



Chattanooga, TN
Women and Infant Services
Baby Friendly Hospital Initiative (BFHI)

Policy and Procedures for Schools of Nursing

EHS has a certificate of intent to operate as a nationally certified Baby Friendly Facility as designated by Baby Friendly USA. Please review our new procedures for practice prior to completing your clinical rotation at EHS. After review, please have students and faculty involved with OB clinicals sign the sheet of compliance at the end of this request.

What is Baby Friendly?

The Baby Friendly Hospital Initiative is a global campaign launched by UNICEF and the World Health Organization to support all mothers in their right to choose to breastfeed their baby. To earn the “Baby Friendly Hospital” award, facilities have to show that they have adopted certain practices to support successful breastfeeding. So far, over 10,000 hospitals around the world have achieved Baby Friendly status. Currently in the USA, only a handful of hospitals and birthing centers have been awarded Baby Friendly designation. More than 300 facilities representing most of the 50 states have filed a Certificate of Intent and are currently working on achieving the award. There are ten steps that must be achieved before a hospital can be nationally certified as Baby Friendly.

These Ten Steps are as follows:

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

EHS has worked diligently over the past year to meet the Ten Steps and all of the sub-steps included in each step. Therefore, it is imperative that as a student nurse, you are also implementing these practices while on our units in order to maintain our

status as a Baby Friendly Hospital. These are the most important things you should remember while on our OB and Pediatric Units.

Staff Training

1. All established staff on Mother/Baby, Labor/Delivery, SCN, and SRMC units will have 15 hours of breastfeeding education that meet the Baby Friendly Hospital designation requirements.
2. All nursing staff will have ongoing annual breastfeeding education of 3 hours per year implemented by the Lactation Consultants.
3. New staff members are oriented to the new policy within 2 weeks of their orientation by their unit preceptor. All new staff will complete the 15 hour education.

Prenatal Breastfeeding Education

4. EHS facility will develop, implement, evaluate and revise breastfeeding education to be offered to women at the University of Tennessee prenatal clinics.
5. Curriculum will include all of the key teaching points as recommended in the Baby-Friendly Guidelines and Criteria for Evaluation.
 - Benefits of breastfeeding
 - Importance of exclusive breastfeeding
 - Non-pharmacological pain relief methods for labor
 - Early initiation of breastfeeding
 - Early skin to skin care
 - Rooming-in on a 24-hour basis
 - Baby-led feeding
 - Frequency of feeding in relation to establish a milk supply
 - Effective positioning and latching
 - Exclusivity of breastfeeding for the first 6 months
6. The healthcare provider or support staff member who delivers the information will document the education in the patient's office chart.
7. Erlanger nor its prenatal clinics will not offer group education on the use of formula or infant feeding bottles and none of the educational materials distributed to pregnant women will contain product names, images, or logos of infant formula, foods, bottles, feeding devices or other related items.
8. Erlanger supports and promotes local community-based programs that offer individual and group breastfeeding education and support. Patients are provided with outpatient breastfeeding resources (such as Le Leche League, WIC, and Erlanger Breastfeeding Support Group) upon discharge.
9. Pacifiers are NOT routinely given to breastfeeding mothers. If a breastfeeding mother requests that her baby get a pacifier, a staff member must educate the mother about normal hunger cues and feeding on demand; potential undesired effect to breastfeeding; and potential risk of decreased milk supply. If a mother,

after receiving education, still desires that her baby receive a pacifier, then her wish is granted.

Skin to Skin Care

10. Skin to Skin Care is defined as the unwrapped baby being placed tummy down on mother's chest covered by a blanket. All mothers and infants (regardless of feeding preference) will be encouraged to participate in Skin to Skin Care as soon as possible after delivery. Skin to Skin Care will facilitate mother-infant bonding, ensure best practices for breastfeeding support, and safely transition the infant from intrauterine life to extra uterine life.

11. Nursing staff participating in the birth of the infant should allow the couplet to practice skin to skin care in the following manner: after drying infant, the infant is placed prone on the mother's chest and/or abdomen wearing only a hat and diaper. The mother will have on no clothing between herself and the infant and there will be no towel or blanket between the mother and infant to disrupt the contact of skin to skin. The infant should be able to access the mother's breasts with no interference from any bras, gowns, etc. Warm blankets may be laid over the infant and mother together once the infant is in place skin to skin.
 - In the case of vaginal birth, all medically stable infants will be dried and immediately placed skin to skin on their medically stable mother with no interruption of skin to skin contact until the first breastfeeding occurs. Staff will be available to help mother with positioning and latching her newborn as needed. After the first breastfeeding, Skin to Skin Contact will continue as long as mother desires and is feasible for the infant. In the case where the mother chooses to formula feed, the initial period of skin to skin will last at least one hour. After the initial period of skin to skin contact, mothers will be encouraged to continue this type of care for their infants as much as possible during the hospital stay.
 - In the case of a cesarean birth, the infant will be placed in Skin to Skin Care with mother within 30 minutes of the time she is able to respond to her infant and Skin to Skin Care will continue uninterrupted until the first breastfeeding occurs. In the case where the mother chooses to formula feed, the initial period of skin to skin will last at least one hour.

12. Routine newborn procedures will be postponed until after the first feeding. Infant monitoring and assessment will continue while the infant is in Skin to Skin Care. Infants will have vital signs and blood glucose taken during this Skin to Skin Care time. Eye Prophylaxis will

- be delayed but not beyond one hour after delivery according to TN state regulation. Infant security tag will be applied during the first 30 minutes following birth. Conditions such as temperature instability, respiratory distress, low blood sugars unresolved with infant feeding, seizures, etc, in addition to maternal complications would contradict this immediate Skin to Skin Care, but every effort would be made to provide Skin to Skin care as soon as feasibly possible after these issues were resolved.
13. The time that Skin to Skin Care initially begins is charted in the chart. If there is a medical contraindication for Skin to Skin Care or mother refuses to participate in this care, this will be documented in the charts as well. If an infant is separated for medical reasons or must be transferred immediately to NICU or special care nursery, the nursing staff will ensure mother and infant begin Skin to Skin Care as soon as is possible.
 14. If an infant must be transferred to NICU or SCN, the mother and infant will be allowed to do Skin to Skin Care as outlined in the NICU Kangaroo Care Policy.

Topics to Remember

- Infants are placed in skin to skin care with the mother and are to remain there for 1 hour as long as mother and baby are stable. Therefore, do not remove the baby from the mother's chest during this time. Assessments, vital signs, and medications can be done while on the mother's chest.
- When a mother is able to respond to her infant after a C-section, the baby is to go to the mother in no more than 30 minutes. Bathing can be delayed until skin to skin care is complete.
- No supplemental formulas are given unless medically indicated. Infant with an initial low blood sugar will attempt to breast feed and then supplement if blood sugar not increasing.
- Bottles and nipples are discouraged and can decrease milk supply. Mothers that request these items are to be educated on the risk of early introduction of these items.
- NO products advertising formula or formula company products are to be in the facility. This includes pens, magazines, notepads, and badge pulls. These companies advertise under manufacturing of Ross/Abbott Laboratories, Mead Johnson, Nestle, among many others.
- Mothers are rooming in with their infants and rarely return to the nursery.
- Give breastfeeding encouragement to the mom and families.
- Refer mothers to the lactation consultant or other OB staff for assistance if needed.
- Breastfeeding provides many benefits such as a decrease in cancers, diabetes, obesity, heart disease, death from SIDS, and much more!
- Pacifiers are not routinely given. Education is present to mother on hunger cues and feeding on demand.