



# High 5 for Mom & Baby

*Cara Gerhardt RN IBCLC*



# Ten Hospital Practices for Successful Breastfeeding

- 1 Facility will have a written maternity care and infant feeding policy that addresses all ten High 5 for Mom & Baby practices supporting breastfeeding
- 2 Facility will maintain staff competency in lactation support
- 3 All pregnant women will receive information and instruction on breastfeeding
- 4 Assure immediate and sustained skin-to-skin contact between mother and baby after birth
- 5 All families will receive individualized infant feeding counseling
- 6 Give newborn infants no food or drink other than breastmilk unless medically indicated
- 7 Practice “rooming in” -allow mothers and infants to remain together 24 hours a day
- 8 Families will be encouraged to feed their babies when the baby exhibits feeding cues, regardless of feeding methods
- 9 Give no pacifiers or artificial nipples to breastfeeding infants
- 10 Provide mothers options for breastfeeding support in the community (such as a telephone number, walk-in clinic information, support groups, etc.) upon discharge



# Earning High 5 Recognition



High 5 for Mom & Baby  
facilities complete

**5/10 PRACTICES**

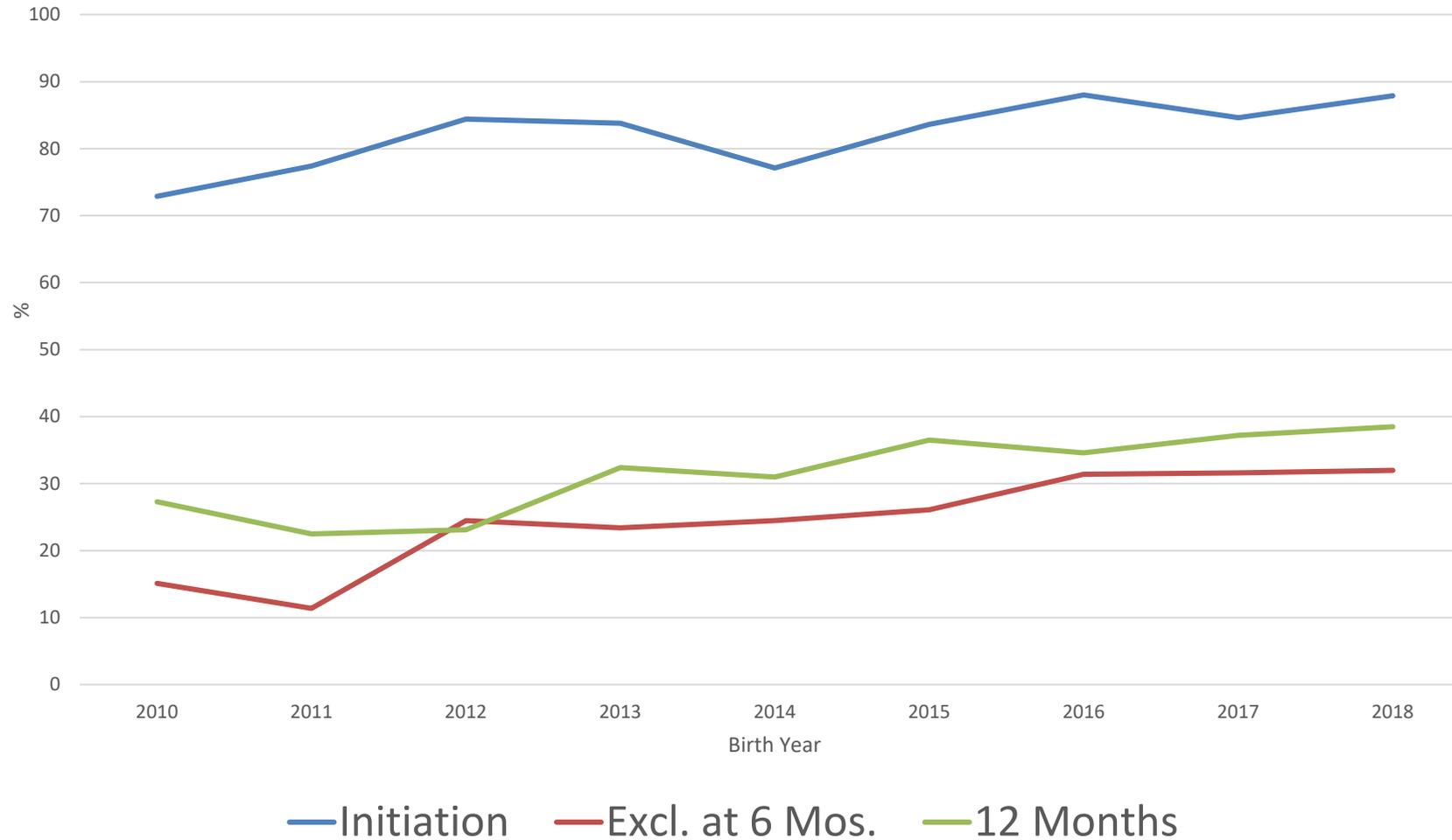


High 5 for Mom & Baby  
Premier facilities complete

**ALL TEN PRACTICES**



# Kansas Breastfeeding Rates 2010-2018



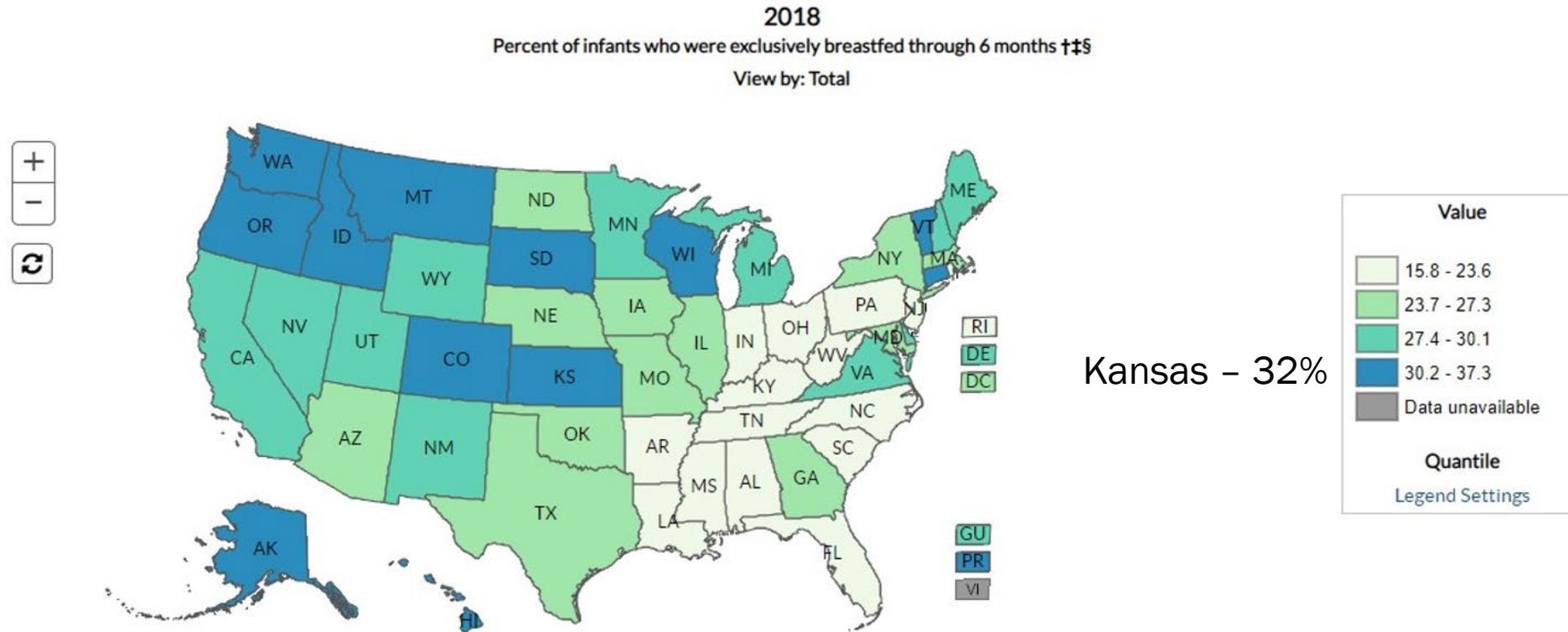
Source: 2018 Births, National Immunization Survey, Centers for Disease Control and Prevention, Department of Health and Human Services

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# Kansas Ranks 9<sup>th</sup> in the Nation

% of infants exclusively breastfed through 6 mo.



† Exclusive breastfeeding is defined as ONLY breast milk - No solids, no water, and no other liquids.

‡ Breastfeeding rates through 2008 births are based on the National Immunization Survey's landline sampling frame. Starting with 2009 births, rates are based on the National Immunization Survey's dual-frame sample that includes respondents surveyed on landline or cellular telephones. If you would like more information about the sampling methodology and the impact of adding a sample of cellular telephone respondents to the National Immunization Survey, you can visit [https://www.cdc.gov/breastfeeding/data/nis\\_data/survey\\_methods.htm](https://www.cdc.gov/breastfeeding/data/nis_data/survey_methods.htm).

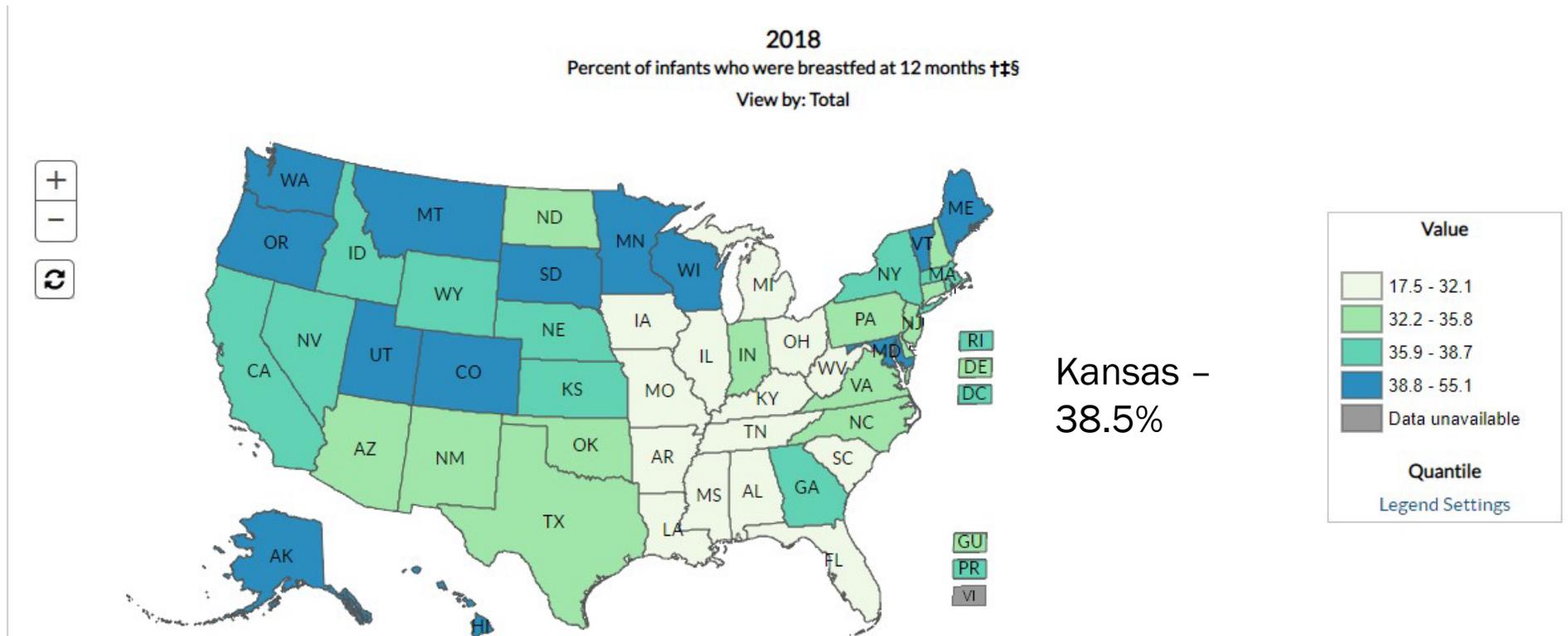
§ Only breastfeeding rates based on a dual-frame sample that includes respondents surveyed on landline or cellular telephones are included in trend graphics. If you would like more information about the sampling methodology and the impact of adding a sample of cellular telephone respondents to the National Immunization Survey, you can visit [https://www.cdc.gov/breastfeeding/data/nis\\_data/survey\\_methods.htm](https://www.cdc.gov/breastfeeding/data/nis_data/survey_methods.htm)

Data Source: National Immunization Survey



# Kansas Ranks 15<sup>th</sup> in the Nation

% of infants breastfed at 12 months



† Breastfed at 12 months is defined as breastfeeding to any extent with or without the addition of complementary liquids or solids.

‡ Breastfeeding rates through 2008 births are based on the National Immunization Survey's landline sampling frame. Starting with 2009 births, rates are based on the National Immunization Survey's dual-frame sample that includes respondents surveyed on landline or cellular telephones. If you would like more information about the sampling methodology and the impact of adding a sample of cellular telephone respondents to the National Immunization Survey, you can visit [https://www.cdc.gov/breastfeeding/data/nis\\_data/survey\\_methods.htm](https://www.cdc.gov/breastfeeding/data/nis_data/survey_methods.htm).

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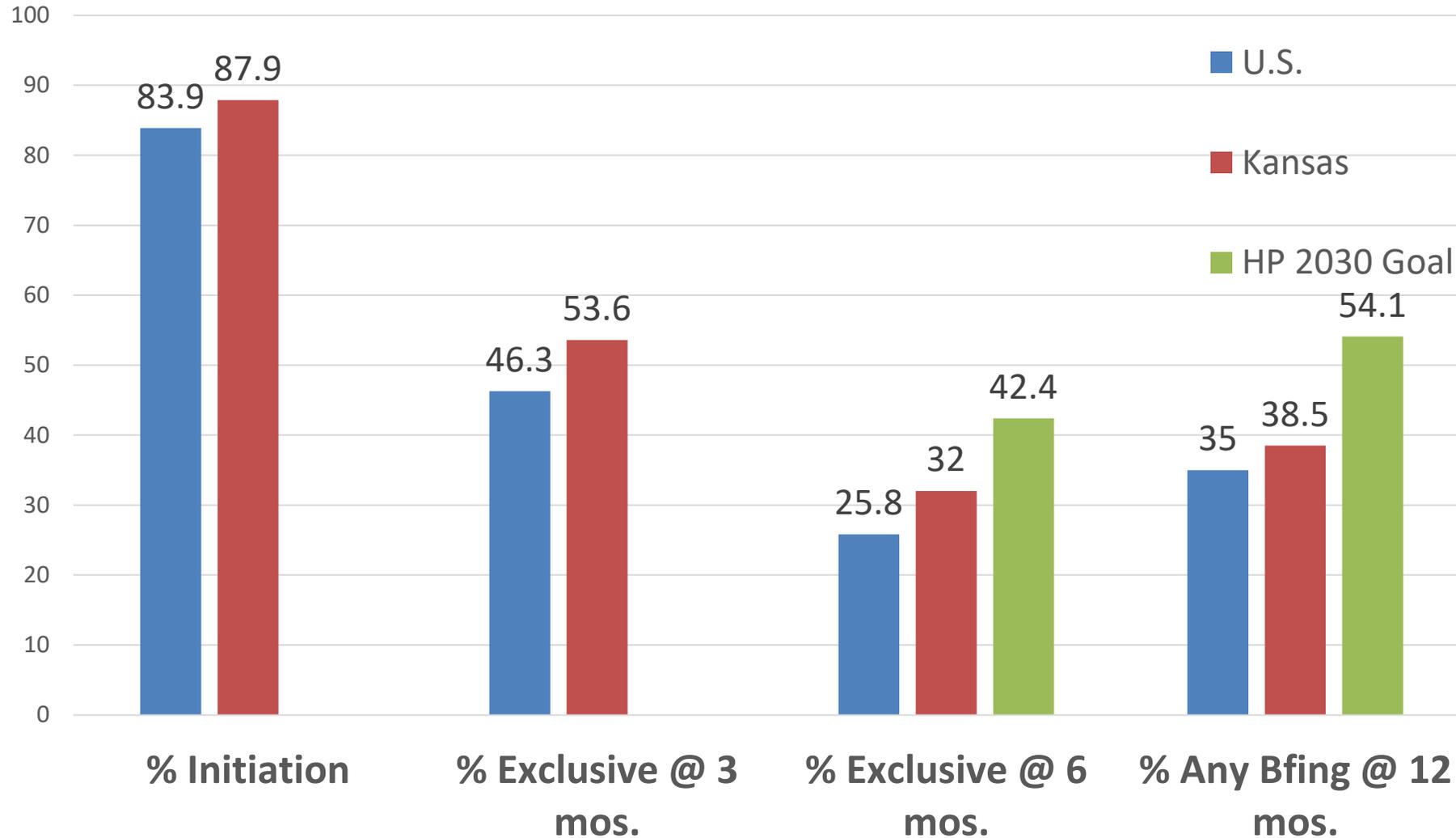
Data Source: National Immunization Survey



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# Breastfeeding Rates



Source: 2018 Births, National Immunization Survey, Centers for Disease Control and Prevention, Department of Health and Human Services

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High 5 for Mom & Baby is committed to helping birthing facilities as they identify areas for improvement in breastfeeding support.

- ✓ Discussion and collaboration with fellow High 5 for Mom & Baby facilities
- ✓ Continued support through education
- ✓ Policy development
- ✓ Collaboration with programs that provide support and education to the birthing family and staff caring for them





## Hospital Breastfeeding/Infant-Feeding Policy Checklist

The ten High 5 for Mom & Baby practices are based on the WHO/UNICEF Ten Steps to Successful Breastfeeding—evidence-based practices proven to increase breastfeeding success and reduce racial and ethnic disparities.

*Note: Hospital policy is not required to address every item on this checklist but should cover most of them.*

### Step 1: Facility will have a written maternity care and infant feeding policy addressing the High 5 for Mom & Baby practices supporting breastfeeding.

- Policy supports all 10 High 5 for Mom & Baby practices
- All staff responsible for maternity care review the policy and are familiar with its contents

### Step 2: Facility will maintain staff competency in lactation support.

- All maternity care staff complete training in breastfeeding and lactation management (using Kansas Breastfeeding Education on the KS Train platform or similar/comparable staff education)
- All new staff complete lactation education within 6 months of hire

### Step 3: All pregnant women will receive information and instruction on breastfeeding.

- All pregnant women are informed of basic breastfeeding management and care practices
- Facility supports breastfeeding employees by providing reasonable break time and a private, safe place to express milk close to their workplace

### Step 4: Assure immediate and sustained skin-to-skin contact between mother and baby after birth.

- Babies are placed skin to skin immediately after vaginal delivery if medically stable
- Babies are placed skin to skin as soon as both mom and baby are medically stable after a C-section delivery
- Babies remain skin to skin until after the first feeding when breastfeeding is desired

### Step 5: All families will receive individualized infant feeding counseling.

- Breastfeeding families receive individualized teaching on feeding cues, positioning and latch, and how to tell that baby is getting enough to eat
- Families that choose not to breastfeed receive appropriate education on formula preparation and feeding

### Step 6: Give newborn infants no food or drink other than breastmilk unless medically indicated.

- Breastfeeding babies receive breastmilk only unless ordered due to medical necessity
- Any reasons for supplementation are clearly documented
- Breastfeeding mothers are taught hand expression

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### Step 7: Practice rooming in – allow mothers and infants to remain together 24 hours a day.

- Education on the benefits of rooming in provided to all families
- Babies room in with the mother, including at night and during routine care by hospital staff

### Step 8: Families will be encouraged to feed their babies when the baby exhibits feeding cues, regardless of feeding methods.

- All families, regardless of feeding method, are taught to recognize hunger cues.
- Babies are fed 8 or more times in 24 hours, without restriction on feeding length or frequency.
- Mothers who are separated from their infants are educated on expressing their milk appropriately.

### Step 9: Give no pacifiers or artificial nipples to breastfeeding infants.

- Breastfeeding babies are not offered pacifiers or artificial nipples
- Families are educated on milk production and encouraged to feed frequently

### Step 10: Provide mothers options for breastfeeding support in the community (such as telephone number walk-in clinic information, support groups, etc.) upon discharge.

- Families are provided information regarding where to access help and support with breastfeeding following discharge from the hospital

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Find this tool and many more at <https://www.high5kansas.org/resources-for-hospitals>



TEN STEP TUESDAY  
Maximizing/ Protecting Milk Supply

### It's Ten Step Tuesday!

Some mothers are having difficulty finding infant formula and other feeding supplies. Hospitals and clinics are fielding calls about the safety of homemade formula recipes because the shelves are bare. Pinterest is loaded with these recipes. There are many reasons to steer clear, but vulnerable new mothers may not realize how dangerous these can be. The conversations we have with families regarding their infant feeding choices are more important than ever. Families that previously combined breastfeeding and formula feeding, or exclusively formula fed, may be requesting additional information and support regarding exclusive breastfeeding.

#### What Might that Conversation Sound Like? So how do we talk about feeding options?

- Start by asking an open-ended question, such as: "Tell me what you know about breastfeeding."
- If the response is: "Oh, I'm not breastfeeding..." or "I'm going to do both..." use open-ended questions to further explore thinking, assumptions and experiences such as "Tell me about that. What was that like? How do you feel about that?"
- Use active listening and address knowledge gaps. Ask questions about how they made their decision and continue the conversation with: "I am here to ensure that you have all the information that you need. It is my job to make sure you are comfortable with your decision and you do not look back and say 'I wish someone would have told me about that.'"

#### Support with Education on the Value of Exclusive Breastfeeding

Combination feeding is associated with:

- Diminishing mother's milk supply
- Nipple/bottle preference over the breast
- Negatively altered newborn gut flora – more pathogenic bacteria
- Exposure to cow's milk proteins in formula increases likelihood of allergies
- Interferes with normal frequency of feedings
- Shortens duration of overall breastfeeding

Conversations will be unique to each individual. The most important thing is that at the end of the discussion, the mother is informed and feels supported in her decision.

If a mom DOES choose to give formula (or any supplement) be sure to talk with her about maximizing milk production using hand expression, pumping, offering the breast first, etc. During these uncertain times, the care and support we provide to infants and their families is more important than ever!

For more information contact

Cara Gerhardt, BSN RN IBCLC, coordinator @high5kansas.org

# Maximizing

the support and education we offer:

Prenatal clinic collaboration

Hospital caregiver education

Postpartum plan





Lactation support may be the first contact for a postpartum person following discharge.

# Breastfeeding and Fourth Trimester Initiative

## High 5 for Mom & Baby Premier Recognition

- ✧ Advent Health Shawnee Mission
- ✧ Advent Health Ottawa
- ✧ Ascension Via Christi St. Joseph
- ✧ Citizens Medical Center
- ✧ Community Healthcare System
- ✧ Hays Medical Center
- ✧ Kearny County Hospital
- ✧ Lawrence Memorial Hospital
- ✧ Memorial Health System
- ✧ New Birth Company
- ✧ Pratt Regional Medical Center
- ✧ Stormont Vail Health
- ✧ University of Kansas Health System-KC
- ✧ University of Kansas Health System-St. Francis Campus

## High 5 for Mom & Baby Recognition

- ✧ Amberwell Hiawatha Community Hospital
- ✧ Amberwell Atchison
- ✧ Coffeyville Regional Medical Center
- ✧ Geary Community Hospital
- ✧ Hutchinson Regional Medical Center
- ✧ Nemaha Valley Community Hospital
- ✧ Neosho Memorial Medical Center
- ✧ Newman Regional Health
- ✧ Providence Medical Center
- ✧ Sabetha Community Hospital

*Only FIVE Fourth Trimester Initiative participants are not currently recognized as a High 5 for Mom & Baby or Baby-Friendly USA facility!*



# Action Needed!

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- Find out more and apply for High 5 for Mom & Baby recognition on our website: [www.high5kansas.org](http://www.high5kansas.org).
- If you would like to be added to our distribution list please reach out at [coordinator@high5kansas.org](mailto:coordinator@high5kansas.org).
- Find FREE breastfeeding education with CEUs at <https://ks.train.org/ks>. Search for “Kansas Breastfeeding Education”.
- Find the Hospital Breastfeeding Policy checklist and other helpful tools and links on the High 5 for Mom & Baby resource page.

