The BFHI 10 Steps Constant Vigilance Check List

(Updated Dec. 18, 2012)

<u>Step 1</u>: Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.

Policy Statement: We are committed to the promotion, protection and support of breastfeeding and to following the "Ten Steps to Successful Breastfeeding" as developed by WHO and UNICEF.

*NPL: Nursing Practice Leader*SCN: Special Care Nursery *FBC: Family Birthing Centre (L&D and Postpartum) *MNC: Maternal Newborn and Child department

BF Policy review	Due: April 2010 by NPL	□ Date done June
Dr roney review	and FBC Council	2012
Hype alyzamia Doliay		
Hypoglycemia Policy	Due: March 2009 by NPL	Date done June
review	and FBC Council	2012
Postpartum Patient Care	Due: prn	\Box Date done. 2007 A
Summary for Vag/C/S Birth		hand expression
		check box will be
		added to the
		Pathway in the near
		future
Newborn Patient Care	Due: prn	\Box Date done 2009
Summary		
Our Promise to Families	Check every place to ensure	Check for placement
(The Breastfeeding Policy	postings are in place.	Jan/April/July/ Oct:
posted in all patient care	a) Family Lounge J7	1
areas on FBC and SCN)	b) Triage Bedsides and	\Box If this poster is
	at Nurses desk	missing get more
	c) Outside Admin.	printed from the CD
	Assist Office	by printing dept.
	d) On wall in FBC in	FBC NPL has the CD
	top languages	SCN NPL has Promise on
	1 0 0	
	,	her computer
	bedside	
	f) On Peds 2 locations	
	g) In SCN (revised	
	edition) 2 locations	

<u>Step 2</u>: Ensure the training of all birthing centre personnel to institute this policy. Ensure all health care providers have the knowledge and skills necessary to implement this policy.

All personnel within the Maternal, Newborn & Child Health Service will have twenty hours of instruction on breastfeeding including three hours of clinical training. There will also be a continuing education program to maintain competency. Staff will also be provided with up-to date information concerning breastfeeding.

up-to date information concerning breastfeeding.			
Staff List of all MNC	NPL for SCN/Peds and	\square 80% as of Nov 2	30^{th}
Nurses who have completed	FBC to keep spreadsheet	2008	
a Breastfeeding Course as	with this info	\square 80% as of Nov 2	30 th
per BFHI requirement.		2009	
		\square 80% as of Nov 2	30^{th}
		2010	
		□ 80% as of Nov 2 2011	30 th
		\square 80% as of Nov	1,
		2012	
Support Staff In-service	Due: Before re-assessment	□ Date done Nov.	
1 page info sheet	Sept. 2012	2012	
MD's OBS,GP, MW,	List: NPL has it	□ Done: "Evidenc	e"
PEDS: List of MD's who	Annual Policy Update and	Spring 2008 by	
have completed the Rounds	or Breastfeeding Topic	to Peds Rounds	
		□ Done: "Evidenc	
		Fall 2008 by M	D to
		OBS Rounds	
		\Box Update's for	
		MD/MW's: OB	
		Rounds Oct 24 th	
		Paeds Rounds N	
		8 th 2012 PPP by	
		L.C. Attendanc	e
		Sheet in BFHI	
		Binder located i	
		Manager's offic	e
Residents, Medical	Packages (Residents Sheet,	$\Box Info for Family$,
Students, Family Practice	BF Policy, Pediatrics	Medicine Resid	ents
Residents	article) to be given out by OBS: MD	given to	
		Coordinator Jun	ne
	Nursing Students : FBC NPL	2012	
	PEDS: MD	□ This info given	tO
	Family Medicine Residents:	MD's for their Residents and	
		Students and	
		Singenis	

20 Hr. Breastfeeding Course to be done every year in the Fall.	NPL and LC's to plan & facilitate	 Done: Fall 2008, 09, 10, 11, 12 Done Fall 2009 Done Fall 2010, 2011, To be done Jan.
		2013
TEGH General Orientation	Done as needed by the new	□ Date completed
Sessions on BFHI needs	hospital staff	
revision	- needs a review	
2 Hr. Annual Breastfeeding	Topic based on Staff needs	\Box Dates completed for
Update: Every Fall	Facilitated by LC/NPL's	Fall 08/Winter 09,
		2010 Skin to Skin
		on line i-care
		(intranet) Learning
		Modules for Staff
		and 2012 BFHI
		Update on i-care

<u>Step 3</u>: Inform all pregnant women and their families about the importance and process of breastfeeding.

Maternal, Newborn & Child Health Service is committed to providing information on breastfeeding in the pre-registration package distributed to all families at their physician or midwives' office. We are also committed to having resources accessible during visits to prenatal support services.

New Beginnings Book (prenatal, birth and postpartum information)	Kept up to date prn	Done: Jan. 2006, updated Feb. 2012
Childbirth Ed	Update handouts annually	Done Done
Dear Mom to be letter and Pre: registration package Updates	To be done prn by FLC RN, Admin Assists and Unit Clerks Staff especially if any changes	 Done: letter to new expectant mom updated May 2012
Prenatal Breastfeeding Class: offered twice a month and taught by LC	Curriculum as per BCC Outline in Outcome Indicators	Done: Feb 2012
Antenatal patients who are in hospital 32 weeks or more Visit in lieu of Prenatal BF Class	LC's to keep track of admissions by checking with FBC daily by checking the "Board"	 Done: LC's routinely check the board for new admissions
MNC Reception BF Display: info sheets for parents	LC sets up Permanent BFHI Display and National Breastfeeding Week display and keeps Health Canada Breastfeeding info handouts	□ Done every month

		available in pamphlet racks.	
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Step 4: Place babies in uninterrupted skin to skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes; encourage mothers to recognize when their babies are ready to feed, offering help as needed.

Help new mother initiate breastfeeding within an hour after birth. The mother who has just given birth is encouraged to hold her baby shortly after birth: the baby is placed on the mother's abdomen except if there is a medical contraindication, to facilitate skin to skin contact and the initiation of breastfeeding.

Skin to Skin Vag. Delivery		□ Date done
Skin to Skin C/S in OR/RR		□ Date done
Skin to Skin Posters in OR	NPL/FBC has originals	□ Date done Spring
And in Pt. Rooms	Check for posters bi-	2012 s2s poster on
	annually Jan. and July	J7 doors
"Nursing Care During 4 th	Due: October 2008	Date done: June
Stage of Labour" Policy		2012
review		
Skin to Skin Posters in FBC	LC to check 4 times a year	□ Date done: Aug
Rooms	Jan, Apr, Jul, Oct	2012
		Jan, Apr, Jul, Oct

<u>Step 5</u>: Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.

The instruction and support given during the hospital stay allow mothers to acquire the knowledge and ability to breastfeed their babies, such as positioning and latching onto the breast. In special cases, the mother is encouraged to maintain lactation by expressing her milk.

"Maintaining Lactation During Maternal Infant Separation" Policy review	Due: July 2009	 Done updated in Breastfeeding policy June 2012 Roll out Best Start poster in other languages in the FBC Classroom done: Sept. 2012
"Breast Pump" DRAFT Policy review	Due: Aug 2009	Done June 2012
"Hand Expression" Policy review	Due: July 2009	 Done See: Breastfeeding Policy June 2012
Hand Expression and Latch Posters on every FBC	LC makes them available. Boards checked every Jan,	□ Done: Sept 2012□ Jan, Apr, Jul, Oct

Room bulletin board	Apr, Jul, Oct	
	Original copies in	
	possession of FBC NPL	
Storage of EBM Posters on	LC to check that posters are	□ Date Done Nov
Peds in every Room	displayed in pt. rooms	2012
		Jan, Apr, Jul, Oct

<u>STEP 6</u>: Support mothers to exclusively breastfeed for the first 6 months, unless supplements are *medically* indicated.

At Toronto East General Hospital, newborns only receive breast milk, unless there is a medical indication to receive supplementation, as stipulated by the WHO/UNICEF (BFHI). Acceptable medical indications for supplementation include:

- 1. Infants whose mothers are severely ill (e.g. psychosis, eclampsia or shock).
- 2. Infants with inborn errors of metabolism (e.g. galactosemia, phenylketonuria, maple syrup urine disease).
- 3. Infants with acute water loss, for example during phototherapy for jaundice, whenever increased breastfeeding cannot provide adequate hydration.
- 4. Infants whose mothers are taking medication which is contraindicated when breastfeeding (e.g. cytotoxic drugs, radioactive drugs, and anti-thyroid drugs other than propylthiouracil)
- 5. Infants with potentially severe hypoglycemia or who require therapy for hypoglycemia, and who do not improve through increased breastfeeding or by being given breast milk.

OR

there is an informed choice to formula feed.

If supplementation is necessary, health care providers follow the Procedure for Supplementation, as outlined in this document

Monthly Exclusive Breastfeeding Stats Chart Audit and data collection	Done monthly by dedicated R.N. who collects data using BORN	 Done every month and sent to all Staff and the BFHI Committee
Decanting of Formula for supplementation: Station in FBC Clean Utility Room	NPL and BFHI Committee	 Date: done and is up in FBC Clean Utility Room

<u>Step 7</u>: Facilitate 24 hour rooming-in for all mother-infant dyads: mothers and infants remain together.

Mother and baby are <u>not</u> separated during their hospital stay unless the baby requires specialized nursery care. The nurse will provide care to the family in the same room.

"Bed Sharing" Policy review	Due: Sept. 2009	Date done June 2012
"Positioning Infants" Policy review	Due: Sept 2009	Date done June 2012

<u>Step 8</u>: Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.

We encourage breastfeeding on demand. The frequency and duration of breastfeeding is determined by the need of the infant. Mother receives support and teaching so that she can recognize the hunger and satiety cues of her baby.

Best Start Poster and other	Ensure that these are	Dates Sept. 2012
breastfeeding teaching tools	available. Boards checked	-
on all FBC Room Bulletin	every Jan, Apr, Jul, Oct	
Boards		

<u>Step 9</u>: Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).

To facilitate the initiation of breastfeeding, we advise parents of well, full-term infants to avoid pacifiers and bottles in the first weeks after birth.

Ensure that pacifiers are not	Done by Primary SCN	□ Done
given to baby post SCN	Nurse	
stay or post discharge from		
Circ observation period and		
post Car Seat O2 Sat check		

<u>Step 10</u>: Provide a seamless transition between the services provided by the hospital, community health services and peer support programs.

Apply principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.

The Maternal, Newborn & Child Health Service is committed to providing all mothers with a list of breastfeeding support services in our community. All mothers are encouraged to visit our Breastfeeding Centre for Families. The Maternal Infant Service at Toronto Public Health is committed to providing all mothers who are experiencing breastfeeding challenges a telephone call and a follow-up home visit by a Public Health Nurse.

La Leche League Canada	LC will keep these at the	Done Sept 2012
brochure to be available on	MNC Reception display.	L.
the MNC Reception desk.		
Info also available in <u>New</u>		
Beginnings booklet.		
Individual Breastfeeding	Done by Primary Nurse.	Done (see
Plan to be completed and	Use is taught in 21 hr. BF	Breastfeeding
given to patient on	Course	Policy) June 2012
discharge if having		-
unresolved breastfeeding		

problems that need follow- up in Breastfeeding Clinic	
the next day	
Postpartum Follow-Up	Done daily by dedicated
Phone Call	Nurse

WHO Code Compliance Hospital wide where women and children are cared for.

1	To be done every 6 months by LC	Done Jan & JulyDone Nov 2012
check for Code compliance		