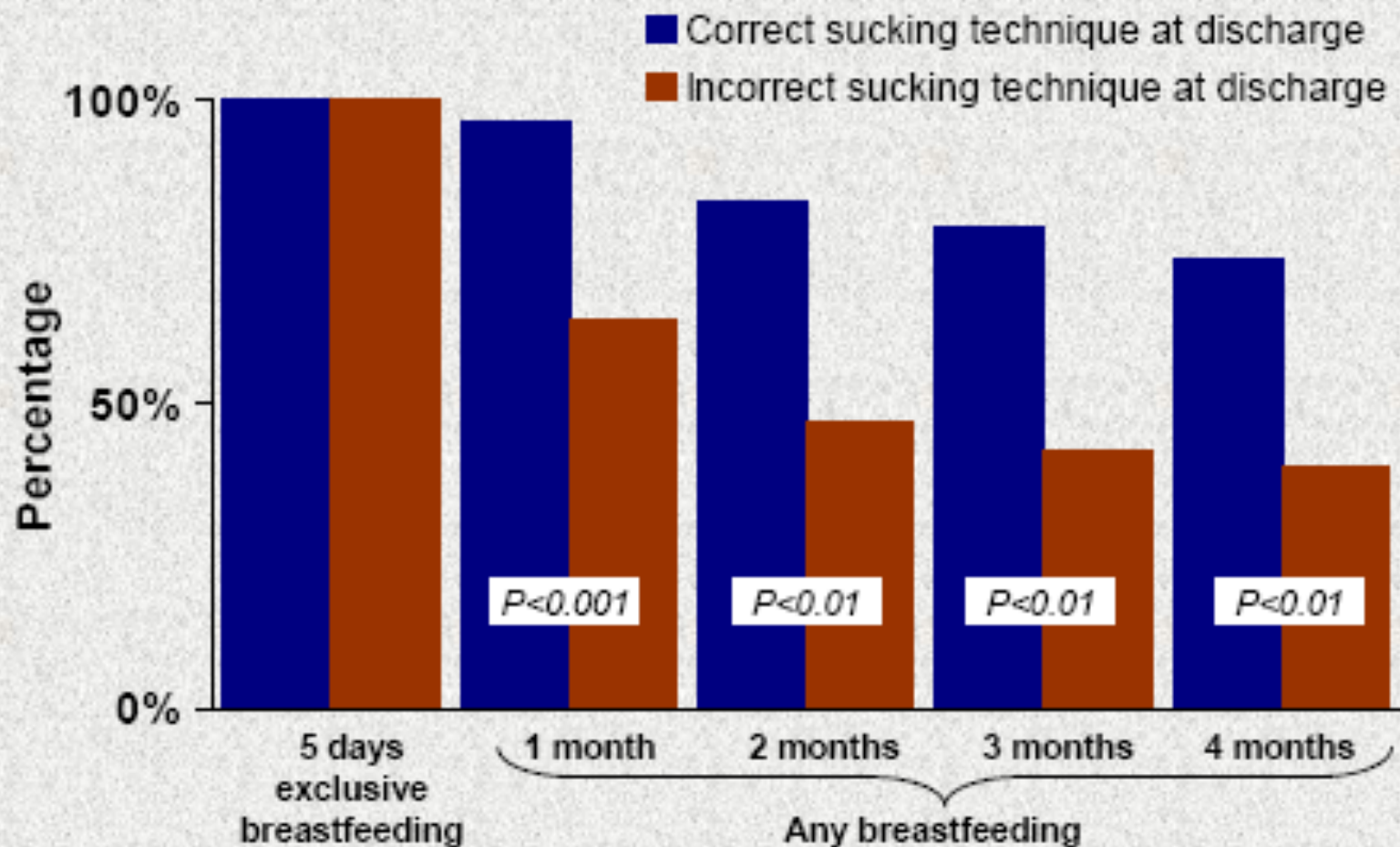
- Establish lactation when separated

- Anticipatory guidance
 - Hand expression
 - Latch
 - Feeding effectiveness
 - Cup feeding

Self efficacy

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Effect of proper attachment on duration of breastfeeding



Adapted from: Righard L, Alade O. (1992) Sucking technique and its effect on success of breastfeeding. *Birth* 19(4):185-189.

Mothers who are not Breastfeeding

Informed Decisions:

- **Opportunity to discuss concerns**
- **Importance of breastfeeding**
- **Health consequences of not breastfeeding**
- **Risks and costs of substitutes**
- **Difficulty of reversing decision**

Documentation



Mothers who are not Breastfeeding

AFASS

- **Acceptable**
- **Feasible**
- **Affordable**
- **Sustainable**
- **Safe**

WHO

Mothers who are not Breastfeeding

- **Individual instruction**
- **Preparation**
- **Storage**
- **Feeding**

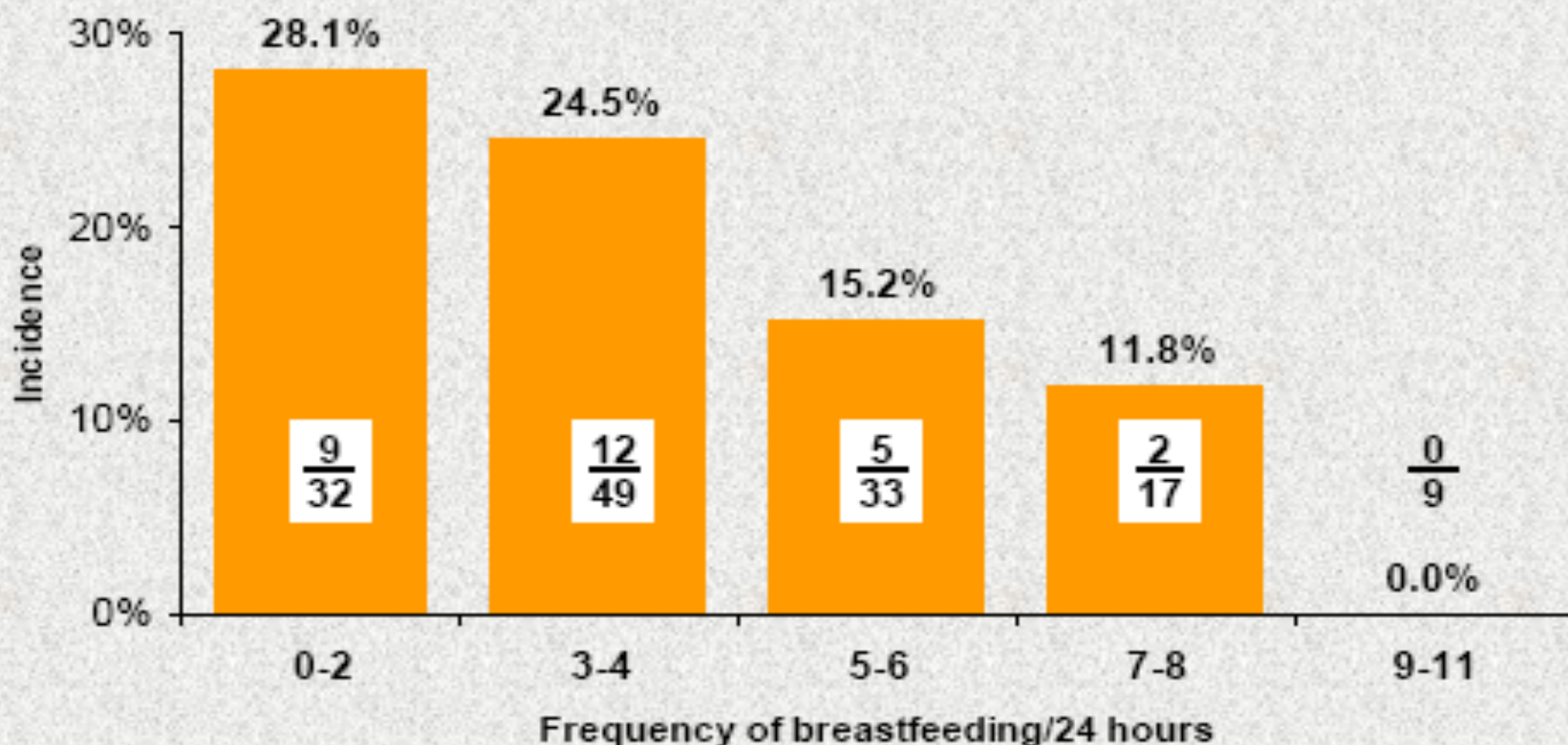


Step 8
Cue-based
responsive
sustained
breastfeeding

WHO **Encourage breastfeeding on demand.**

Canada **Encourage baby-led or cue-based breastfeeding.**
Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.


Breastfeeding frequency during the first 24 hours after birth and incidence of hyperbilirubinaemia (jaundice) on day 6



From: Yamauchi Y, Yamanouchi I. Breast-feeding frequency during the first 24 hours after birth in full-term neonates. *Pediatrics*, 1990, 86(2):171-175.

Anticipatory guidance: introducing solid foods

- **Why wait?**
- **When?**
- **What?**
- **How? How much?**

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Step 6

Excl. breastmilk

**Med. indications
for supplements**

WHO **Give newborns no food or drink other than breastmilk, unless medically indicated.**

Canada **Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated.**

Global Guidelines

Exclusively

(6) Breastfeeding (or breastmilk)

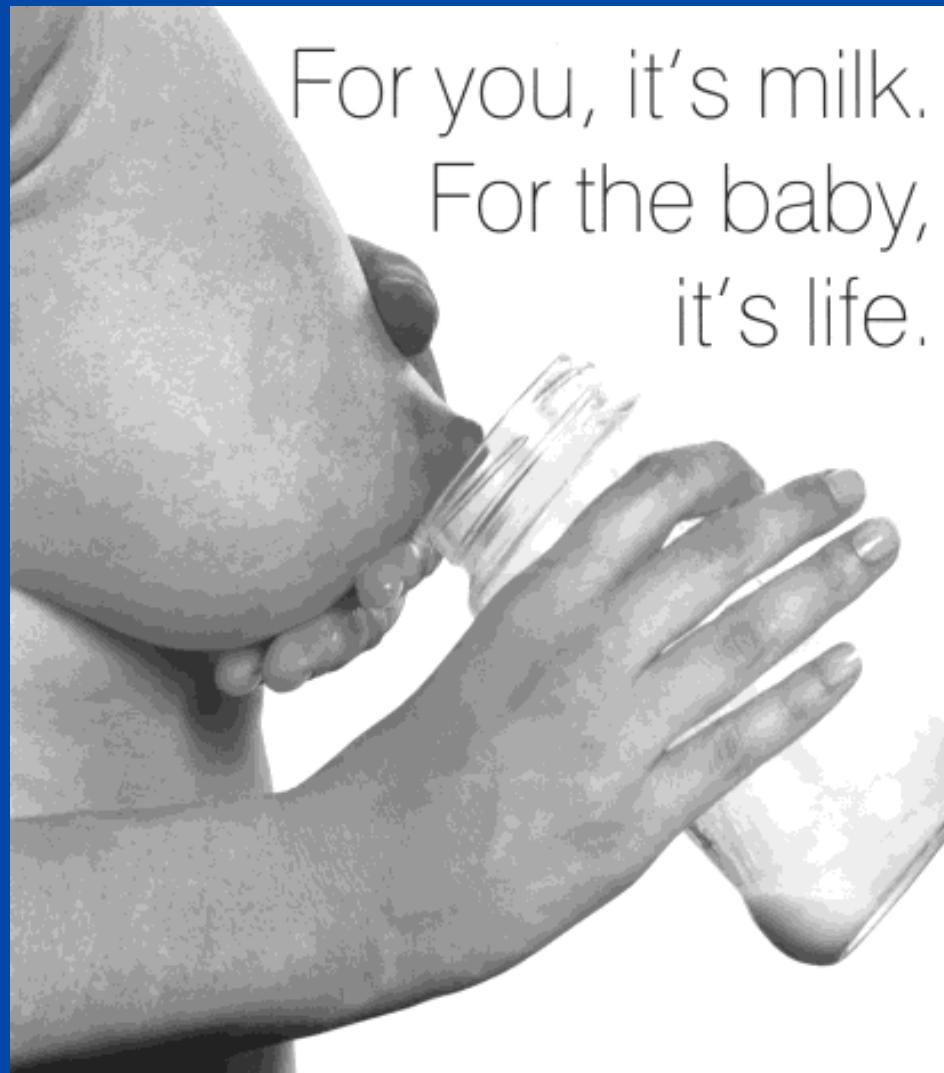
(9) At the breast

Exclusive breastfeeding for about 6 mths

Sustained breastfeeding for 2 years +

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Human milk banking



Poster: Ministry of Health, Brazil.

Step 9

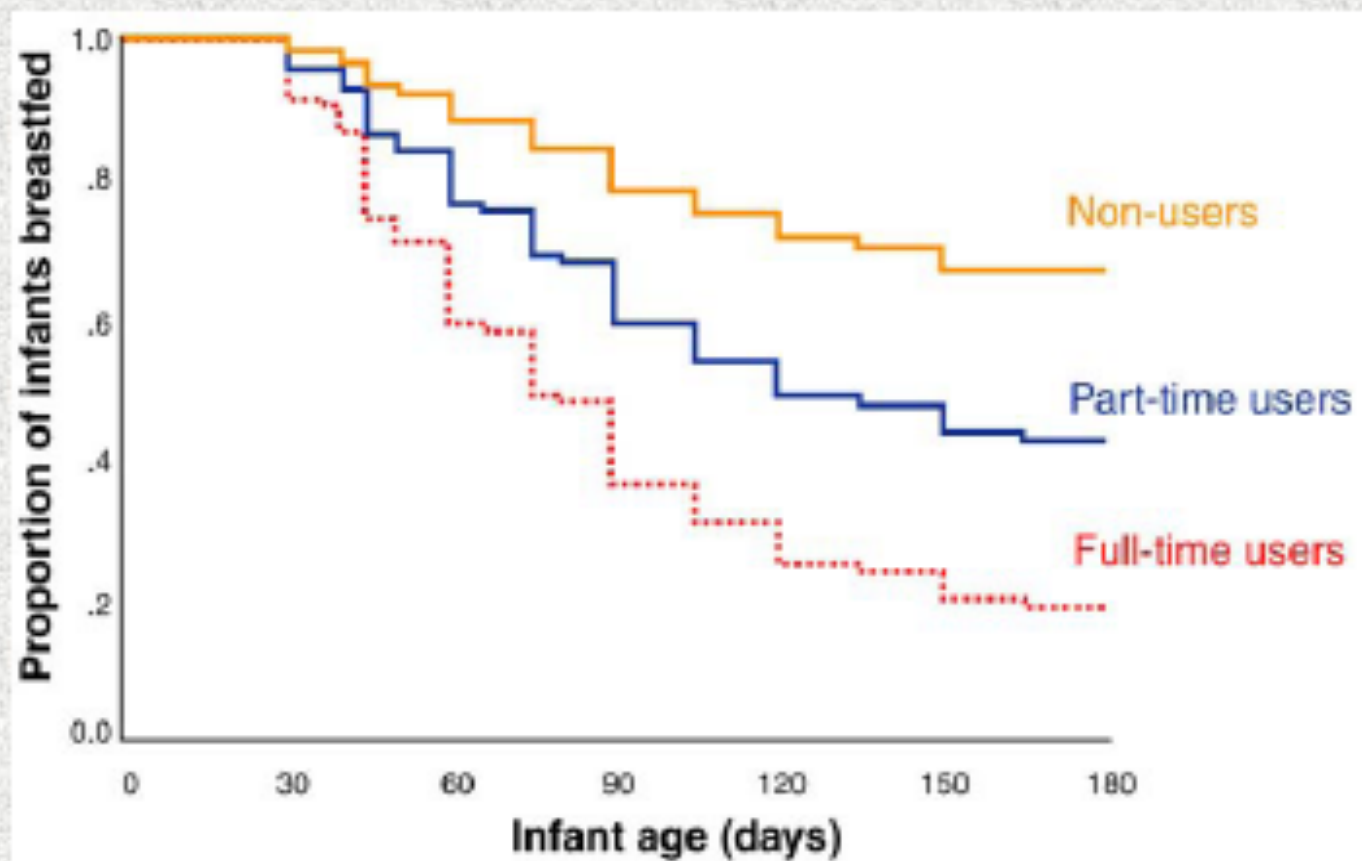
Excl. from breast

cup feeding

WHO Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

Canada Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).

Proportion of infants who were breastfed up to 6 months of age according to frequency of pacifier use at 1 month




Non-users vs part-time users:
 $P < 0.001$

Non-users vs. full-time users:
 $P < 0.001$

From: Victora CG et al. Pacifier use and short breastfeeding duration: cause, consequence or coincidence? *Pediatrics*, 1997, 99:445-453.


Data collection - CHS

- **Reliable system in place**
- **Breastfeeding rates**
 - **Initiation**
 - **Exclusive**
 - **Duration**

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The WHO Code

- Protects all infants from consequences of unethical marketing strategies
- No health claims allowed (Canada Food & Drugs Act)
- Protects HCP's – no conflict of interest


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CMA POLICY (2007):

GUIDELINES FOR PHYSICIANS IN INTERACTIONS WITH INDUSTRY

The history of health care delivery in Canada has included interaction between physicians and the pharmaceutical and health supply industriesextended to research as well as to education.


their primary obligation to their patients and duties to society, and to **avoid situations of conflict of interest** where possible and appropriately manage these situations when necessary.

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The Code


- **Does not ban formulas/ bottles**
- **Requires researched, scientific information, not marketing inducements**
- **Protects breastfeeding and formula feeding families**

Group discussion

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Focus: Best Practice

- Promoting continuum of care
- Informed decision making re infant feeding

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Group Discussion

- A. Policy, Staff Ed., WHO Code**
- B. Seamless Continuum of Care**
- C. Mother Baby Togetherness**
- D. Prac. assistance, anticip. Guidance**
- E. Exclusive breastfeeding & facility level data**

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Group discussion: 15 minutes

Discussion (use BCC Indicators)

Spokesperson to summarize:

- Milestones reached
- Opportunities
- Constraints
- Way forward

Plenary feedback: 30

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BFI Improves BF rates

- **BF rates positively impacted**


Sustained Breastfeeding Rates at a US Baby-Friendly Hospital
Barbara L. Philipp, MD et al, *Pediatrics* 2003;112:e234–e236.

- **Exclusive breastfeeding increased**

Evaluation of the Impact of the Baby-Friendly Hospital Initiative on Rates of Breastfeeding, Maria Luiza G. Braun et al,
Am. J. Public Health 2003 93(8): p. 1277-1279

- **Long-term breastfeeding increased**

Breastfeeding promotion in non-UNICEF-certified hospitals and long-term breastfeeding success in Germany. Dulon M et al,
Acta Paediatr. 2003 Jun;92(6):653-8.

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The effects of Baby Friendly Initiative training on breastfeeding rates and the breastfeeding attitudes, knowledge and self-efficacy of community health-care staff.

Jenny Ingram, Debbie Johnson and Louise Condon.

Primary Health Care Research Development, Available
on CJO 2011 doi:10.1017/S1463423610000423

BFI Benefits – Hospitals/ CHS

- **Excellence in ethical, family-centred maternity care**
- **Quality assurance – meet national and international standards**
- **Fewer neonatal infections**
- **Safer in emergencies**
- **Enhanced corporate image and prestige**
- **Increased client satisfaction**
- **Increased staff satisfaction and retention**

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Breastfeeding promotion:

**Costs and savings
at the health care system
and the national level**

Savings from potential increases in exclusive breastfeeding in England and Australia

- In England and Wales it has been estimated that the National Health Service spends £35 million per year in treating gastroenteritis in bottle-fed infants.
- For each 1% increase in breastfeeding at 13 weeks, a savings of £500,000 in treatment of gastroenteritis would be achieved.
- In Australia, in just one territory, hospital costs attributable to early weaning for five illnesses have been estimated to be about \$1-2 million a year.

Adapted from: Dept. of Health. *Breastfeeding: Good practice guidance to the NHS*. London, United Kingdom of Great Britain, 1995 and Smith et al., Hospital system costs of artificial feeding: Estimates for the Australian Capital Territory, *Aust N Z J Public Health*, 2002 26(6):543-51.


Savings (3 childhood illnesses)

increase exclusive bf. rates (US Surgeon General)*

Condition	Costs included	Savings US\$
Otitis media	Surgical & nonsurgical treatment, lost time/ wages.	\$ 365,077,440
Gastroenteritis	Physician visits, lost wages, childcare, hospitalization	\$ 9,941,253
Necrotizing Enterocolitis	Surgical treatment, lost wages, and value of premature death	\$3,279,146,528
TOTAL:		> \$3.6 billion

- Current levels of EBF: 64% after delivery and 29% at 6 months.
- Recommended levels:75% after delivery and 50% at six months.

Adapted from: Weimer. *The economic benefits of breastfeeding: A review and analysis*, Food Assistance & Nutrition Research Report No. 13. Wash.D.C., USDA, 2001.

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The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis

NEC	Hosp. lower RTI	Childhood
Otitis media	Atopic dermatitis	•leukemia
Gastroenteritis	Type 1 diabetes	•obesity
	SIDS	•asthma

Excl. bf.	US \$ per year	Deaths prevented
90%	\$13.0 bil	911 (mostly infants)
80%	\$10.5 bil	741 deaths


Bartick & Reinhold: PEDIATRICS Published online April 5, 2010



The BFI

“High quality not cost”

- Effective
- Continuous quality Improvement
- Health Promotion

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“Few interventions return such high dividends in health, self-reliance and child development and none at such low cost.”



Dr. Jairo Osorno

Units of Nutrition in Paediatrics & Clinical Epidemiology

Unicersidad del Valle School of Medicine Cali, Colombia.

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