

Renee Hulett, Director Maternal Child Unit

Staff of Maternal Child Unit at St. Catherine Hospital

St. Catherine Hospital

Garden City, KS

Dear Ms. Hulett and Maternal Child Unit staff,

Current practice on the Maternal Child Unit needs to be changed in order to be designated as a Baby-Friendly Hospital. Changing current practice will create a more successful and supportive environment for breastfeeding to mothers and newborns.

The current need to improve the exclusivity of breastfeeding is growing immensely with the increasing rise of health problems like obesity, diabetes, and others. Increasing the exclusivity of breastfeeding offers lasting benefits to both mothers and infants. Please consider this proposal as a way for staff to work around barriers they may encounter throughout the Baby-Friendly Hospital Initiative. I hope the proposal offers staff assistance in implementing the necessary changes to their current practice.

Respectfully,

XX, RN

Proposal for the Baby-Friendly Hospital Initiative

Prepared for

Renee Hulett, Director of Maternal Child Unit

and

Staff of the Maternal Child Unit at St. Catherine Hospital

November 17, 2015

Used with Permission

TABLE OF CONTENTS

	PAGE
INFORMATIVE ABSTRACT.....	4
INTRODUCTION.....	5
Overview.....	5
Background.....	5
Statement of Problem.....	9
Need.....	11
PROPOSED PLAN.....	12
Projected Costs.....	15
Results.....	16
Research Methods.....	17
CONCLUSION.....	18
APPENDIX.....	19
REFERENCES.....	22

INFORMATIVE ABSTRACT

Each year at St. Catherine Hospital, in Garden City, Kansas, there are approximately 800-1100 infants born. The staff within the Maternal Child Unit at St. Catherine Hospital are dedicated to providing outstanding care of mothers, infants, and the families that deliver their little ones within the facility. An opportunity to become a part of the Baby-Friendly Hospital Initiative (BFHI) has recently been an endeavor the unit has undertaken. “The Baby-Friendly Hospital Initiative is a global initiative aimed at protecting, promoting, and supporting breastfeeding and is based on the ten steps to successful breastfeeding” (Schmied, Gribble, Sheehan, Taylor, & Dykes, 2011). It is common knowledge that breastfeeding is the optimal nutrition for infants and breastfeeding is encouraged throughout the world. In 2011, Perrine et al. states that babies born at a Baby-Friendly accredited hospital account for only 4.5% of all births in the United States. Birthing facilities and hospitals need to adopt evidence based practice to encourage and support breastfeeding. St. Catherine Hospital is taking the first steps towards doing this. In a survey to staff of St. Catherine Hospital, many believe that the transition will be a difficult one to complete, but that it will, ultimately, improve patient satisfaction and attract mothers and families to choose St. Catherine Hospital for their birthing experience. The staff agree that there are a few changes that need to take place within our routine hospital practice, and they all agree that more staff need to be hired in order to accomplish the task of becoming a Baby-Friendly Hospital. Ten peer-reviewed sources were used as research for this proposal project. St. Catherine Hospital is actively working towards becoming a Baby-Friendly facility, and staff should be dedicated to its implementation. After accreditation, St. Catherine Hospital will be the only Baby-Friendly Hospital in Western Kansas.

INTRODUCTION

Overview

Over the course of the next two years, St. Catherine Hospital will undergo implementation of the Baby-Friendly Hospital Initiative. This transition will be a rigorous one, resulting in change throughout the organization. Hospital administrators, physicians, nurses, volunteers, and all other employees and support staff will change their current practice to be in align with the Baby-Friendly Hospital Initiative (BFHI). Becoming designated as a Baby-Friendly Hospital (BFH) will be a challenging, but worthwhile experience. Opportunities will become available for staff leadership within the Maternal Child Department at St. Catherine Hospital, as well as interdepartmental collaboration within the facility. Also, the journey towards the BFHI will improve patient satisfaction scores, build the hospital's reputation throughout the community, deliver patient-centered care to the families it serves, and it will promote healthy outcomes for mothers and infants who are born at the facility.

Background

Breastfeeding is widely recognized as the optimal nutrition for all infants. Exclusive breastfeeding is recommended for the first six months of life or greater than six months as long as the mother and the baby are mutually satisfied with the breastfeeding relationship (Walsh, Pincombe, & Henderson, 2010, p. 597). Many physical and psychological benefits exist throughout the breastfeeding experience for both mother and baby. Mothers who choose to breastfeed have a lower incidence of developing certain cancers, like ovarian and breast cancers (Schoenfelder et al., 2012, p. 1713). Belay, Allen, Williams, Dooyema, and Foltz (2013) state that most women are able to lose more weight during the first postpartum year while

breastfeeding when compared to non-breastfeeding women. Breastfeeding helps the uterus return to its normal size, as well. Breastfeeding is convenient for mothers allowing them to be relieved of burdens that formula feeding mothers experience. For example, there are no bottles to clean or preparation that needs to be done prior to feedings. Breastmilk is always readily available and is always the right temperature. It consists of all the right components that the baby needs as he or she grows. An obvious benefit of breastfeeding is that it is free. Parents can spend thousands of dollars in the cost associated with formula feeding their baby. Breastfeeding can increase the bond that mothers have with their infants. Infants who are not breastfed are at increased risk of death from sudden infant death syndrome. They are more likely to develop leukemia, infections, diabetes, asthma, and many other health problems (Schoenfelder et al., 2012, p. 1713).

According to Perrine et al. (2011), “children breastfed for nine months had a more than 30% reduced odds of becoming overweight compared with children never breastfed.” Many benefits exist for mothers who breastfeed, and children are less likely to have current and future health problems when they receive human milk.

Table 1: The Ten Steps to Successful Breastfeeding

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 are separated from their infants.
6. Give infants no food or drink other than breast-milk, 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 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 birth center (Schoenfelder et al., 2012, p. 1713).

To promote breastfeeding throughout the world, the World Health Organization and the

The United Nations Children’s Fund launched the BFHI in 1991. “The BFHI is aimed at

promoting and supporting breastfeeding and is based on the ten best practice standards that must be attained in order for a hospital or health service to be accredited as Baby-Friendly” (Schmied, Gribble, Sheehan, Taylor, & Dykes, 2011, p. 2) These ten best practice standards are known as the ten steps to successful breastfeeding (See table 1). With implementation of the BFHI, there is evidence to suggest that the initiation and exclusivity of breastfeeding is increased within the designated Baby-Friendly facilities. Worldwide, there are approximately 20,000 BFHI designated facilities (Schmied et al., 2011, p. 2). Baby-Friendly USA (2012b), which is the accrediting body for the BFHI in the United States of America, reports that the ten steps to successful breastfeeding are endorsed by several major maternal and child health organizations including the American Academy of Family Physicians, the American Academy of Pediatrics, the U.S. General Surgeon, and the Association of Women’s Health, Obstetric, and Neonatal Nurses.

The journey to becoming designated as a BFH includes a four phase process, and each step is not intended to last beyond one year. Typically, this process does not take four full years to complete, and our hospital is projecting the final phase to be complete by 2017. The four phase program to designation is known as the “4-D pathway.” The 4-D pathway was designed to help those hospitals and birthing centers, who are actively trying to pursue designation, in completing all the necessary steps to the process. The first step is discovery, followed by development, then dissemination, and finally designation. In the discovery phase, which is phase one, the hospital or birthing center registers with Baby-Friendly USA, obtains a letter of support from the facility’s chief executive officer, and completes a self-appraisal tool to track where they currently stand within the ten steps to successful breastfeeding. The self-appraisal tool serves as a baseline for the facility to compare and contrast changes throughout the development of the

BFHI. This tool is very important for hospitals and birthing centers seeking affiliation and it can help track data throughout the facility's transition into becoming a BFH. In stage two, the development stage, the facility creates a committee or task force to create a plan of action to implement the BFHI. The committee works together to create a breastfeeding policy, staff training plan, prenatal/postpartum teaching plan, and data collection plan. Step two is where St. Catherine Hospital currently stands. The committee is comprised of the Maternal Child Unit Director, the Supervisor of the Maternal Child Unit, the hospital's Board Certified Lactation Consultant, and myself. The committee helps to plan and organize everything throughout the transition, and we work with several sub-committees within the hospital to maintain communication interdepartmentally throughout the hospital. The dissemination phase, which is phase three, is complete when staff are trained and data has been collected. All staff in the hospital require education and training and data is collected from patient chart audits and mother's surveys each month. In the final stage, designation, the committee develops a quality improvement plan and the staff's skills and training are verified. An on-site assessment takes place by a Baby-Friendly USA team and designation is complete (Baby-Friendly, 2012a). Currently, St. Catherine Hospital is working within the second stage of the pathway, and we are discovering many problems with staff working together to change their current practice. We still have a long journey ahead, but it will be worth the extra effort.

As mentioned, the BFHI is a long and challenging journey, but it will help our hospital and those patients that we serve in numerous ways. Benefits of becoming a BFH include delivering patient-centered care, improving health outcomes for mothers and babies, improving patient satisfaction, elevating the facilities reputation within the community, building leadership and teamwork within the facility, and many others are reported by Baby-Friendly USA (2012b).

According to Schoenfelder et al. (2012, p. 1713), “BFHI implementation provides a high return on investment for hospitals.” If patients are happy and satisfied with their care, the facility will see an increase in the patient volumes and they will return for future healthcare needs, as well as report their positive experience to others. Schmied et al. (2011) points out that BFHs will provide better antenatal preparation and will increase the consistency in education that is provided to expectant mothers and families. St. Catherine Hospital has an affiliated clinic that we are working closely with to provide this education in the antenatal time period. Also, staff within hospitals and birthing facilities will be better prepared to provide teaching and assistance with breastfeeding. All staff will be educated and highly skilled at assisting mothers with breastfeeding and the education provided to staff will be consistent throughout. Becoming a BFH “is not just about changing health professional practice, but also about changing women’s views and practices and this would take a long time” (Schmied et al., 2011, p. 4). By 2017, St. Catherine Hospital will be designated as a BFH and our facility will be the leading maternity care facility and the only hospital in western Kansas that will provide care to mothers and infants while implementing the ten steps to successful breastfeeding.

Statement of Problem

The purpose of this document is to educate the nursing staff at St. Catherine Hospital about the current need to support our mothers and babies on initiating and exclusively breastfeeding, inform them about the requirements that are necessary to become designated as a Baby-Friendly organization, and to instruct them on methods that could be implemented to ensure successful completion of this designation.

The population that St. Catherine Hospital serves is vast, and there is a great need for support on initiating and continuing with the exclusivity of breastfeeding. In 2012, Bandy, who

is an International Board Certified Lactation Consultant, reported that 85.1% of mothers initiated breastfeeding their infants in Finney County, Kansas. Throughout the surrounding counties, there is a range from 61.5%-92.9% of mothers that initiated breastfeeding. Kansas is consistently lower in the exclusive breastfeeding rates throughout the first six months of life in comparison with the national average.

Many things influence a woman's decision to breastfeed and many factors can prevent breastfeeding from occurring for a prolonged period of time. Otsuka et al. (2014) reports that a mother's confidence with the ability to breastfeed her baby is influenced by many factors including past experiences with breastfeeding, peer counseling or woman to woman counseling, persuasion and encouragement from friends and family, and also one's physiological state (pain, stress, anxiety, etc.). If any of these factors affect a mother's confidence, she is likely to discontinue breastfeeding her infant prematurely. Also reported is that some hospital routine procedures and practices can interfere with a mother's confidence at breastfeeding her infant. Beginning at birth, hospital routines take effect. The current practice at St. Catherine Hospital is to deliver the baby, lay the baby on the mother's chest for a brief moment of bonding, and then take the baby away from the mother to perform an initial assessment and carry out routine orders that physicians request. Routinely, skin to skin contact immediately after birth is not sustained for more than a brief period of time, unless it is specifically requested by the parents. From the beginning, the hospital's routines effect the maternal-infant relationship and bond. Throughout the hospital stay, there is breastfeeding support and babies do practice rooming in with their parents. The babies are not taken out of the room except to perform routine procedures like circumcisions, hearing screens, and possibly a few others. Pacifiers are not routinely offered to our infants, but are available upon request by the parents. Formula is given routinely if parents

request. No medical necessity is required to offer formula to parents and infants. Physicians are supportive of breastfeeding, but they are not always vocal about their support and encouragement of breastfeeding to the new mothers and fathers that deliver their infant at the hospital. Cesarean births do serve a challenge for the nurses, physicians, and other staff members involved in the delivery. The baby is typically shown to the parents for a few minutes and the infant is then taken to a nursery where the baby is given a bath and all routine physician orders are completed by the nurse. The father of the baby, or the support person, typically follows the baby into the nursery. After the cesarean birth, the mother and baby are taken to a recovery room where they initiate breastfeeding and skin to skin contact. This delayed contact can be one hour or more, which can cause a major deficit in maternal-infant bonding and early initiation of breastfeeding. Hospital routines can majorly effect the maternal-infant bond that occurs within the immediate postpartum time frame.

Overall, staff nurses are welcoming and accepting of breastfeeding, but there is not a strong support of educating parents and spending one on one time with them to initiate a positive and successful breastfeeding relationship between the mother and baby. St. Catherine Hospital currently has only one International Board Certified Lactation Consultant on staff, and it would be necessary to have several on staff to help support our mothers and to also support and educate the staff of the Maternal Child Department. In a typical year, St. Catherine Hospital delivers around 800-1100 infants. As mentioned, there are several benefits of becoming a BFH, but more help is necessary in order to carry out the BFHI successfully.

Need

In 2014, The Centers for Disease Control and Prevention (CDC) produced an annual Breastfeeding Report Card that shows information and statistics on breastfeeding practices within each state in the U.S. In Table 2, the breastfeeding rates in Kansas are displayed. The

Table 2: Breastfeeding Rates (CDC, 2014).

State	Ever Breastfed	Breastfeeding at 6 Months	Breastfeeding at 12 Months	Exclusive Breastfeeding at 3 Months	Exclusive Breastfeeding at 6 Months
Kansas	77.4%	40.3%	22.5%	37.4%	11.4%

Healthy People 2020 Objectives have outlined the breastfeeding goals listed in Table 3 and the goal set by Healthy People 2020 is to increase the proportion of infants who are breastfed.

Table 3: Healthy People 2020 (CDC, 2014).

Ever Breastfed	Breastfeeding at 6 Months	Breastfeeding at 12 Months	Exclusive Breastfeeding at 3 Months	Exclusive Breastfeeding at 6 Months
81.9%	60.6%	34.1%	46.2%	25.5%

In order to meet this goal, clinics, hospitals, and educators need to work together to bring forth education and assistance with breastfeeding. Following the ten steps to successful breastfeeding and assisting mothers and infants with a positive initial breastfeeding experience will be helpful in reaching the goals set forth by Healthy People 2020.

Proposed Plan

The proposal plan for achieving BFH accreditation includes

1. Implementing the ten steps to successful breastfeeding within our facility.
2. Following through on the 4-D pathway to achieve accreditation.
3. Working in a collaborative effort to change current practice within the hospital.

When looking at the ten steps to successful breastfeeding, St. Catherine Hospital has already implemented steps 1, 5, 7, 8, 9, and 10. The remaining four steps need to become a part of our common, everyday practice. A few steps will be easy to implement in comparison with others. Step two will be difficult to complete. Approximately forty to fifty staff members are currently working within the Maternal Child Department at St. Catherine Hospital. Approximately 600 employees work for St. Catherine Hospital. All of these people will be required to complete an education course in BFH practices. The staff on the Maternal Child Unit will need to receive further education and hands on skills, as well. In phase two of the 4-D pathway, we are researching ways to train staff. Online courses are available and training with an educator within the facility are both options for staff training. Twenty hours of education credit is required for each staff member within the Maternal Child Unit, and five of the twenty hours must be hands on training, working with a breastfeeding mother and infant. The online education gives employees an opportunity to complete the training at their convenience, while the staff educator trainings would only be available on certain days. In the future, all new staff members will be required to obtain the twenty hours of education. After education is complete, it will be beneficial to patients because education will be consistent among staff and this will be helpful to mothers. Step three of the ten steps to successful breastfeeding will require staff to build a stronger foundation to our antenatal care provided. Staff will work with the surrounding area clinics to provide education to expectant mothers throughout the course of their pregnancy regarding breastfeeding. This will provide staff opportunities to work interdepartmentally throughout the hospital. Collaboration and effective teamwork will be necessary to implement this step. Also, prenatal education within the hospital needs to evolve to stress the importance of exclusively breastfeeding. This step seems to be easy to complete, but will be time consuming. Step four will be easy to complete.

Placing babies skin to skin with their mothers immediately after birth and providing that connection will help encourage early breastfeeding within the first hour of life. This step will be a change of practice, but in trial runs, thus far, it appears that staff do enjoy placing infants skin to skin with mom immediately after birth. It frees up the nurse from many duties that are typically done immediately after birth, and allows for a more relaxed and calm environment for the mother and infant. Also, it allows the nurse to spend more one on one time with the patient and her newborn to help educate and assist with early breastfeeding. The final step, step six of the ten steps to successful breastfeeding, that needs to be implemented will be a challenge with the physicians and nursing staff. Under the old practice, formula would be provided if the parents requested it to be given to their infant. Now, formula will not be provided unless a medical diagnosis is charted by the caretaker. Other hospitals don't see this as a problem because some hospitals have established a way to supply donor breastmilk. At St. Catherine Hospital, we do not have this capability currently, but it is an idea that the hospital is looking into.

Implementation of these final steps will be necessary to complete the designation in the BFHI.

Hospital staff will be required to change their views and attitudes and the community will need to change their views about breastfeeding, as well, in order for the designation to be successful. Schmied et al. (2011) gives several reasons why staff may have a negative initial impression of the changes that will take place during the BFHI. Working towards the BFHI is hard work, and there is resistance to change. This view is entirely accurate, but the change is inevitable. Achieving BFH accreditation will be hard work, but the transition will benefit far more people than we can fathom. The benefits will not be short lived. The implementation of the BFHI and encouragement of breastfeeding will benefit society now and in the future. If breastfeeding rates were to increase, there would be a major decline in health problems that we

see currently. Many staff report that there is not enough time to work with women to provide the necessary education and skill that goes along with breastfeeding. This pressure of time will need to be looked at more in depth. To be successful of this initiative, the hospital will need to have more lactation support. Hiring several International Board Certified Lactation Consultants would be necessary. Provision of additional resources should be considered. If more time is spent at birth and during lactation consultations throughout the course of the infant's life, then less time would need to be spent in the future with these patients due to the health benefits associated with exclusive breastfeeding. According to Perrine et al. (2011), "suboptimal breastfeeding in the United States annually results in an estimated \$2.2 billion in additional direct medical costs." Staff express concerns about the BFHI being forced upon them. Staff could also look at the beneficial side of the BFHI being forced upon them. More mothers will breastfeed because they will feel prepared and educated prior to their birthing experience. This idea should be one that is viewed by staff as a positive one. Making the choice to breastfeed will help society, as a whole. Maybe this movement will be just what breastfeeding women need in order to help encourage them to keep going. "The less complex an innovation is, the more likely it will be adopted" (Schmied et al., 2011, p. 8). Breaking these steps down into feasible parts will help ensure staff and community acceptance of this new practice.

Projected Costs

To be a part of the BFHI, there are annual fees involved. Initial fees include \$20,000, which the hospital received a grant for these funds. Ultimately, there is no cost to start up the program. Projected costs in the future include staff salaries to meet the demand for more one on one time with mothers and infants to ensure the success of breastfeeding. Education fees are another consideration for expenses. Travel fees are also applicable to staff who will be attending

seminars about the BFHI. In the long run, there will be a return on investment for the hospital as mentioned previously in this proposal paper.

Results

A survey was sent to staff within the Maternal Child Department at St. Catherine Hospital to discuss their views of the transition to a BFH. A variety of staff were surveyed, including one unit clerk, ten full time nurses, and two certified nurse aids. In the survey, staff were asked which of the ten steps to successful breastfeeding would be hardest to achieve. With the information provided by nurses and support staff, it has been determined that steps 2, 4, 6, and 9 would be the most difficult to achieve. As stated previously in this proposal paper, steps 1, 5, 7, 8, 9, and 10 have already been complete. Staff still feel like there are some issues with step 9. Staff feel that artificial nipples are still routinely given, as parents request pacifiers and bottles often during their stay at St. Catherine Hospital. Interestingly, staff feel like step 3 is not a problem, when it truly is a major concern. For further clarification, after this survey, a board was constructed to further explain each step of the ten steps to successful breastfeeding. This board is in the staff lounge, and all employees have taken a look at the further explanations provided on the board. Hopefully, this will clear up any discrepancies staff is having in understanding the ten steps. According to Schmied et al. (2011), “the less complex an innovation is, the more likely it will be adopted.” Based on this fact and staff perceptions, we should implement step 2 first, followed by steps 4, 9, and 6, respectively. In table 4 staff perceptions are analyzed and shown. Staff all report that they feel these steps will be difficult due to a shortage of nurses at the current time. Recruitment of nurses and involvement of administrative staff may help to solve this dilemma. After sending out the survey to staff, the Maternal Child Unit Director, Renee Hulett, would like to reevaluate staff with this same survey every three months throughout the transition

into a BFH. She believes it will help her and other administrative staff in gathering information about staff opinions and views throughout the next few years.

Table 4



Research Methods

Ten peer reviewed sources were used for citation throughout this proposal paper. Many resources were found through professional journals viewed online. Other reliable information was found on governed websites. For the secondary research, a survey was conducted for staff within the Maternal Child Department. This survey is shown under the appendix portion of this proposal paper. The survey delivered assesses staff views and perceptions on the ten steps to successful breastfeeding and how they believe we can accomplish our goal to become a BFH. This proposal paper is intended to describe barriers that other hospitals have overcome, and to help convince staff of the necessity to become a BFH. The questions in the survey will help us determine what problems staff have encountered so far with the implementation of the ten steps to successful breastfeeding. Also, I am hopeful that administrative staff will use the surveys to be more successful with this transition at our hospital. Staff are the key players who are carrying out

the BFHI and implementing the ten steps to successful breastfeeding. Without considering their input, the BFHI will not be successful.

Conclusion

In order to meet Healthy People 2020's goal to improve breastfeeding rates, we must increase the exclusivity of breastfeeding at six months of age two-fold. Breast milk is the optimal nutrition for infants and it benefits both the mother and baby. For women who plan to breastfeed, experiences and support during the first hours and days after birth influence their later ability to continue breastfeeding. "Because nearly all U.S. births occur in hospitals, policies that determine hospital practices can influence the feeding behaviors of more than 11,000 infant born each day" (Perrine et al., 2011). As hospital staff, we each play a major role in assisting mothers and infants with building a strong foundation of breastfeeding support. Becoming a BFH would enable staff to become more knowledgeable about breastfeeding and, in turn, help hundreds of mothers and infants each year in achieving breastfeeding success.

APPENDIX

Questionnaire

The answers you provide will help the Maternal Child Department at St. Catherine Hospital provide a successful transition into the Baby-Friendly Hospital Initiative (BFHI). This is an opportunity to express any concerns, as well as offer some helpful ideas on what you think may ensure its success. Please answer all questions entirely if you are able. All answers will be kept confidential. Thank you for your time.

1. Primarily, do you work in Pediatrics, Newborn Intensive Care Unit, or do you work in Labor and Delivery?

2. How long have you worked in the Maternal Child Department at St. Catherine Hospital?

3. The following are the Ten Steps to Successful Breastfeeding. Read each step and circle whether you feel the step is done always, almost always, occasionally, rarely, or never.

Step 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.	Always	Almost always	Occasionally	Rarely	Never
Step 2. Train all health care in the skills necessary to implement this policy.	Always	Almost always	Occasionally	Rarely	Never
Step 3. Inform all pregnant women about the benefits and management of breastfeeding.	Always	Almost always	Occasionally	Rarely	Never
Step 4. Help mother initiate breastfeeding within one hour of birth.	Always	Almost always	Occasionally	Rarely	Never
Step 5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.	Always	Almost always	Occasionally	Rarely	Never

Step 6. Give infants no food or drink other than breast-milk, unless medically indicated.	Always	Almost always	Occasionally	Rarely	Never
Step 7. Practice rooming in – allow mothers and infants to remain together 24 hours a day.	Always	Almost always	Occasionally	Rarely	Never
Step 8. Encourage breastfeeding on demand.	Always	Almost always	Occasionally	Rarely	Never
Step 9. Give no pacifiers or artificial nipples to breastfeeding infants	Always	Almost always	Occasionally	Rarely	Never
Step 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.	Always	Almost always	Occasionally	Rarely	Never

Baby-Friendly USA (2012).

4. Which of the Ten Steps to Successful Breastfeeding do you feel will be the hardest to implement? Why do you think this?

5. Below are some common reasons why there is resistance to implementing the BFHI.

These are common with nurses and staff in other hospitals. What do you feel is the biggest barrier to implementation of the BFHI?

_____ Not enough time to work with mothers and newborns one-on-one

_____ Not enough staff to work with mothers and newborns one-on-one

_____ Need more education and training on breastfeeding

_____ Other (please provide details below)

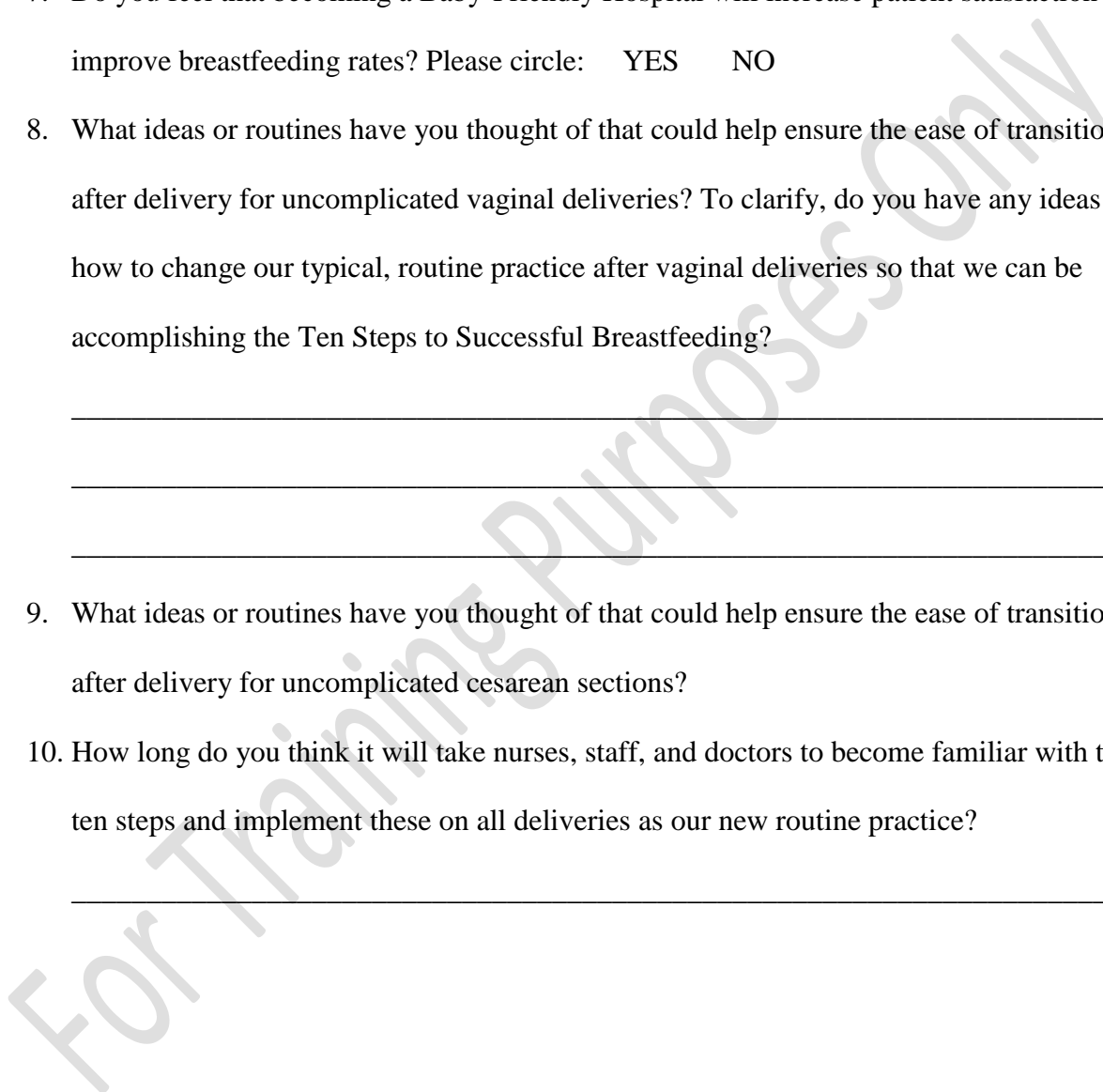
6. What do you feel are positive aspects of becoming a Baby-Friendly Hospital?

7. Do you feel that becoming a Baby-Friendly Hospital will increase patient satisfaction and improve breastfeeding rates? Please circle: YES NO

8. What ideas or routines have you thought of that could help ensure the ease of transition after delivery for uncomplicated vaginal deliveries? To clarify, do you have any ideas on how to change our typical, routine practice after vaginal deliveries so that we can be accomplishing the Ten Steps to Successful Breastfeeding?

9. What ideas or routines have you thought of that could help ensure the ease of transition after delivery for uncomplicated cesarean sections?

10. How long do you think it will take nurses, staff, and doctors to become familiar with the ten steps and implement these on all deliveries as our new routine practice?



REFERENCES

- Baby-Friendly USA. (2012a). *Get started*. Retrieved September 2, 2015 from, <https://www.babyfriendlyusa.org/get-started>.
- Baby-Friendly USA. (2012b). *The ten steps to successful breastfeeding*. Retrieved September 2, 2015 from, <https://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps>.
- Belay, B., Allen, J., Williams, N., Dooyema, C., & Foltz, J. (2013). Promoting women's health in hospitals: A focus on breastfeeding and lactation support for employees and patients. *Journal of Women's Health* (15409996), 22(1), 1-4. doi:10.1089/jwh.2012.4040.
- Bandy, B. *Breastfeeding in Kansas: Everyone can make it easier*. (n.d.). Retrieved September 2, 2015 from, http://www.kdheks.gov/olrh/Govs_PH_Conf_2014/Breastfeeding_in_Kansas.pdf.
- Centers for Disease Control and Prevention. (2014, July). *Breastfeeding report card United States 2014*. Retrieved September 3, 2015 from, <http://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>
- Otsuka, K., Taguri, M., Dennis, C., Wakutani, K., Masayo, A., Yamaguchi, T., . . . Jimba, M. (2013, April 18). Effectiveness of a breastfeeding self-efficacy intervention: Do hospitals make a difference? *Maternal Child Health Journal*, 18(1). Retrieved September 3, 2015 from, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3880483/>.
- Perrine, C. G., Shealy, K. R., Scanlon, K. S., Grummer-Strawn, L. M., Galuska, D. A., Dee, D. L., . . . Perrine, C. G. (2011, August 5). Vital signs: Hospital practices to support breastfeeding-United States, 2007 and 2009. *Morbidity and Mortality Weekly Report*,

60(30). Retrieved September 3, 2015 from,

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6030a4.htm>.

Schmied, V. Gribble, K., Sheehan, A., Taylor, C., Dykes, F. (2011). Ten steps or climbing a mountain: A study of Australian health professionals' perceptions of implementing the baby friendly health initiative to protect, promote and support breastfeeding. *BMC Health Services Research*, 11(1), 208-217. doi:10.1186/1472-6963-11-208.

Schoenfelder, S., Wych, S., Willows, C., Harrington, J., Christoffel, K., & Becker, A. (2013). Engaging Chicago hospitals in the baby-friendly hospital initiative. *Maternal & Child Health Journal*, 17(9), 1712-1717. doi:10.1007/s10995-012-1144-2.

Walsh, A. D., Pincombe, J., & Henderson, A. (2011). An examination of maternity staff attitudes towards implementing baby friendly health initiative (BFHI) accreditation in Australia. *Maternal & Child Health Journal*, 15(5), 597-609. doi:10.1007/s10995-010-0628-1.