Teaming Up to Shape Our Region:
A Pathway to Baby-Friendly™

Thursday, December 1, 2011
National Conference Center, East Windsor, NJ

This activity has been jointly sponsored by Health Research and Educational Trust of New Jersey & the NJ Pediatric Council on Research & Education.

This event is supported by a cooperative agreement through the NJ Department of Health and Senior Services from the Centers for Disease Control and Prevention (CDC) (3U58DP002002-01S2). Its contents are solely the responsibility of the authors and do not necessarily reflect the official views of the CDC, the Department of Health and Human Services, or the federal government.
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Links to Breastfeeding Resources


The Surgeon General's Call to Action to Support Breastfeeding: [http://www.cdc.gov/breastfeeding/promotion/calltoaction.htm](http://www.cdc.gov/breastfeeding/promotion/calltoaction.htm)

AAP NJ/PCORE is partnering with *ShapingNJ*, to implement the Baby-Friendly™ Hospital Initiative (NJ BFHI) in New Jersey. This quality improvement opportunity is made possible through funding to the NJ Department of Health & Senior Services from the US Centers for Disease Control and Prevention (CDC) CPPW-STI (Communities Putting Prevention to Work - State and Territory Initiative).

The goal of this Initiative is to increase exclusive breastfeeding rates in NJ, thereby preventing obesity and improving health outcomes. The two major objectives of the Initiative are:

- Implement the World Health Organization’s “Ten Steps to Successful Breastfeeding” in NJ delivery hospitals
- Implement office-based trainings for pediatric, family and OB providers and their staff about best breastfeeding practices

*ShapingNJ*

*ShapingNJ* is a public-private partnership of more than 170 organizations across New Jersey working to “make the healthy choice, the easy choice” for all residents. The partners’ 10-year vision is a New Jersey where regular physical activity, good nutrition, and healthy weight are part of everyone’s life. The Office of Nutrition & Fitness (ONF) at the Department of Health and Senior Services (DHSS) coordinates *ShapingNJ*.

As of fall 2011, partners are implementing *ShapingNJ* strategies to increase access to healthy food and physical activity opportunities in maternity hospitals, child care centers, schools and communities across New Jersey.

Visit [www.ShapingNJ.gov](http://www.ShapingNJ.gov) for a list of partners as well as information and resources for both professionals and consumers about obesity prevention.
<table>
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<th>Time</th>
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<td>7:30—8:00 AM</td>
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| 8:00 - 8:15 AM | Welcome & Introduction  
Peri Nearon, MPA, Office of Nutrition & Fitness  
Fran Gallagher, MEd, AAP/NJ & NJPCORE |
| 8:15 - 9:00 AM | Overview of NJ Baby-Friendly Hospital Initiative  
Lori Feldman-Winter, MD, MPH, FAAP  
Anne Merewood, PhD, MPH, IBCLC |
| 9:00 - 10:00 AM | The Critical Role of Hospitals in Supporting Breastfeeding: Systemic Changes & Long-Term Benefits  
Laurence Grummer-Strawn, PhD, MPA, MA, Centers for Disease Control and Prevention |
| 10:00 - 10:15 AM | Break & Facilitated Networking                                                  |
| 10:15 - 10:30 AM | Remarks from the NJDHSS  
Mary O’Dowd, MPH, NJDHSS |
| 10:30 - 11:45 AM | Multi-State Panel Discussion  
Representatives from New York, Pennsylvania, and Connecticut  
Moderator - Lori Feldman-Winter, MD, MPH, FAAP |
| 11:45 AM - 12:30 PM | Creative Solutions: Strategies for Implementation  
- Focus on the Delivery Room  
Charletta Ayers, MD, Robert Wood Johnson University Hospital  
- Focus on the NICU  
Kamtorn Vangvanichyakorn, MD, FAAP, St. Barnabas Medical Center  
- Focus on Data Collection  
Robyn Harvey, RN, Cooper University Hospital |
| 12:30 - 1:45 PM | Lunch & Facilitated Networking                                                  |
| 1:45 - 2:15 PM | What's New at Baby-Friendly USA™  
Trish MacEnroe, BS, CDN, CLC, Baby-Friendly USA |
| 2:15 - 3:15 PM | NJ BFHI Panel Discussion  
Representatives from CentraState Medical Center, Capital Health, Jersey Shore University Medical Center  
Moderator - Fran Gallagher, MEd, AAP/NJ & NJPCORE |
| 3:15 - 3:30 PM | Break & Facilitated Networking                                                  |
| 3:30 - 3:45 PM | Social Norms Discussion  
Lori Feldman-Winter, MD, MPH, FAAP  
Anne Merewood, PhD, MPH, IBCLC |
| 3:45 - 4:00 PM | Concluding Remarks & Evaluation                                                 |
Faculty

Laurence Grummer-Strawn, PhD, MPA, MA is Chief of the Nutrition Branch at the U.S. Centers for Disease Control and Prevention (CDC). Having earned his PhD from Princeton University, he has worked at CDC for over 20 years, in the areas of Reproductive Health and Nutrition. Dr. Grummer-Strawn is widely known in the breastfeeding research and advocacy communities, serving as scientific editor of the Surgeon General’s Call to Action on Breastfeeding, and a liaison to the US Breastfeeding Committee.

Lori Feldman-Winter, MD, MPH, FAAP is Professor of Pediatrics at Cooper Medical School of Rowan University and Division Head of Adolescent Medicine at The Children’s Regional Hospital at Cooper University Hospital in Camden, NJ. Dr. Feldman-Winter is recognized nationally and internationally for her work related to breastfeeding education programs. She is the Physician Champion of the NJ Baby-Friendly Hospital Initiative.

Anne Merewood, PhD, MPH, IBCLC is the Director of the Breastfeeding Center at Boston Medical Center and an Associate Professor of Pediatrics at Boston University School of Medicine. She has consulted widely on implementation of the Baby-Friendly Hospital Initiative with many sites, including: The NYC Department of Health & Mental Hygiene, UNICEF Italy/University of Milan & Columbia-Presbyterian Hospital, NYC.

Trish MacEnroe, BS, CDN, CLC is the Executive Director of Baby-Friendly USA™. She has reorganized the Baby-Friendly designation process and created tools to assist facilities pursuing designation. Ms. MacEnroe previously worked for the WIC program, where she oversaw the development of training programs to certify and issue benefits to WIC participants. She has a BS in Food Science and Nutrition from the University of Rhode Island.

Lorraine Boyd, MD, MPH is the Medical Director for New York City’s Health Department’s Bureau of Maternal, Infant and Reproductive Health. She works to prevent teen pregnancy, reduce infant and maternal deaths and make breastfeeding the norm for mothers and babies in New York City. Dr Boyd is certified in Pediatrics and Neonatal Medicine and practiced as a neonatologist for 22 years before coming to the Health Department. Dr. Boyd also chairs the Health Department’s Infant Mortality Case Review Committee.

Caroline S. Cooke, RD shares responsibilities of the Connecticut WIC Program Breastfeeding Coordinator, including: providing technical assistance to Local WIC Agencies regarding breastfeeding promotion and support activities, adherence to federal and state breastfeeding policies and procedures; oversight of Breastfeeding Peer Counseling Pilot Program and administration of Connecticut Breastfeeding Initiative project to support 10 Connecticut hospitals in progression to Baby-Friendly Hospital Designation.

Eileen DiFrisco, MA, RN, IBCLC, LCCE is the Coordinator of Parent Education and Breastfeeding Services at NYU Langone Medical Center (NYULM). She serves as a Co-Chair for the Breastfeeding Improvement Team which was instrumental in NYULMC receiving the Baby-Friendly designation in 2011. She is the lead author for “Factors Associated with Exclusive Breastfeeding 2-4 Weeks Following Discharge” published in Perinatal Journal of Education in the winter of 2011 and recently co-authored an article accepted by Maternal Child Nursing entitled “Becoming Baby-Friendly, Step By Step”.
Panelists

Charletta Ayers, MD, MPH is the Director of Division of General Obstetrics & Gynecology at Robert Wood Johnson University Hospital in New Brunswick, NJ. She is also an Associate Professor at Department of OB/GYN and Reproductive Sciences, UMDNJ-Robert Wood Johnson Medical School. Dr. Ayers received her medical degree from Temple University in Philadelphia.

Debi Ferrarello, RN, MS, IBCLC is Director of Family Education and Lactation at Pennsylvania Hospital in Philadelphia and is a member of the Board of Directors of the United States Lactation Consultant Association. She is a nurse and an IBCLC and is excited about possibly leading the Nation’s First Hospital in the journey to become the first major birth hospital in the state to become Baby Friendly.

Robyn Harvey, RN, BSN, MBA is the Senior Director of Patient Care Services, Maternal Child Health Division at Cooper University Hospital. At Cooper, she has served as Chairperson and Project Manager for the NJ Baby-Friendly Initiative and Steering Committee Task Force providing leadership, organization, and strategic planning. She has over ten years of extensive nursing and clinical management experience.

Dawn M. Kline, RNC, BSN, MHA is the Director of Maternal Child Health at CentraState Medical Center. In her role as Director she has developed and implemented new initiatives to enhance the patient experience and deliver high quality patient care including pursuit of Baby Friendly Hospital designation. She has 20+ years of professional experience which includes medical-surgical nursing, neonatal intensive care nursing, senior management, service line management and nurse management.

Jennifer Matranga RN, CCE, IBCLC is Maternal Child Health Educator at Griffin Hospital, consultant for technical assistance at Baby-Friendly USA and consultant to the Connecticut Breastfeeding Initiative (CBI). As consultant for the CBI, she has provided the required education to support the 10 Steps to a Baby-Friendly Hospital to almost 900 attendees in CT. She was a member of USBC task force to create the Joint Commission’s Toolkit for new core measure 2010 and a member of USBC task force to create core measure tool, for Health Care Practitioners on Breastfeeding.

Joyce McKeever, RN, MS, IBCLC, LCCE is the Clinical Program Manager for the NJ Baby-Friendly Hospital Initiative for the Meridian Health System of four hospitals, including Jersey Shore University Medical Center. The system is in the process of becoming Baby-Friendly.

Katja Pigur, M.Ed, CLC is the Breastfeeding Coordinator at Maternity Care Coalition. She is responsible for the city-wide Breastfeeding Friendly Philadelphia campaign as a part of Philadelphia’s Get Healthy Philly initiative, funded by the U.S. Centers for Disease Control and Prevention and the American Recovery and Reinvestment Act of 2009. She helps employers create and strengthen breastfeeding support in the workplace. Additionally, she supports the efforts of Philadelphia birthing hospitals to move forward the implementation of breastfeeding-friendly hospitals policies and practices, as outlined under the 10 baby-friendly steps, issued by UNICEF/WHO.

Diane Procaccini, RN, MSN, IBCLC is the coordinator of Lactation Services at Capital Health in Hopewell, NJ. She is a member of ILCA and the NJ Maternal Child Health Consortium Breastfeeding Task Force. Ms. Procaccini was a 2007 finalist for the Nursing Spectrum Merit Awards for Education in the tri-state region and is board certified in lactation through the International Board of Lactation Consultant Examiners.

Kamtorn Vangvanichyakorn, MD, FAAP is the Clinical Director of the Neonatal Intensive Care Unit and the Director of the Infant Apnea Program at Saint Barnabas Medical Center in Livingston, NJ.
Connecticut
Panelists: Caroline Cooke, RD, CT Department of Public Health, Connecticut WIC Program, Jennifer Matranga, RN, CCE, IBCLC, Maternal Child Health Educator at Griffin Hospital, Consultant, CT Breastfeeding Initiative and Baby-Friendly USA

The Connecticut Department of Public Health (DPH), in partnership with the Connecticut Breastfeeding Coalition (CBC), selected ten maternity facilities to participate in the Connecticut Breastfeeding Initiative. The long-term goal of the project is Baby-Friendly designation; therefore, DPH and CBC are assisting the ten maternity facilities through the 4-D Pathway to Baby-Friendly Designation. A consultant is helping each maternity facility complete at least five of the ten Baby-Friendly Steps with 40 hours of individualized consultation by a Baby-Friendly expert. Each maternity facility was offered 15 hours of maternity staff training, utilizing a two-day curriculum that supports the Ten Steps to Successful Breastfeeding. In addition, the consultant provided tools and guidance to assist the maternity facilities with the five-hour competency and three-hour physician/APRN requirements. Further, the maternity facilities were given patient education materials and staff resources, financial support for Baby-Friendly USA fees, and a collaborative venue to foster networking between the ten maternity facilities. The Connecticut Breastfeeding Initiative modified a siloed hospital-based program into a statewide public health model, and thus created a replicable model for other states and/or counties. This included leveraging other federal funding sources such as the WIC Peer Counseling Program. The project focused on underserved, low-income maternity populations and positively impacted breastfeeding statewide. Both qualitative and quantitative evaluation data will be collected to drive project improvement and identify promising practices for replication. A sustainability workshop will be held for the ten participating maternity facilities, and a webinar is planned for all maternity facilities statewide to discuss lessons learned. Project results will be widely disseminated, particularly to the other Connecticut maternity facilities. Currently, all ten maternity facilities have moved along the 4-D Pathway to Baby-Friendly Designation with one achieving Baby-Friendly Designation on November 4, 2011 and the remaining nine on target to be in the Dissemination phase by the end of the project.

Regional Presentations
New York City

Panelists: Lorraine Boyd, MD, MPH, Medical Director, Bureau of Maternal, Infant and Reproductive Health, NYC Department of Health and Mental Hygiene; Eileen DiFrisco, MA, RN, IBCLC, LCCE, Coordinator, Parent Education, Women’s & Children's Services, NYU Langone Medical Center

Dr. Lorraine Boyd, Medical Director in the Bureau of Maternal, Infant and Reproductive Health at the New York City Department of Health and Mental Hygiene will speak about the history of breastfeeding promotion and support and what led this Bureau to make breastfeeding a public health priority. She will highlight the CPPW Breastfeeding Initiative work and provide an overview of accomplishments and challenges to date. She will also discuss next steps as CPPW staff begin to work with hospitals to create sustainability plans post March 2012 at the conclusion of the CPPW grant. Eileen DiFrisco, Coordinator, Parent Education at NYU Langone Medical Center, will showcase the hard work at her hospital and discuss how they became the second NYC Hospital designated Baby-Friendly. She will also speak about the keys to their Baby-Friendly success with the hope of educating and inspiring others about Baby-Friendly designation.

Philadelphia

Panelists: Katja Pigur, MEd, CLC, Breastfeeding Coordinator, Maternity Care Coalition; Debi Ferrarello, RN, MS, IBCLC, Director of Family Education, Solutions for Women, Pennsylvania Hospital

The Philadelphia Department of Public Health’s Get Healthy Philly initiative, a ground breaking federally-funded public health initiative focused on healthy eating, active living and tobacco control, aims to make it easier for women to initiate and continue breastfeeding. As part of the Get Healthy Philly initiative, Maternity Care Coalition’s (MCC) Breastfeeding Friendly Philadelphia campaign assists delivery hospitals to adopt evidence-based best practices in breastfeeding promotion and maternity care.
Two Philadelphia delivery hospitals, Pennsylvania Hospital and Albert Einstein Medical Center, are currently collaborating with MCC to move breastfeeding friendly best practices forward. MCC and the Philadelphia Department of Public Health (PDPH) partnered with the New York City Department of Health and Mental Hygiene (NY DHMH) under a federally funded Breastfeeding Mentoring grant. As a result of this partnership, both hospitals are receiving direct technical assistance from Baby-Friendly USA. In addition, each hospital has formed a multi-disciplinary breastfeeding task force that meets on a monthly basis. Pennsylvania Hospital and Albert Einstein Medical Center are both in the Discovery phase of the Baby-Friendly process and have begun to address several of the Ten Steps to Successful Breastfeeding.

On November 17th, MCC and PDPH hosted the first Breastfeeding Promotion Hospital Summit to encourage hospitals to implement breastfeeding friendly policies and practices. The Summit provided an opportunity for clinical and administrative leaders of Philadelphia delivery hospitals to learn about The Joint Commission’s measures related to perinatal care, the CDC’s mPINC survey, and hear from a physician who has successfully led her hospital to Baby-Friendly designation. All six of Philadelphia’s birthing hospitals attended the Summit and expressed interest in joining a Multi-Hospital Breastfeeding Task Force to help instill a city-wide culture of breastfeeding.
**NJ Baby-Friendly Coalition Hospitals**

**AtlantiCare Medical Center, Pomona:** AtlantiCare Regional Medical Center has focused on Steps 2, 3 and 5 of the Baby Friendly Initiative. Our 32 Breastfeeding Committee Members have completed their 18 hours of education. By the end of the year, fifty of our night shift nurses in the Center for Childbirth will have completed their education. During our October skills fair, all of our nurses demonstrated their competency for teaching mothers hand expression. We have also developed a baby friendly brochure that is currently being distributed to staff and patients.

Throughout the year we have been working with our Employee Resource Groups to develop culturally appropriate breastfeeding myth/fact sheets. In January these fact sheets will be distributed via preregistration packets and to patients in Maternal Fetal and Antenatal Testing. Our Childbirth Educator discusses the benefits and management of breastfeeding in all Childbirth Classes and Tours. Because of our strong partnerships and senior leadership support, we have been able to ban the bags and make affordable breast pumps available for rental or purchase to women in our community.

**Capital Health, Hopewell:** Over the past ten years Capital Health has been making a slow but steady transformation toward Baby Friendly. Using the evidence has made all the difference along with the perception that breastfeeding represents a true community health initiative. Through education, policy change and research, advances took place as part of a larger vision. As Baby Friendly concepts continued to expand and grow, so did our staff. Repeated changes in practice brought about changes in culture. Nurses, providers and administration united in the support of the Ten Steps.

The 2010-2011 Newborn/Infant feeding policy today is a specific reflection of the Ten Steps. We have tried to cover each step in detail so that the intent and direction of our path is clear. It speaks the language of our practice and the respect we have for the breastfeeding relationship. You will find some of our approaches to the ten steps are unique, such as appointing step leaders and using an education tree system. However, the outcome goal for implementing Baby Friendly concepts in any facility is increased exclusive breastfeeding. Today, Capital Health is proud of our accomplishment of over 80% exclusivity in our breastfeeding population.

**CentraState Medical Center, Freehold:** CentraState Medical Center has formally been on the journey to Baby Friendly Hospital designation since December 2010. However, the implementation of the 10 Steps to Successful Breastfeeding began several years ago. Today, we are proud to say that all 10 Steps to Successful Breastfeeding are in place with nearly all steps above 80 percent compliance. The step we are currently working on is education of the physicians. The nursing staff have all achieved the required hours of education. Many of the physicians have completed their required education with others still working on completion.
We have found the most successful way to accomplish physician education is to individualize it. Each physician has a different preference for completing the required education and using several methods has worked the best.

Cooper University Hospital, Camden: The journey at Cooper University Hospital started with a gap analysis of the BFHI 10 steps. We then compiled an interdisciplinary team that represents multiple stakeholders within the hospital. The group is committed to the promotion and development of practices that support breastfeeding. Our ultimate goal is to improve our current breastfeeding initiation rate of 40%, and our exclusive breastfeeding rate of 28%. It was around this intent that a corporate policy, and unit policies and procedures, were developed. Informal education at unit-based and hospital-based staff meetings and fliers were used to inform teams of our plan. Evidence-based information, through grand rounds and simulation-based education has occurred and we will continue through the use of online education, breastfeeding peer counselor training and certification, and hands on evaluation.

Next, we developed a prenatal education program. Informational handouts on the benefits of breastfeeding, management of breastfeeding and skin to skin contact is enabling staff in our outpatient prenatal offices to engage patients in early discussions that facilitate breastfeeding. Second, our promotion of skin to skin contact provided us the impetus for purchasing nursing patient gowns that allowed this process to flow more smoothly. Finally, we have deleted any advertisement or samples of feeding supplements and we give Cooper diaper bags at discharge; infants are admitted at the bedside of the mother; pediatricians examine newborns at mom’s bedside; and we have changed the “nursery” to a neonatal observation center. Our team has also supported hospital staff through the development and opening of our Employee Lactation Lounge sponsored by a grant from our Foundation. As we begin 2012, we will continue to improve care that revolves around breastfeeding. Providing optimal outcomes for our babies has given us the opportunity to meet our mission at Cooper: world class care resulting in a healthier community.

Hunterdon Medical Center, Flemington: Hunterdon Medical Center has been honored to be a part of the NJ Baby Friendly Initiative. We have concentrated our efforts on staff education as well as educating our patients and community. We find staff and providers are more aware of the importance of exclusivity, and are slower to offer supplementation. We are at 48% exclusive breastfeeding, and continuing to collect data. We are teaching hand expression to all of our mothers, and each staff member has a “tiny tummies” key chain to utilize in showing parents how small newborn tummies are the first few days. We have worked on initial skin to skin in the delivery room, and will be forming PI groups to look at work flow to support this practice.
NJ Baby-Friendly Coalition Hospitals

(Hunterdon continued)

We have 48% compliance with all deliveries. We have not done skin to skin in the OR, but have skin to skin in the PACU for well babies delivered by C/S. We are working on rooming-in rates, and have obtained a cart to assist the pediatric providers to do assessments in the patient room. We are educating parents to help them in their decisions regarding rooming-in at night. We are working toward community education to try to help with this issue before admission. We have eliminated diaper bags and all formula advertising and have increased the number of pumping locations for staff throughout the hospital. Our goals for 2012, include completion of staff education, and PI groups for all stakeholders to improve flow and compliance with all 10 steps. We also plan community education, and hope to be ready to have a BF USA site visit by the end of 2012, or early 2013.

Jersey Shore University Medical Center, Neptune: Jersey Shore University Medical Center (JSUMC) is currently in the final phase of the 4 D Pathway – Designation. Our major focus was the education our staff to accomplish Step 2 of the Ten Steps. We designed an innovative Lunch and Learn program for both OB and Pediatric physicians, in which we went to their private offices, brought lunch and gave a 1 hour program on breastfeeding to the physicians and their office staff, with CMEs provided. We held Grand Rounds on Breastfeeding, offered free CME through the University of VA website, and offered Physicians’ Skills Days on breastfeeding at the hospital. Our nursing staff received 20 hours of training using the Rising Star Education program of self study, skills labs and a clinical rotation with a Lactation Consultant. In addition, we created a “Breastfeeding Basics Pocket Guide” that we laminated for both the physicians and nursing staff to address the issue of consistency of information based on the evidence. This was a big hit with staff and provides an efficient way to assure that the information that is given to patients is updated and correct. We also expanded our Lactation Services to make daily rounds in the NICU and follow up phone calls to all breastfeeding mothers after discharge. We created a brochure for physicians to address basic breastfeeding issues and a referral number to our “Warm Line” if patients need to be seen by a Lactation Consultant after discharge. This is a complimentary service for patients who deliver at our hospital. Clinically, we have implemented skin to skin after delivery, created a Neonatal Observation Unit (formerly Nursery), encourage and support “rooming-in” practices, eliminated pacifiers, and reduced supplementation of formula to breastfed babies from 57% to about 30%. And finally, as of October 1, 2011 we are purchasing formula at our hospital.

Our Lady of Lourdes Medical Center, Camden: With a focus to successfully implement Steps 2, 3 and 6 of the Ten Steps to Successful Breastfeeding, Our Lady of Lourdes provided multiple educational offerings, forged new partnerships and introduced many practice changes. Despite cultural challenges within the hospital and community, implementation of the NJ BFHI has resulted in success in significantly increasing the percentage of exclusively breastfed infants.
Step 2 - Breastfeeding education and increased awareness about the NJ Baby Friendly Hospital Initiative was achieved via formal CME presentations, independent on-line offerings, creation of a BFHI information brochure, stations at mandatory annual nursing education, a 2 day breastfeeding course, lunch and learn sessions, bulletin board postings, and support for 15 RNs for Certified Breastfeeding Counselor designation. 

Step 3 - Breastfeeding information is presented to pregnant women through a variety of methods. Breastfeeding booklets are distributed at the Osborn Family Health Center. Exam rooms have breastfeeding posters displayed and breastfeeding information is readily available. Staff wears “Ask Me about Breastfeeding” buttons. Public health interns helped promote breastfeeding by hosting games, engaging patients in dialogue and providing literature and an information display in the patient waiting area during World Breastfeeding Week. The marketing and public relations department has partnered with the Baby Friendly committee to increase internal and external publicity about the benefits of breastfeeding and breastfeeding classes and services offered at Lourdes. 

Step 6 - Actions to support compliance with The WHO Code include payment of formula and other supplies, elimination of pacifiers in cribs, replacement of formula branded items including gift bags, crib cards, measuring tapes, and gestational age assessment forms with non-branded or hospital logo items. All baby care magazines and pamphlets with formula advertising were removed from the hospital, prenatal clinic and education classes.

Robert Wood Johnson University Hospital, New Brunswick: After receiving the mini-grant, senior leadership formed a multidisciplinary steering committee. Subcommittees were organized and each subgroup developed a charter detailing the problem statement, objectives and project scope. These subgroups include practice model change, physician, education, finance, employee support and data collection. The education subgroup determined what program would be used to complete the education requirements for the nurses involved in the care of mothers and infants. Physicians plan to use the education through AAP for all faculty and residents.

The Practice Model Change subgroup has eliminated pacifier distribution for the newborn nursery, and all nurseries have eliminated discharge bags. Plans are in place to have pediatricians do infant exams in the mother’s room beginning the first quarter of 2012. A site visit to a Baby Friendly Hospital practicing couplet care is in the works for December. The employee support subgroup has met with Human Resources and Facilities management to identify and develop convenient areas to expand employee pumping space. The finance subgroup has met with the purchasing department and is on board with paying a fair market price for formula. The data collection subgroup has conducted a maternal Survey and staff knowledge survey for pre-intervention data, revised collection of exclusive breastfeeding data to reflect the Baby Friendly definition. They also worked with all electronic charting systems to include the documentation needed such as latch scores and feeding information.
NJ Baby-Friendly Coalition Hospitals

St. Barnabas Medical Center, Livingston: Saint Barnabas Medical Center (SBMC) began its journey towards Baby Friendly designation in April 2010. A multidisciplinary Breastfeeding taskforce convened including hospital administration, nursing leadership, OB and Pediatric physicians, educators, lactation consultants, nursing staff and community educators. SBMC is currently in the Dissemination phase. During the Development phase, education plans for patients and staff were developed. Policies developed included a breastfeeding policy, skin to skin policy, formula acknowledgement policy, safe storage of breast milk policy and supplementation policy. Education materials for patients and staff, as well as resources for patients prenatally and post partum have been identified. Our website has been updated, we have compiled a list of reliable internet sources of information and have started a breastfeeding FaceBook page. The challenges in the Dissemination phase include completing the education requirements for physicians and nurses. Plans to evaluate the clinical skills are underway. Documentation is an area we are focusing on and improving the transport of mother/baby couplets to post partum. Our goal remains to achieve Baby Friendly designation end of first quarter 2012.

South Jersey Healthcare- Vineland: South Jersey Healthcare began their Baby Friendly journey several years ago with a commitment that has resulted in many positive changes in the delivery of maternity care services. The Vineland division continues to make progress towards the Designation phase. Given our large Spanish-only speaking demographics, we have instituted formalized Spanish-only prenatal breastfeeding classes and a postpartum support group in collaboration with the Family Success Center of Vineland, made possible through the NJ BFHI mini-grant funds. Breastfeeding education now occurs in our Antenatal Testing Unit and plans are underway to facilitate prenatal education in care provider practices. Numerous community health fairs elucidating the maternal, infant, family, and social benefits of breastfeeding have been conducted. Continuing education has resulted in the addition of 25 certified breastfeeding counselors among the nursing staff with the goal to complete training for 100% of the staff by the end of 2012. Sixty percent of the pediatric professional staff and 90% of the UMDNJ resident staff have received the required breastfeeding training through a workshop funded by the grant. Implementing skin-to-skin immediately after birth in healthy newborns is now a focus of labor and delivery care with our latest combined initiation rates at 80%. We no longer distribute formula company hospital discharge bags and we are anticipating the purchase of formula in the 2012 budget year. Since 2006, Vineland’s breastfeeding rate has steadily increased from 66% to 78%. Most significantly, we have observed a trend of an almost 20% increase in exclusive breastfeeding during hospitalization.
Chris Mulford passed away on August 23, 2011. She was an internationally known breastfeeding advocate, educator, and consultant. She passed the boards of the International Board of Lactation Consultant Examiners in 1985, the first time they were offered. She was a La Leche League Leader and hospital lactation consultant. Chris volunteered for the World Alliance for Breastfeeding Action for fifteen years, co-coordinating its Women and Work Task Force. She was an individual member of the U.S. Breastfeeding Committee and chaired its Nursing Breaks Law Task Force.

Chris’ contributions to breastfeeding in New Jersey were significant. She managed WIC breastfeeding services in Southern New Jersey for a decade and was an instructor in the Integrating Breastfeeding Education to Eliminate Disparities (IBEED) grant project that targeted several hospitals in the State to bring evidence-based practice skills to multidisciplinary teams. Chris was a skillful note taker and she served many terms as Secretary of the New Jersey Breastfeeding Coalition (NJBC). Her foresight built alliances between other agencies and the NJBC, which highlighted the role of other organizations in breastfeeding promotion, support, and protection.

Chris will be remembered for her humor, kindness, hard work and love of her family, music, gardening, and hiking in the western states. Her contributions to breastfeeding, particularly the needs of employed breastfeeding mothers, will reap benefits for years to come.
The Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health staff.

2. Train all health care staff in skills necessary to implement this policy.

3. Inform all pregnant women about the health benefits and management of breastfeeding.

4. Help mothers initiate breastfeeding within one hour of birth.

5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from infants.

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. Encourage breastfeeding on demand.

9. Give no pacifiers or artificial nipples to breastfeeding infants.

10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Thank you to our Planning Committee Members!

Ceil Boyce, Caroline Cook, RD, Eileen DiFrisco MA, RN, Shreya Durvasula, Lori Feldman-Winter, MD, FAAP, Fran Gallagher, MEd, Harriet Lazarus, MBA, Jennifer Matranga, RN, IBCLC, Anne Merewood, PhD, MPH, IBCLC, Beth Milton, Evelyn Murphy, PhD, Katja Pigur, MEd, CLC, Erika Rexhouse, LCSW-R, CLC, Florence Rotondo, IBCLC, RLC, Ellen Shuzman, PhD, RN, NEA-BC