

Updates on the

Baby-Friendly Hospital Initiative

Best Practices for Increasing Breast Milk Feeding in the NICU

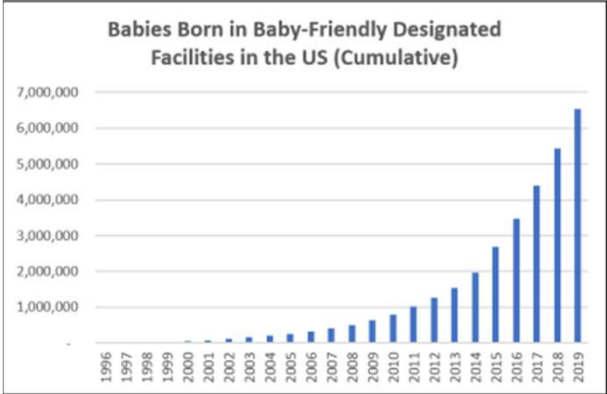
Michelle Finn, MS, IBCLC
 7th Annual Regional Neonatal Conference
 Decision-Making for Optimal Care and Outcomes

June 4th, 2021

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What is the Baby-Friendly Hospital initiative?

- The Baby-Friendly® Hospital Initiative is a global program sponsored by the WHO and UNICEF to encourage and recognize hospitals that offer optimal levels of care for infant feeding.
- BFHI has been endorsed by the AAP, ACOG, AAFP, AWHONN, the CDC, the U.S. Surgeon General and the Joint Commission.
- Facilities must adhere to the Ten Steps to Successful Breastfeeding to achieve, maintain and Baby-Friendly designation.
- The Ten Steps consist of evidence-based practices that have been shown to increase breastfeeding initiation, duration and exclusivity.



Year	Cumulative Count (Approximate)
1996	0
1997	0
1998	0
1999	0
2000	0
2001	0
2002	0
2003	100,000
2004	200,000
2005	300,000
2006	400,000
2007	500,000
2008	600,000
2009	700,000
2010	800,000
2011	1,000,000
2012	1,200,000
2013	1,500,000
2014	2,000,000
2015	2,800,000
2016	3,800,000
2017	4,800,000
2018	5,800,000
2019	6,800,000

2 **Best Practices for Increasing Breast Milk Feeding in the NICU**

Image from BFUSA website, babyfriendlyusa.org

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Impact/Efficacy

A 2016 systematic review published in *Maternal & Child Nutrition* considered 58 studies in 19 countries, and found that:

“Adherence to the BFHI Ten Steps has a positive impact on short-, medium-, and long-term breastfeeding outcomes.”

“There is a dose-response relationship between the number of BFHI steps women are exposed to and the likelihood of improved breastfeeding outcomes.”

Pérez-Escamilla, R., Martinez, J. L., & Segura-Pérez, S. (2016). Impact of the baby-friendly hospital initiative on breastfeeding and child health outcomes: A systematic review. *Maternal & Child Nutrition*, 12(3), 402-41

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Impact/Efficacy

A study later in 2016 published in *Breastfeeding Medicine*, noted this same positive association between BFHI practices and breastfeeding outcomes in the United States, although the mechanisms are unclear.

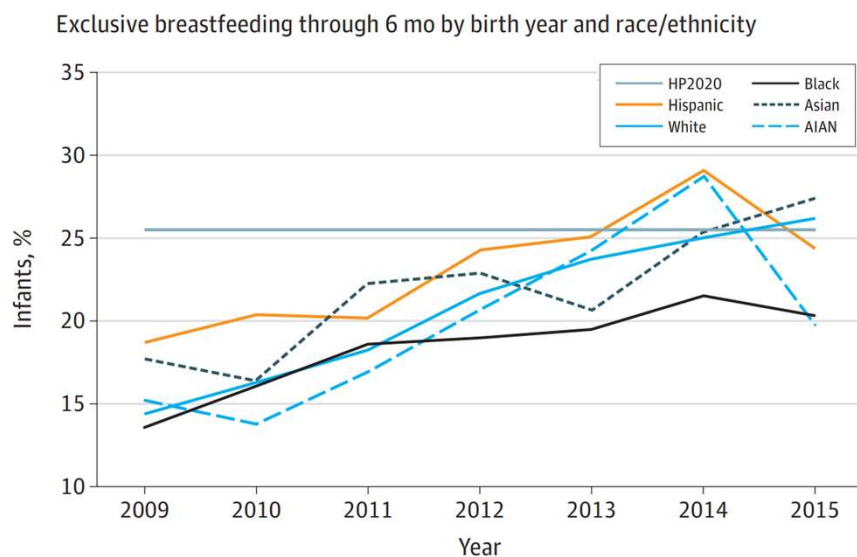
Munn, A. C., Newman, S. D., Mueller, M., Phillips, S. M., & Taylor, S. N. (2016). The impact in the United States of the baby-friendly Hospital initiative on early infant health and BREASTFEEDING OUTCOMES. *Breastfeeding Medicine*, 11(5), 222-230.

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Racial Inequities Persist



Li R, Perrine CG, Anstey EH, Chen J, MacGowan CA, Elam-Evans LD. Breastfeeding Trends by Race/Ethnicity Among US Children Born From 2009 to 2015. *JAMA Pediatr.* 2019;173(12):e193319.

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A 2019 study in *Pediatrics* suggests that

BFHI reduces disparities

in the southern U.S.

Merewood, A., Bugg, K., Burnham, L., Krane, K., Nickel, N., Broom, S., Feldman-Winter, L. (2019). Addressing racial inequities in breastfeeding in the southern united states. *Pediatrics*, 143(2)



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Baby-Friendly in the KC metro

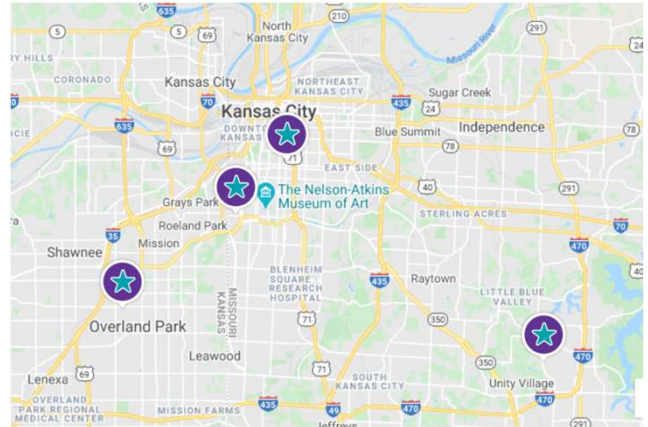
Missouri

- Truman Medical Center (2014)
- Truman Medical Center–Lakewood (2018)

Kansas

- AdventHealth Shawnee Mission (2018)
- The University of Kansas Hospital (2018)

...and others in the pathway working toward designation



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Truth or Myth?

“The Ten Steps to Successful Breastfeeding only apply for parents who choose to breastfeed their infants.”

(myth)

Many of the steps apply to facilitate parent/infant bonding whether breastfeeding is possible/desired or not. Some of these include skin-to-skin, rooming in, and feeding on cue. A core tenant of BFHI is informed decision-making. After exploring options, parents who choose not to breastfeed will be supported in their plan. Parents who choose to formula feed are also provided evidence-informed education on safe formula preparation and paced bottle-feeding technique.

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Truth or Myth?

“Baby-Friendly is a one-size-fits-all approach to maternity care.”

(myth)

The Baby-Friendly Guidelines and Evaluation Criteria support individualized care and appropriate clinical decision-making, not inflexibility or rigid adherence. Guideline 5.2 of the 2016 GEC specifically states “Additional individualized assistance should be provided to high risk and special needs mothers and infants and to mothers who have breastfeeding problems or must be separated from their infants.” Healthcare professionals are responsible for making clinical judgments on a case-by-case basis about when a variation from BFHI policy is deemed appropriate.

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Truth or Myth?

“Baby-Friendly practices do not apply to NICU babies.”

(myth)

Many steps do and should be applied as much as medically appropriate and feasible. Currently minimum criteria in the United States include initiation, education and support with milk expression within 3-6 hours of any mother/infant separation and kangaroo care as soon as medically feasible and safe.

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An expanded approach is emerging...

- With rare exception, nearly all newborns will benefit from breastfeeding and human milk. For many, it will mean their survival.
- Historically, neonatal wards have presented obstacles to successful breastfeeding, but a supportive environment can increase access to human milk and exclusive breastfeeding.
- New guidance from WHO/UNICEF

Protecting, promoting and supporting breastfeeding:
THE BABY-FRIENDLY HOSPITAL INITIATIVE FOR SMALL, SICK AND PRETERM NEWBORNS



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“ Our knowledge of the importance of human milk has grown immensely with respect to nutrition, acute and chronic disease risk reduction and prevention, neurodevelopment, physiology, the gut microbiome, etc.

And yet – there remains a gap in the translation of this knowledge into the practice of transition from human milk feeding to breastfeeding.

– Kathleen Marinelli, MD, IBCLC, FABM, FAAP

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What are some best practices for improving breastfeeding care in the NICU setting?

Fostering togetherness

- Initiate skin-to-skin (kangaroo) care soon after birth whenever possible. Stability and safety of both mom and baby are prime criteria.
- Facilitate frequent and continuous skin-to-skin care throughout infant's admission.
- Allow unrestricted parental access to the NICU. Consider accommodations needed for a mother to breastfeed, express milk and sleep near the care space for the infant

Establishment & maintenance of milk supply

- Offer immediate support for milk expression (hand expression and/or pumping) within 1 to 3 hours
- Follow closely with ongoing education and support
- Provide all needed equipment – ensure an adequate breast pump, storage bottles, labels and other supplies

Feeding practices

- Practice oral care with colostrum
- Ensure availability of pasteurized donor human milk as the standard of care when mother's own milk is not available
- Transition from tube to oral feeding using a cue-based approach rather than determined by GA or weight.
- Support the establishment of breastfeeds before offering bottles.
- Use alternative feeding methods such as cup feeding when mother is unavailable
- Access to community breastfeeding support after discharge

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Alternative feeding methods

“Use of bottles and teats has been shown to negatively affect breastfeeding in preterm infants, therefore cup or tube feedings (if needed) with progression to the breast is recommended.”

“Use of bottles has been shown in some small studies to negatively impact breastfeeding success for preterm infants. Bottle-feeding is associated with lower oxygen saturation, lower temperatures and increased desaturation episodes than breastfeeding or cup feeding in preterm infants.”



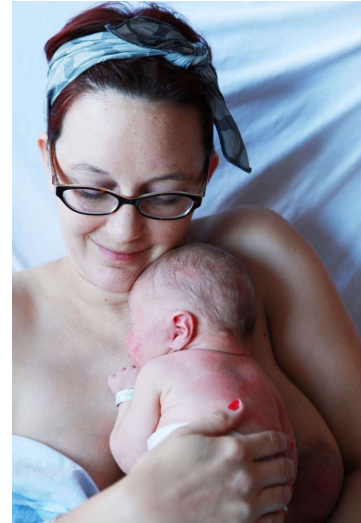
14 Best Practices for Increasing Breast Milk Feeding in the NICU

Image credit: Nifty Cup from Laerdal Global Health

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Policy and staff education considerations

- Development of a NICU infant feeding policy ensures EBPs are supported uniformly.
- Establishment of ongoing data collection. Potential monitoring indicators may include:
 - Time from birth to skin-to-skin care
 - Frequency and duration of skin-to-skin care
 - Type of first feed (mother's own milk, donor human milk, infant formula)
 - Method of first feeding (at breast, tube, cup, bottle)
 - Discharge feeding method (mother's own milk, donor milk, formula, mixed feeding)
 - Initiation of breast milk expression
- Staff education and ongoing competency assessment ensures staff have sufficient knowledge and skills to support breastfeeding.



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Next steps...

- New guidelines from WHO/UNICEF offer a “menu” of options for NICUs seeking to improve breastfeeding care.
- These guidelines may shape a future “NICU Baby-Friendly” designation in the U.S.

Protecting, promoting and supporting breastfeeding:
THE BABY-FRIENDLY HOSPITAL INITIATIVE FOR SMALL, SICK AND PRETERM NEWBORNS



16 Best Practices for Increasing Breast Milk Feeding in the NICU

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Thank you

Open access images from
the USBC's Landscape of
Breastfeeding Support
usbreastfeeding.org



THE UNIVERSITY OF
KANSAS HEALTH SYSTEM

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