

# *Becoming and Remaining a “Breastfeeding Friendly Practice”*

NYSDOH “Creating Breastfeeding Friendly Communities”:  
*Breastfeeding Friendly Practice Initiative*

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## For Health Care Providers

### Become a Breastfeeding Friendly Practice

Promoting,  
Protecting  
and  
Supporting  
helps  
patients  
reach their  
goals!

1

Health Care  
has a unique  
role in  
breastfeeding  
support!

2

A few small  
changes in  
your practice  
can help new  
parents and  
babies!

3

*The  
WHY?*  
[www.health.ny.gov/community/  
pregnancy/breastfeeding/  
providers/](http://www.health.ny.gov/community/pregnancy/breastfeeding/providers/)

# A little about the elephant in the room...

Breastfeeding  
can be:

- personal
- emotional
- a choice
- wonderful
- devastating

When you come to  
*work*, you are a part of  
a Health Care Team

We are expected to:

- Create an atmosphere that *models* and *promotes* healthy choices
- Teach patients about health recommendations
- Help patients create health goals
- Help patients reach their health goals
- Understand that our personal experiences influence *our compassion*, but use evidence to inform *our practice*





# Why talk about Breastfeeding?

## Are there Benefits of Breastfeeding

## Or, Risks of Formula Feeding?

### Mom

- return of uterine tone
- postpartum depression
- diabetes
- weight gain
- breast cancer
- ovarian cancer
- Heart attacks

### Baby

- SIDS
- infection, GI, respiratory
- hospitalization
- ear infections
- NEC (necrotizing enterocolitis)
- diabetes I, II
- ALL, AML (leukemias)
- asthma, allergies
- obesity
- full potential, school achievement/SES, bonding

# NYS BF Friendly Practice

*The 10 evidence-based steps to help our patients*

1. Policy
2. Train all staff
3. Eliminate formula advertising and materials
4. BF Friendly Environment
5. Discuss prenatally
6. Discuss postpartum
7. Encourage exclusivity
8. Teach moms to pump/express
9. Local support networks and referrals
10. Comprehensive BF assistance and advice

# STEP 1– Policy

## **Organizational and systems level changes to support the innovation**

### **Helps us to NOT GET IN THE WAY**

(e.g. advertising for formula companies, giving inaccurate information)

### **Help us remember to SUPPORT**

(e.g. making sure that systems are set up for routine practices like early follow up after birth, prescribing breast pumps, recommending community BF education/support such as Baby Cafes)

### **Help us to NOT BE ALONE**

(e.g. ensuring your organization is behind you. Do you need to consider space changes, creative staff training?)

### **Help OURSELVES and our COLLEAGUES**

(e.g. supporting patients is no good if we can't support pump breaks for our own staff)

# STEP 1– Policy

*Believe it  
or not!*



This is the most important step in helping your patients reach their breastfeeding goals!

*Personalize this slide for your practice:*

Insert: **Name of Practice**

Go over the practice policy (perhaps insert active hyperlink to go to your internal policy, pull it up, then go through it. Let the staff you are training know what the various employees specific roles are maintaining a BF Friendly Practice (from receptionist, to office manager, to nurses, PA/NPs and physicians.)



# STEP 2– Train all staff

Patients need to know we are on the same page.

Imagine yourself in the following *real world cases*:

1. A new mother's pediatrician spends extra time with her troubleshooting her breastfeeding problems, and discussing the benefits of exclusive breastfeeding. She tells her to come back in 3 days for follow up. That mom checks out and formula samples are at the desk, saying they are "modeled after breastmilk." The secretary tells her that she can't be seen for a FU in 3 days because the schedule is booked, and makes her an appointment in 2 weeks. The secretary doesn't tell the pediatrician.
2. A staff RN with some breastfeeding training has 2 separate phone calls supporting a new family who is trying to get their baby to latch. The family finally comes in for a visit and feels so supported, then is told by their provider that "since the mom is going back to work in 3 weeks, it's okay to give up now."

# STEP 2– Train all staff

How would you feel?

Have you ever had a similar experience? (about breastfeeding or something else?)

In all studies, staff *routinely identify* their desire to be trained to support their patients

Matern Child Health J (2017) 21:2188–2198  
DOI 10.1007/s10995-017-2338-4



**Creating Environments to Support Breastfeeding: The Challenges and Facilitators of Policy Development in Hospitals, Clinics, Early Care and Education, and Worksites**

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# STEP 3 – Eliminate formula advertising and materials

## Means:

1. Stop giving companies free advertising. We don't do this for drug manufacturers, we shouldn't do it for formula
  - Examples: free formula, ads/coupons in magazines in waiting rooms, formula company office supplies (pens, clipboards, pads of paper, tape measures), even BF brochures or poster “produced” by formula companies thus their logo is present.
2. These materials have been shown to decrease breastfeeding rates

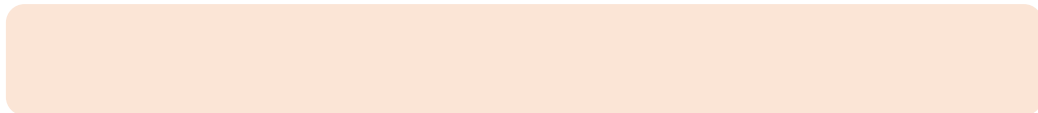
## Doesn't mean:

1. That we have to make parents who use formula feel bad
2. That we can't give people formula in an emergency (if a baby is hungry, they should be fed), but store in locked area with controlled distribution

## STEP 4 – BF Friendly Environment

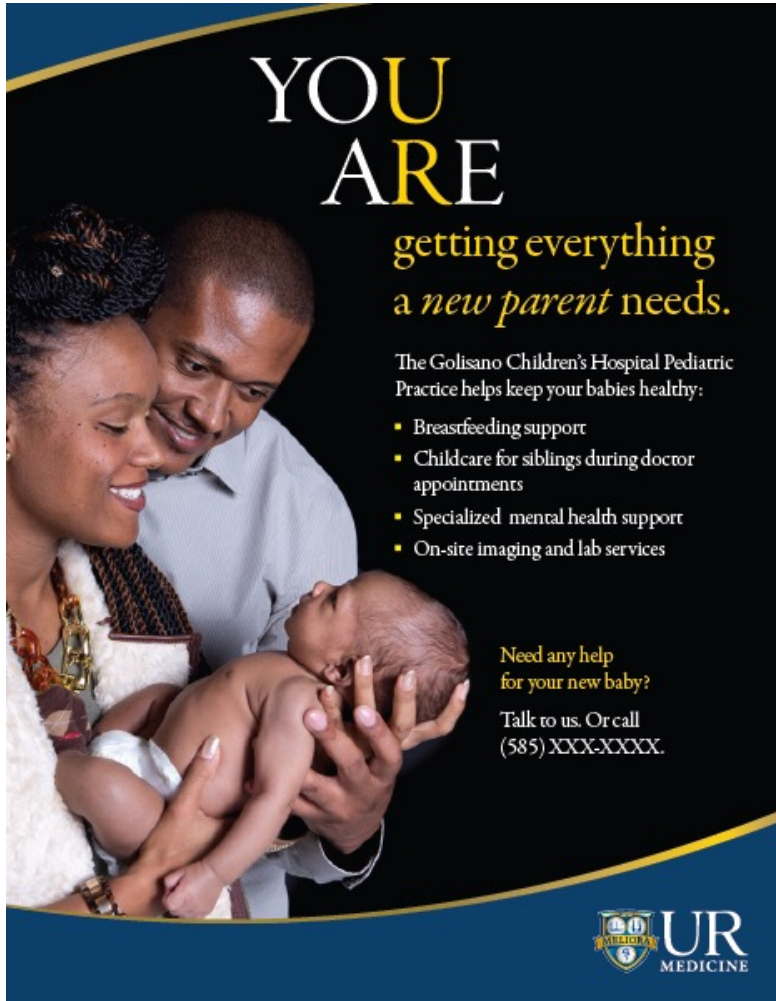


Which one welcomes? Which one excludes?



# NYS BF Friendly Practice

Examples of supportive signage that welcomes everyone!




**YOU ARE**  
*getting everything  
a new parent needs.*

The Golisano Children's Hospital Pediatric Practice helps keep your babies healthy:

- Breastfeeding support
- Childcare for siblings during doctor appointments
- Specialized mental health support
- On-site imaging and lab services

Need any help  
for your new baby?  
Talk to us. Or call  
(585) XXX-XXXX.

 **UR**  
MEDICINE



**You were meant to nurture.**  
Breastfeeding is a natural way  
to give your baby a healthy start!

**Breastmilk provides:**

- Healthy growth
- Protection from disease
- Health benefits for you

**Breast milk is:**

- Anti-bacterial
- Anti-fungal
- Antiviral



**Reserved Parking for  
New Mothers**

Please leave this seat open  
for mothers to feed their babies.

# STEP 4 – BF Friendly Environment

## **Doesn't mean:**

1. That everyone has to be comfortable with breasts in public, or that we have to be considered rude!
2. That we have to make parents who use formula feel bad – everyone should feel welcome!

Imagine yourself in the following *real world* case:

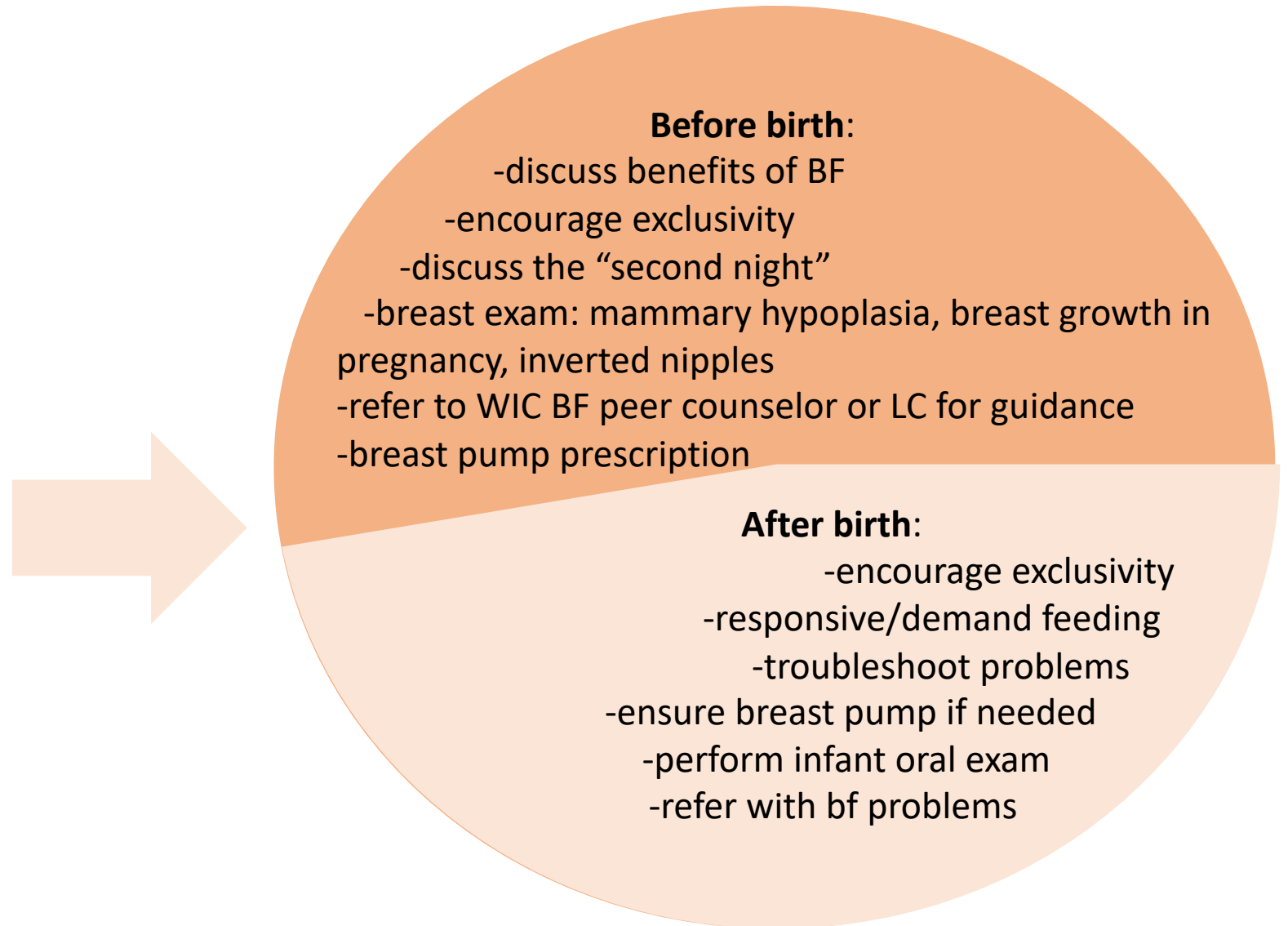
Patient waiting: “Excuse me, there is a mom sitting next to me with her shirt open! That’s not OK for my kids!”

Don’t say: “OK, I’ll ask her to cover up and stop nursing her baby.”

Do say: “I’m sorry you are uncomfortable, I’m happy to help you find somewhere to sit that will make you more comfortable”



# Steps 5/6 – Discuss prenatally & Discuss postpartum



# STEP 7 – Encourage exclusivity

## **Means:**

1. Exclusive breastfeeding has been found to reduce risk of maternal and infant disease
2. Longer exclusive breastfeeding translates to longer BF overall

## **Does not mean:**

1. That we have to make parents who use formula feel bad
2. That we can't give people formula in an emergency (if a baby is hungry, they should be fed)
3. That the mother has failed if she is unable to sustain BF

# STEP 8 – Teach moms to pump/express if separated

**How to provide breastmilk if moms is separated from baby (e.g. work, travel, hospitalization, surgery, prison...)**

**What moms should be made aware of:**

1. If they abruptly stop nursing, they could become engorged or get mastitis
2. Use it or lose it: Their milk supply may decrease
3. Their infant will have to eat something else while they are away if pumped milk is not provided
4. Breast pumping and hand expression can help to get the milk out

# Step 8- Teach Moms to Express/Pump

## SAMPLE PUMPING ADVICE

### BEFORE:

- consider using heat pack before and during pumping
- check flange fit: no pain, good image here: <http://blog.medelabreastfeedingus.com/2015/05/medela-breastshield-sizing-guide/>
- breast massage beforehand: [www.bfmedneo.com](http://www.bfmedneo.com)

### DURING:

- relaxation, deep breathing, mindset
- pressure of home pump to 2/3-3/4 of the dial, without pain
- hand expression *with pump flanges on and working* towards the end of the session

### • AFTER:

- For ease of timing, refrigerate pump parts all put together in a zip lock or covered bowl in between uses. Then, wash in warm, soapy water and air dry once a day.

### PLANNING:

- at least 6-8 times per day
- not more than 6h spans overnight
- Make sure mom has access to quality breast pump via health insurance or hospital grade pump rental (if warranted)

## Step 9 - Local support networks and referrals

*Refer to a **higher level of care** if you don't  
know the next steps.*

*We have many resources locally!*

# Questions? Reach out to the resources below...

- Creating Breastfeeding Friendly Communities: [www.health.ny.gov/prevention/obesity/prevention\\_activities/cbfc.htm](http://www.health.ny.gov/prevention/obesity/prevention_activities/cbfc.htm)
- Become a Breastfeeding Friendly Practice: [www.health.ny.gov/community/pregnancy/breastfeeding/providers/](http://www.health.ny.gov/community/pregnancy/breastfeeding/providers/)
- Highland Hosp. Lactation Consultants (585)341-6808
- LactMed (Drugs and Lactation Information) (301) 496-1131
- National Breastfeeding Helpline (800) 994-9662
- [RochesterRegionalBreastfeedingCoalition.com](http://RochesterRegionalBreastfeedingCoalition.com)
- RRH/ Rochester General Hospital (585)922-4062
- RRH/ Unity Hospital Breastfeeding Helpline: (585)368-4033
- UPMC/SMH Breastfeeding and Lactation Services: (585)276-MILK (6455)  
<https://www.upmc.rochester.edu/breastfeeding.aspx>
- UPMC Lactation Study Center (585)275-0088
- WIC Breastfeeding Helpline (585)753-5640.



# STEP 10 - Comprehensive BF assistance and advice

**We expect this of our care for other things (diabetes, pregnancy, asthma...), why not for breastfeeding?**

**This means:**

- Primary care providers, nurses and staff should have a basic knowledge of how to help
- All questions should be answered or we should seek the answer
- We should recommend handouts and resources for parents to use
- Fast triage for breastfeeding problems by telephone
- Referral to higher level of care if needed

# Organizations with Breastfeeding Policies or Position Statements

## **Academy of Breastfeeding Medicine (ABM):**

Position Statements & Clinical Protocols

[bfmed.org/Resources/Protocols.aspx](http://bfmed.org/Resources/Protocols.aspx)

The Breastfeeding-Friendly Physicians' Office Part 1: Optimizing Care for Infants and

[Childrenonline.liebertpub.com/doi/full/10.1089/bfm.2013.9994](http://Childrenonline.liebertpub.com/doi/full/10.1089/bfm.2013.9994)

## **American Academy of Family Physicians (AAFP):**

Policy on Hospital Use of Infant Formula in Breastfeeding Infants

[aafp.org/about/policies/all/formula-hospital.html](http://aafp.org/about/policies/all/formula-hospital.html)

Policy on Direct-to-Consumer Advertising of Infant Formula

[aafp.org/about/policies/all/advertising-formula.html](http://aafp.org/about/policies/all/advertising-formula.html)

Position Paper on Family Physicians Supporting Breastfeeding

[aafp.org/about/policies/all/breastfeeding-support.html](http://aafp.org/about/policies/all/breastfeeding-support.html)

Policy Statement on the Benefits of Breastfeeding

[aafp.org/about/policies/all/breastfeeding.html](http://aafp.org/about/policies/all/breastfeeding.html)

Breastfeeding Support & Resources Toolkit

[aafp.org/patient-care/public-health/breastfeeding/toolkit.html](http://aafp.org/patient-care/public-health/breastfeeding/toolkit.html)

## **American Academy of Obstetricians and Gynecologists (ACOG):**

[acog.org/About-ACOG/ACOG-Departments/Breastfeeding](http://acog.org/About-ACOG/ACOG-Departments/Breastfeeding)

Breastfeeding in Underserved Women: Increasing Initiation and Continuation of Breastfeeding

[acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Breastfeeding-in-Underserved-Women-Increasing-Initiation-and-Continuation-of-Breastfeeding](http://acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Breastfeeding-in-Underserved-Women-Increasing-Initiation-and-Continuation-of-Breastfeeding)

Breastfeeding: Maternal and Infant Aspects

[acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co361.pdf?dmc=1&](http://acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co361.pdf?dmc=1&)

## **American Academy of Pediatrics (AAP):**

Policy on Breastfeeding and the Use of Human Milk

[pediatrics.aappublications.org/content/129/3/e827.full](http://pediatrics.aappublications.org/content/129/3/e827.full)

Recommendations on Breastfeeding Management for Healthy Term Infants

[pediatrics.aappublications.org/content/129/3/e827/T5.expansion.html](http://pediatrics.aappublications.org/content/129/3/e827/T5.expansion.html)

Breastfeeding Residency Curriculum

[aap.org/breastfeeding/curriculum/index.html](http://aap.org/breastfeeding/curriculum/index.html)

Recommendations on Newborn Hospital Discharge Readiness

[pediatrics.aappublications.org/content/129/3/e827/T5.expansion.htmAAP](http://pediatrics.aappublications.org/content/129/3/e827/T5.expansion.htmAAP)

Breastfeeding Initiatives

[aap.org/breastfeeding/faqsBreastfeeding.html](http://aap.org/breastfeeding/faqsBreastfeeding.html)

How to Have a Breastfeeding Friendly Practice

[aap.org/breastfeeding/files/pdf/AAP%20HaveFriendlyPractice.pdf](http://aap.org/breastfeeding/files/pdf/AAP%20HaveFriendlyPractice.pdf)

*Thank you!*