How to Meet Breastfeeding Prenatal Education Requirements

Step 3: Inform all pregnant women about the benefits and management of breastfeeding.

Guideline: Education about breastfeeding, including individual counseling, should be made available to pregnant women for whom the facility or its associated clinics provide prenatal care. Education should begin in the first trimester.

Evaluation: Individual counseling or group education on breastfeeding is given to at least 80% of women.

Criteria

Guideline: The education will include:
- Non-pharmacologic pain relief for labor
- Skin-to-skin
- Early initiation
- Feeding on Demand
- Frequent feeding for optimal milk production
- Effective positioning and attachment
- Exclusive breastfeeding for 6 months

Evaluation:
- 80% confirm that a staff member has talked to them or offered a group talk that includes information on breastfeeding.
- 80% are able to adequately describe what was discussed about two of the topics.
- Annual assessment: must pass on all areas.

How?

- Physicians as breastfeeding champions
- Administration buy-in and support
- Educate staff
  - Staff Meetings
  - In-service trainings
- Collaborate with nonaffiliated prenatal clinics.
- Breastfeeding Peer Counselor
Resources
- WIC
- Same message, presence, referrals
- Breastfeeding Peer Counselor in clinic
- Benefits of Breastfeeding brochure
  - Given at first appointment
- 10 Steps to Baby-Friendly Care
  - Book in each exam room
- Breastfeeding Video available in exam room
- Handouts
- Do you have an app for that?
- Breastfeeding Classes or one-on-one education
  - Grants for incentives including breastfeeding pillows and cover-ups
- Others?

Management and Documentation
- RN Documentation

Management and Documentation
- Physician Documentation

Interviews and Audits
- Baby-Friendly will interview moms to see if the criteria have been met (not just audit charts).
- Audits help track progress.

Maintaining Step 3
- Continue to train new staff members
- Ensure that staff members are continuing to provide education to patients
- Get the word out on available resources
- Refer patients prenatally to LC if needed
- Annual surveys of patients
  - Baby-Friendly assigns specific quality improvement steps annually
  - Don’t wait until the last minute
  - Involve staff
  - Use as an opportunity to connect with families
  - Develop own process to audit progress

Examples
Discussion

- Other suggestions?
  - How to generate buy-in from clinic staff?
  - Other resources that have worked well?
  - What barriers is your hospital facing implementing this practice?

- Questions?