Deborah Honeck: Hello, and welcome to KP Healthcast. I’m your host today, Deborah Honeck from the KP IT Department. With me today is Lori Dupuis-Clifford, a Registered Nurse and Lactation Consultant at the Kaiser Hayward Hospital. Our topic today is the Baby Friendly Hospital Initiative. Kaiser Permanante Hayward Hospital is one of only 61 Baby Friendly Hospitals and Birth Centers in the US as of August, 2007. What we are going to be talking about today is what having a Baby Friendly Hospital in Hayward means to those prospective parents considering Hayward as their birthing center. Welcome Lori.

Lori Dupuis-Clifford: Thank you.

Deborah Honeck: So, Lori, what is a Baby Friendly Hospital?

Lori Dupuis-Clifford: A Baby Friendly Hospital has gone through a process of change that enables it to be certified as Baby Friendly and the Baby Friendly Hospital Initiative started in the early 1990s and it is a world-wide program that is sponsored by world health organization and the United Nations Emergency Fund that is known as UNICEF, and that’s to encourage, support, and protect breast-feeding. It recognizes hospitals and birthing centers that offer an optimal level of care for lactation. We have been through a lot of education and changes and the Baby Friendly USA has assisted us in making those changes.

Deborah Honeck: How long did it take for Hayward to become a Baby Friendly Hospital?

Lori Dupuis-Clifford: We started the process in 1998 and became certified in the year 2000 and then we recertified in October of 2005.

Deborah Honeck: What did that involve?

Lori Dupuis-Clifford: It involved a lot of changes in the hospital policies and procedures and in getting all the nurses and doctors educated and we taught an 18 hour baby friendly class to all the staff and that took 15 months. In addition, we had education of the doctors too.

Deborah Honeck: What does the baby friendly program promote?

Lori Dupuis-Clifford: Well, there are ten recognized steps to successful breastfeeding for hospitals that are going to give the best help to mothers who come in wanting to breastfeed. Those steps are that we develop a written breastfeeding policy that is routinely communicated to all staff. We wrote a hospital breastfeeding policy that was a
blanket policy for the whole hospital. In addition, we rewrote the specific breastfeeding policy and procedure, the how to. Then we had to train all the health care staff in those skills necessary to implement this policy, that’s step #2. And Step #3 is to inform all pregnant women about the benefits and management of breastfeeding. Step #4 is to help mothers initiate breastfeeding within one hour of birth, and that’s a really important step, and that was one of our biggest changes in the way we did things in the hospital because babies used to be separated from moms for at least three hours because the nurses in the Labor and Delivery room only recovered the mother, and the babies were recovered in the nursery. So the Labor and Delivery Room nurses had to, not just learn, but get comfortable at recovering the baby too, so that was a big, big change and I’m really proud of them that they did that.

Deborah Honeck: And after all that work I didn’t want to be separated from my baby for anything.

Lori Dupuis-Clifford: Right ., and Step #5 is to show mothers how to breastfeed and maintain lactation even if they’re separated from their infants. We teach a breastfeeding and working moms class to help mothers maintain lactation when they go back to work. We also help mothers start to pump if their babies are in the Intensive Care Nursery, too sick or too premature to breastfeed. Step #6 is to give infants no food or drink other than breast milk unless medically indicated. So no routine supplements. #7 is to practice rooming in, allowing mothers and infants to continue to remain together for 24 hours a day. There was an interesting study that showed that mothers whose babies were in the nursery did not get any more sleep than when the baby was with them

Deborah Honeck: That amazes me.

Lori Dupuis-Clifford: Hospitals just aren’t good places to sleep, are they? #8 is to encourage unrestricted breastfeeding. You know, when babies used to be kept in the nursery they would be brought out to mothers at regular times, usually every four hours, and we know that babies have all different feeding patterns.

Deborah Honeck: My newborn would have been beside herself if she would have had to wait four hours.

Lori Dupuis-Clifford: Right, and none of them are alike, so we encourage mothers to recognize babies’ early hunger cues and feed them whenever the baby wants it. We also don’t limit the time at the breast. I can remember being told when I had my children that you nurse for five minutes on each side, or ten minutes on each side, or some number of minutes. Well, babies don’t know anything about clocks, so I tell moms sometimes they just want a little snack and sometimes they want a whole Thanksgiving meal. The 9th step is to give no pacifiers or artificial nipples to breastfeeding infants. If there is a medical need to supplement, we certainly supplement, but there are other ways to give babies that supplement other than with a bottle and a nipple. I personally discourage pacifiers because I feel like if a baby learns to hold a pacifier in his mouth, he learns to clench his jaw tight, and that is not something we want him to transfer onto mommies.
Deborah Honeck: No kidding.

Lori Dupuis-Clifford: And the last step is to foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic. We have had the Le Leche league which is a mother to mother support group that meets at Kaiser-Hayward for years and years. I’m not sure how long, but it has been probably at least 15 years. In addition to that, we also have a mommy and me group and meets on Wednesday mornings at Kaiser Hayward that’s facilitated by the outpatient lactation nurse and that helps mommies get the support they need to continue to breastfeed. So those are the ten steps. They’re all evidence-based which means that we have research that tells us that these steps are important to help mothers transition from before you have the baby and you’re learning about breastfeeding to the real thing, learning that dance between mother and baby.

Deborah Honeck: Right. So we have a number of years of experience with having Kaiser Hospital as a baby friendly place. What kind of feedback do you get from patients?

Lori Dupuis-Clifford: We have some patients that choose to deliver at Kaiser just because they know we are baby friendly, and they know that that means. A lot of our moms like the idea of not being separated from their baby and that the staff are there to help them with breastfeeding.

Deborah Honeck: I know personally, every time it was time to feed the baby, I pressed nurse call to get help because faced with a real baby, suddenly I realized how little I knew.

Lori Dupuis-Clifford: And we do get feedback from patients about the breastfeeding support at Kaiser Hayward.

Deborah Honeck: What feedback do you get from physicians and nurses about the Baby Friendly Program?

Lori Dupuis-Clifford: Well, I did ask the nurses in preparation for this, and one of the things that was brought up was that there is a lot more teaching here at Kaiser Hayward and that breastfeeding is actively encouraged and that mothers, again, are kept with their babies after birth and even the C-section moms and babies are reunited as soon as possible. They also said that the strict formula supplement guidelines for nurses was an important difference here at Kaiser Hayward from other hospitals, that routine supplements were not given. I did ask a couple doctors too, in preparation for this program, and one of them just was very enthusiastic about the breastfeeding education that we give there at the hospital to doctors and felt that it was invaluable because it keeps breastfeeding on the front burner, so to speak. I do a lot of those noon time meeting presentations and sometimes I’ve changed what I was going to present because I’ve come in and gotten a question that I thought was so important that I said, well, this is
what we need to talk about today. There’s also much less frustration by patients not getting the conflicting information around breastfeeding, that other places may have that situation.

**Deborah Honeck:** I heard a story at Le Leche League one time where there was some trouble establishing breastfeeding, then the mother discovered that the nurses were offering the baby a bottle and it really frustrated the mother and probably confused the baby.

**Lori Dupuis-Clifford:** Right. We don’t know which babies are going to get confused, but a lot of times when nurses give a little supplement, that the babies aren’t then ready for a feeding or spit it out because their little tummies just aren’t ready for that volume.

**Deborah Honeck:** Do we keep statistics of how many mothers are still breastfeeding when they leave the hospital?

**Lori Dupuis-Clifford:** Yes, and that’s one of the things about maintaining our baby friendly status is that we annually keep track of the number of mothers who come into the hospital wanting to breastfeed who leave the hospital exclusively breastfeeding and then also on the baby’s charts, there are records of which babies are being exclusively breastfeed or in a combination of breast and formula and are not breastfeeding at all. And so depending on which year you look at, anywhere from 88% to 93% of our mothers are exclusively breastfeeding in the hospital.

**Deborah Honeck:** That’s substantial.

**Lori Dupuis-Clifford:** Unfortunately, that drops off very quickly so that at the two weeks check, only half of the mothers, about 49%, are breastfeeding and that is including the combination breastfeeding and some bottles. So by six months, our rates are that about one-third of those moms are still breastfeeding at all and only 11% are exclusively breastfeeding.

**Deborah Honeck:** What are the national targets?

**Lori Dupuis-Clifford:** The national targets for the Healthy People 2010 are that 75% of mothers leave the hospital breastfeeding and that at least 50% of those continue to breastfeed for six months. So we have a ways to go. I really feel like in the hospital we do the best job that we can encouraging exclusive breastfeeding, but there are a lot of other factors and social and cultural factors that interfere with that.

**Deborah Honeck:** That’s true. So after people leave the hospital, we do have a number of things at Kaiser that are available to support breastfeeding on an ongoing basis. Can you review what those are?

**Lori Dupuis-Clifford:** Oh, of course. And it’s very important to have ongoing support for breastfeeding. We offer the prenatal breastfeeding classes, breastfeeding basics is
taught every month and I do most of those instructions. I love doing it. It’s just exciting to spend two hours with pregnant women and their partners and support people and go over how to get off to a good start. Then we also have a working mom’s class where we teach them how to maintain lactation even when they’re separated by working. With the working mom’s class, mothers can come to that after they have their babies too, even though it’s part of the prenatal series. Our first pediatrics appointment is two days after discharge and that is with a lactation consultant/nurse practitioner so breastfeeding problems or concerns can be addressed then which is usually engorgement. And then we have a warm line, a lactation warm line, that mothers can call and leave messages on day or night and those questions are answered on regular business hours, Monday through Friday and usually they get a call back the next morning if they leave a call overnight. We started a mommy and me support group. It’s not just a breastfeeding support group, we do have moms who are not breastfeeding who come to that, but it’s facilitated by our outpatient lactation consultant. Then, we talked about this earlier, we have Le Leche League which is a mother to mother breastfeeding support group that meets at the hospital conference room. We also have a pump rental and sales station for mothers who want to buy or rent pumps for returning to work.

**Deborah Honeck:** I’ve also found some good information in the Health Education Library.

**Lori Dupuis-Clifford:** Yes, there are internet resources if you get on their doctor’s home page, a lot of times there are links to breastfeeding information, and they are very helpful. I think there is a good one on dealing with sore nipples and another good one on engorgement. So I think that expectant mothers who are evaluating hospitals and birthing centers as a place to have their babies would be wise to look at which ones are baby friendly or are on the track to become baby friendly.

**Deborah Honeck:** And even could use the ten steps as a way of evaluating a place that hasn’t gone that route.

**Lori Dupuis-Clifford:** Right. And there are the California best practices around breastfeeding that are being recommended that are basically the ten steps too, that all of the Kaisers are starting that process of doing that.

**Deborah Honeck:** Thank you, Lori, for coming in and for sharing the experiences of Kaiser Hayward becoming a baby friendly hospital and maintaining the certification for a number of years.

**Lori Dupuis-Clifford:** You’re very welcome, I enjoyed it.

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