



Using the Neo-BFHI to enhance Kangaroo Mother Care

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Santé et Services sociaux Québec  

Objectives

Objective #1:

- Discuss the development of the expansion of the BFHI to neonatal care, or Neo-BFHI.

Objective #2:

- Explain the content of the Neo-BFHI package as it relates to Kangaroo Mother Care (KMC)

Objective #3:

- Share dissemination strategies and next steps.

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Development of the NEO-BFHI - I

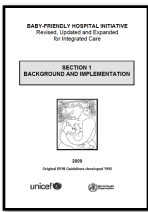
- In 2008, there was increasing research published on the effectiveness of breastfeeding support practices in the NICU as well as on staff and mothers perceptions of neonatal care.
- But breastfeeding global initiatives targeting preterm and ill infants had been slow to occur.
- Several Nordic countries had independently adapted or applied the “Ten Steps” to NICU settings; Norway had actually designated Baby-friendly 19 of their 21 NICUs.

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Development of the NEO-BFHI - II

WHO/UNICEF’s BFHI 2009 update:

- increased focus and more stringent criteria for skin-to-skin contact (STS) and rooming-in, for both vaginal and cesarean deliveries;
- encouraged expansions of the Ten Steps to Successful Breastfeeding to other health care settings;
- criteria for neonatal care present but limited in number and scope:
 - *Step 4 – Mothers have a chance to hold their babies skin-to-skin.*



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Objective: To expand the BFHI to neonatal wards

The Nordic and Quebec Working Group (2009)

Norway :

- Anna-Pia Häggkvist, RN, MSc, IBCLC
- Mette Ness Hansen, RN, Midwife, IBCLC

Sweden:

- Kerstin Hedberg Nyqvist, RN, PhD
- Elisabeth Kylberg, nutr., PhD, IBCLC

Finland:

- Leena Hannula, RN, Midwife, PhD
- Aino Ezeonodo, RN, EN, NICN, HC

Denmark:

- Ragnhild Måstrup, RN, IBCLC, PhD
- Annemi Lyng Frandsen, RN, IBCLC

Québec, Canada:

- Laura N. Haiek, MD, MSc












Guiding principles (GP)

- GP #1: Staff attitudes toward the mother must focus on the individual mother and her situation.
- **GP #2: The facility must provide family-centered care, supported by the environment.**
- GP #3: The health care system must ensure continuity of care from pregnancy to after the infant’s discharge.

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Guiding Principle 2: The facility must provide family-centered care, supported by the environment

The right of infants and parents and their natural roles

An environment that promotes family-centered care and optimizes developmental care

<http://www.familycenteredcare.org/>

The right of infants and parents and their natural roles

Article 7: "the child shall... have the right from birth... to know and be cared for by his or her parents".

Article 9: "... a child shall not be separated from his or her parents against their will, except when competent authorities... determine... that such separation is necessary for the best interests of the child."

<http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

An NICU environmental that supports family-centered care and development care

NICU staff that can shift their roles

... from that of primary caregiver...

... to coach and supporter of parents as their infant's primary caregivers.

The Baby-friendly Hospital Initiative for Neonatal Wards or Neo-BFHI

Three Guiding Principles	
G.P.1	Staff attitudes toward the mother must focus on the individual mother and her situation.
G.P.2	The facility must provide family-centered care, supported by the environment.
G.P.3	The health care system must ensure continuity of care from pregnancy to after the infant's discharge.
Expanded Ten Steps to Successful Breastfeeding	
Step 1	Have a written breastfeeding policy that is routinely communicated to all health care staff.
Step 2	Educate and train all staff in the specific knowledge and skills necessary to implement this policy.
Step 3	Inform hospitalized pregnant women at risk for preterm delivery or birth of a sick infant about the benefits of breastfeeding and the management of lactation and breastfeeding.
Step 4	Encourage early, continuous and prolonged mother-infant skin-to-skin contact/Kangaroo Mother Care.
Step 5	Show mothers how to initiate and maintain lactation, and establish early breastfeeding with infant stability as the only criterion.
Step 6	Give newborn infants no food or drink other than breast milk, unless medically indicated.
Step 7	Enable mothers and infants to remain together 24 hours a day.
Step 8	Encourage demand breastfeeding or, when needed, semi-demand feeding as a transitional strategy for preterm and sick infants.
Step 9	Use alternatives to bottle feeding at least until breastfeeding is well established, and use pacifiers and nipple shields only for justifiable reasons.
Step 10	Prepare parents for continued breastfeeding and ensure access to support services/groups after hospital discharge.
Compliance with the International Code of Marketing of Breast-milk Substitutes & relevant WHA resolutions	

Neo-BFHI package (2015) Designed for designation!

Download from ILCA's website:
<http://www.ilca.org/main/learning/resources/neo-bfhi>


PUBLISHED CRITERIA

Neo-BFHI Core document - Example

Original Step 4

Expansion: Encourage early, continuous and prolonged mother-infant skin-to-skin contact/KMC

Rationale, 4 Standards, 9 Criteria (measurable)



Standards

4 a	The neonatal ward has a written KMC protocol.
4 b	Parents of preterm or sick infants are informed about and encouraged to initiate skin-to-skin contact as early as possible, ideally from birth, unless there are medically justifiable reasons.
4 c	Parents of preterm or sick infants are encouraged to provide skin-to-skin contact/KMC in the neonatal ward continuously or for as long and as many periods per day as they are able and willing to, without unjustified restrictions.
4 d	Parents of preterm or sick infants are encouraged to continue providing skin-to-skin contact/KMC for the remainder of the hospital stay and also after early discharge.

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Criteria step 4 a (review)

4.1 The breastfeeding policy states that the neonatal ward has a protocol guiding the practice of skin-to-skin/KMC.

Criteria step 4 b (mothers, clinical staff)

4.4 At least 80% of randomly selected mothers of stable preterm and sick infants with vaginal delivery or cesarean section without general anesthesia confirm that their babies were placed in skin-to-skin contact/kangaroo position on them as early as possible, ideally from birth, unless there were medically justifiable reasons not to do so, according to the following levels:

- Skin-to-skin contact/KMC initiated immediately or within 5 minutes after birth (level ***)
- Skin-to-skin contact/KMC initiated during the first hour after birth (after the first 5 minutes but during the first hour) (level **)
- Skin-to-skin contact/KMC initiated during the 2nd to 24th hour of life (later than 1 hour after the birth, but during the first day of life) (level *)

4.6 At least 80% of randomly selected clinical staff confirm that skin-to-skin contact/kangaroo position is initiated in the neonatal ward as soon as the infant tolerates transfer back and forth from the mother.

Criteria step 4 c (mothers)

4.7 At least 80% of randomly selected mothers of infants who are stable enough for skin-to-skin contact/KMC confirm that their infants are allowed to remain in skin-to-skin contact/kangaroo position in the neonatal ward continuously, or for as long and as often every day as the parents are able and willing to, without unjustified restrictions.

Criterion step 4 d (mothers)


4.9 At least 80% of randomly selected mothers confirm that they were informed and encouraged to continue providing skin-to-skin contact/KMC for the remainder of the hospital stay and also after early discharge.

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CONTINUOUS IMPROVEMENT

Neo-BFHI Self-Appraisal Tool to assess standards and criteria

Step 4 Encourage STS/KMC: Self-Appraisal Questions




	YES	NO
1. Does the neonatal ward have a KMC protocol confirming 7 elements.	<input type="checkbox"/>	<input type="checkbox"/>
2. Are mothers informed about the benefits of early initiation of STS /KMC?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are babies placed in STS/kangaroo position with their mothers as early as possible, ideally from birth according to at least one of the following levels?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are stable preterm and sick infants born by cesarean section under general anesthesia placed in STS/kangaroo position with their mother as early as possible, according to at least one of the levels?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is STS /kangaroo position initiated in the neonatal ward as soon as the infant tolerates transfer back and forth from the mother?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are infants allowed to remain in STS/kangaroo position in the neonatal ward continuously, or for as long and as often every day as the parents are able and willing to?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are mothers informed and encouraged to continue providing STS /KMC for the remainder of the hospital stay and after early discharge?	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUOUS IMPROVEMENT

Neo-BFHI Educational materials for decision-makers and staff -

Step 4

Expansion: Encourage early, continuous and prolonged mother-infant skin-to-skin contact/KMC



Three Guiding Principles and Ten Steps to protect and promote breastfeeding

Original step
Help mothers initiate breastfeeding within a half hour of birth.*

Step 4
Encourage early, continuous and prolonged mother-infant skin-to-skin contact/Kangaroo Mother Care.

The rationale for Step 4

- The core concepts in KMC are warmth, breast milk and love (24).
- Depending on the circumstances, KMC can be practiced continuously (24 hours/day) or intermittently. Prolonged intermittent or continuous KMC supports infant development (25), accelerates breastfeeding establishment (25), and prevents hypothermia (27-28).
- Mothers reporting love in their infants, particular during and immediately after KMC, obtain higher milk volumes (25).

Step 4: Practice guidelines in brief

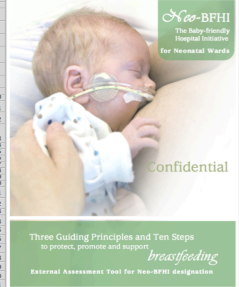
- The neonatal ward has a written KMC protocol.
- Parents of preterm or sick infants are informed about and encouraged to initiate skin-to-skin contact as early as possible, ideally from birth.
- Parents of preterm or sick infants are encouraged to provide skin-to-skin contact/KMC continuously, or for as long and as often as they are able and willing to, without unjustified restrictions, within the ward, the remainder of the hospital stay, and as well as after early discharge.

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EXTERNAL EVALUATION

Assessment Tool for Neo-BFHI designation

Computerised tool with 5 questionnaires and summary tables



Neo-BFHI
External Assessment Tool for Neo-BFHI designation
Computerised tool
Version May 10, 2015

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Hospital: _____ (write name of hospital in green cell)
Date: _____ (write the date in green cell)

Adapted by the Nordic and Quebec Working Group (see sheet 2) based on the Baby-Friendly Hospital Initiative, Revised, Updated and Expanded for Integrated Care, 2009

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Development of the Neo-BFHI International pilot-testing in 2013-2015

Americas

- Argentina
- Brazil
- Canada
- United States

Asia

- Kuwait
- Philippines

Oceania

- Australia
- New Zealand



THANKS!

Europe

- Belgium
- Croatia
- Denmark
- Estonia
- France
- Greece
- Ireland
- Luxembourg
- Poland
- Russia
- Spain
- Sweden

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Dissemination of the NEO-BFHI - I

Special Report

Expansion of the Ten Steps to Successful Breastfeeding into Neonatal Intensive Care: Expert Group Recommendations for Three Guiding Principles

Kerstin Hedberg Nyqvist, RN, PhD¹, Anna-Pia Häggkvist, RN, MSc, IBCLC¹, Mette Ness Hansen, RN, IBCLC², Elisabeth Kyllberg, PhD, IBCLC³, Anneli Lyyng-Franstén, RN, IBCLC⁴, Ragnhild Maastrup, RN, IBCLC¹, Aino Ezeonodo, RN, CEN, CPN, CNICN, MHC⁵, Leena Hannula, RN, MNSc, PhD⁶, Katja Koskinen, RN, IBCLC⁷, and Laura N. Haiek, MD, MSc⁸

Abstract
The World Health Organization/United Nations Children's Fund (WHO/UNICEF) *Feeding and Care (2009)* identifies the need for expanding neonatal intensive care. For this purpose, an expert group is proposed, which was discussed at an international workshop.

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<http://jhl.sagepub.com>
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Special Report

Expansion of the Baby-Friendly Hospital Initiative Ten Steps to Successful Breastfeeding into Neonatal Intensive Care: Expert Group Recommendations

Kerstin H. Nyqvist, RN, PhD¹, Anna-Pia Häggkvist, RN, MSc, IBCLC¹, Mette N. Hansen, RN, IBCLC², Elisabeth Kyllberg, PhD, IBCLC³, Anneli L. Franstén, RN, IBCLC⁴, Ragnhild Maastrup, RN, IBCLC¹, Aino Ezeonodo, RN, CEN, CPN, CNICN, MHC⁵, Leena Hannula, RN, MNSc, PhD⁶, and Laura N. Haiek, MD, MSc⁸

Abstract
In the World Health Organization/United Nations Children's Fund document *Baby-Friendly Hospital Initiative: Revised, Updated and Expanded Feeding and Care*, neonatal care is mentioned as 1 area that would benefit from expansion of the original Ten Steps to Successful Breastfeeding. The different situations faced by systems and each nation and their numbers, associated with the topic.

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Dissemination of the NEO-BFHI - II

ABOUT ILCA - LEARNING - MEMBER BENEFITS - WHY IBCLC? - GLOBAL HEALTH -

THE NEO-BFHI: THE BABY-FRIENDLY HOSPITAL INITIATIVE FOR NEONATAL WARDS

download the neo-bfhi package

Registration page to download the Neo-BFHI package, 2015 Edition

To download the Neo-BFHI package we would ask you to fill out the following information in order to monitor interest for the program. The only required information is your country, the rest is optional.

If you experience any problems please contact: ray@ilca.org or laura.haiek@msss.gouv.qc.ca

*** Required**

Country (Required) *

First Name *

Last Name *

Organization/Institution *

Email (Optional: If you fill out your e-mail address, we may contact you in the future with information about the Neo-BFHI)

<http://www.ilca.org/main/learning/resources/neo-bfhi>

as per October 20, 2016
620 registrations from 70 countries

What is next?

- Promote global dissemination of Baby-friendly neonatal principles and practices.
- Monitor international uptake of the Neo-BFHI
- Encourage research on the adoption and effectiveness of Baby-friendly neonatal care.
 - International survey to measure baseline compliance planned for 2017. **Still time to participate!**
- Continue to liaise with the WHO/UNICEF and other networks to integrate guidelines for the premature/ill infants.

THANK YOU

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