

Bringing Baby-Friendly to the Indian Health Service: A Systemwide Approach to Implementation

CAPT Susan Karol MD, CMO, Indian Health Service

CAPT Tina Tah RN BSN MBA, Sr. Nurse Consultant,
Public Health Nursing, Indian Health Service

Anne Merewood PhD MPH IBCLC; Baby-Friendly
Consultant to the Indian Health Service

Presenter Disclosures

Susan Karol, MD

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Background

- UNICEF/WHO launched the Baby-Friendly Hospital Initiative (BFHI) in 1991
- The BFHI increases exclusive breastfeeding and improves maternity care in the hospital setting
- Exclusive breastfeeding protects against obesity and diabetes; conditions to which NA/AN are particularly prone

The BFHI's

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 the 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.

The 4D Pathway to Baby-Friendly Designation

Dissemination

Collect Data

Train Staff

*Bridge to
Designation*

Implement
QI Plan

Readiness
Interview

On-Site
Assessment

Baby-Friendly
Designation

Designation

*Bridge to
Dissemination*

Data
Collection
Plan

Prenatal/Postpartum
Teaching Plans

Staff Training
Plan

Hospital
Breastfeeding
Policy

Development

BFHI
Work Plan

BF Committee
Or Task Force

Discovery

Register with
Baby-Friendly USA

Obtain CEO
Support Letter

Complete Self
Appraisal Tool

*Bridge to
Development*

Start

Background: IHS hospitals

- IHS administers 13 federal birthing hospitals, many in remote locations; all serving a high risk population
- Births at these 13 hospitals range from approximately 50-750/yr
- There are also 5 tribally administered OB sites in the lower 48 states, and 7 in Alaska
- Total births is approximately 8000/year
- This talk focuses on the 13 federal sites

Baby-Friendly launch at IHS

- Launched 2011 as part of the First Lady's *Let's Move Indian Country Initiative*
- Baby-Friendly lead named at each site
- Initial train the trainer meeting for leads and key individuals



Methods systemwide

- IHS adopted wide reaching implementation strategies – for example:
 - All 13 hospitals adopted an infant feeding policy based on a common model
 - Medical record templates were made Baby-Friendly compatible
 - Hospitals shared strategies via regular webinars and phone conferencing

Methods: Training

- IHS funded training systemwide:
 - Training went beyond standard BFHI needs – ALL RNs at each hospital took 15 hour online course
 - Public Health Nurses took extra 5 hours of training
 - All OB/Pedi/Family Med providers completed 3 hours
 - Pharmacists are now engaged in 15 hour course

Methods



Groups like the Navajo Area Baby-Friendly Task Force united geographic regions

Methods

- Division of Nursing (DC/HQ) and Consultant worked with all 13 sites
- CMO, Nursing leadership, and Area leadership (physician/nursing) made site visits for “encouragement” and celebration
- Consultant and Area nursing performed mock Baby-Friendly assessments at most hospitals

Methods



**Practice changes
included initiating
skin to skin in OR
post cesarean**

For rooming in: Hospitals bought portable scales, and closed their nurseries



Even transportation workers learned to syringe feed....



Public health nurses worked with WIC to educate the community



Results

- *Nov 2014: 11/13 (85%) of IHS hospitals Baby-Friendly designated (~6% other hospitals nationally)*
- Both remaining sites assessed and awaiting results
- 1st Baby-Friendly hospitals in New Mexico, North Dakota, Oklahoma, and South Dakota were all IHS sites

BFHI at IHS – Where?



Discussion: Barriers

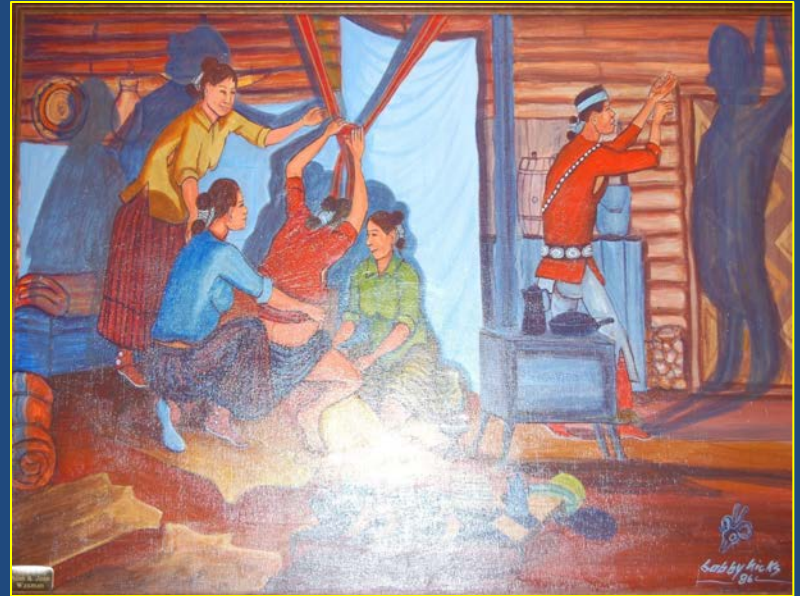
- Some aspects of IHS made designation challenging
 - High risk population with unique problems
 - High staff turnover/understaffing/overburdened system
 - “Top down” mandate meant local buy in could be hard to secure
 - Hospitals not clear at 1st how to make this happen

Discussion: Barriers

- IHS also met barriers common to non IHS sites
 - Resistance to change and to new practices like skin to skin post cesarean
 - Challenges with prenatal education
 - Charting inconsistencies

Discussion: Strengths

- Many tribal communities embrace breastfeeding as the normal infant feeding method
- Tribal partners favored practices like skin to skin because they reconnect to traditional practices



Discussion: Strengths

- Ethical issues, like paying for formula, easily accepted in a government system
- Smaller hospitals = fewer people to convince
- Systemwide sharing of resources, data and knowledge
- Peer pressure – once >50% of hospitals were designated, others obliged to follow suit

Discussion: Benefits

- Baby-Friendly designation brought 'new life' to many sites and revitalized maternity service
- Local and regional leaders emerged and began to expand breastfeeding related work



Discussion: Benefits

- Practitioners stated “outside assessment” of IHS maternity service brought useful new perspectives
- Sense of pride when IHS hospitals gained a status nearby non IHS hospitals couldn't achieve
- Breastfeeding promotion helped forge relations with tribes

Claremore – 1st Baby-Friendly hospital in Oklahoma



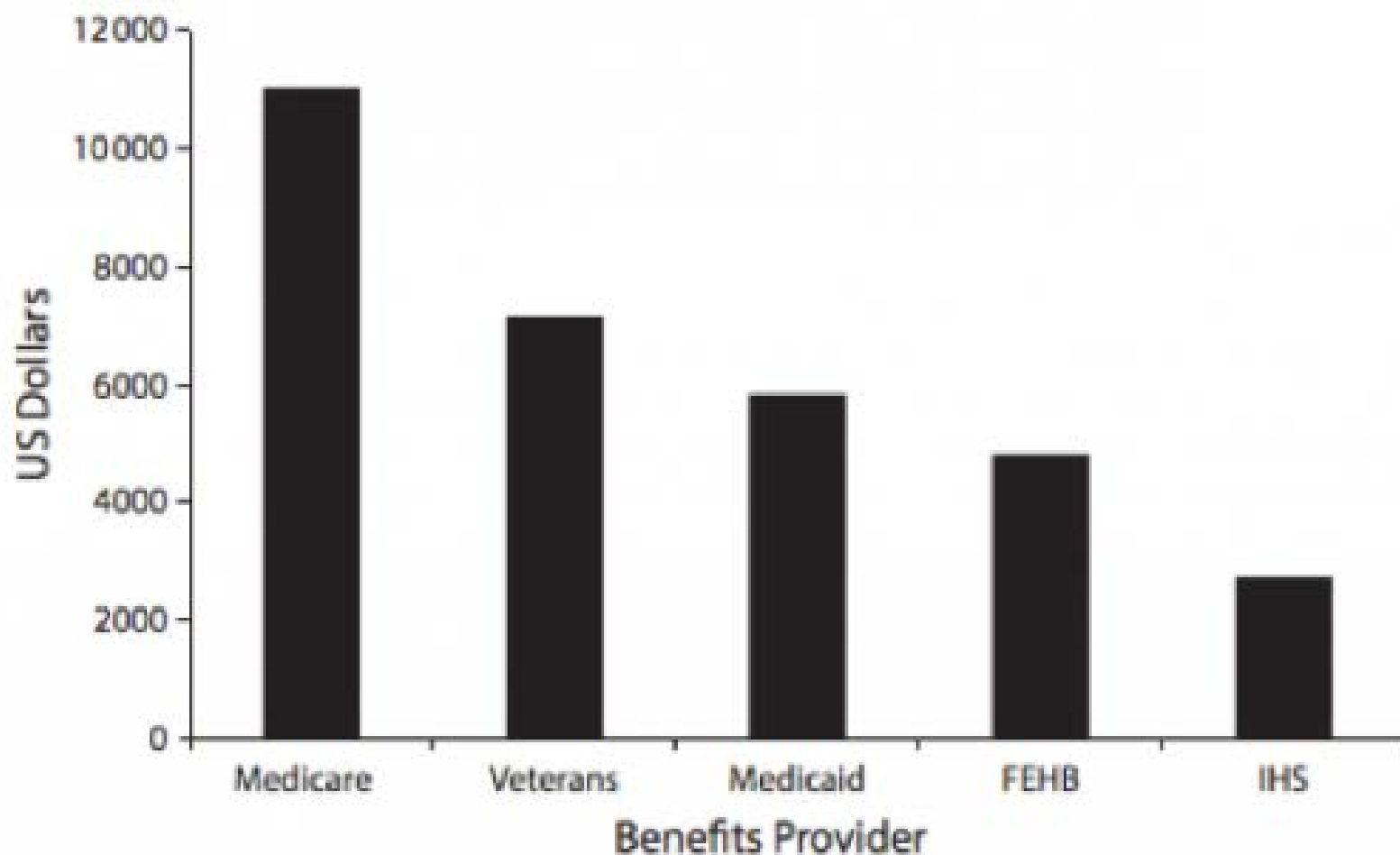
Dr Cline, OK State Commissioner for Health, awards certificate of recognition to Gibby Sweetwater, Nurse Manager, OB/inpatient at Claremore

Zuni – 1st Baby-Friendly Hospital in NM



Conclusion

- A systemwide approach to instituting Baby-Friendly was successful in a US government agency serving a high risk population, on a tight budget. Other systems looking to implement the BFHI can learn from the IHS model.
- **Baby-Friendly now Standard of Care at IHS**
- Focus now turns to sustainability and expansion



Note. FEHB = Federal Employee Health Benefits; IHS = Indian Health Service.

Source. National Tribal Budget Formulation Workgroup.⁶

FIGURE 1—2009–2010 Indian health expenditures per capita compared with other federal health care expenditures per capita.

Message

- There's no excuse for highly resourced communities serving more privileged populations
- If IHS can do this, so can you: Go do it!



Bín díí awéé'

bímá yíút'ọ

(Let the baby breastfeed)

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Questions?

