

Physicians, Advanced Practice Nurses

Preparation for BFHI Site Assessment Interviews

1. Be familiar with the Ten Steps to Successful Breastfeeding. Large posters with these steps in English and Spanish are located in the Lobby Entrance, the Birthing Unit, the Emergency Room, and the Laboratory in the Medical Plaza Building. Small posters are in each room on the Birthing Unit as well as the NICU.
2. Be familiar with the CSR-NB Baby-Friendly Hospital Initiative Infant Feeding Policy and its location on the Birthing Unit. Know that all providers are expected to comply with this policy, whether you are employed by CSR-NB or have privileges here.
3. Training opportunities have been provided for 4 hours of online education, with CMEs.
4. Nursing staff have all received and completed 20 hours of online education, 5 hours of hands-on education for competency.
5. Know that all Baby-Friendly criteria are research-based and current best practice.
6. Be knowledgeable about and familiar with the Great Expectations classes available prenatally to your patients, and the post-discharge support available to patients.
7. Know that we will continue to work with your office to provide prenatal information and education. Several of our nursing staff are working with the RN, IBCLC to develop prenatal folders for your patients in 2016.

If you are present on the Birthing Unit either of the two days the assessors are here, November 9 and 10, you may be asked any or all of the following:

Name 4 benefits of breastfeeding.

- Gut protection by development of protective anaerobic flora functioning as probiotics.
- Decreased risk of life-long infant illness (Type 1 Diabetes Mellitus, necrotizing enterocolitis, celiac disease, leukemia, lymphoma, neuroblastoma, inflammatory bowel disease, etc.)
- Increased total IQ, verbal IQ and performance IQ for infants.
- Reduced Sudden Infant Death Syndrome.
- Reduced maternal disease (pre-and-post menopausal breast cancer, Type 2 DM, hypertension, anemia, MI, etc.)
- Reduced obesity for mother and infant.

Name 4 benefits of prolonged periods of safe skin-to-skin care.

- Stabilizes newborn respiration.
- Improves newborn oxygenation.
- Increases infant glucose levels.

- Provides thermal synchrony (the lactating breasts can assess infant temperature during skin-to-skin care, and can independently increase or decrease their temperature to keep infant at optimal levels = “smart breasts”).
- Decreases maternal and infant cortisol and other stress hormonal levels.
- Decreases infant crying.
- Decreases maternal and infant pain levels.

How soon should skin-to-skin care (SSC) be initiated following delivery?

- Immediately for all normal, uncomplicated deliveries.
- In a surgical delivery, as soon as mother is capable of holding infant.
- SSC should be maintained for AT LEAST the first 60 mins. or until the first successful breastfeeding.

Does this facility provide continuous rooming-in?

- There is no normal newborn nursery at CSR-NB.
- Normal newborns cannot be held in the Level II NICU (infection risk).
- Newborns cannot be held at the Nurses’ Desk (safety risk).

How do you assist with positioning and latch?

- Position mother for comfort and effectiveness.
- Position infant for effective milk transfer. (Do not say “football hold, cradle hold”, etc.)
- Keep infant nose-to-nipple, chin-to-breast, elicit wide oral gape and slight head extension to obtain deep asymmetric latch.
- www.newborns.stanford.edu/Breastfeeding/FifteenMinuteHelper.html

How can you assess for adequate milk transfer during a feeding?

- Audible and visible swallowing.
- Jaw movement with slight pause at beginning of swallow.
- Signs of infant satiety.
- Frequent infant stooling.
- Feeding 8 or more times every 24 hours.

Demonstrate effective hand expression.

- To view several different demonstrations, go to:
 - www.vimeo.com/65196007
 - www.newborns.stanford.edu/Breastfeeding/MaxProduction.html
 - www.youtube.com/watch?v=BOJD82jHty8

How often does a breastfed infant feed?

- At least 8 times per 24 hours. Frequently, 8 to 14 times.
- An infant should be fed on cue, and will frequently exhibit cluster-feeding behaviors.
- No clock-watching should be encouraged except in special situations (weight loss, jaundice, etc.). Teach the mother to watch her baby for early, mid and late feeding cues.
- Do NOT say “every 2-3 hours”.

What if your patient asks for artificial infant milk?

- Your patient will be given information and education on the detrimental effects of artificial infant milk, and the use of bottles and pacifiers early on in the relationship.
- They will sign an informed feeding consent prior to delivery, choosing to exclusively breastfeed, exclusive artificially feed, or mixed feed during their hospital stay.
- They will be provided assessment, education and support to assist them in their informed feeding decision.
- If AIM is requested for various non-medical reasons (not enough milk, make baby sleep, mom wants to sleep, etc.), the nurse and/or IBCLC will assess the needs of the family, help provide education on alternatives to AIM, assist with breastfeeding, and honor the family’s request when they make an informed decision.
- In ALL circumstances, your patient and her family will receive gentle education, professional treatment, and excellent care. They will NEVER be bullied or intimidated.