



UTAH COLLABORATION FOR ADVANCING THE “TEN STEPS”

*Stepping Up For Utah Babies*



TRAINING TOOLKIT

# Intro

## THE UTAH COLLABORATION FOR ADVANCING THE “TEN STEPS” (UCATS) GUIDE TO THE STEPPING UP FOR UTAH BABIES PROGRAM.

The Utah Collaboration for Advancing the “Ten Steps” (UCATS) *Stepping Up For Utah Babies* Program was developed by the Utah Department of Health (UDOH) to recognize Utah hospitals that have taken steps to promote, protect, educate, and encourage breastfeeding in their facilities. This tool kit will guide and empower your organization to successfully implement the “The Baby Friendly Hospital Initiative, Ten Steps to Successful Breastfeeding” as defined by the World Health Organization (WHO) and Baby Friendly USA and become a designated UCATS Breastfeeding Friendly Hospital.

The *Stepping Up For Utah Babies* Program allows hospitals to implement two (2) steps at a time with a goal of completing all ten (10) steps. Upon completion of the UCATS requirements for each two steps, UDOH will commemorate hospitals with local celebrations and public recognition through press releases and other acknowledgements through UDOH and other hospital networks. Hospitals may choose to complete two, four, six, eight, or all ten steps. However, organizations must create, or update, a breastfeeding support policy that addresses the steps they will (have) implement(ed).

Your involvement in the UCATS *Stepping Up For Utah Babies* Program and implementation of the “Ten Steps” will help your hospital deliver patient-centered care, build leadership and teamwork skills among staff, improve patient satisfaction, elevate the reputation and standards of care for your facility and improve the health outcomes of Utah mothers and babies.

### Background

Extensive research shows that breast milk is the best food for infants and breastfeeding is associated with decreased risk for infant morbidity and mortality. It has been shown that breastfeeding significantly lowers the rates of <sup>1</sup> :

- Diarrhea
- Otitis media
- Lower respiratory tract infections
- Type 1 Diabetes
- Type 2 Diabetes
- Childhood leukemia
- Nonspecific gastrointestinal tract infections
- Clinical asthma, atopic dermatitis and eczema
- Celiac Disease
- Inflammatory bowel disease
- Necrotizing enterocolitis
- Sudden Infant Death Syndrome (SIDS)

Additionally, women who breastfeed have lower incidence of breast and ovarian cancer, decreased risk of Type 2 diabetes, decreased postpartum blood loss, more rapid contraction of the uterus and, there is evidence of reduced risk of postpartum depression.<sup>1,2</sup>

Furthermore, breastfeeding is recognized as an important strategy in reducing the obesity epidemic in this country. Breast milk provides a baby with food that is easily digestible and very nutritious. A baby can decide how much and when to eat, learning how to self-regulate and only eating as much as they need. This skill, in turn, affects eating habits and patterns in adulthood.<sup>3</sup>

For these reasons, many professional organizations including, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the American Hospital Association, Association of Women's Health, Obstetric and Neonatal Nurses, the Academy of Nutrition and Dietetics, and the American Public Health Association, support programs and organizations that aim to promote and encourage a majority of women to exclusively breastfeed for, at least, the recommend time of six months. Finally, Healthy People 2020, our nation's strategic plan to promote optimal health for all Americans, established breastfeeding initiation, continuation, and exclusivity as national priorities.

### **How Utah Is Doing**

Results from the 2015 Centers for Disease Control and Prevention (CDC) Maternity Practices in Infant Nutrition and Care Survey (mPINC), a self-administered survey with participation from 76% of hospitals in Utah, indicated that practices in our state deviate from the standards of care embodied in the "Ten Steps." Utah ranked 38th out of 53 in the survey, with a mean composite score of 75/100. For the complete report, please see <http://bit.ly/2kbEQRj>

The 2013 CDC, Breastfeeding Report Card <sup>4</sup> and the Healthy People 2020 Breastfeeding Objectives <sup>5</sup> show that although Utah is above the national average in breastfeeding rates, there is still need for improvement.



### **HEALTHY PEOPLE 2020 BREASTFEEDING OBJECTIVES**

- Increase the proportion of mothers who breastfeed their babies: Ever; At six months; At one year; Exclusively through three months; Exclusively through six months.
- Increase the percentage of employers who have worksite lactation programs.
- Decrease the percentage of breastfed newborns who receive formula supplementation within the first two days of life.
- Increase the percentage of live births that occur in facilities that provide recommended care for lactating mothers and their babies.

## HEALTHY PEOPLE 2020 OBJECTIVES FOR BREASTFEEDING

Healthy People Objective	2020 Target	US Prevalence (2013 births)	Utah Prevalence (2013 births)
Ever Breastfed	81.9%	81.1%	94.4%
Breastfeeding at 6 months	60.6%	51.8%	70.4%
Breastfeeding at 12 months	34.1%	30.7%	42.6%
Exclusive breastfeeding at 3 months	46.2%	44.4%	50.7%
Exclusive breastfeeding at 6 months	25.5%	22.3%	27.0%
% of newborns who receive formula supplementation within first 2 days of life	14.2%	17.1%	22.3%

Source: Centers for Disease Control and Prevention National Immunization Survey (NIS), 2014-2015 among 2013 births

### Supportive Maternity Center Practices: Ten Steps to Successful Breastfeeding

The process of fully integrating the “Ten Steps” at a system level can seem extremely daunting. The Centers for Disease Control and Prevention’s Guide to Breastfeeding Interventions recognizes that incremental integration of these practices can be an effective strategy for improving outcomes.<sup>6</sup> Hospitals participating in the UCATS *Stepping Up For Utah Babies* Program will utilize an incremental approach, implementing two (2) steps at a time, to make facility wide improvements in lactation outcomes.

#### The “Ten Steps” and the Code

The care that a new mother receives during her hospital stay for delivery, postpartum and newborn care can greatly influence breastfeeding initiation, exclusivity and duration outcomes.<sup>7</sup> Institutional changes through adoption of evidence-based policies to support breastfeeding can significantly increase rates of breastfeeding.<sup>6</sup> Changes may be made to increase individual, evidence-based practices that support breastfeeding, such as rooming-in<sup>8</sup>, or to discontinue policies that are not evidence-based, such as routine use of pacifiers or supplemental formula feedings for breastfed infants.

The “Ten Steps” are evidence-based maternity care practices that demonstrate optimal support of breastfeeding, as well as improved care experiences and outcomes for non-breastfeeding families.<sup>9,10</sup> These steps are endorsed by the American Academy of Pediatrics and the American Academy of Family Physicians and are promoted by the American Academy College of Obstetricians and Gynecologists. Additionally, the “Ten Steps” and the Baby-Friendly Hospital Initiative are recommended breastfeeding interventions and, the 2010 White House Taskforce on Childhood Obesity’s Report to the President: Solving the Problem of Childhood Obesity within a Generation, and the National Prevention Council’s National Prevention Strategy.<sup>6,11-14</sup>

**The “Ten Steps” include the following practices:<sup>15</sup>**

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth. (Note: This step is now interpreted as “Place babies in skin-to-skin contact with their mothers for at least an hour immediately following birth. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.”)
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming - in - allows 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.

**Using This Tool Kit**

The information and materials provided in this tool kit are designed for use by hospital facility management and staff to support implementation of the “Ten Steps to Successful Breastfeeding” through the Stepping Up program. This tool kit includes a brief rationale for each step, strategies for implementation, evaluation methods and resources for further reading and review, and paperwork for certification.

It is not necessary to work through all steps sequentially. Hospital facilities may choose to work on any two (2) steps at a time. However, your organization must complete Step 1 (have a written policy) that addresses all other steps implemented. Hospital facilities are also not required to complete all steps. It is advised to create a plan for implementation that is most appropriate and effective in the context of your facility, staff patients, and community.

**For concerns, questions, and/or technical assistance, please contact UCATS program manager:**

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## REFERENCES

1. Eidelman, A. I., Schanler, R. J., Johnston, M., Landers, S., Noble, L., Szucs, K., & Viehmann, L. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129(3), e827-e841.
2. Grummer-Strawn, L.M., Shealy, K.R., Perrine, C.G., MacGowan, C., Grossniklaus, D.A., Scanlon, K.S., & Murphy, P.E. (2013). Maternity Care Practices that Support Breastfeeding: CDC Efforts to Encourage Quality Improvement. *Journal of Women's Health*, 22(2), 107-12
3. Moreno, M. (2011). Breastfeeding as Obesity Prevention. *Arch Pediatr Adolesc Med*, 165(8), 722
4. Centers for Disease Control and Prevention. (2016). Breastfeeding Report Card - United States, 2016. Retrieved from <http://bit.ly/2kbJDIP>
5. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington DC. Retrieved from <http://bit.ly/2kbzxxkN>
6. Centers for Disease Control and Prevention. Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. Atlanta: U.S. Department of Health and Human Services; 2013 Retrieved from <http://bit.ly/2kbJper>
7. Baby-Friendly USA. (2010). Guidelines and Evaluation Criteria for Facilities Seeking Baby-Friendly Designation. Sandwich, MA: Baby-Friendly USA.
8. Fairbank, L., O'Meara S., Rengrew, M.H., et al. (2000). A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. *Health Technol Assess*, 4(25), 1-171
9. Department of Child and Adolescent Health Development. (1998). Evidence for the ten steps to successful breastfeeding. Geneva, Switzerland: World Health Organization. Retrieved from <http://bit.ly/2kbJtLd>
10. Philipp, B.L., Merewood, A., Miler, L.W., et al. (2001). Baby-friendly hospital initiative improve breastfeeding initiation rates in a US hospital setting. *Pediatrics*, 108(3), 677-81
11. U.S. Department of Health and Human Services, (2011). The Surgeon General's Call to Action to Support Breastfeeding. Washington (DC): U.S. Department of Health and Human Services. Office of Surgeon General. Retrieved from <http://bit.ly/2kbQVWx>
12. White House Task Force on Childhood Obesity Report to the President. (2010). Solving the Problem of Childhood Obesity Within a Generation. Executive Office of the United States of America. Retrieved from <http://bit.ly/2kbBwWg>
13. National Prevention Council. (2011). National Prevention Strategy: American's Plan for Better Health and Wellness. Washington (DC): U.S. Department of Health and Human Services. Office the Surgeon General. Retrieved from <http://bit.ly/2kbvvhSe>
14. Centers for Disease Control and Prevention. (2015). CDC national survey of maternity practices in infant nutrition and care (mPINC) in Utah - 2011 mPINC survey. Retrieved from <http://bit.ly/2kbEQRj>
15. World Health Organization. UNICEF. (2009). Baby-friendly hospital initiative: Revised, updated and expanded for integrated care. Geneva, Switzerland: World Health Organization. Retrieved <http://bit.ly/2kbJVJp>