The Association for Wholistic Maternal and Newborn Health in Collaboration with
The Coalition for Improving Maternity Services Presents

Heart and Hands: The Art and Science of Mother-Baby Friendly Nursing

A Proposal For High Quality Maternity Care

A Training to Implement the Mother-Friendly Childbirth Initiative in Los Angeles

Introduction and Information Session

California Endowment Center for Healthy Communities, Sierra 2 Room

Thursday, February 23, 2011

2:00-5:00 pm

Purpose of Evening

- To learn about the Mother Friendly Childbirth Initiative (MFCI) and Baby Friendly Hospital Initiative (BFHI);
- To hear about examples of policies and programs around the country implementing the principles and steps outlined in the MFCI;
- To find out about The Mother-Friendly Nurse Recognition Program;
- To find out about the nurse training offered in May 2012 and to have an opportunity to register for it.

Overview of Today's Session

I. Welcome and Introductions
II. Award Recognition and Comments: Rep. Lucille Roybal-Allard, 34th Congressional District
III. Overview of Collaborative Partner Organizations
IV. Examples of Policies & Programs Supporting Mother Friendly Childbirth Initiative (MFCI)
V. Perinatal Indicators: US, CA and LA
VI. Targeted Area of Change & Nurses Role
VII. The Baby Friendly Hospital Initiative (BFHI)
VIII. Overview of Mother-Friendly Nurse Recognition Program and The 10 Steps of The MFCI
IX. Cost Benefit of the MFCI
X. Questions and Answers
XI. Overview of Nurse-Training "Heart and Hands" (Coming May 2012)
XII. Wrap up & Adjourn

Funder & Collaborating Organizations

- Introductions and Overview of Funder & Collaborating Organizations:
  - California Community Foundation (Funder)
  - Association for Wholistic Maternal and Newborn Health
  - Coalition for Improving Maternity Services

California Community Foundation (Funder)

Moraya Moini, MPH
Health Officer

California Community Foundation

- Funded $12,000, 1-year grant for hospital improvements and nursing education to The Association for Wholistic Maternal and Newborn Health*

* DBA of Wholistic Midwifery School of Southern California, a 501c3 non-profit organization

The Association for Wholistic Maternal and Newborn Health

Cordelia Hanna-Cheruiyot, MPH, CHES, CCE, CBA

Executive Director

Co-Trainer & Curriculum Developer, Heart and Hands: The Art and Science of Mother-Baby Friendly Nursing

The Association for Wholistic Maternal and Newborn Health

- California non-profit educational corporation founded 1993; DBA in 2011
- Organization provides patient education and training for the maternal-infant workforce
- Purpose is to promote and provide community and professional education on holistic approaches and evidence-based maternity care
- Develop professional midwives, nurses, and paraprofessionals (doulas, breastfeeding peer counselors, community health promoters)
- Promotes midwifery and the midwifery model of care as a means to achieve public health objectives for mothers and infants and reduce perinatal health disparities and achieve maternal health goals

Coalition for Improving Maternity Services

Nicette Jukelevics, MA, ICCE

Former Co-Chair and Chair, CIMS

Principal Consultant, Co-Trainer & Curriculum Developer, Hearts and Hands: The Art and Science of Mother-Baby Friendly Nursing

Coalition for Improving Maternity Services (CIMS)

- The Coalition for Improving Maternity Services (CIMS) is a coalition of individuals and national organizations with concern for the care and wellbeing of mothers, babies, and families.
- CIMS' mission is to promote a wellness model of maternity care that will improve birth outcomes and substantially reduce costs.
- This evidence-based mother-, baby-, and family-friendly model focuses on prevention and wellness as the alternatives to high-cost screening, diagnosis, and treatment programs.
- 1996, based on the available evidence, the coalition developed the Mother-Friendly Childbirth Initiative and the 10 Steps to Mother-Friendly Care

Award Recognition

- Representative Lucille Roybal-Allard 34th Congressional District
  - MOMS for 21st Century Act (HR 214)

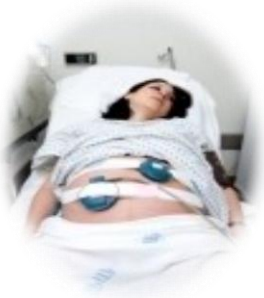
Support for Mother-Baby Friendly Care : Policies and Programs Highlights

- Nicette Jukelevics, MA, ICCE
  - Health Care Reform and The 10 Steps of the MFCI

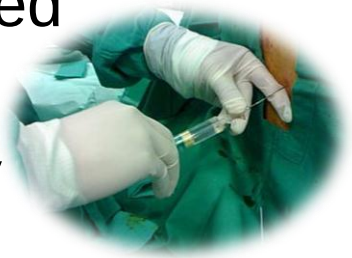
Giving Birth in the U.S. Not as Safe as It Could Be

High rates of interventions, do not improve health outcomes and are potentially harmful to mothers & babies

- 39% induced labor
- 71% continuous EFM
- 83% had IV drip
- 76% no mobility after well-established contractions



- 57% back-lying position for giving birth
- 75% staff directed pushing
- 25% episiotomy
- 76% epidurals
- 32% cesarean rate (33% in 2010)



(Childbirth Connection, 2006):

Costs of Maternity and Neonatal Care in USA

- The total amount spent on health care in the USA is greater than in any other country in the world.
- Births reimbursed by Medicaid: 44% of births in U.S. (Amnesty Intl, 2010), in California approx. 45% (2008); in LA County approx. 53%(2008) (Source: IPODR-CCPR LA, July 26, 2011)
- Hospitalization related to pregnancy and childbirth costs US $86 billion a year; the highest hospitalization costs of any area of medicine.

Amnesty International, Deadly Delivery: The Maternal Health Care Crisis in the U.S.A. 2010

Average Cost of Maternity Care in California

- Vaginal birth- $14,500
- Cesarean birth- $24,700

Elliott Main, MD, Christine Morton, PhD, David Hopkins, PhD, Giovanna Giuliani, MBA, MPH, Kathryn Melsop, MS and Jeffrey Gould, MD, MPH 2011. Cesarean Deliveries, Outcomes and Opportunities for Change in California: Toward a Public Agenda for Maternity Care Safety and Quality.

U.S. Birth: Perinatal Indicators

- U.S. ranks behind at least 30 other countries in:
  - Maternal mortality
  - Neonatal mortality
  - Low birth weight
  - Prematurity
  - Exclusive breastfeeding

Childbirth Connection, based on data from WHO

U.S. Healthcare Is Undergoing Transformational Change

There is agreement among maternity care stakeholders that there is a need to:

- Implement evidence-based care
- Make health care safer
- Reduce overuse of potentially harmful and ineffective procedures, tests, screenings
- Provide transparency for birth practices, birth outcomes
- Help providers to focus on expectant mothers' needs personal preferences, and values
- Reduce costs

Professional Organizations Agree: Birth is Normal

- Endorsed by ACOG, AAP, AAFP, ACNM, AWHONN, & SMFM
- Pregnancy and birth are physiologic processes that usually proceed normally.
- Most births are normal and require minimal intervention.
- Optimal maternal health outcomes are best achieved with effective communication, shared decision-making, teamwork, and data-driven quality improvement initiatives.
- The choices a woman makes during the course of one pregnancy can affect her entire life course

Quality Patient Care in Labor and Delivery: A Call to Action. Position Paper, December 2011.

The MFCI, A Tool To Help Meet the Goals of Healthcare Reform

MFCI aligned with:

- State quality improvement initiatives
- Federal maternity care legislation
- Hospital system initiatives
- March of Dimes
- Professional association recommendations
- Joint Commission recommendations

The Mother-Friendly Childbirth Initiative: 10 Evidence-Based Steps

- Evolved from the collaborative work of more than 26 organizations focused on pregnancy, birth and breastfeeding, MFCI published in 1996
- 2006 CIMS launches a 2-year research project led by a team of maternity care experts to update evidence behind the MFCI
- Team conducted systematic reviews of 15 years worth of scientific studies, found that current evidence still supports each of the Ten Steps of Mother-Friendly Care
- Evidence Basis for the Ten Steps of Mother-Friendly Care, published as a Supplement in *Journal of Perinatal Education* (Winter 2007 *)*

The Principles of The MFCI

- Normalcy of Birth
- Empowerment
- Autonomy
- Do No Harm
- Responsibility

Ten Steps of the MFCI are based on those principles

MFCI Endorsed by National Organizations

- ACNM
- AWHONN
- BirthNetwork National
- Childbirth Connection
- DONA International
- International Childbirth Education Association
- Lamaze International
- The Lawton and Rhea Chiles Center for Healthy Mothers and Babies

…and many others

The MFCI Aligned with Quality Improvement Initiatives

- **Healthy People 2020**
- **March of Dimes**-national campaign to reduce elective inductions and cesareans
- **Joint Commission-** lower cesarean rate for low-risk first births to 15% and induction rates to 5%
- **Michigan Hospital Association Keystone Center Obstetrics**-Reduce inductions, cesareans, epidurals, vacuum, forceps
- **Sutter Health, California**-reduce episiotomies, elective inductions, cesareans, postpartum hemorrhage

N. Jukelevics 2012. Making the Case for Mother-Friendly Care. Heart and Hands: The Art and Science of Mother-Baby Friendly Nursing. A Proposal for High Quality Maternity Care, Executive Summary.

The Patient Protection and Affordable Care Act (2010)

ACA underscores the importance of:

- Patient choice and engagement with their provider in their own health care
- Accountability for providers' care practices
- Consideration of patient preferences
- Shared healthcare decision making
- Supports women's choice for midwifery care and birth centers
- Insurance guidelines support breastfeeding

Legislative Initiatives

- Partnering to Improve Maternity Care Quality Act (H.R. 6437)
- MOMS for the 21st Century Act (H.R. 214)
- Maternal Health Accountability Act (H.R.894)
- Quality Care for Moms and Babies Act (S.1969/H.R. 3620)

Benefits of Mother-Baby Friendly Care for Mothers and Babies

- Fewer maternal and newborn complications
- Fewer maternal and newborn infections
- Fewer maternal and neonatal deaths
- Increased maternal-infant attachment
- Increased breastfeeding rates
- Improved mental well-being for mothers
- Fewer re-hospitalizations
- Safer subsequent pregnancy

Benefits of Mother-Baby Friendly Care for Providers and Hospitals

- Patient satisfaction
- Compliance with quality improvement goals
- Bonus for high-quality outcomes
- Lower risk for malpractice liability
- Reduce malpractice premiums
- Careprovider satisfaction
- Lower costs

The Train Has Left the Station Everyone's On Board

- Federal and state health departments
- Hospital systems
- Physicians, Midwives, Nurses, Educators Associations
- Patient Rights Groups
- Payers, private and public
- Corporate business groups
- Consumer advocacy groups
- Quality improvement groups

….Will you be left behind?

Perinatal Indicators: USA, California, LA County

Vanessa Nicolas, CNM, CLE

The Association for Wholistic Maternal and Newborn Health

Associate Consultant and Principal Trainer, Heart and Hands: The Art and Science of Mother-Baby Friendly Nursing

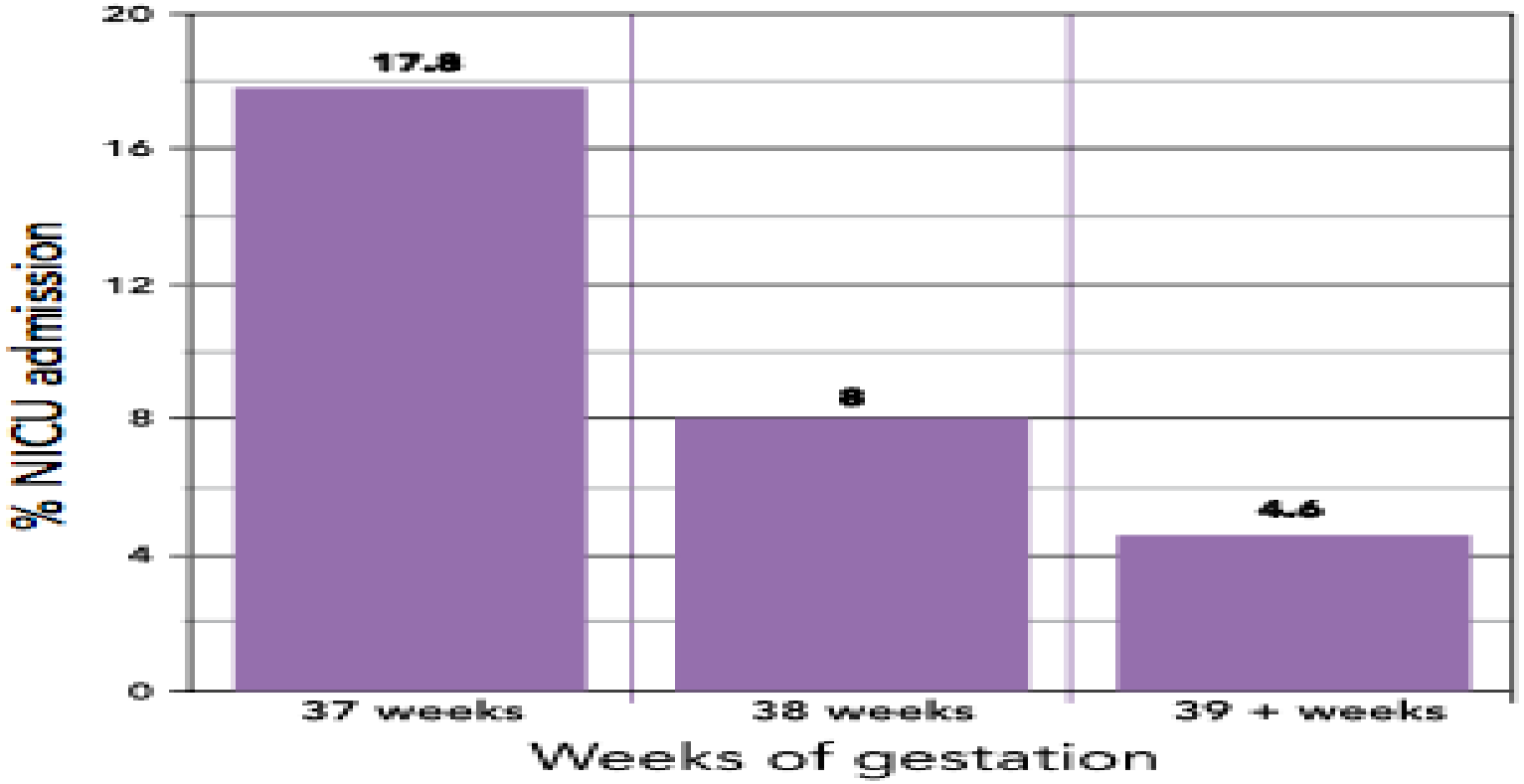
Obstetrical Interventions: Induction of Labor and Cesarean

- Scheduled non-medically indicated inductions and cesareans increase health risks for mothers and babies.

- Data from the Hospital Corporation of America showed that 44% of deliveries at term in 2007 were scheduled cesarean sections or inductions and that 71% of these were elective.

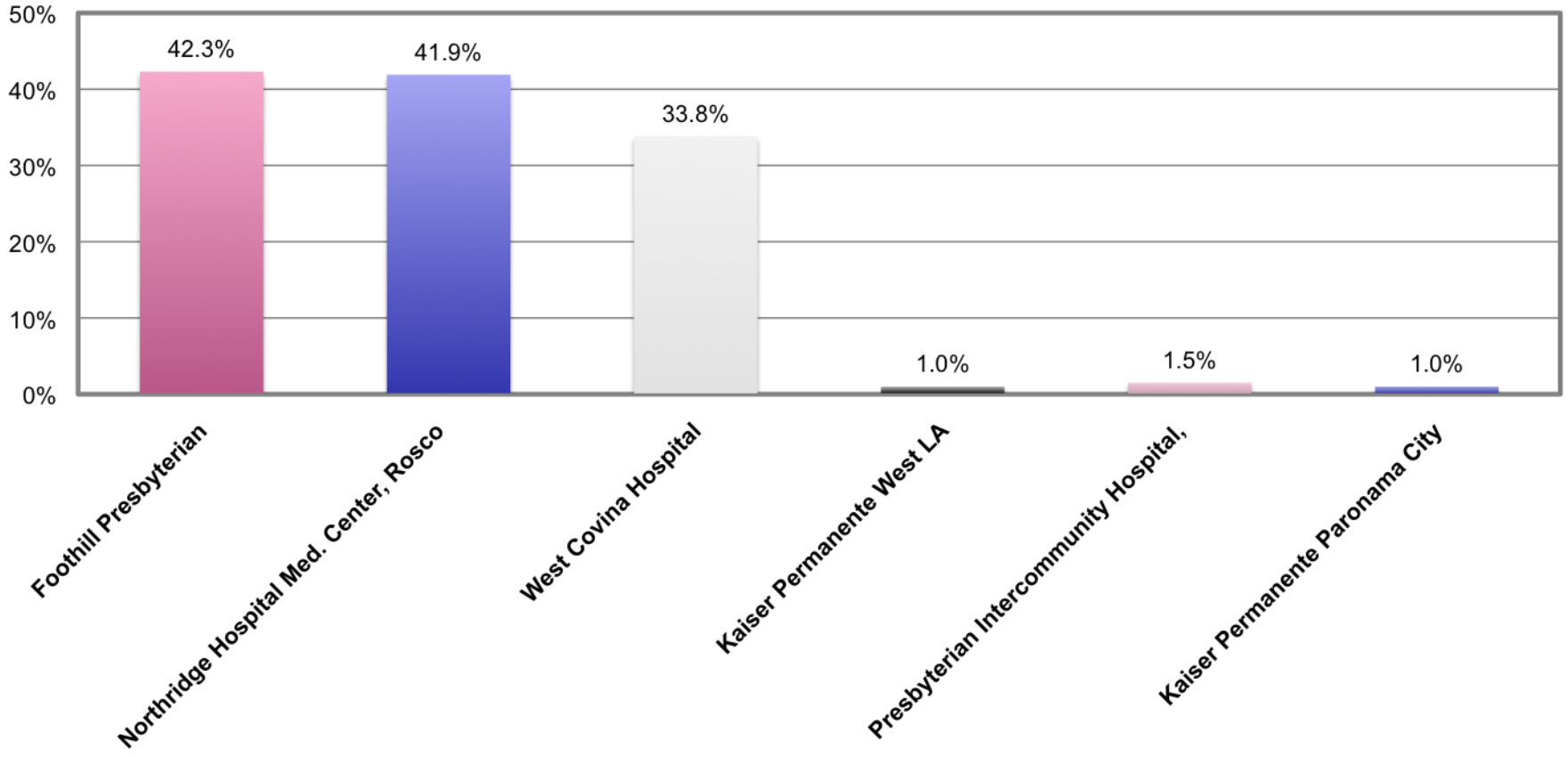
March of Dimes, CMQCC, CDPH (2010). Elimination of Non-Medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age.

Obstetrical Intervention: Elective Pre-Term Delivery and NICU Admissions



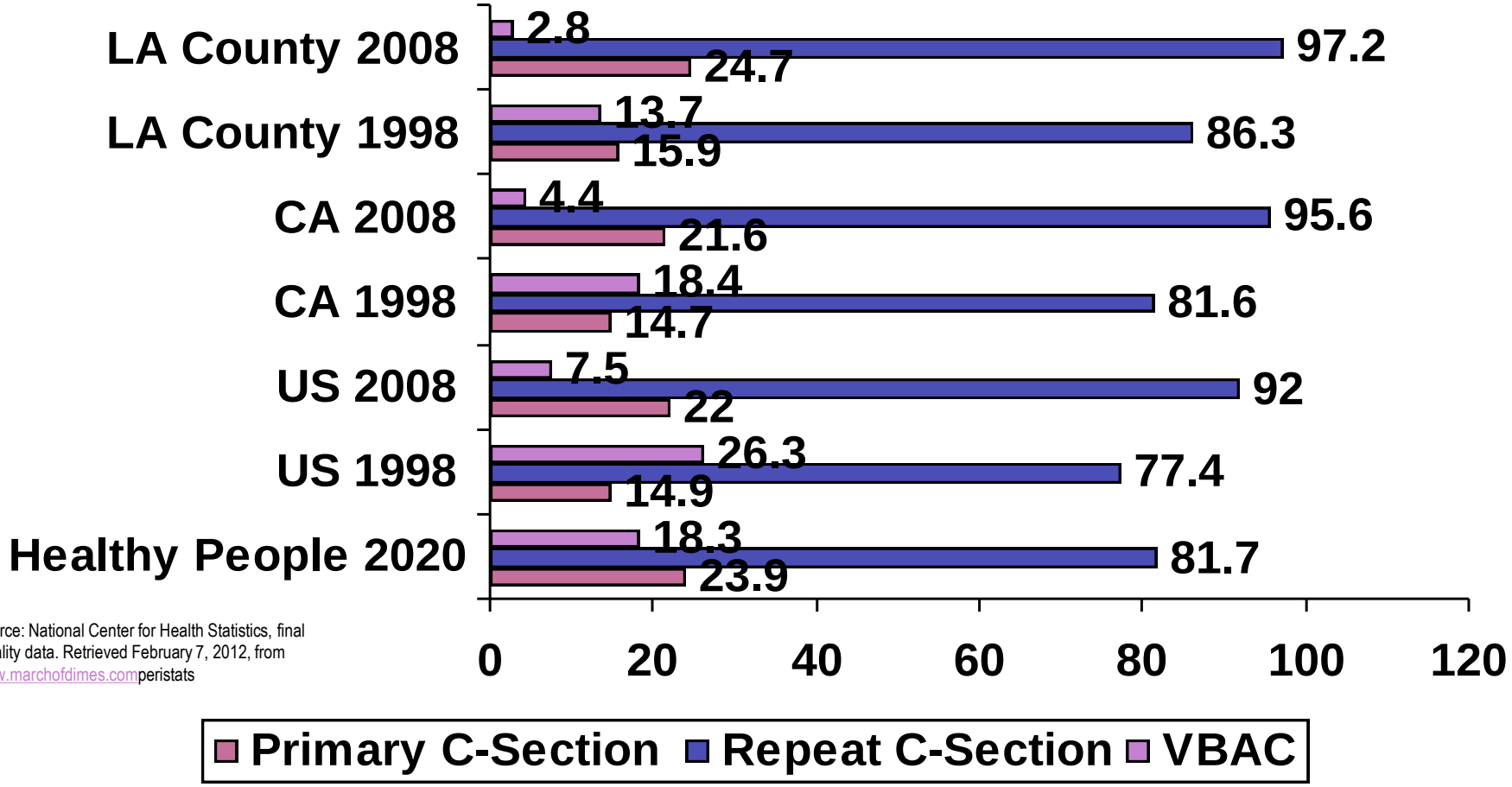
CMQCC, CDPH (2010). Elimination of Non-Medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age.

Hospitals with Highest and Lowest Elective Deliveries (LA County, 2010)



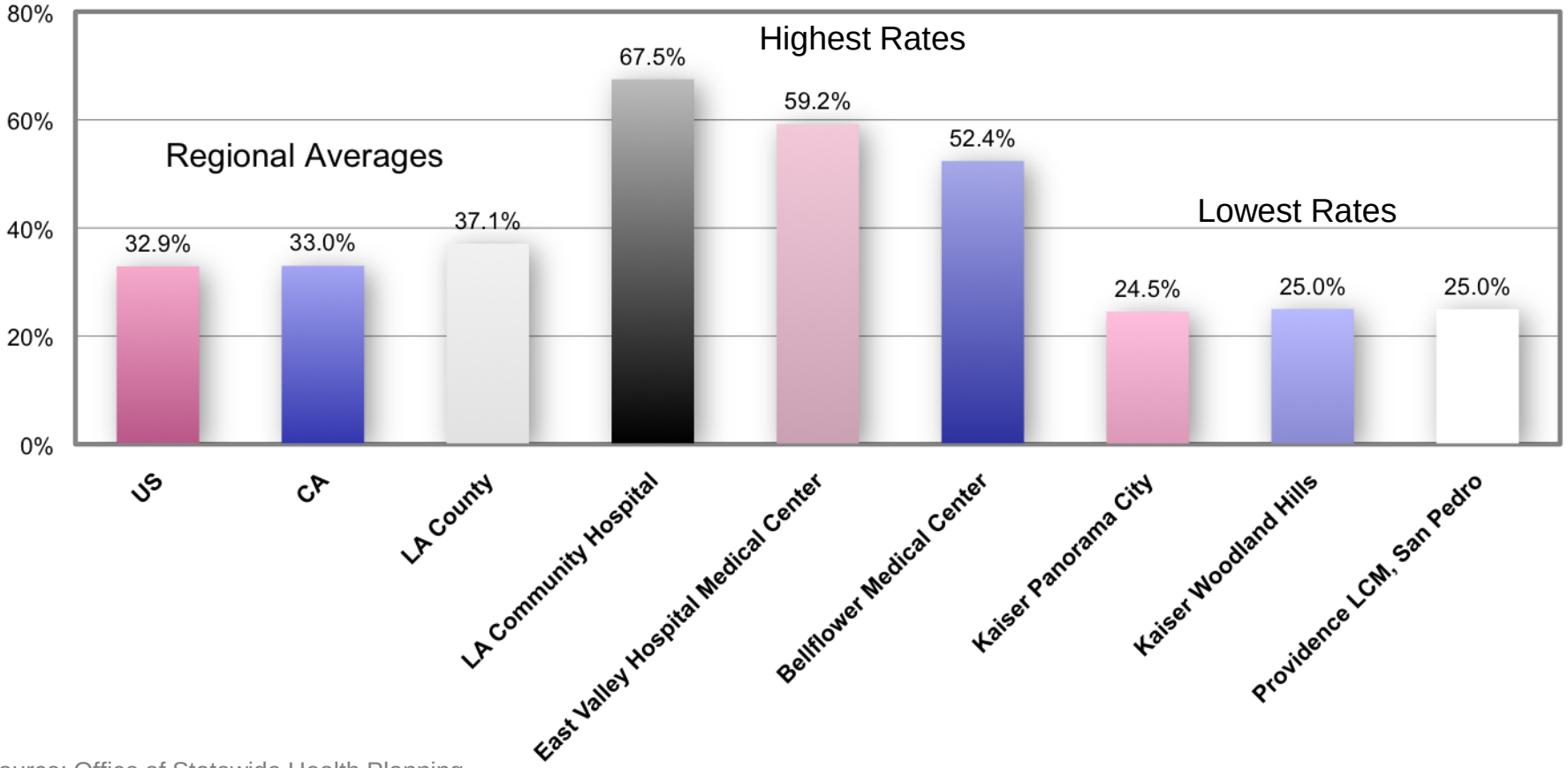
Source: Leapfrog Group

Primary Cesarean Rate, Repeat Cesarean Rate, VBAC Rate: Los Angeles, California & US (1998 and 2010) and Healthy People 2020 Goals



Source: National Center for Health Statistics, final natality data. Retrieved February 7, 2012, from www.marchofdimes.comperistats

Hospitals with Highest and Lowest Cesarean Rates: LA County (2009)

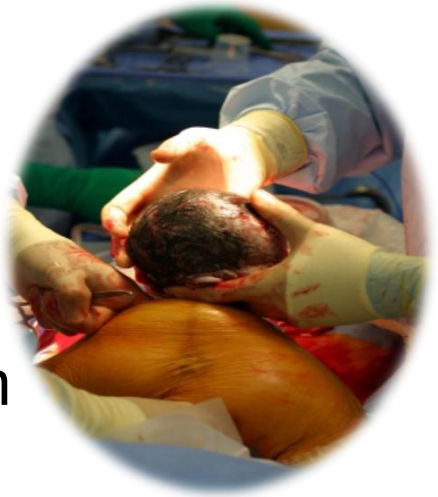


Source: Office of Statewide Health Planning and Development, Hospital Patient Data

Cesarean Section: Why It Matters

Maternal Risks:

- Difficulties with attachment and breastfeeding
- Post-operative complications
- Rehospitalization
- Two times higher risk of death
- High probability of future repeat cesareans
- Complications in future pregnancy and birth



N. Jukelevics and R. Wilf 2010. The Risks of Cesarean Section: A Coalition for Improving Maternity Services Fact Sheet. . http://www.motherfriendly.org/Default.aspx?pageId=1004655

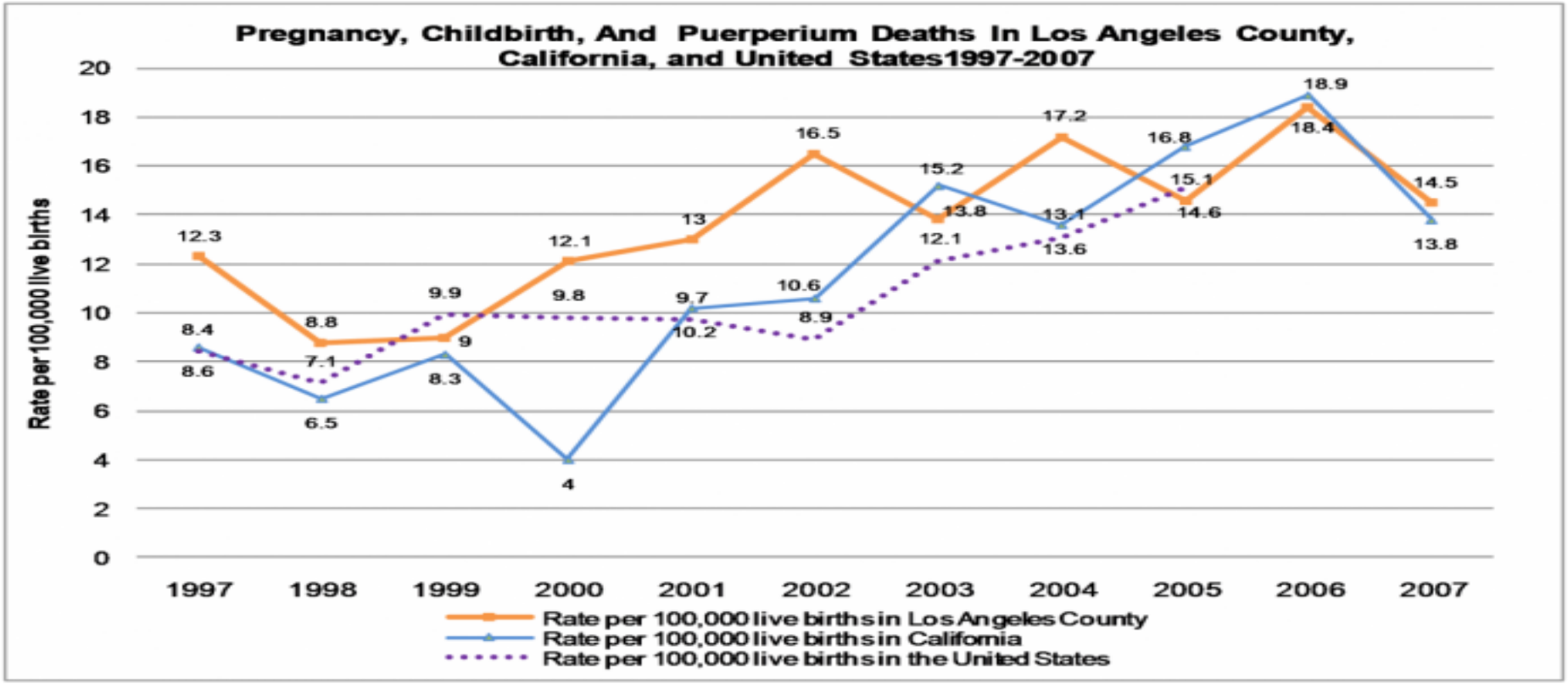
Cesarean Section: Why It Matters

Infant Risks:

- Accidental surgical cuts
- Being born late-preterm (34 to 36 weeks of pregnancy)
- Complications from prematurity
- Readmission to the hospital
- Childhood development of asthma, sensitivity to allergens, 61 or Type 1 diabetes
- Death in the first 28 days after birth

N. Jukelevics and R. Wilf 2010. The Risks of Cesarean Section: A Coalition for Improving Maternity Services Fact Sheet.

Perinatal Indicator: Maternal Mortality, Los Angeles, California and U.S. 1997-2007



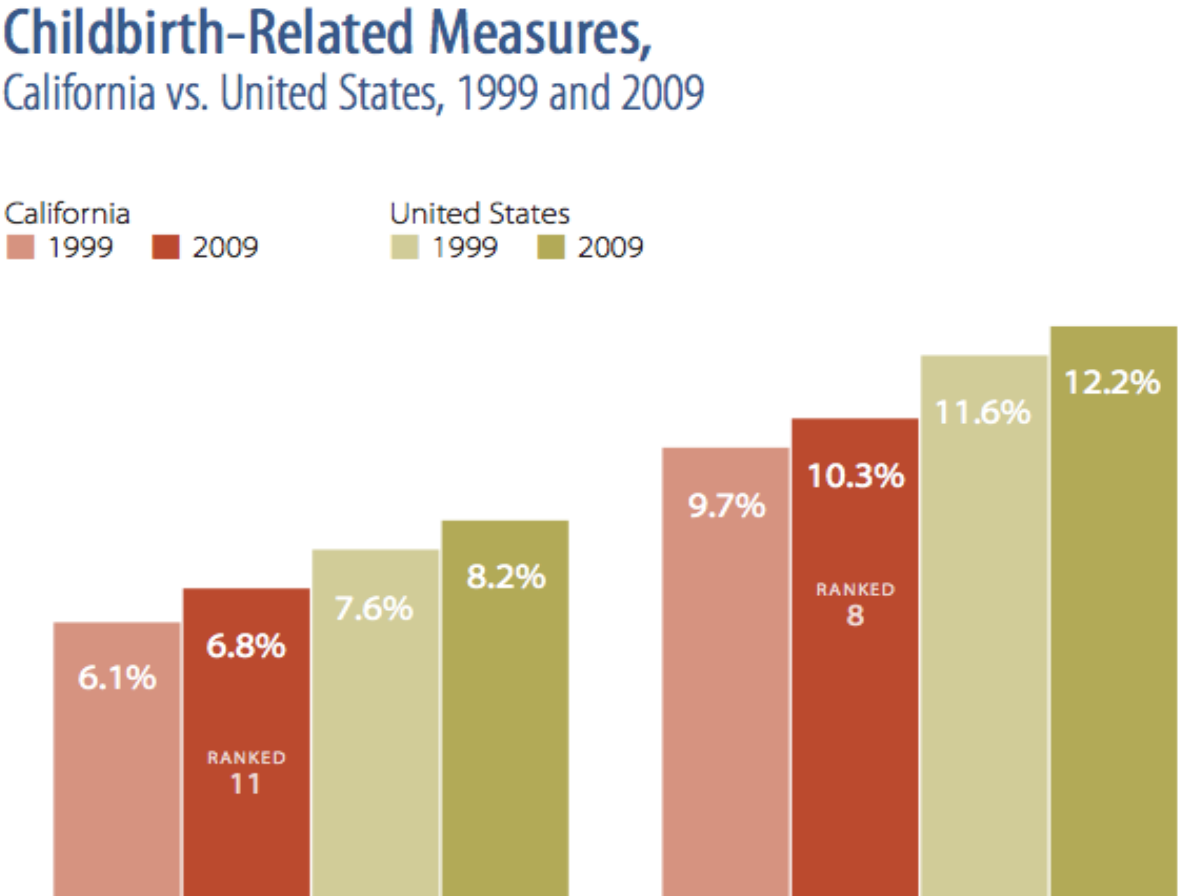
Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2007From : LA Best Babies Network

Maternal Mortality: Leading Causes in United States

- Embolism 20%
  - With a cesarean there is a 52 % increase in the risk of developing a pulmonary embolism.
- Hemorrhage 17%
  - Increased risk of hemorrhage with induction and cesarean section.
- Infection 13%
  - Infection is 5 times higher with a cesarean.

Amnesty International, Deadly Delivery: The Maternal Health Care Crisis in the U.S.A. 2010

Perinatal Indicators: Low Birth Weight and Preterm Birth (Ca. Vs. U.S., 1999 & 2009)

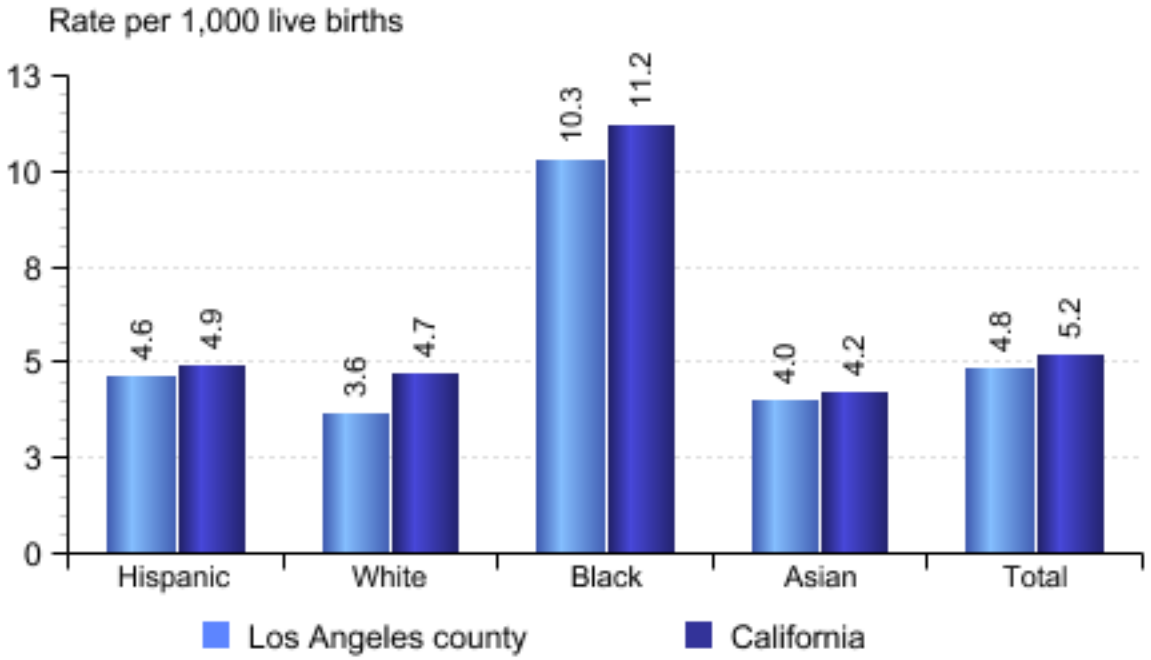


Quality of Care: Clinical Areas
Maternal and Childbirth

<< RETURN TO CONTENTS

While California has seen its percentage of both low birthweight and preterm births increase slightly over the last decade, the state's rates remain lower than the national average. According to Healthy People 2010, recent increases in low birthweight are due largely to preterm deliveries related to increases in multiple births.

Perinatal Indicators: Infant Mortality: Los Angeles and CA, 2011



Perinatal Indicators

We can do better.

Targeted Areas of Change

Cordelia Hanna-Cheruiyot, MPH, CHES, CCE, CBA

Executive Director, The Association for Maternal and Newborn Health

Curriculum Developer & Co-Trainer, Heart and Hands: The Art and Science of Mother-Baby Friendly Nursing

Targeted Area of Change: Overused and Underused Practices

- Cesarean rates are high/VBAC rates are low
- Assisted Vaginal Delivery Rates are High/Pushing in Upright Positions is Infrequently Used

Targeted Areas of Change: Overused and Underused Practices

- Epidural & Analgesic Rates are High/Non pharmacological approaches to pain management are less often used
- Continuous support during labor from a Doula is under-utilized

Targeted Areas for Change: Recommendations

Increase:

- Freedom of movement in labor
- Labor support by doulas
- Access to midwifery care
- VBAC
- Mothers' participation in decision-making
- Maternal-infant attachment
- Exclusive breastfeeding rates

Targeted Area for Change: Recommendations

Reduce:

- Preterm birth
- Ineffective routine interventions
- Induction of labor
- Cesarean section
- Episiotomy
- Instrumental delivery
- Admission to NICUs

Making Mother-Friendly Care A Reality!

In Memory of

Dr. David Kline,

A Mother-Baby Friendly Obstetrician; Champion of Mothers, Doulas and Midwives! (1957-2012)

Photo courtesy Diane Dawson

Nurses Role in Change

Vanessa Nicolas, CNM, CLE

The Association for Wholistic Maternal and Newborn Health

Associate Consultant and Lead Trainer, Heart and Hands: The Art and Science of Mother-Baby Friendly Nursing

Nurses Play a Vital Role in Change

- Play a vital role in helping to transform the health care system
- Adopt best practices, deliver high-quality care, attain competencies that include leadership, health policy, system improvement, research and evidence-based practice, teamwork and collaboration.
- As leaders, expected to act as full partners in redesign efforts, be accountable for delivering high-quality care, and work collaboratively with leaders from other health professions.

Institute of Medicine (2010). The Future of Nursing: Leading Change, Advancing Health.Report Brief.

Time to Get On Board the Quality Improvement Train

- Government wants better health outcomes with lower costs
- Corporate payers want value for their healthcare dollars
- Hospital systems are aware of accreditation criteria
- Nurses want satisfied patients
- Hospitals want to retain nurses they invest training in
- Mothers want more birth options

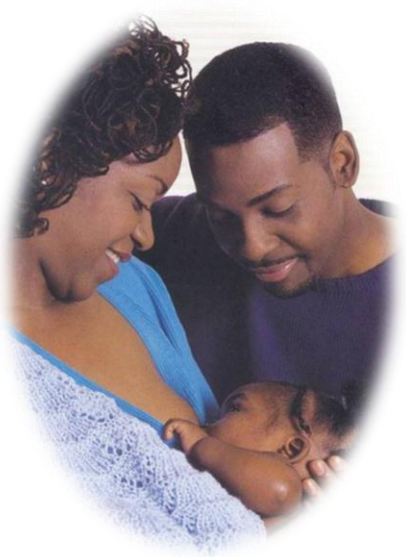
Time to Get On Board

Implementing any one of the 10 Steps of Mother-Friendly Care will go a long way to meeting the goals of high-quality maternity care.

The Baby Friendly Hospital Initiative (BFHI): Step 10 of the MFCI

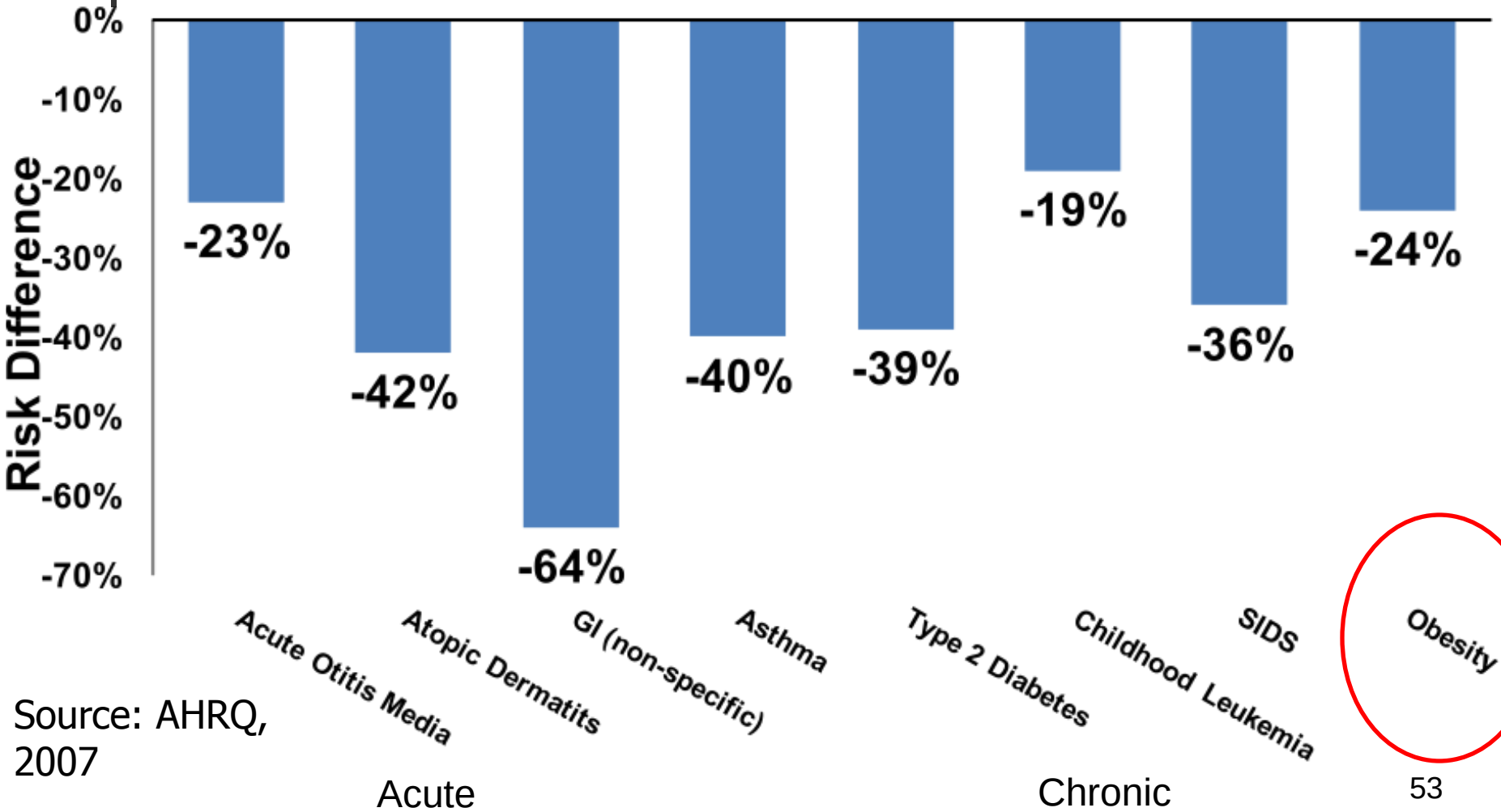
Karen Peters, MA MBA, RD, LCCE, IBCLC

Executive Director, Breastfeeding Taskforce of Los Angeles County



Breastfeeding: Important for Babies

Risk Differences for Various Diseases



Source: AHRQ, 2007

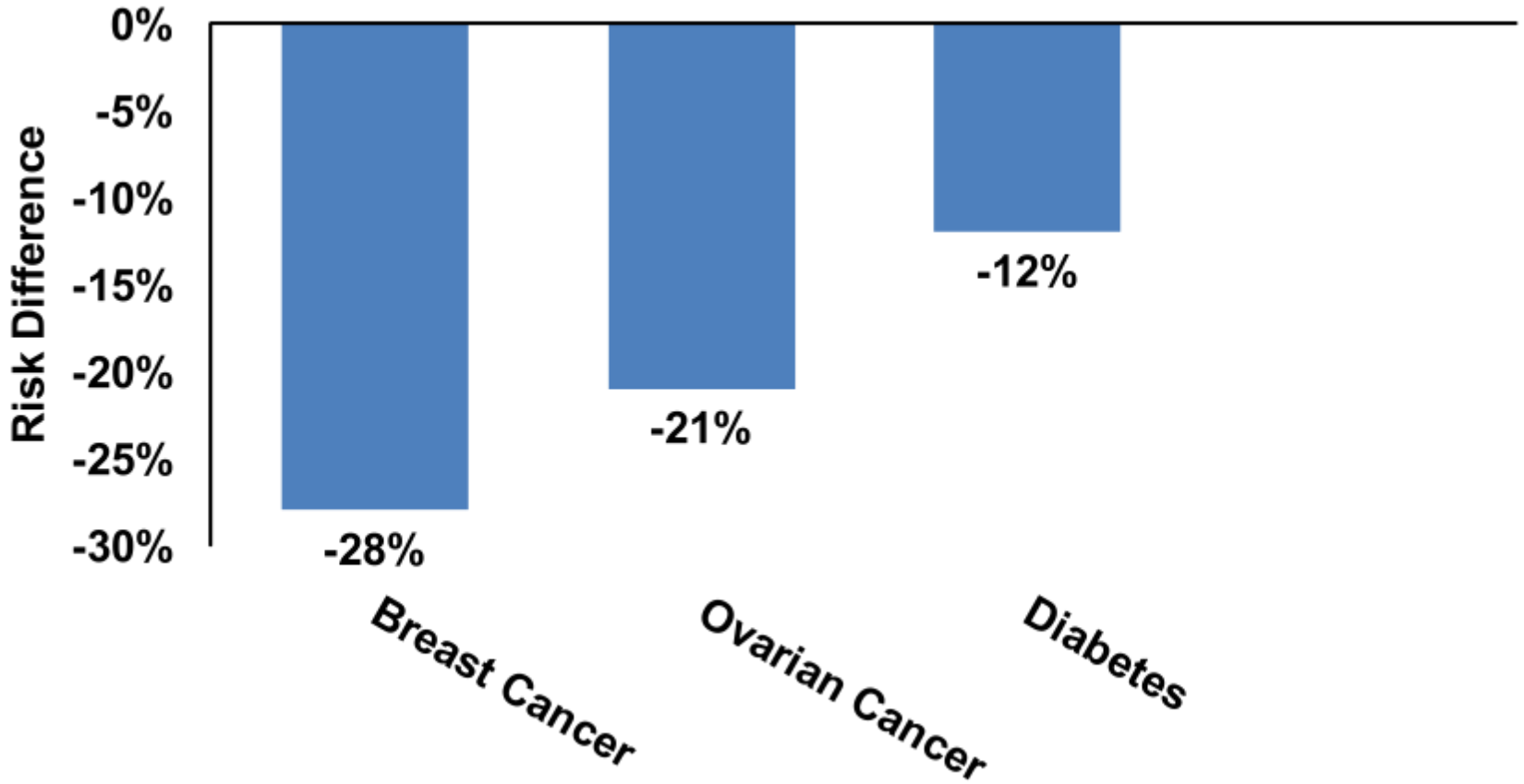
Breastfeeding Reduces the Risk of Childhood Obesity

- Exclusive BF for 3 to 6 months is associated with reduced risk for childhood overweight
- Reduces the risk of obesity by 4% for each month of exclusive breastfeeding

Ip, AHRQ, 2007
Dewey, JHL, 2003
Miralles, Obesity, 2006

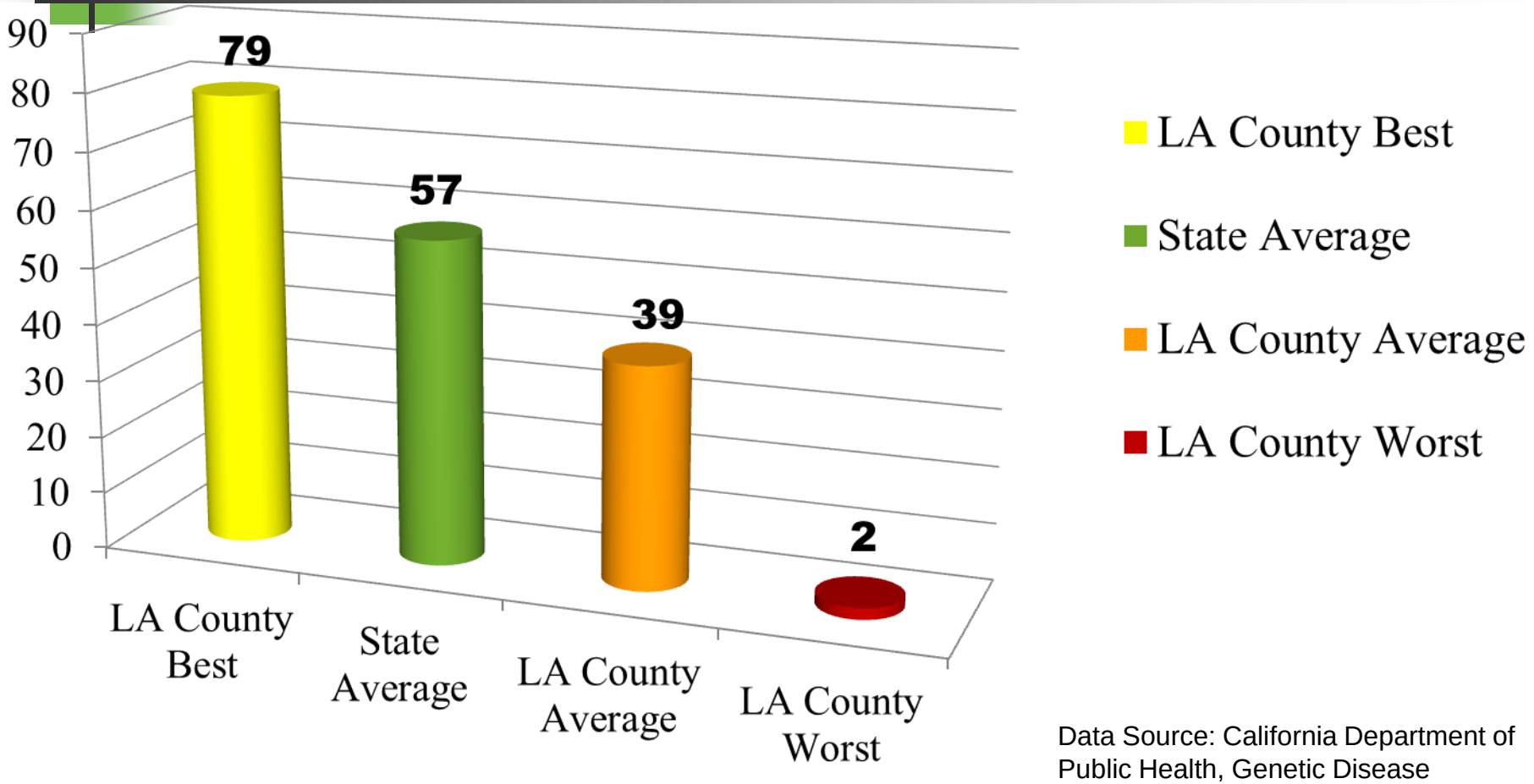
Breastfeeding: Important for Mothers

Risk Differences of Various Disease



Ip, AHRQ, 2007

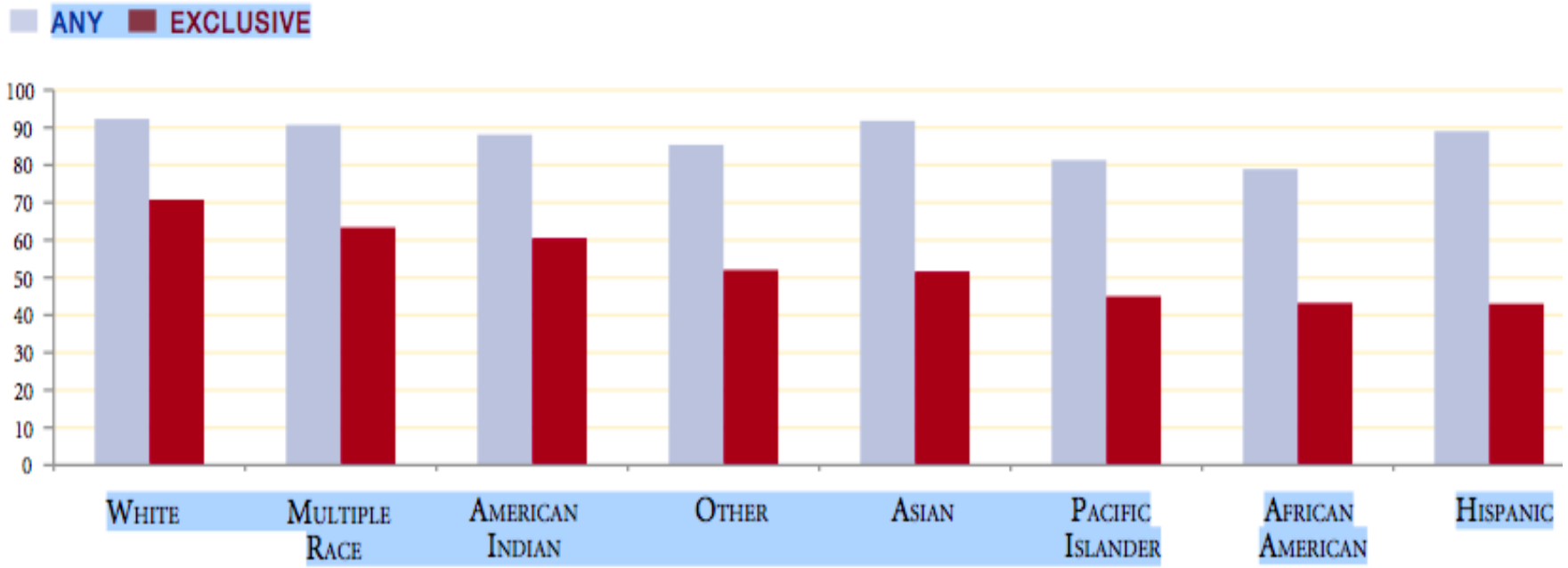
In-Hospital Exclusive Breastfeeding



Data Source: California Department of Public Health, Genetic Disease Screening Program, Newborn Screening Database, 2010

Exclusive Breastfeeding by Ethnicity, CA Hospitals, 2009

Figure 2. Any and Exclusive Breastfeeding by Ethnicity in California Hospitals (2009)



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data (Form D), 2009.

National Leadership

- White House – West Wing and East Wing
- Affordable Care Act – Prevention
- Surgeon General's Call to Action
- Healthy People 2020 Targets
- Centers for Disease Control funding
- Joint Commission Core Measure

It’s the Law

- SB 502: The Hospital Infant Feeding Act
- Requires hospitals to have an infant feeding policy preferably based on Baby Friendly or on the California Department of Public Health’s Model Policies
- By January 2014

Hospital Practices Associated with Breastfeeding Duration

- Breastfed within first hour of birth
- Baby did not use pacifier
- Stayed in same room with mother
- Exclusive breastfeeding in hospital
- Hospital gave mother a phone number to call for help after discharge

Murray , Birth, 2007

Baby-Friendly Hospital Initiative

WHO/UNICEF Initiative

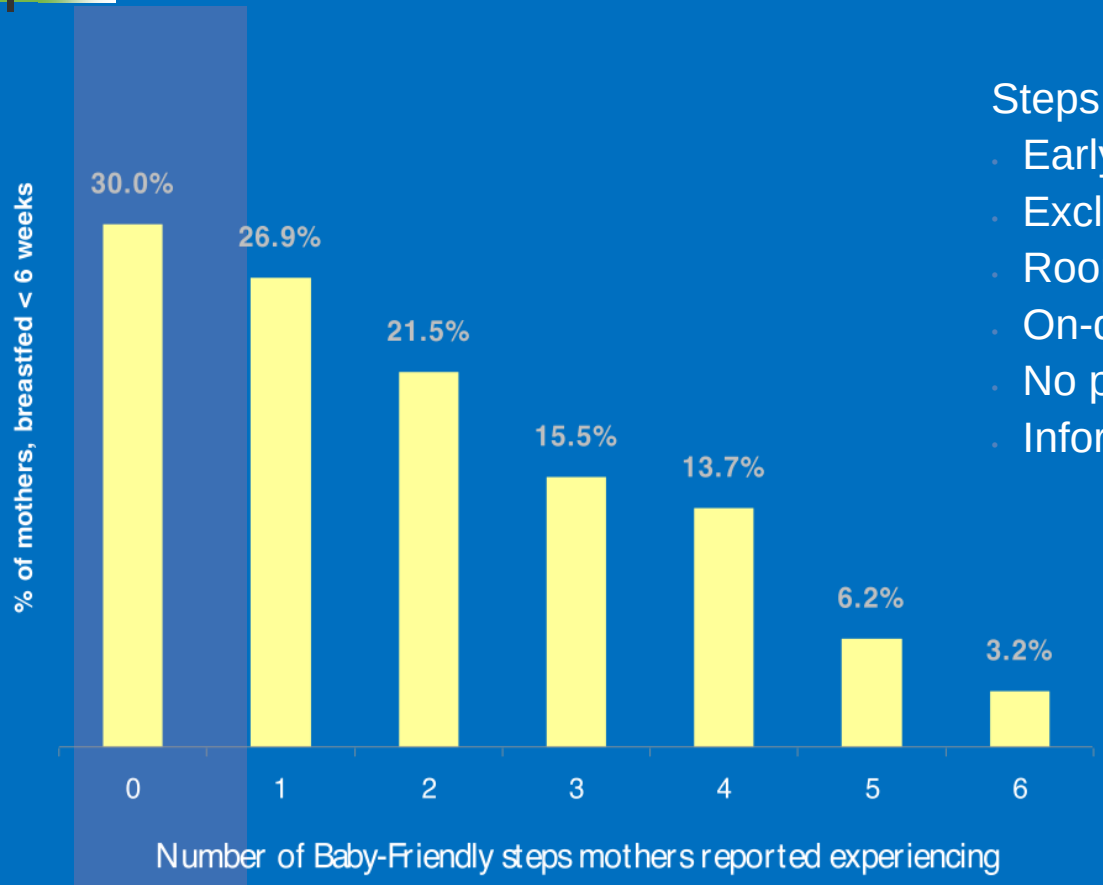
Recognizes hospitals with policy and practices outlined in the Ten Steps to Successful Breastfeeding

External review to achieve the Baby-Friendly designation

How many hospitals are Baby-Friendly?

20,000+	Globally
126	United States
46	California
9	Los Angeles

Increased Number of "Baby-Friendly" Hospital Practices Decreases Risk of Breastfeeding Cessation



Steps measured:

- Early bf initiation
- Exclusive breastfeeding
- Rooming-in
- On-demand feedings
- No pacifiers
- Information provided

- DiGirolamo, Pediatrics, 2008

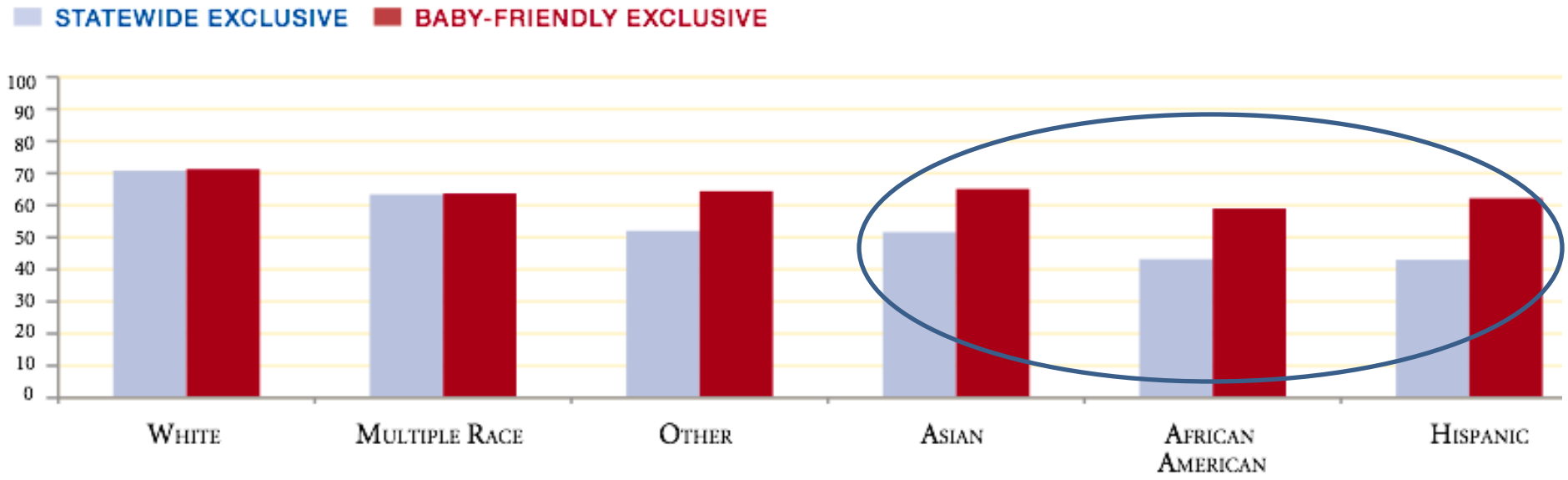
Hospital Policies: Affect all Ethnicities & Income levels

- Breastfeeding rates in US Baby-Friendly Hospitals exceed state and regional rates across all ethnicities and income levels
- Breastfeeding rates are high in these hospitals even among populations who do not traditionally breastfeed

Merewood, Pediatrics, 2005

Baby Friendly Hospital Initiative Addresses Disparities

Figure 3. Exclusive Breastfeeding by Ethnicity; All California Hospitals Versus Only Baby-Friendly Hospitals (2009)



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data (Form D), 2009.

Systems Change is Hard

- Baby-Friendly is quality improvement systems change
- Requires top down commitment
- Requires teamwork

Benefits of Breastfeeding Quality Improvement

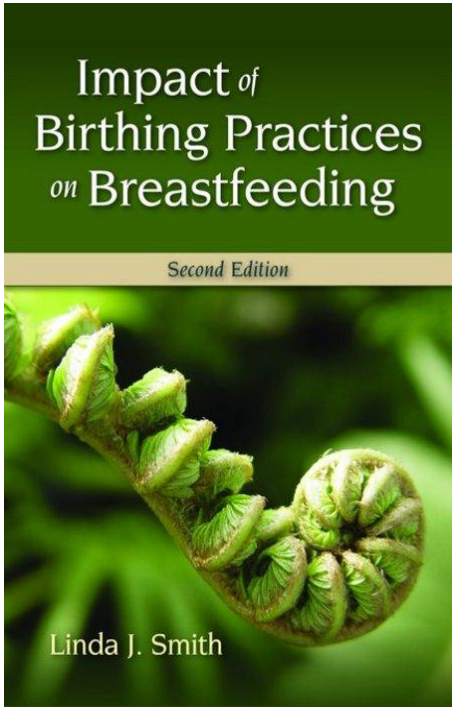
- Mother & Baby
  - Increased attachment & bonding
  - Optimal infant nutrition & health
  - Patient satisfaction
- Hospital
  - Joint Commission Perinatal Care Core Measure
  - Continuous Quality Improvement
  - Increased staff competence and self-efficacy
  - Supports marketing
  - Increased teamwork
  - Worksite Lactation Support: Reduced absenteeism

Costs of Breastfeeding Quality Improvement

- Staff Education
  - Nurses' time for training
  - Trainers' time
  - Back up staff during trainings
  - Training supplies
- Data collection
- Facility Improvements

Impact of Birthing Practices on Breastfeeding

Impact of Birthing Practices on Breastfeeding, 2nd Edition www.jblearning.com



Mary Kroeger CNM and Linda Smith

Practices that Compromise Lactation

- Laboring alone (Nommsen-Rivers 2009)
- Long, difficult labor (Chen 1998)
- Narcotics including epidurals (ABM 2006)
- Breast edema (Nommsen-Rivers, 2010)
- Obesity (Rasmussen 2004)
- Cesarean surgery (Nissen 1996, Swain 2008)

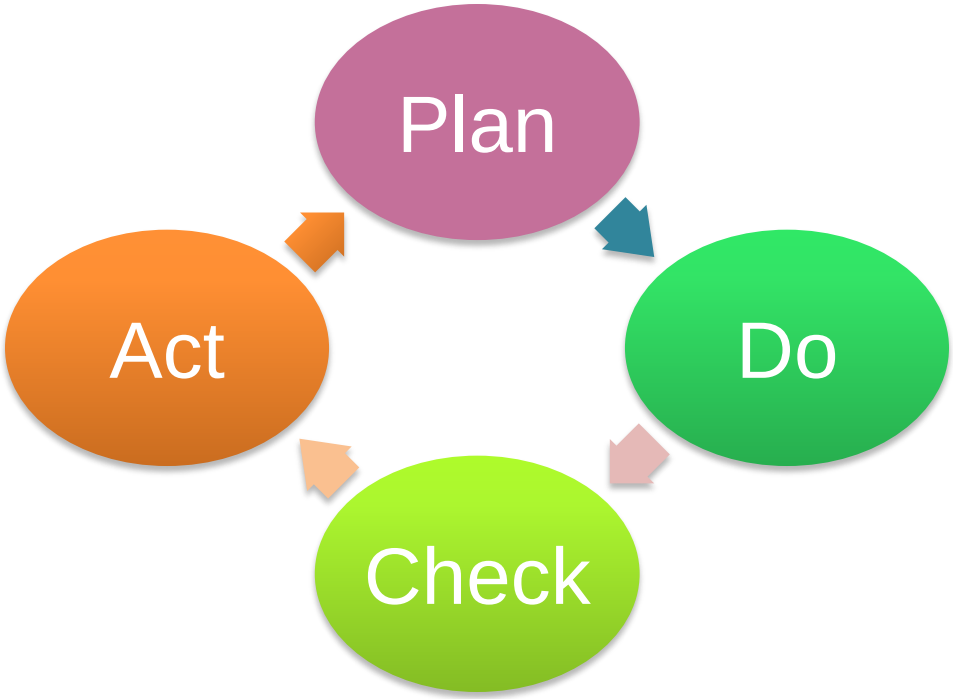
WHO/UNICEF Adopts MFCI Steps That Affect Breastfeeding

- Access to birth companions of mother's choice
- Freedom to walk, move about, and assume the positions of her choice during labor
- Routine practices- withholding nourishment; early rupture of membranes; Ivs
- Electronic fetal monitoring; rupture of membranes, episiotomy ;enemas; shaving.
- No unnecessary acceleration or induction of labor, caesarean sections or instrumental deliveries.
- Staff trained in non-drug methods of pain relief and who do not promote the use of analgesic or anesthetic drugs unless required by a medical condition.

Source: UNICEF's Infant and young child feeding: A tool for assessing national practices, policies and programmes (2003)

Perinatal Quality Improvement

- Get administrative support
- Convene a multidisciplinary committee
- Identify gaps
- PDCA



Use the momentum in breastfeeding to make further improvements in maternity care

Stay in touch

Subscribe to our newsletter:

The Greater Los Angeles Breastfeeding Bee

www.breastfeedla.org

Karen Peters

kpeters@breastfeedla.org

The Mother-Friendly Nurse Recognition Program (MFNR)

Marilyn Hildreth, RN, IBCLC, FACCE, ICCE, CD (ICEA/DONA)

Chair, CIMS Mother Friendly Nurse Recognition Program & Guest Trainer, Heart and Hands: The Art and Science of Mother-Baby Friendly Nursing

BIRTHNETWORK NATIONAL

A Revolutionary Idea in Maternity Care

- **Mother-Friendly Maternity Care**
  - Maternity care practice based not on the needs of the caregiver or provider, but solely on the needs of the mother, child, and family as a whole.

"We should just figure out that our business will improve if we start doing what women want."

-Dr. Chris Johnson

CIMS Mother-Friendly Nurse Recognition

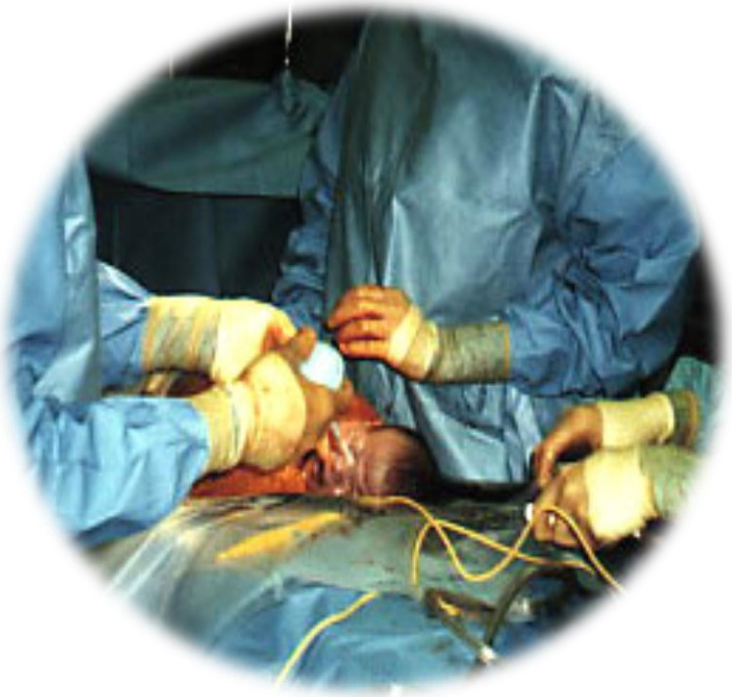
- To receive CIMS Mother-Friendly Nurse Recognition:
  - A "mother-friendly” nurse must carry out the philosophical principles by fulfilling the Ten Steps of Mother-Friendly Care in her practice.

Step 1

Offer women unrestricted access to their choice of birth companions, skilled labor support as well as to professional midwifery care.

Step 2

Disclose information about their practices and maternal and newborn outcomes.



Step 3

Provide culturally sensitive care and responsive care to the specific beliefs, values, and customs of the mother's ethnicity and religion.

Step 4

Encourage women to move freely and assume positions of their choice during labor and birth.

Step 5

Collaborate and consult with other caregivers and agencies involved with mothers and babies, including communicating with the original caregiver when transfer from one birth site to another is necessary.

Step 6

Refrain from procedures or restrictions that are unsupported by scientific evidence.

Step 6

- These include but are not limited to the following:
  - shaving;
  - enemas;
  - IVs (intravenous drip);
  - withholding nourishment;
  - early rupture of membranes;
  - continuous electronic fetal monitoring;

Step 6

- Other interventions are limited as follows:
  - Has an induction rate of 10% or less;
  - Has an episiotomy rate of 20% or less, with a goal of 5% or less;
  - Has a total cesarean rate of 10% or less in community hospitals, and 15% or less in tertiary care (high-risk) hospitals;
  - Has a VBAC (vaginal birth after cesarean) rate of 60% or more with a goal of 75% or more.

Step 7

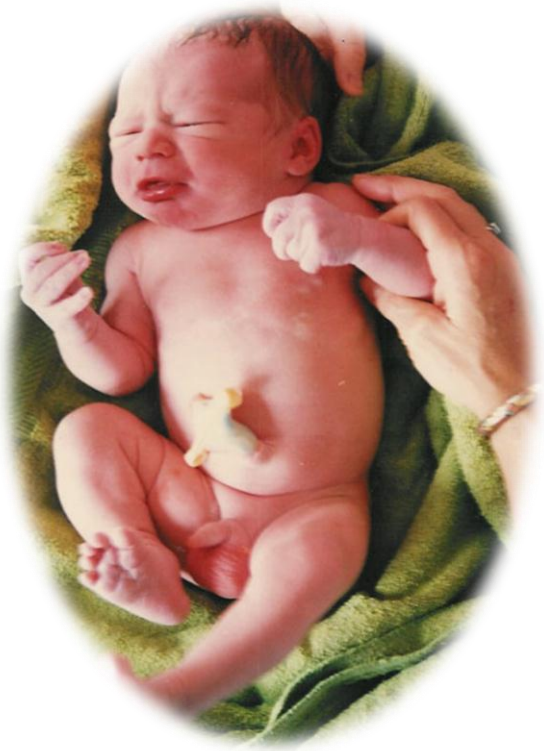
Educate the staff in non-drug methods of pain relief and do not promote drugs and anesthesia for normal birth.

Step 8

Encourage mothers and families to breastfeed, hold, touch and care for their babies to the extent their babies' condition permits, including sick or premature infants.

Step 9

Discourage non-religious circumcision of the newborn.



Step 10

Strives to achieve the WHO-UNICEF "Ten Steps of the Baby-Friendly Hospital Initiative" (BFHI) to promote successful breastfeeding.

Step 10

- Strives to achieve the WHO-UNICEF "Ten Steps of the Baby-Friendly Hospital Initiative" to promote successful breastfeeding:

1) Have a written breastfeeding policy that is routinely communicated to all health care staff;
2) Train all health care staff in skills necessary to implement this policy;
3) Inform all pregnant women about the benefits and management of breastfeeding;
4) Help mothers initiate breastfeeding within a half-hour of birth;
5) Show mothers how to breast feed and how to maintain lactation even if they should be separated from their infants;
6) Give newborn 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 artificial teat or pacifiers (also called dummies or soothers) to breastfeeding infants;
10) Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospitals or clinics.

How to be Recognized as a CIMS Mother-Friendly Nurse

- Fill out survey monkey on CIMS website: www.motherfriendly.org
- Send in two letters of recommendation
- Phone interview with CIMS Mother-Friendly Nurse Recognition Committee
- Pay application fee

Questions & Answers

- What questions do you have about the Mother Friendly Nurse Recognition Program or the 10 Steps?

Implementing Mother-Friendly Care: Is it Cost-Effective?

Jeanette Schwartz, MSN, RNC, MA, ICCE, LCCE, CD

Woodwinds Hospital, Minneapolis, MN & Guest Trainer, Heart and Hands: The Art and Science of Mother-Baby Friendly Nursing

Photo by Nat Bocking

Overview

- Financial considerations to lower cost of providing maternity care services
- Evidenced based articles which support concepts of positive clinical outcomes of mother-friendly maternity care
- How offering choice to families contributes to a positive financial bottom line

Who is this presentation for?

- Anyone who wants to promote mother friendly childbirth in a hospital setting from a financial perspective.

Why This Talk?
Why This Topic?

"***From $13 billion to $20 billion a year could be saved in health care costs by developing midwifery care, demedicalizing childbirth and encouraging breastfeeding."***

- Frank Oski, M.D., Professor and Director, Department of Pediatrics, Johns Hopkins University School of Medicine

Current Trends:Obstetrics

- Birth Volumes
  - 6% increase over next 10 years (2017)
  - Delayed childbirth pushed maternal age to the limits
  - Unintended births not affected by economy
  - Tough economic times prescriptions for contraception fails
  - Women exit work force because of economy regard this as prime time to start a family especially if one partner is unemployed

Star Tribune-Minnesota

February 1, 2009

the squeeze on minnesota health care first in a series

CONDITION CRITICAL

Once immune from recessions, health care finds itself ailing as people forgo doctor visits.

By CHEN MAY YEE • mychen@startribune.com

David Vane gave up his job at a local machine shop for what he considered the ultimate in job security: a career in nursing. In December, just three months after starting at North Memorial Medical Center in Robbinsdale, he was laid off.

With that, Vane joined the swelling ranks of Minnesotans who are being confronted by a nasty surprise of the current economic slump: Medicine is no longer recession-proof.

Recession-proof? Not this time around

4 and **5.4**
Percent of job growth during the 1990-'91 recession and the 2001-'02 recession, respectively.

2.9
Percent of job growth in 2008, compared with 4.1 percent a year earlier.

For three decades, health care has been Minnesota's economic juggernaut, generating thousands of high-wage jobs, supporting a prestigious academic research community and spinning off a thriving medical technology industry. Today, one of every seven employed Minnesotans works in health care.

But an industry that sailed through the last two recessions is hitting the shoals this time. Local hospitals have shed more than 1,000 workers since last year and postponed big construction projects. The University of Minnesota Medical School is "looking under every stone" for savings. State nursing homes are bracing for millions of dollars in cuts proposed by Gov. Tim Pawlenty.

"In the past, people were delaying vacations or new automobile [purchases]," said Steve Hine, director of labor market information at the Minnesota Department of Employment and Economic Development. "This time around, they're even cutting back on their health care."

Critical continues: The long-term outlook is much better. **A10** ►

Photos by ELIZABETH FLORES • eflores@startrib

TALE OF TWO NURSES Top: Nurse David Vane was laid off from Nort morial Medical Center in December, and now only picks up hours here an Above: Amanda (Mandy) Huber, a nurse-midwife student, attended to pat Christine Yates at the Riverside Health Partners Clinic.

« WE ALL REALLY BELIEVED THAT WE WOULD GET THIS EDUCATION AND MOVE INTO ANYTHING WE WANT
Ann Seguin, nursing graduate

25° 7 a.m. | 27° 9 a.m. | 29° Noon | 30° 3 p.m. | 29° 5 p.m. | 24° 8 p.m. | 19° 11 p.m.

Paul Douglas' forecast: Partly sunny and breezy today, then another blast of cold air to start the workweek • **B12**

STAR TRIBUNE
Volume XXVII • No. 303
Minneapolis, St. Paul
February 1, 2009

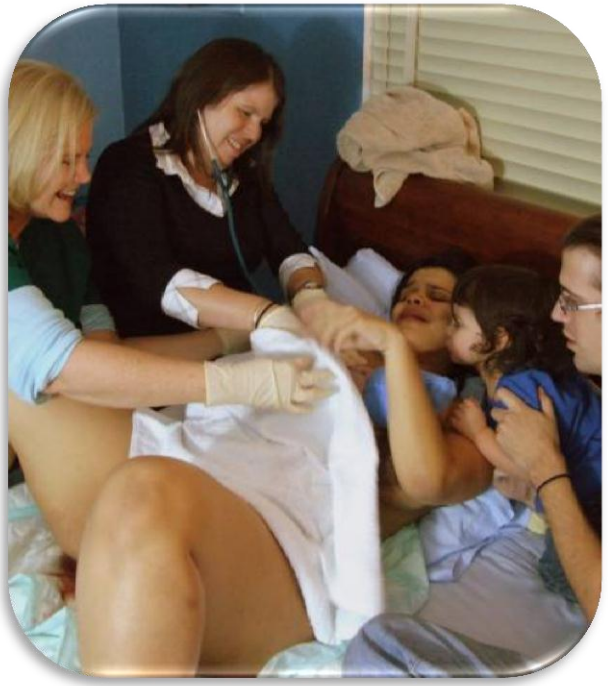
"An industry that sailed through the last two recessions is hitting the shoals this time."

Credit Crunch

- Hospitals depend heavily on the bond market to raise money for new construction and equipment
- People cutting back on elective procedures
- Some people not paying their bills

Future

- Home-Birth advocates press pro-midwife campaign



David Crary, The Associated Press: 1/28/09

Nurse Shortage

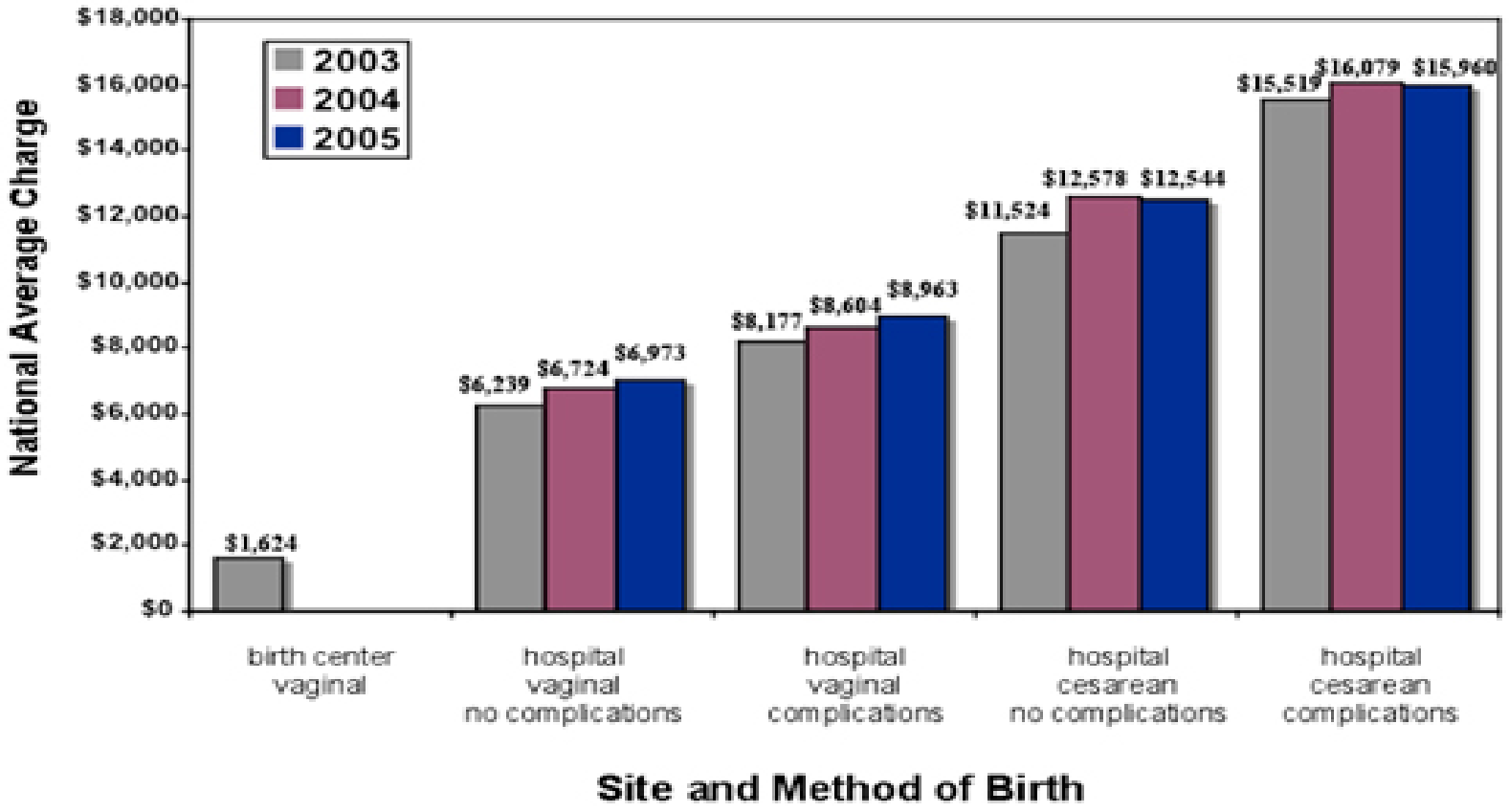
- Nursing Positions
  - 126,000 unfilled nursing positions
  - 400,000 unfilled nursing positions by 2020
  - Average age of nurses: 43.3
  - 136,000 nurses working in “non-nursing”
  - 323,000 nurses not employed at all

Nurse's Shortage

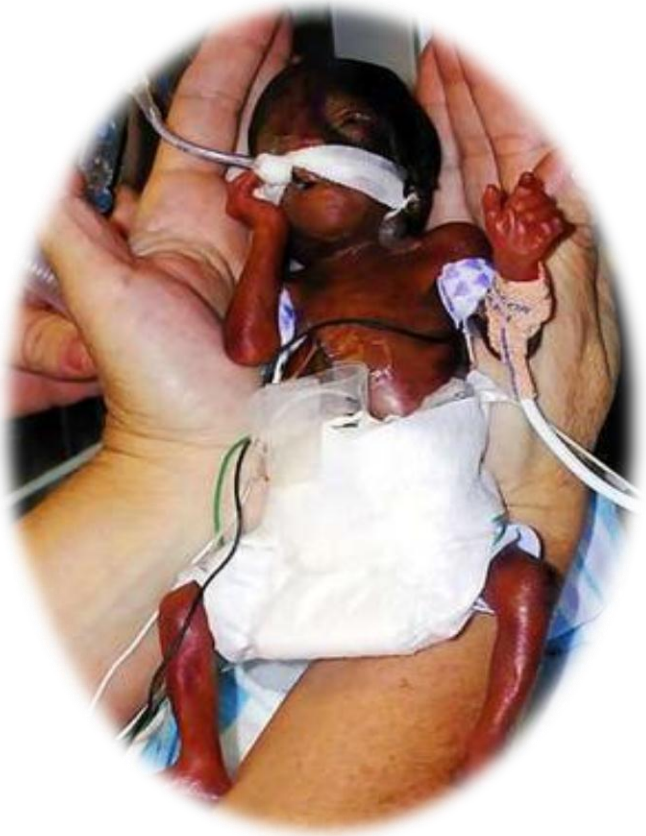
- How Work Environment Impacts Retention
  - Perfect storm
    - Faculty shortages
    - Capacity issues
    - RN and advanced practitioner scarcity
    - Rapidly aging workforce

Christmas, K. (2009)

Childbirth Connection:Facility Labor and Birth Charges, U.S.,2003-2005



Births: Final Data for 2010



- Preterm and low birth weight climbing
- Cesarean rate climbed to 32.9%

www.cdc.gov/nchs/data

Opportunity!

- A Balanced Response to the Economic Crisis
  - First, act quickly to take cost out
  - Continue to invest-selectively
  - Third, use the crisis to take on sacred cows

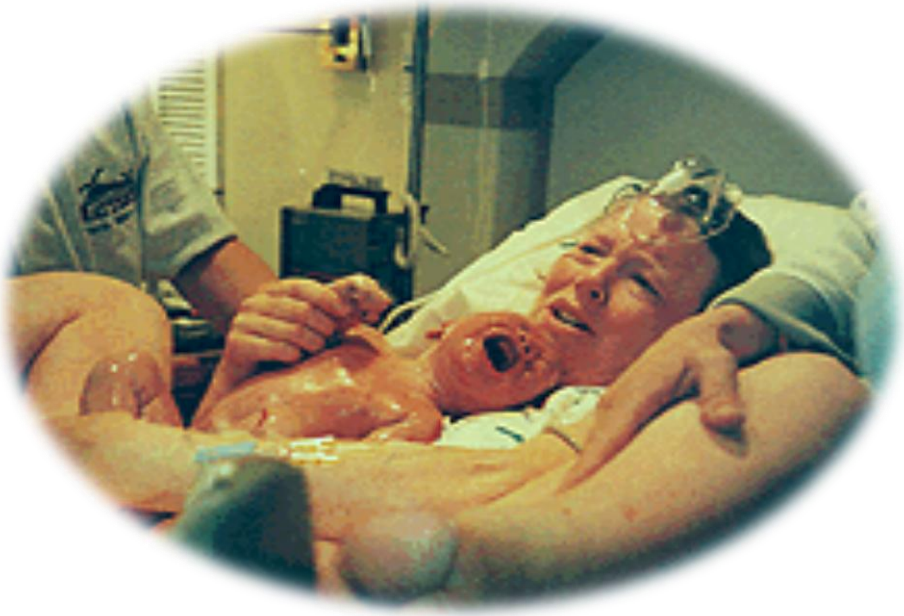
Sg2HealthCare Intelligence Letter-February 4, 2009, Michael Sachs

Act quickly to take cost out

- Costs of vaginal birth vs. cesarean births
- Cost of spontaneous birth vs. induction
- Nurse retention costs
- Marketing costs

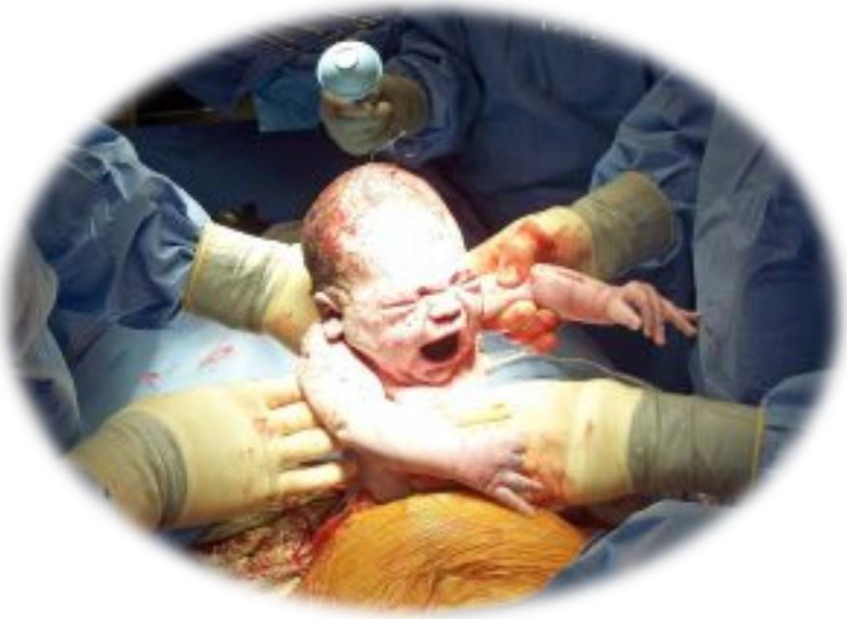
Act quickly to take cost out

- Cost of vaginal birth



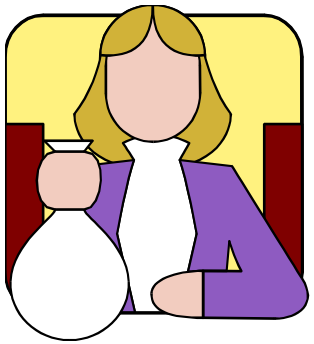
Act quickly to take cost out

- Cost of Cesarean Birth



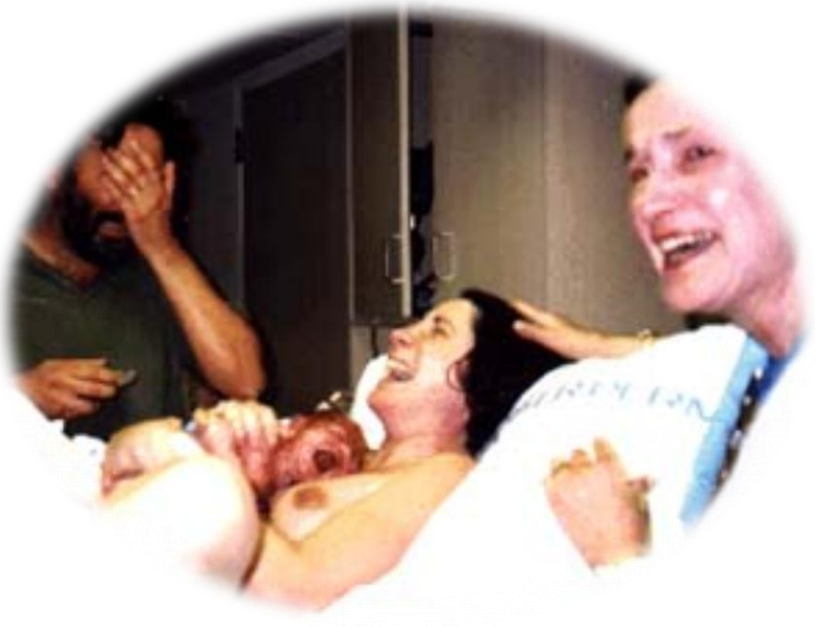
Act quickly to take cost out

- Cost saving
  - If cesarean rate dropped from 23% to 15%



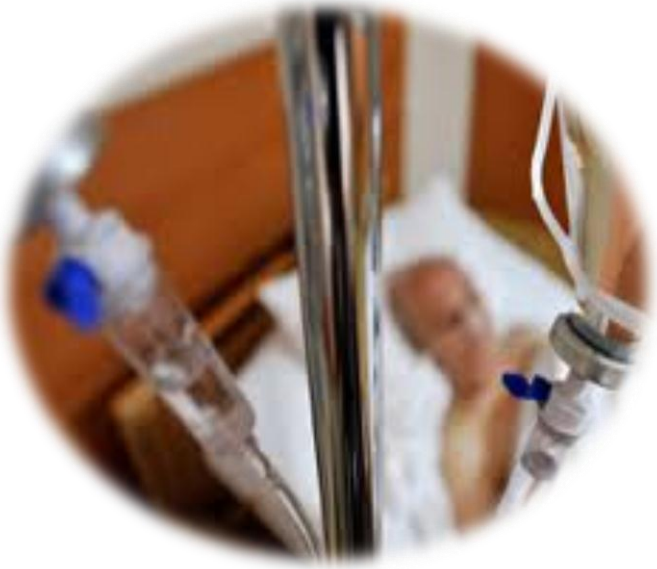
Act quickly to take cost out

- Cost of non complicated birth



Act quickly to take cost out

- Cost of induction



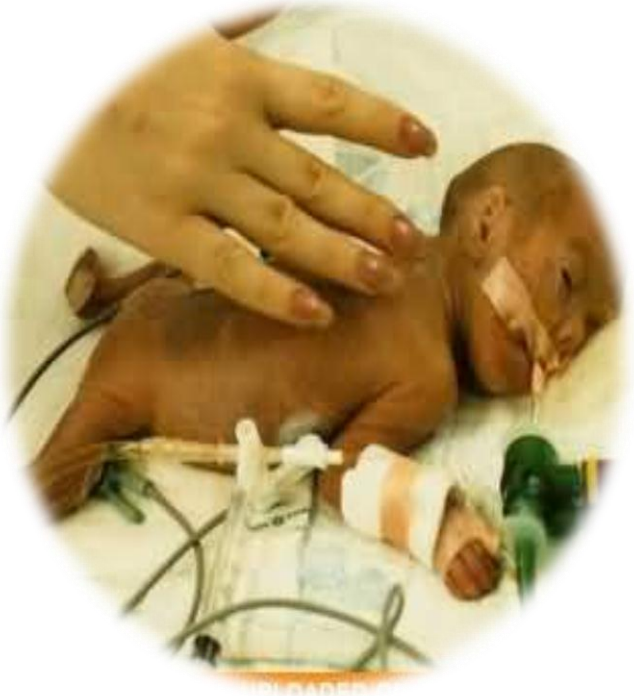
Act quickly to take cost out

- Cost savings
  - Induction Rate dropped from 33% to 10%

Act quickly to take cost out Employers Pay

- National rates of preterm births have increased more than 30% since 1981 to more than 400,000. The direct cost of care to employers for a preterm baby averages $41,610 compared to $2,830 for a healthy full-term delivery. ($5.8 billion annually)

  -March of Dimes, Centers for Disease Control and Prevention



Act quickly to take cost out Cost of nurse turnover

- If hospital turnover rate is 21.3%
- Average hospital size of 100 nurses x 21.3% turnover = $1,704,000 yearly costs (assumes $80,000 per nurse replacement cost)

HSM Group (2000)

Act quickly to take cost out Family-Centered Maternity Care

- Huston Texas Hospital 2003
  - Nursing satisfaction highest
  - Turnover rates 17.9 down to 3.5
  - Hours per patient 10.3 (national average 11.9)

Phillips (2007)

Act quickly to take cost out Cost of nurse retention

- Vacancy rate 2.4%
- Turnover rate 2.35%
- Employee Referral

  44% of new hires
  referred by
  current employee or friend

Act quickly to take cost out Woodwind's MCC savings

- Assumes $80,000 per nurse
  - replacement cost (marketing, hiring, orientation)
- 2.3% (national 21.3%) turnover rate

1,704,00

-184,000

1,520,000 savings

Continue to Invest Wisely: Family Centered Maternity Care: The Business Case

- Hospitals pressured to:
  - Improve performance
  - Satisfy a dynamic patient population
  - Increase profitability
- Leads to:
  - Long-term patient loyalty
  - Greater revenue

Phillips (2007)

Continue to Invest Wisely: Steps to Mother-Friendly

Step 1. Access to birth companions, labor support, midwifery care

Step 4. Freedom of movement

Step 6. Routine practices, procedures unsupported by scientific evidence not practiced

Step 7. Educated staff on non-medicated birth

Continue to invest wisely: Alternative medicine is employed at more hospitals

- Patients have a one in three chance of being admitted to a hospital in America where part of their treatment could involve being poked with needles to relieve pain, having hands moved over their skin to unblock energy fields, or hearing a session of Gregorian chants.

Zufall (2008)

Take on the sacred cows

- “Despite best evidence, health care providers continue to perform routine procedures during labor and birth that often are unnecessary and can have harmful results for mothers and babies”

www.lamaze.org (2009)

Take on the Sacred Cows

- Build a perinatal diagnostic center
- Offer out of pocket retail services to provide additional revenue
- Utilize a Care Coordinator to encourage perinatal interaction, postnatal care and downstream revenue
- Employ Laborists, Certified Nurse Midwives and Physician Extenders

Sg2 Analysis 2007 & Sg2 Analysis 2008

Mother/Family-Centered Care: Is it Cost Effective?

- What makes a good family-centered partnership between women and their practitioners?

Birth, 31 (1), 43-48

Questions and Answers

- What questions do you have about implementing this model at your hospital?

Heart and Hands Training Overview

Cordelia Hanna-Cheruiyot, MPH, CHES, CCE, CBA

Executive Director, Association Wholistic Maternal and Newborn Health & Curriculum Developer & Co-Trainer, Hearts and Hands: The Art and Science of Mother-Baby Friendly Nursing

Audience

- Nurses working in L & D, NICU or Newborn Nursery or Clinic Staff
- Nurse Managers & Administrators & Program Coordinators

Curriculum & Training Overview

- Training Details
  - Days & Times
    - Train-the-Trainer: 1 day, 8:30 am- 5:30 pm
    - General Training: 2 days, 8:30 am-5:30 pm
      - Reception with Doulas and Nurses 2:30-4:30 pm

Course Faculty

- Vanessa Nicolas, CNM, CLE - Lead Trainer
- Nicette Jukelevics, MA, ICCE

- Cordelia Hanna-Cheruiyot, MPH, CHES, CCE, CBA

- Marilyn Hildreth, RN, IBCLC, FACCE, ICCE, CD (Via Skype)

- Jeanette Schwartz, MSN, RNC, MA, ICCE, LCCE, CD (Via Skype)

Curriculum & Training Overview

- Goals of Training:
  - Improve perinatal health outcomes
  - Increase patient satisfaction with care
  - Increase nurse job satisfaction
  - Reduce costs for hospitals

Learner Objectives

- By the end of this training, nurses will:

- Discuss and describe perinatal health indicators and goals for maternal and infant health;
- Summarize national recommendations and best practices in maternity care;
- Describe the CIMS Standards of Care;
- Discuss and demonstrate the 10 Steps of the MFCI in terms of the evidence, background and practical application in the hospital setting;
- Describe and discuss the 10 Steps of the Baby Friendly Hospital Initiative.
- Describe the best practices for breastfeeding and couplet care.

Dates & Location of Training

- Tuesday, Wednesday, Thursday, May 22, 23, 24, 2012
- Located at:
  - Educate. Simplify. Creative Resolve Healthcare Training Company

    3580 Wilshire Blvd., 4th Floor

    Los Angeles,CA 90010

    (Mid-Wilshire District)

    www.educatesimplify.com

Curriculum Overview

- Day One: Train-the-Trainer
  - Nurses who self-identify as “champions” of mother-baby friendly care or who are designated by their supervisor will be trained to teach a portion of the general training and provide on-going training in the unit.

Curriculum Overview

- Day Two: General Session
  - Overview of perinatal health indicators and goals for maternal and infant health
  - Summary of national recommendations & best practices in maternity care
  - CIMS Standards of Care
  - The 10 Steps: Evidence, Background, Application

Curriculum Overview

- Day Three: General Session
  - Informed Consent & Refusal in Maternity Care: Legal and Ethical Issues
  - Skill Demonstration Practicum: Mother-Friendly Labor Support for Nurses
  - New Paradigm in Breastfeeding and Newborn Care: Biological Nurturing, Baby Self-Attachment, and Kangaroo Care
  - End of Training Reception with community doulas and guest speaker Susan Minich, CNM, Kaiser Permanente, Los Angeles.

Cost of Training

- Cost: $550 per person or $8080 per hospital; up to 20 people may attend for this price; includes all materials and 20 BRN CEUs, manual, and continental breakfast.
- Clinics may obtain group discount rate for $2000 for 3-4 persons.

“Nothing is so powerful as an idea whose time has come”

Mother-Baby Friendly Maternity Care is an idea whose time has come.

Registration & Information

The Association for Wholistic Maternal and Newborn Health

Tel:

626-388-2191

Email:

cordeliahc@socalbirth.com

To register:

http://mother-baby-friendly-nursing-training.eventbrite.com

Contact Information

- The Association for Wholistic Maternal and Newborn Health
  - Email: cordeliahc@socalbirth.com
  - Phone: 626-388-2191
  - Web: http://mother-baby-friendly-nursing-training.eventbrite.com

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  - Phone: 626-388-2191
  - Web: http://mother-baby-friendly-nursing-training.eventbrite.com

Contact Information

- The Coalition for Improving Maternity Services
  - Web: http://motherfriendly.org
  - Phone: 866-424-3635
- California Community Foundation
  - Moraya Moini, Health Officer
  - Web: http://calfund.org
  - Email: mmoini@calfund.org
  - Phone: 213-413-4130