BFUSA NICU Resources

Introduction

Also see Videos:

BFUSA NICU Resources 1 Introduction

BFUSA NICU Resources 2 Orientation Tour

2021

Baby-Friendly USA

Welcome to the BFUSA NICU Resources

NEONATAL INTENSIVE CARE (NICU) RESOURCES

2021

Baby-Friendly USA

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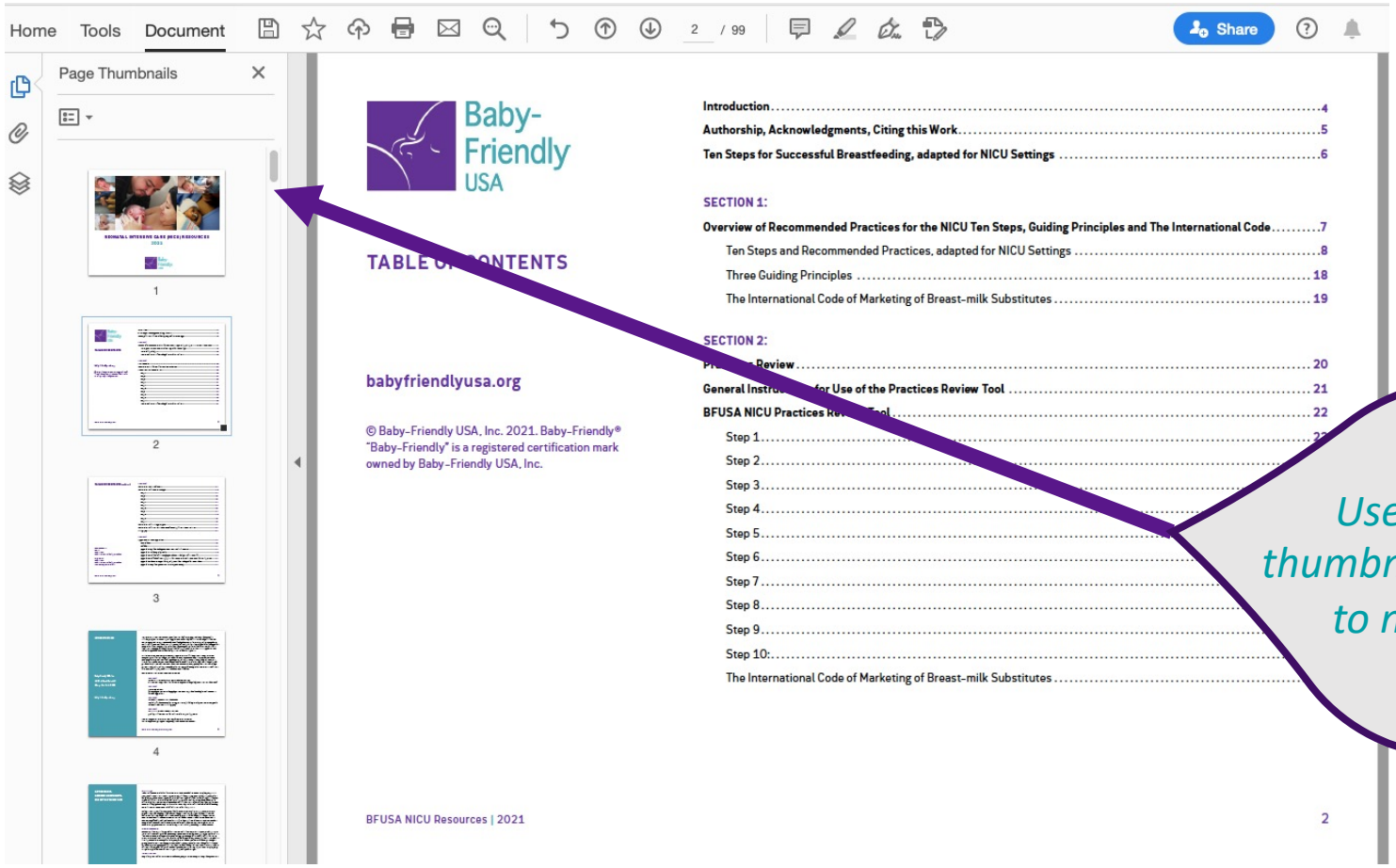
Navigation



Introduction to the BFUSA NICU Resources

The next slides include

- Introductory pages
- Section 1: Overview
- Section 2: Practices Review
- Section 3: Clinical Guidance with References
- Section 4: Support Documents and Appendices

You may want to look at each section to become familiar with the contents and layout.

Introductory pages: Table of Contents

Baby-Friendly USA

TABLE OF CONTENTS

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Click on the page number to go directly to that page.

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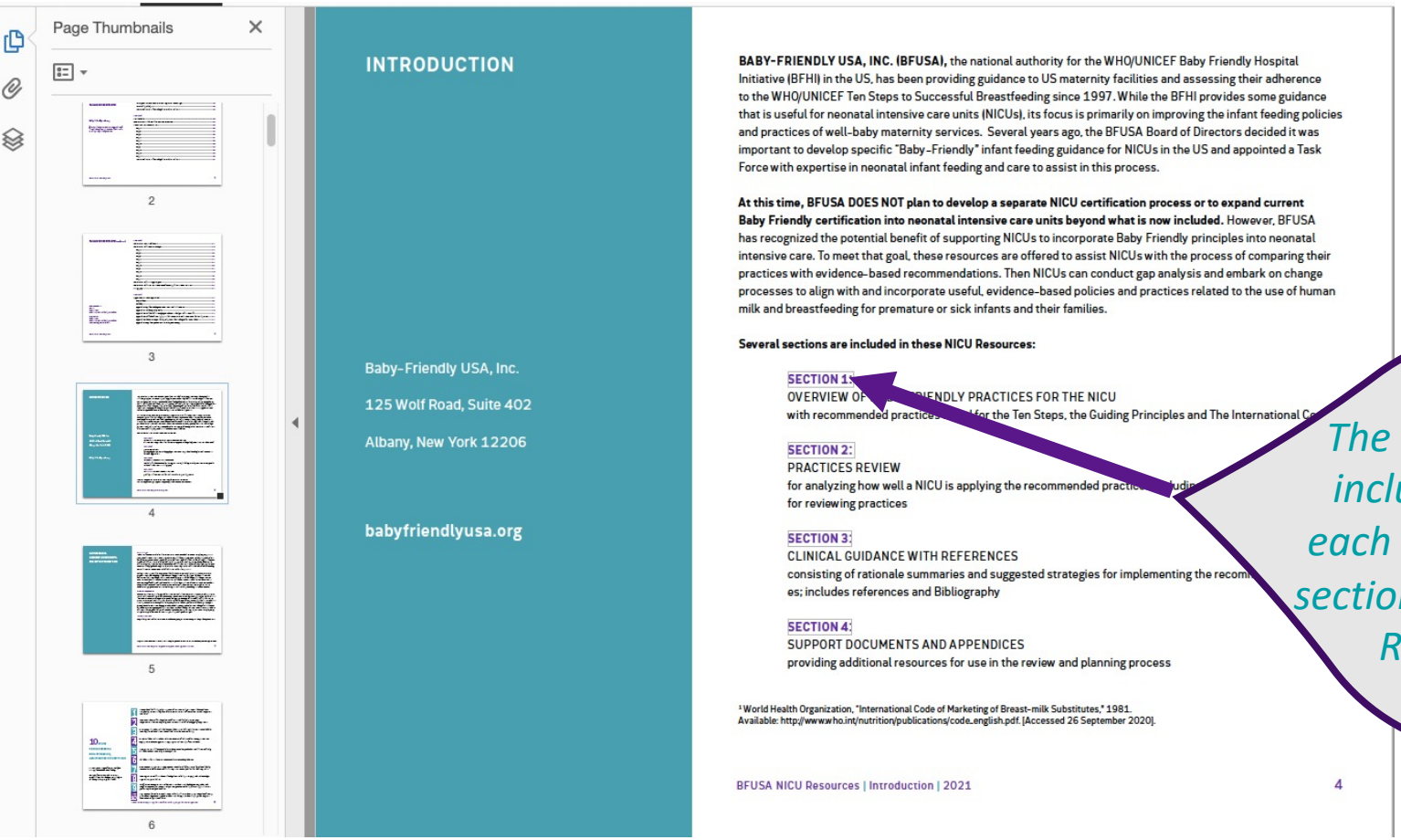
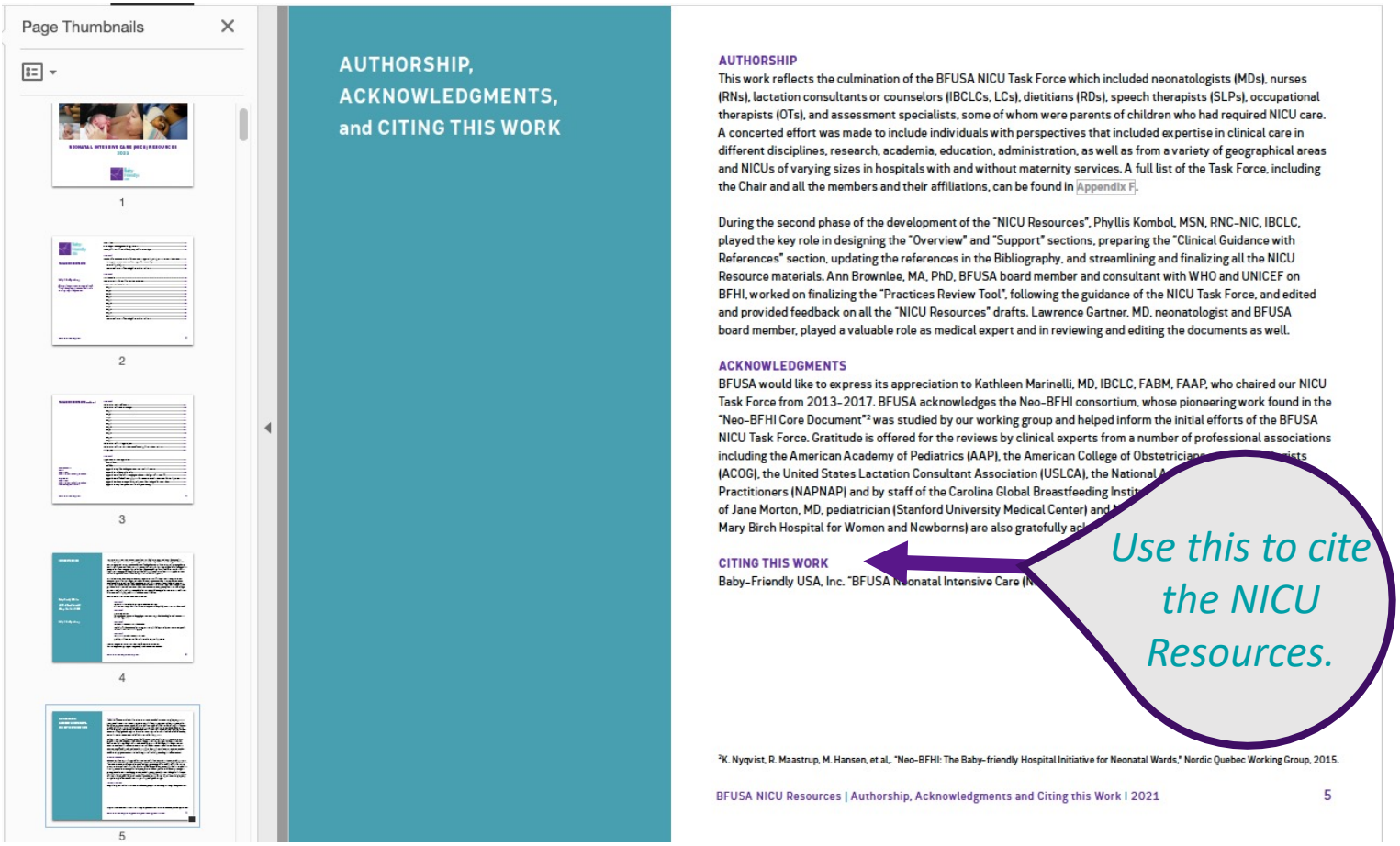
Introductory pages: Introduction



The Introduction includes links to each of the 4 main sections of the NICU Resources.

Introductory pages: Authorship, Acknowledgments, Citing this Work



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Introductory pages: The 10 Steps…adapted for NICU

10 STEPS
FOR SUCCESSFUL
BREASTFEEDING,
ADAPTED FOR NICU SETTINGS

These Steps were adapted from the the original Ten Steps to Successful Breastfeeding.

Changes reflect the NICU environment and care priorities, while retaining the core principles of The Baby-Friendly Hospital Initiative.

STEP 1 Have a written infant feeding policy and protocols for the NICU that include the use of human milk and breastfeeding that are routinely communicated to all health care staff involved in the care of NICU parents and infants.

STEP 2 Educate and train all staff working with NICU infants and their families in the knowledge, competence and skills necessary to implement the NICU-related infant feeding policy and protocols.

STEP 3 As early as possible, discuss with families whose infants are at risk for admission to the NICU the initiation and management of lactation, and the benefits of human milk and breastfeeding.

STEP 4 Place stable infants skin-to-skin on their mothers as soon as feasible. Facili… support extended, ongoing skin-to-skin care by parents or support persons witho… …ited restrictions.

STEP 5 Show parents how … and maintain lactation at the earliest possible time and initiate breastfeeding with in… …ness and stability as the only criteria.

STEP 6 Give infants no food or drink other than human milk, unless medically indicated.

STEP 7 Allow and encourage parents and support persons to be with their infants and participate in their feeding and care, with unrestricted access, 24 hours a day, unless there are justifiable reasons for separation.

STEP 8 Encourage cue-based infant-driven oral feeding with breastfeeding as early as possible, with no weight or gestational age restrictions.

STEP 9 For infants who are expected to breastfeed, use alternatives to bottle feeding whenever possible until the infants have been given the opportunity to develop some breastfeeding skills. Use nipple shields and pacifiers only for therapeutic reasons.

STEP 10 Prepare parents for continued lactation and breastfeeding after NICU discharge by having written follow-up plans and ensuring access to specialized clinical lactation support services and groups knowledgeable about the needs of post-NICU infants.

BFUSA NICU Resources | Ten Steps for Successful Breastfeeding, adapted for NICU settings | 2021 6

Notice the similarities and differences compared to the 10 Steps used for infants cared for in maternity settings.

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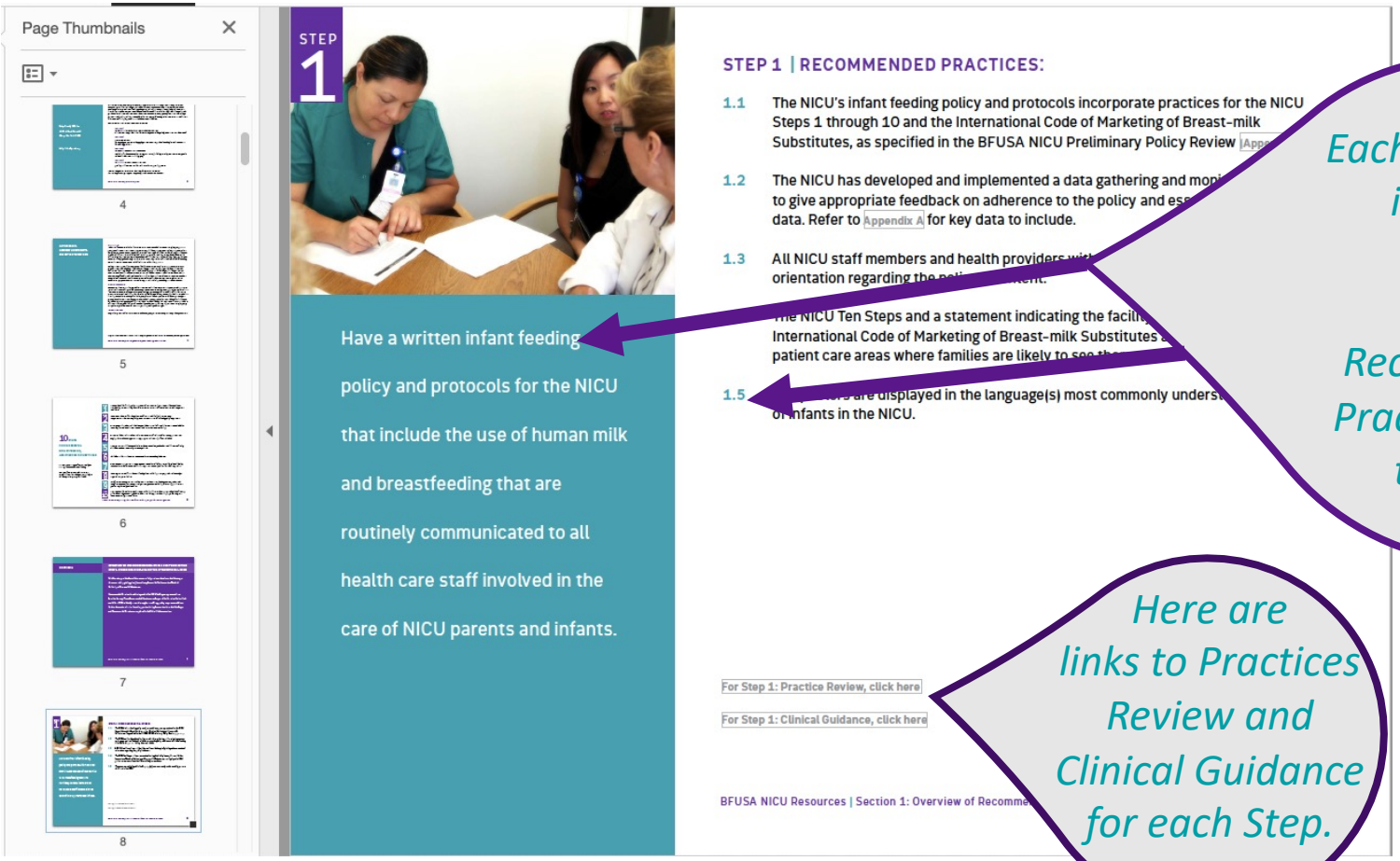
Section 1: Overview



Each Step will be in the left column. The Recommended Practices are on the right.

Here are links to Practices Review and Clinical Guidance for each Step.

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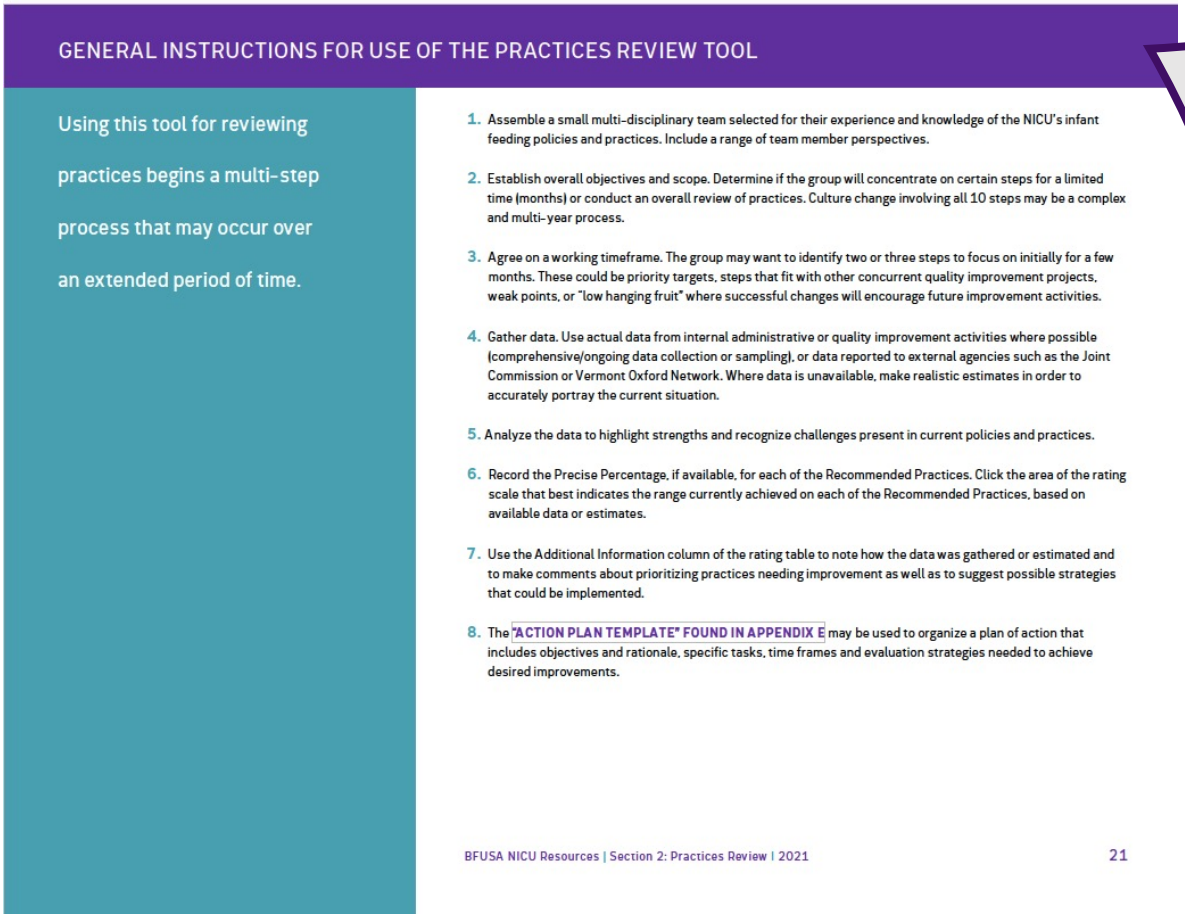
Section 2: Instructions for use of the Practices Review Tool



GENERAL INSTRUCTIONS FOR USE OF THE PRACTICES REVIEW TOOL

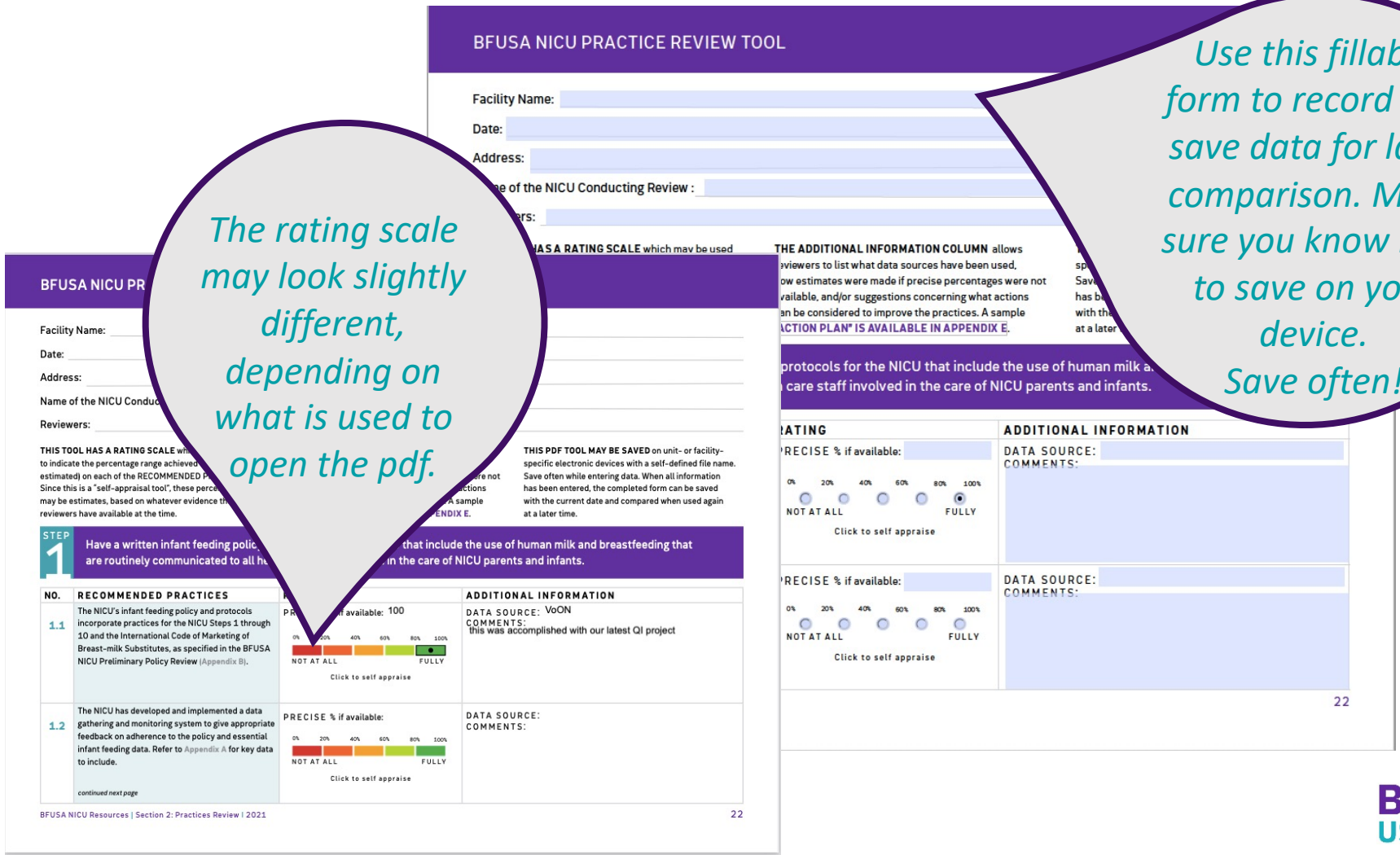
Using this tool for reviewing practices begins a multi-step process that may occur over an extended period of time.

1. Assemble a small multi-disciplinary team selected for their experience and knowledge of the NICU's infant feeding policies and practices. Include a range of team member perspectives.
2. Establish overall objectives and scope. Determine if the group will concentrate on certain steps for a limited time (months) or conduct an overall review of practices. Culture change involving all 10 steps may be a complex and multi-year process.
3. Agree on a working timeframe. The group may want to identify two or three steps to focus on initially for a few months. These could be priority targets, steps that fit with other concurrent quality improvement projects, weak points, or "low hanging fruit" where successful changes will encourage future improvement activities.
4. Gather data. Use actual data from internal administrative or quality improvement activities where possible (comprehensive/ongoing data collection or sampling), or data reported to external agencies such as the Joint Commission or Vermont Oxford Network. Where data is unavailable, make realistic estimates in order to accurately portray the current situation.
5. Analyze the data to highlight strengths and recognize challenges present in current policies and practices.
6. Record the Precise Percentage, if available, for each of the Recommended Practices. Click the area of the rating scale that best indicates the range currently achieved on each of the Recommended Practices, based on available data or estimates.
7. Use the Additional Information column of the rating table to note how the data was gathered or estimated and to make comments about prioritizing practices needing improvement as well as to suggest possible strategies that could be implemented.
8. The "ACTION PLAN TEMPLATE" FOUND IN APPENDIX E may be used to organize a plan of action that includes objectives and rationale, specific tasks, time frames and evaluation strategies needed to achieve desired improvements.

BFUSA NICU Resources | Section 2: Practices Review | 2021 21

Additional video and slide deck are available for using this Tool.

Section 2: Practices Review Tool



The rating scale may look slightly different, depending on what is used to open the pdf.

Use this fillable form to record and save data for later comparison. Make sure you know how to save on your device. Save often!

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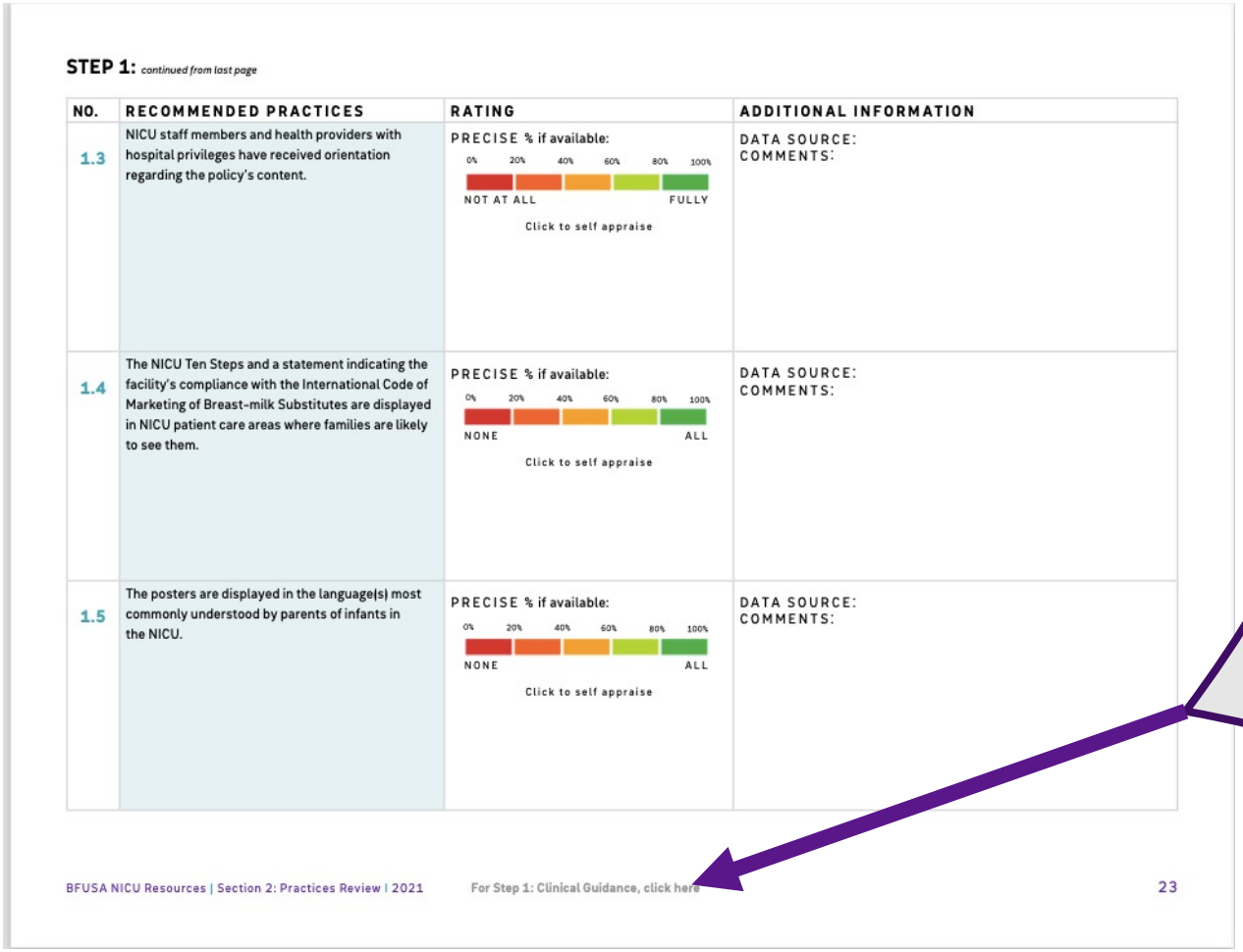
Section 2: Practices Review Tool (links)



STEP 1: *continued from last page*

NO.	RECOMMENDED PRACTICES	RATING	ADDITIONAL INFORMATION
1.3	NICU staff members and health providers with hospital privileges have received orientation regarding the policy's content.	PRECISE % if available: 0% 20% 40% 60% 80% 100% NOT AT ALL FULLY Click to self appraise	DATA SOURCE: COMMENTS:
1.4	The NICU Ten Steps and a statement indicating the facility's compliance with the International Code of Marketing of Breast-milk Substitutes are displayed in NICU patient care areas where families are likely to see them.	PRECISE % if available: 0% 20% 40% 60% 80% 100% NONE ALL Click to self appraise	DATA SOURCE: COMMENTS:
1.5	The posters are displayed in the language(s) most commonly understood by parents of infants in the NICU.	PRECISE % if available: 0% 20% 40% 60% 80% 100% NONE ALL Click to self appraise	DATA SOURCE: COMMENTS:

BFUSA NICU Resources | Section 2: Practices Review | 2021 For Step 1: Clinical Guidance, click here 23

At the end of each Step in the Practice Review Tool is a link to Clinical Guidance for that Step.

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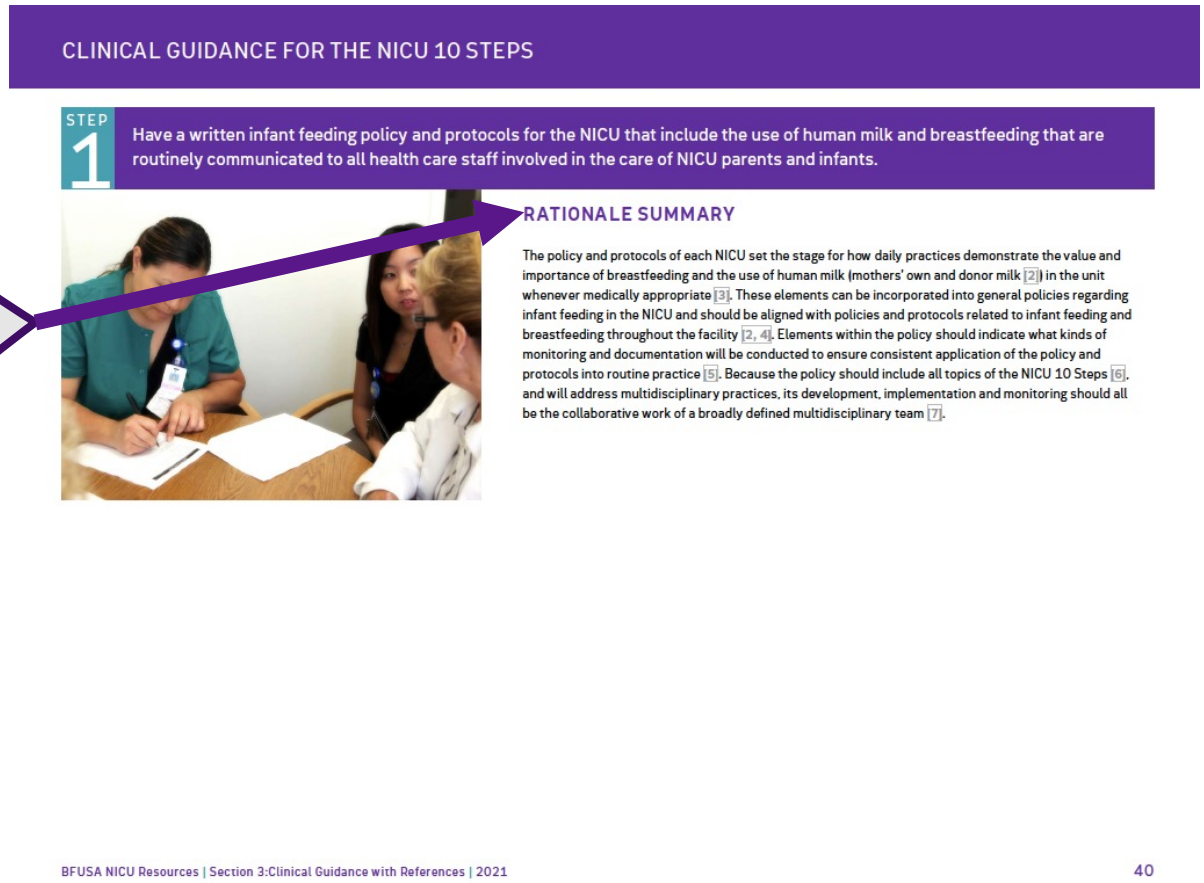
Section 3: Clinical Guidance

Each Step in the Clinical Guidance section begins with a Rationale Summary.



CLINICAL GUIDANCE FOR THE NICU 10 STEPS

STEP 1

Have a written infant feeding policy and protocols for the NICU that include the use of human milk and breastfeeding that are routinely communicated to all health care staff involved in the care of NICU parents and infants.

RATIONALE SUMMARY

The policy and protocols of each NICU set the stage for how daily practices demonstrate the value and importance of breastfeeding and the use of human milk (mothers' own and donor milk [2]) in the unit whenever medically appropriate [3]. These elements can be incorporated into general policies regarding infant feeding in the NICU and should be aligned with policies and protocols related to infant feeding and breastfeeding throughout the facility [2, 4]. Elements within the policy should indicate what kinds of monitoring and documentation will be conducted to ensure consistent application of the policy and protocols into routine practice [5]. Because the policy should include all topics of the NICU 10 Steps [6], and will address multidisciplinary practices, its development, implementation and monitoring should all be the collaborative work of a broadly defined multidisciplinary team [7].

BFUSA NICU Resources | Section 3:Clinical Guidance with References | 2021 40

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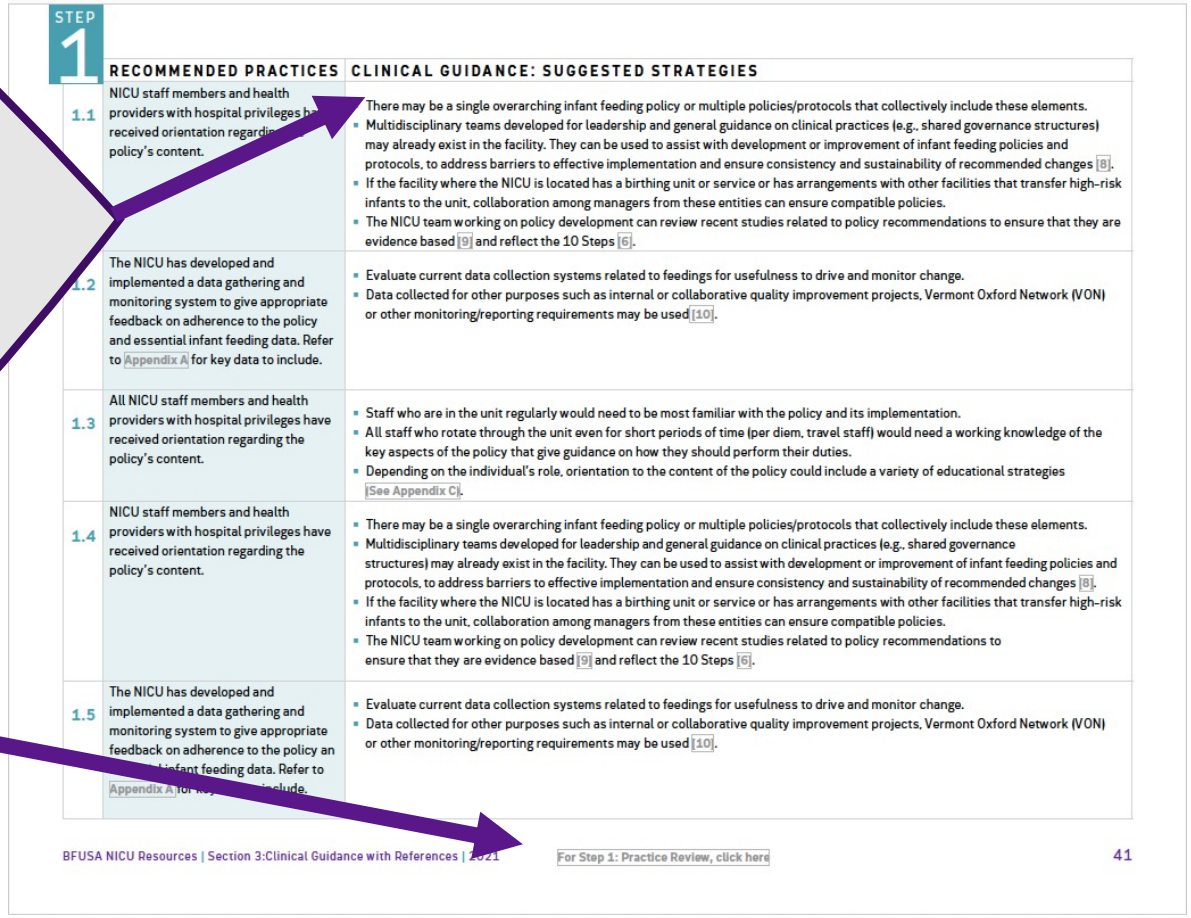
Section 3: Clinical Guidance

Clinical Guidance suggests strategies for a variety of ways the recommended practices might be implemented. Options for application of The Guiding Principles and Code are included.

A link at the end of each Step goes to the Practices Review Tool for that Step.



STEP 1

	RECOMMENDED PRACTICES	CLINICAL GUIDANCE: SUGGESTED STRATEGIES
1.1	NICU staff members and health providers with hospital privileges h… received orientation regardi… policy's content.	There may be a single overarching infant feeding policy or multiple policies/protocols that collectively include these elements. ▪ Multidisciplinary teams developed for leadership and general guidance on clinical practices (e.g., shared governance structures) may already exist in the facility. They can be used to assist with development or improvement of infant feeding policies and protocols, to address barriers to effective implementation and ensure consistency and sustainability of recommended changes [8]. ▪ If the facility where the NICU is located has a birthing unit or service or has arrangements with other facilities that transfer high-risk infants to the unit, collaboration among managers from these entities can ensure compatible policies. ▪ The NICU team working on policy development can review recent studies related to policy recommendations to ensure that they are evidence based [9] and reflect the 10 Steps [6].
1.2	The NICU has developed and implemented a data gathering and monitoring system to give appropriate feedback on adherence to the policy and essential infant feeding data. Refer to Appendix A for key data to include.	▪ Evaluate current data collection systems related to feedings for usefulness to drive and monitor change. ▪ Data collected for other purposes such as internal or collaborative quality improvement projects, Vermont Oxford Network (VON) or other monitoring/reporting requirements may be used [10].
1.3	All NICU staff members and health providers with hospital privileges have received orientation regarding the policy's content.	▪ Staff who are in the unit regularly would need to be most familiar with the policy and its implementation. ▪ All staff who rotate through the unit even for short periods of time (per diem, travel staff) would need a working knowledge of the key aspects of the policy that give guidance on how they should perform their duties. ▪ Depending on the individual's role, orientation to the content of the policy could include a variety of educational strategies (See Appendix C).
1.4	NICU staff members and health providers with hospital privileges have received orientation regarding the policy's content.	▪ There may be a single overarching infant feeding policy or multiple policies/protocols that collectively include these elements. ▪ Multidisciplinary teams developed for leadership and general guidance on clinical practices (e.g., shared governance structures) may already exist in the facility. They can be used to assist with development or improvement of infant feeding policies and protocols, to address barriers to effective implementation and ensure consistency and sustainability of recommended changes [8]. ▪ If the facility where the NICU is located has a birthing unit or service or has arrangements with other facilities that transfer high-risk infants to the unit, collaboration among managers from these entities can ensure compatible policies. ▪ The NICU team working on policy development can review recent studies related to policy recommendations to ensure that they are evidence based [9] and reflect the 10 Steps [6].
1.5	The NICU has developed and implemented a data gathering and monitoring system to give appropriate feedback on adherence to the policy an… …infant feeding data. Refer to Appendix A for k… …include.	▪ Evaluate current data collection systems related to feedings for usefulness to drive and monitor change. ▪ Data collected for other purposes such as internal or collaborative quality improvement projects, Vermont Oxford Network (VON) or other monitoring/reporting requirements may be used [10].

For Step 1: Practice Review, click here

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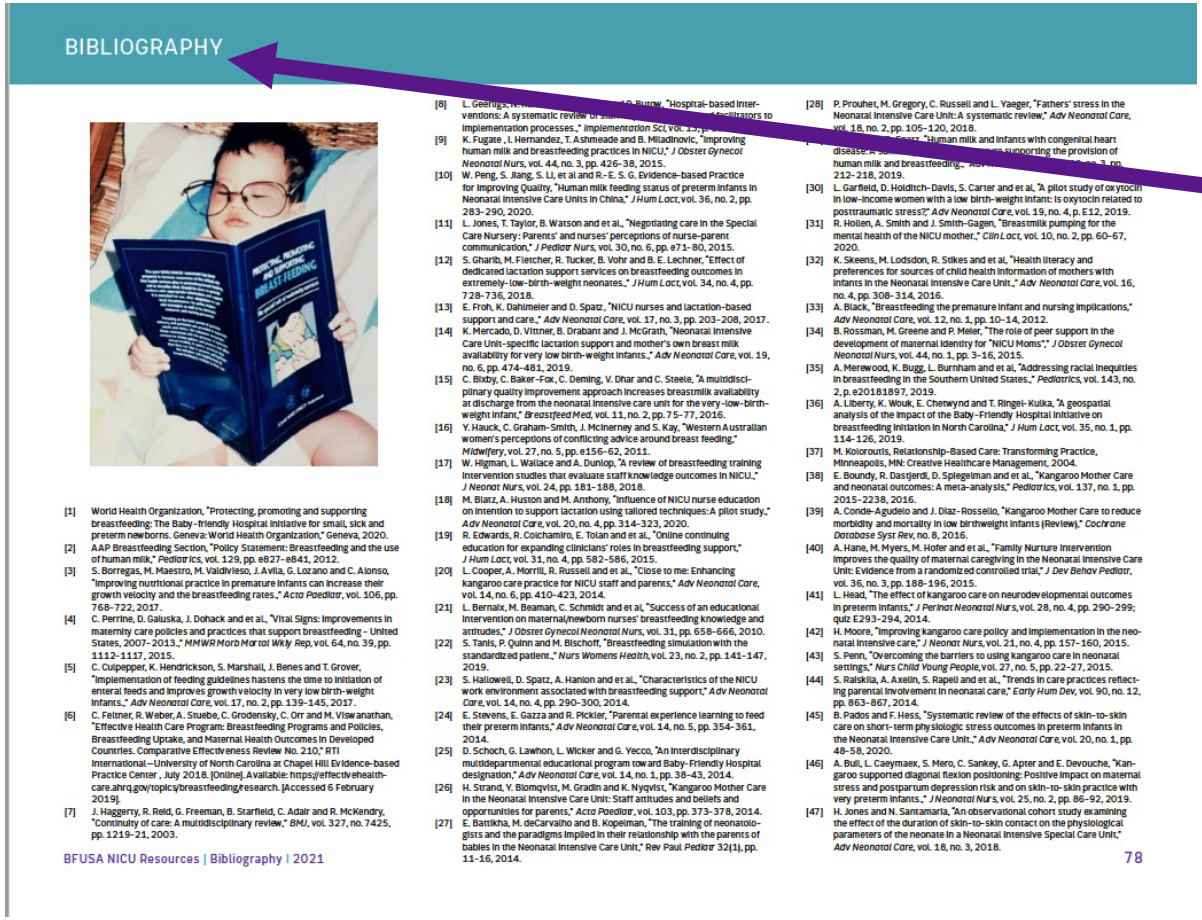
Section 3:
Clinical Guidance Bibliography



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The Bibliography lists the references cited throughout the Clinical Guidance section; links within the document connect to the appropriate page of the Bibliography.

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Section 4: Support Documents and Appendices
Abbreviations

These Abbreviations are used throughout the NICU Resources.

ABBREVIATIONS *Those from Neo-BFHI Core Document are designated in italics.*[5]

AAP	American Academy of Pediatrics
ACOG	American College of Obstetricians and Gynecologists
BFHI	Baby-Friendly Hospital Initiative
BFUSA	Baby-Friendly USA, Inc.; the national authority for the BFHI in the United States of America
BFUSA NICU	Baby-Friendly USA's Neonatal Intensive Care Unit Resources
CGA	Corrected Gestational Age
ELBW	Extremely Low Birth Weight (<1000 grams)
International Code	*International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions*
IBCLC	International Board Certified Lactation Consultant[6]
KC	Kangaroo Care
KMC	Kangaroo Mother Care
LBW	Low Birth Weight (<2500 grams
LC	Lactation counselor or consultant (depending on setting, may be peer counselor, breastfeeding counselor/specialist/educator with varying levels of education/experience or IBCLC)
MD	Medical Doctor; physician
NAPNAP	National Association of Pediatric Nurse Practitioners
Neo-BFHI	The Baby-Friendly Hospital Initiative for Neonatal Wards (outside of USA)
NICU	Neonatal Intensive Care Unit
NIDCAP	Newborn Individualized Developmental Care and Assessment Program
NNP	Neonatal Nurse Practitioner
OB	Obstetrician
OT	Occupational Therapist
PC	Peer Counselor (See LC above)
PDHM	Pasteurized donor human milk
RD	Registered Dietitian
RN	Registered Nurse
SLP	Speech and Language Pathologist
STS	Skin-to-Skin
UAC	Umbilical Artery Catheter
UNICEF	The United Nations Children's Fund
USLCA	United States Lactation Consultant Association
VLBW	Very Low Birth Weight (<1500 grams)
WHO	World Health Organization
WIC	Special Supplemental Nutrition Program for Women, Infants and Children
1:1	One to one; one-to-one

[5] From Neo-BFHI Core Document, 2015 Edition, p. 6.
[6] IBLCE.org

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Section 4: Support Documents and Appendices
Abbreviations and Definitions

These Definitions are used throughout the NICU Resources.

DEFINITIONS *Terms adapted from Neo-BFHI Core Document are designated in italics*[7]

Breastfeeding
Feeding or suckling directly at the breast; may include comfort nursing or non-nutritive suckling at the parent's breast/chest; includes chest-feeding (e.g., nursing by transgender men).

Infant feeding policy or Breastfeeding policy
Overall policy for feeding, breastfeeding and nutrition. The policy may address the implementation of the BFUSA NICU Possible Practices (including the Guiding Principles, the BFUSA NICU 10 Steps and the International Code) alone or in combination with standards related to infant nutrition that the NICU already has in place.

Breast milk feeding
Providing infants with human milk by other feeding methods than directly from the breast (see also human milk feeding).

Breastfeeding protocols
Guides for the implementation of specific breastfeeding-related practices in the NICU.

Clinical staff
Includes staff members providing clinical care for mothers/families and their preterm or sick infants who are being cared for in the NICU or related areas and for those who are pregnant and at risk of giving birth to preterm or sick infants. Clinical staff may include nursing personnel (RNs and other nursing staff), midwives, doctors and any other staff members providing health care for these families and infants.

Cue-based feeding
Feeding practices that are based on infant readiness indicators such as alertness, rooting, orienting toward own or caregivers' hands, pacifier, breast or bottle nipple; sucking on own hands or other objects; pacing as well as pausing when an infant's stress cues are observed.

Direct clinical or hands-on care providers
Staff members who actually perform feedings, assist with feedings, make feeding decisions and/or give feeding advice.

Education
Information about what to do and why; didactic knowledge; may be provided in classroom or electronically, individually or in group settings.

Exclusive breast (milk) feeding
For statistical purposes, as proposed by WHO to define infant feeding practices, the infant receives human milk (including expressed milk or donor milk) and allows infants to receive oral rehydration solutions, drops, syrups (vitamins, minerals, medicines), but nothing else.[8] Within BFUSA NICU, this may include the feeding of human milk as the base, with appropriate fortification as clinically indicated for some classifications of preterm/medically complex infants with increased nutrient needs.

Family
Is defined by the parent(s) and may include significant others and other support persons, not necessarily limited to grandparents, blood relatives, etc.

Father
Mother's (Birthing parent's) partner or significant other (person in "paternal" role, for simplicity here referred to using he, him, his).

Gestational age (including definitions of preterm and term infants, Corrected Gestational Age)
Time elapsed between the first day of the last menstrual period and the day of delivery. Preterm infants are defined as born alive before 37 weeks of pregnancy are completed. There are sub-categories of preterm birth defined by the WHO.[9] Related groups of infants defined by ACOG[10] may be admitted to the NICU based on gestational age:

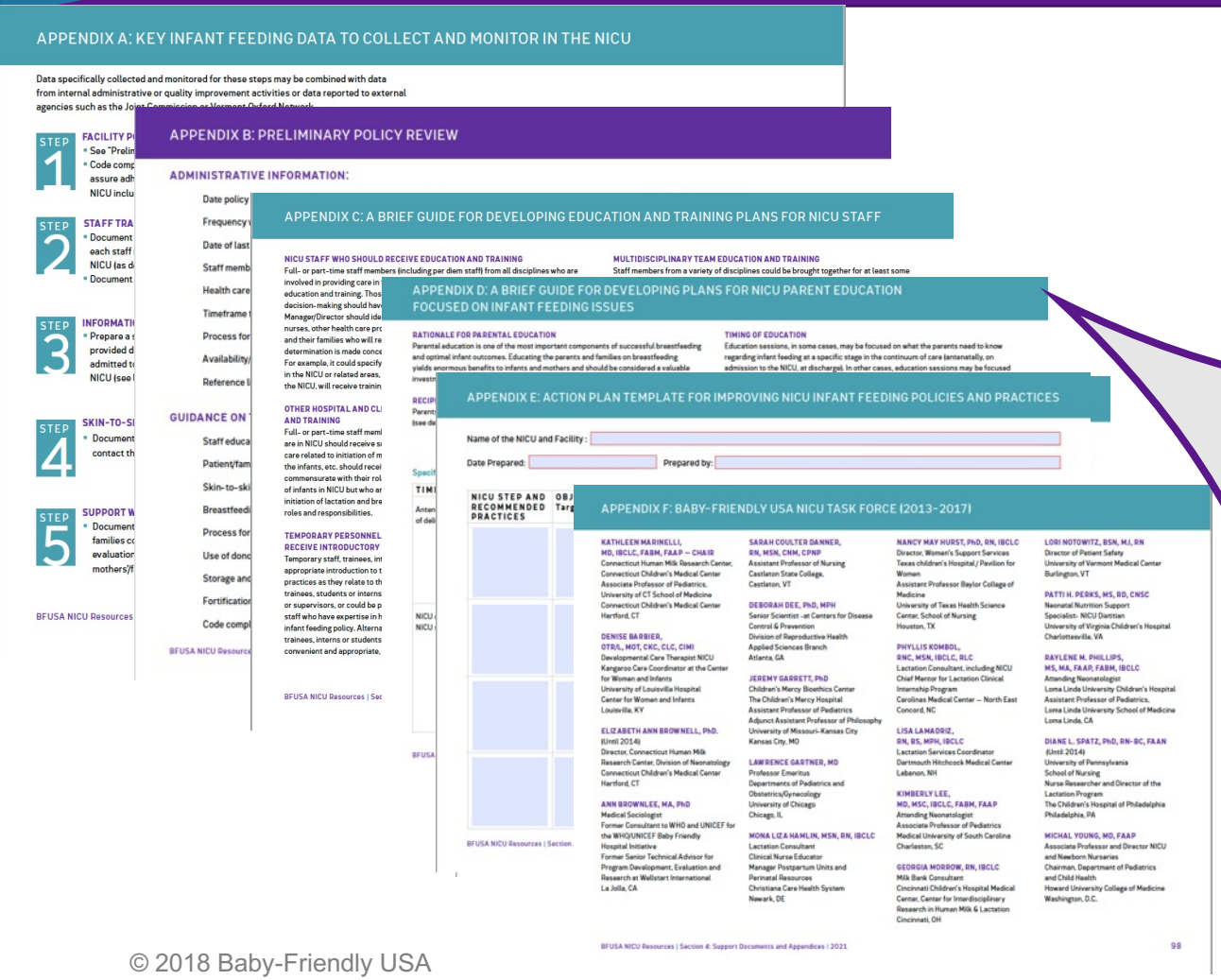
- Extremely preterm (‹28 weeks)
- Very preterm (28 to ‹32 weeks)
- Moderate preterm (32 to ‹34 weeks)
- Late preterm (34 to ‹37 weeks)

Subgroups of term infants who may be admitted to the NICU:

- Early term = 37-38 6/7 week
- Full term 39-40 6/7 week
- Late Term 41-41 6/7 week
- Post-term › or = 42 weeks

[7] From Neo-BFHI Core Document, 2015 Edition, pp. 6-8.
[8] World Health Organization. Indicators for assessing infant and young child feeding practices - Part 1, Definitions. Conclusions of a consensus meeting held 6—8 November 2007 in Washington, DC, USA. 2008.
[9] Preterm birth http://www.who.int/mediacentre/factsheets/fs363/en/ accessed June 7, 2017
[10] Spong, CY; Mercer, BM. Timing of Indicated Late-Preterm and Early-Term Birth. Obstetrics & Gynecology. 2011; 118:323-333.

Section 4:
Support Documents and Appendices



Appendices A-F are referred to throughout the NICU Resources, with links connecting to the appropriate Appendix.

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