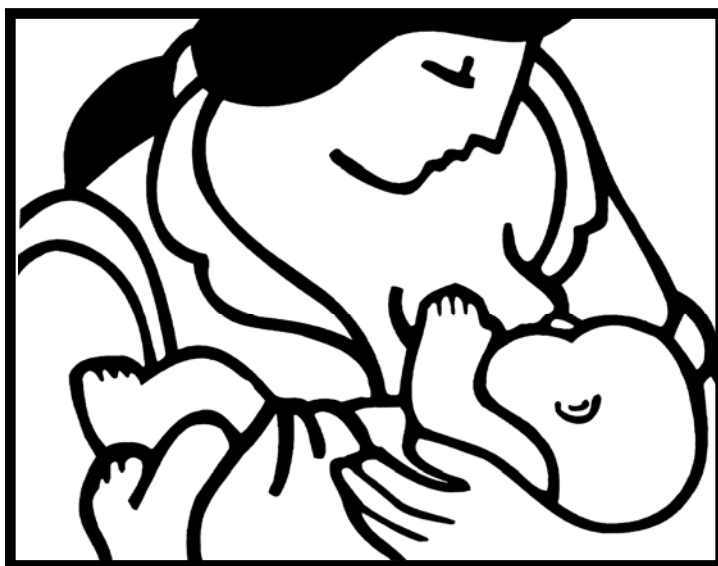


Baby-Friendly USA, Inc.

presents

**The Baby-Friendly
Hospital Initiative**



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WHAT IS THE UNICEF BABY-FRIENDLY HOSPITAL INITIATIVE AND WHY DO WE NEED IT?

More than one million infants worldwide die every year because they are not breastfed, or are given other foods too early. Millions more live in poor health, contract preventable diseases, and battle malnutrition. Although the magnitude of this death and disease is far greater in the developing world, thousands of infants in the United States suffer the ill effects of suboptimal infant feeding practices. A decreased risk of diarrhea, respiratory and ear infections, and allergic skin disorders are among the many benefits of breastfeeding to infants in the industrialized world.

In the United States, these benefits could translate into millions of dollars of savings to our health care system through decreased hospitalizations and pediatric clinic visits. For diarrhea alone, approximately 200,000 US children, most of whom are young infants, are hospitalized each year at a cost of more than half a billion dollars. Many of these cases of diarrhea could have been prevented with breastfeeding. In a study of the morbidity in an affluent US population, Dewey and colleagues found that the reduction in morbidity in breastfed babies was of sufficient magnitude to be of public significance. For example, the incidence of prolonged episodes of otitis media (ear infections) was 80% lower in breastfed as compared to non-breastfed infants. The cost savings to the health care system could be enormous if breastfeeding duration increased, given that ear infections alone cost billions of dollars a year.

It is a rare exception when a woman cannot breastfeed her baby for physical or medical reasons. Yet, a woman's ability to feel self confident and secure with her decision to breastfeed is challenged by her

family and friends, the media, and health care providers. Much has been done in the past few years to strengthen the sources of support for women to breastfeed. Although the hospital is not and should not be the only place a mother receives support for breastfeeding, hospitals provide a unique and critical link between the breastfeeding support provided prior to and after delivery.

The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding. The BFHI assists hospitals in giving mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies or feed formula safely, and gives special recognition to hospitals that have done so.

The BFHI promotes, protects, and supports breastfeeding through ***The Ten Steps to Successful Breastfeeding for Hospitals***, as outlined by UNICEF/WHO. The steps for the United States are:

- 1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.**
- 2. Train all health care staff in 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.**
- 5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.**
- 6. Give infants no food or drink other than breastmilk, unless medically indicated.**
- 7. Practice "rooming in"-- allow mothers and infants to remain together 24 hours a day.**

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

BFHI WORLDWIDE

In many other countries around the world, hospitals have already received Baby-Friendly®¹ Hospital designations from their national authority. Nearly 20,000 maternity facilities outside the US have received the Baby-Friendly Award.

BFHI IN THE U.S.

The Healthy Mothers, Healthy Babies Coalition received a grant from the US Department of Health and Human Services to convene an Expert Work Group to examine the criteria and assessment process of the global BFHI. Wellstart International, which is located in San Diego, California, developed the evaluation materials to support the assessment process. The U.S. Committee for UNICEF supported these efforts financially and with “in kind” services. In January of 1997, the U.S. Committee for UNICEF asked the Healthy Children Project, Inc. to accept responsibility for the initiative and form Baby-Friendly USA as the not-for-profit corporation which now administers the implementation of the Baby-Friendly Hospital Initiative in the United States.

WHAT CAN US BIRTH FACILITIES DO NOW?

Birth facilities can make a commitment to improve infant feeding policy, training and practices by traveling the breastfeeding pathway to designation.

¹ Baby-Friendly is a registered certification mark of UNICEF

Along the way, as they receive Certificates of Completion, birth facilities create an environment that is supportive of optimal infant feeding. Among these institutions are both large and small hospitals, for profit and not-for-profit hospitals, teaching hospitals, and hospitals at various stages of development in their breastfeeding education and support services, as well as birthing centers. The annual deliveries range from less than 100 in small rural hospitals to over 8,000 deliveries in urban tertiary care hospitals.

The Baby-Friendly Award process requires verification of policies and curriculum, action plans, and quality improvement projects, staff training, and competency verification as well as a readiness interview prior to the on-site survey which is conducted after the hospital or birthing center indicates its readiness for assessment. Only after the facility has passed this assessment does it receive the designation of being a Baby-Friendly Hospital.

HOW DO FACILITIES GO ABOUT ACHIEVING THE BABY-FRIENDLY DESIGNATION?

Facilities embark on a lengthy journey that necessitates them to thoroughly evaluate their current practices and adopt new policies and procedures that lead to improved health outcomes. To achieve the Baby-Friendly Designation, facilities must register with Baby-Friendly USA; complete all of the requirements; and ultimately demonstrate during an on-site assessment that they have correctly integrated all *Ten Steps to Successful Breastfeeding* into their practice for healthy newborns. To aid facilities in reaching this world-class standard of maternity care, Baby-Friendly USA is pleased to announce the new “4-D

Pathway” for achieving the Baby-Friendly designation. This new method maintains all of the high standards set by a team of global experts, while at the same breaks the process down into manageable and achievable tasks. Following these steps will ensure that the Baby-Friendly principles are fully implemented in a logical and efficient manner.

HOW DO BIRTH FACILITIES ENTER THE PATHWAY TO DESIGNATION?

Facilities may enter by submitting an application. Applications are accepted on a quarterly basis.

WHAT ARE THE BENEFITS OF THE NEW 4-D PATHWAY DESIGNATION PROCESS?

The 4-D process:

- Organizes tasks into 4 separate and distinct paths, thus making the *Ten Steps to Successful Breastfeeding* more manageable to implement.
- Organizes the tasks associated with implementing the *Ten Steps* into a logical order. This guides facilities to determine a good starting point and action path for working through the process.
- Includes additional planning and self assessment tools geared towards aiding facilities in achieving their goal.
- Acknowledges facility achievements with recognition certificates at 4 key points in the process, thus reinforcing the positive improvements made by the facility in their maternity care practices.
- Provides extensive facility-centered technical assistance from

Baby-Friendly USA to facilitate success with achieving the gold standard of maternity care.

IS HELP AVAILABLE?

Yes! Baby-Friendly USA staff members are available to provide technical support as a facility prepares to begin the pathway toward designation. Assistance is also available for increasing the awareness of the Initiative in your community for individuals and organizations not affiliated with hospitals. In addition, a series of materials to help hospitals work toward implementation of the Ten Steps is also available (see order form).

WHY PARTICIPATE IN THE BABY-FRIENDLY HOSPITAL INITIATIVE?

Participation in this initiative provides several possible benefits for birthing facilities:

- **quality improvement:** the BFHI requires on-going data collection and quality improvement.
- **cost containment:** increased breastfeeding rates have a proven impact on decreasing health care costs.
- **public relations/marketing:** families who feel adequately supported during the vulnerable postpartum days can speak powerfully for a birth facility.
- **prestige:** The receipt of this international award demonstrating excellence in patient care is an achievement to celebrate!

Ten Steps to Successful Breastfeeding

World Health Organization & UNICEF, 1989

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in 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.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink others than breastmilk, unless *medically* indicated.
7. Practice rooming-in--allow mothers and infants to remain together--24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic.

Baby-Friendly hospitals and birth centers also uphold the *International Code of Marketing of Breastmilk Substitutes* by offering education and educational materials that promote human milk rather than other infant food and drinks, and by refusing to accept or distribute free or subsidized supplies of breastmilk substitutes, nipples, and other feeding devices.

Commonly Asked Questions and Answers

About the Baby-Friendly® Process

How does the Baby-Friendly process work?

Baby-Friendly USA, Inc. is pleased to announce the new "4-D Pathway" for achieving the Baby-Friendly Designation. This new method organizes the process into manageable and achievable tasks. There are four phases to the pathway. First, in the Discovery Phase, a birthing facility commits to the Baby-Friendly process by submitting an application to Baby-Friendly USA. After that, the facility works through the Development, Dissemination and Designation Phases, accessing technical assistance from Baby-Friendly USA, Inc. and receiving feedback on submitted policies, curricula, etc. Finally, the facility requests an on-site assessment by the Baby-Friendly assessment team and a review by the External Review Board. Upon successful completion of this review process, the "Baby-Friendly" designation is conferred. If the facility does not pass on first assessment, it may apply for reassessment when identified problems have been rectified.

Our facility is currently registered with Baby-Friendly USA, Inc. and participating in the current Certificate of Intent program. Are we required to go into the new 4-D Pathway?

Facilities that have a current Certificate of Intent (COI) by April 1, 2010 have the following options:

1. Move into the new 4-D Pathway to Designation Program
2. Complete the COI Program by December 31, 2011. (Have satisfied pre-assessment requirements and have secured an on-site assessment slot.) After December 31, 2011 the COI pathway is closed. All facilities will be moved into the 4-D program.
3. If option 2 is initially selected, facilities may transition to the 4-D Pathway at anytime.

What if my hospital or birthing center is not "Baby-Friendly" enough to get started?

There is no such thing. The Pathway process provides an easy to follow framework for your effort to become a Baby-Friendly facility. A facility does not have to answer "yes" to all questions on the Self-Appraisal Tool to enter the program.

Are there any charges for the process?

Yes. There is no fee to enter the Discovery phase, however, entrance into the Development, Dissemination and Designation Phases has a \$2,000. fee each (\$1,200 for birth centers and hospitals with less than 500 births annually.) In addition there are optional services, support materials and videos available for a charge. The fee includes a number of hours of technical support, reviews of materials and access to a discussion list. Once a hospital has achieved Baby-Friendly status, a smaller annual fee is assessed.

What are the costs for the assessment?

Facilities in the 4-D Pathway are charged for travel costs, lodging and per diem for two assessors.

Baby-Friendly is a registered certification mark of UNICEF.

Where does the funding for the Baby-Friendly program come from?

The funds to run the Baby-Friendly USA office and programs come from fees paid by birth facilities and from the contributions of interested individuals and organizations. Baby-Friendly USA, Inc. does not accept contributions of any type from companies in violation of the International Code of Marketing of Breast-Milk Substitutes.

My hospital is part of a three hospital system. Can the whole system make one application for the pathway to designation?

No. Each hospital within a system has its own unique assets and challenges regarding breastfeeding promotion, protection and support. Each hospital must be assessed on its own merit.

Are the US Ten Steps the same as the global?

Yes, except Step 4 for the US is written that breastfeeding should be initiated in the first hour of life in the U.S., as opposed to the first half-hour elsewhere. In both the US and global 10 steps, the baby should be placed skin-to-skin immediately after birth and remain there continuously until the completion of the first breastfeeding. Also, in the US we have interpreted Step 6 "Give newborn infants no food or drink other than breast milk, unless medically indicated," as "Give breastfed newborns....."

What about purchasing formula? Must my hospital purchase all formula used to pass?

Yes. The Baby-Friendly Hospital Initiative supports the International Code on the Marketing of Breast-milk Substitutes ("WHO Code"). The WHO Code stipulates that health care facilities and professionals neither accept nor offer free or low-cost substitutes for human milk. In keeping with the Code, the Baby-Friendly Hospital Initiative asks facilities to purchase all infant formula in the same manner as it purchases all other supplies. Additionally, facilities should not give infant formula samples, literature, or other items bearing the name of an infant formula product to breastfeeding mothers.

Step two says "train all staff." Our physicians on staff are not technically employees of the hospital. Do they have to be trained?

Yes. The External Review Board, composed of knowledgeable experts in the fields of medicine, public health, and nursing, have determined that any pediatrician, obstetrician, or family practice physician or advanced practice registered nurse with a practice including breastfeeding families who has staff privileges at a hospital or birthing center must be trained in the advantages and management of breastfeeding. The amount and content of training offered may be tailored to needs of different professionals. For example, nursing staff with primary responsibility for helping mothers initiate breastfeeding should have, at minimum, 20 hours of training as identified by UNICEF. Physicians and APRNs must have a minimum of 3 hours of training.

Our hospital is thinking about becoming Baby-Friendly. How soon can we be assessed?

First, your hospital will need to enter the Pathway to Baby-Friendly Designation and complete all of the tasks in the 4 D Phases – Discovery, Development, Dissemination and Designation before the readiness interview. After a successful readiness interview, an on-site assessment can be scheduled.

When can we use the terminology of "Baby-Friendly® Hospital?"

Only when your facility has been assessed, approved by the External Review Board and the CEO has received the letter from the External Review Board. Use of the registered term "Baby-Friendly" is restricted only to fully designated facilities.

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508-888-8092 info@babyfriendlyusa.org www.babyfriendlyusa.org*

Why should our facility consider becoming a Baby-Friendly facility?

The Baby-Friendly Designation is the globally recognized symbol of world-class maternity care. In addition, the pathway to designation provides facilities the opportunity to:

- deliver patient-centered care
- improve health outcomes for mothers and babies
- improve patient satisfaction
- increase market share
- elevate the reputation and standards of the birthing facility
- enhance a professional environment of competence
- demonstrate a commitment to quality improvement
- build leadership and team skills among staff
- improve m-PINC scores as rated by the Center for Disease Control
- meet Joint Commission maternity care standards for exclusive breast milk feeding
- meet corporate compliance requirements
- lead the way to achieving Healthy People 2020 goals for breastfeeding
- become a member of an exclusive group of elite facilities around the world who have achieved this globally prestigious award

Rev. 5/10

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Fee Schedule

Effective 4/1/10 through 12/31/11

For New Facilities Entering the 4-D Pathway to Baby-Friendly Designation²

PHASE	HOSPITALS	FREE STANDING BIRTH CENTERS & HOSPITALS WITH FEWER THAN 500 BIRTHS PER YEAR
Discovery	\$ 0 Fee	\$ 0 Fee
Development	\$2,000	\$1,200
Dissemination	\$2,000	\$1,200
Designation	\$2,000	\$1,200
Re-Designation	\$1000/year	\$1000/year

For Existing Facilities Remaining in the Certificate of Intent (COI) Program

The Certificate of Intent Pathway will be phased out on December 31, 2011. Existing facilities wishing to remain in the COI program until then will stay on a fee schedule that is charged on a "birth per year basis":

# BIRTHS PER YEAR	FEE (fees will be prorated for the 18 months)
≥ 5,000	\$1000/year + \$3,000 Assessment fee + travel expenses for 2 Assessors
2,000-4,999	\$ 900/year + \$3,000 Assessment fee + travel expenses for 2 Assessors
1,000-1,999	\$ 775/year + \$3,000 Assessment fee + travel expenses for 2 Assessors
≤ 999	\$ 600/year + \$3,000 Assessment fee + travel expenses for 2 Assessors

For Existing Facilities Transitioning to the 4-D Pathway

BFUSA will request documents to assess the appropriate placement in the pathway.

PRICE ³	CATEGORY
\$2,000	Hospital
\$1,200	Birth Center and Hospital with <500 births per year

² These are phase fees. They assume that a facility will take a year to complete the tasks of each phase; if the facility takes longer, additional fees will apply. The fees also include a portion of the final assessment fee – the only additional charge at the time of assessment would be for assessor travel, lodging and meals.

³ plus travel expenses for 2 assessors at time of assessment.