

Education Strategies - Overview

- Goals of education
- Addressing different disciplines
- Achieving measurable outcomes



H. Dawson 2008

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Goals of Education



- 1. Viewing breastfeeding as the norm**
- 2. Awareness of the Baby-Friendly Initiative and the WHO Code**
- 3. Understanding of local, municipal, provincial or national breastfeeding policies**
- 4. Acquiring skills required to apply these policies**
 - Skill level depends on type of contact with pregnant or postpartum mothers
- 5. Awareness of local or provincial supports for breastfeeding women**

BFI and the WHO Code



- The Ontario Breastfeeding Committee (OBC) www.breastfeedingontario.org has all basic and Ontario specific information
- The Breastfeeding Committee for Canada (BCC) www.breastfeedingcanada.ca has information specific to Canada
- The World Health Organization (WHO) <http://www.who.int/nutrition/topics/bfhi/en/> has all information and documents related to implementation and education

Breastfeeding Policies



- **Are the cornerstone of education**
- **Step 2: “Train all health care staff in skills necessary to implement this policy”**
- **Each facility must develop a policy based on the BFI and WHO Code and reflecting their practice and circumstances**
- **Some provinces have provincial policies, but not Ontario**



The Ontario government has been lobbied to support the BFI and a breastfeeding strategy for Ontario

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Multi- or Inter-Disciplinary Education

- **Different disciplines have different learning styles and preferences**
- **Multi-disciplinary, multi-faceted education is the most effective**
- **Differentiation by skill levels required**
 - HRHD BFI Education (2007) level 1 – 4





Step by Step, Day-by-Day...

Point 2. Train all health care providers in the knowledge and skills necessary to implement the breastfeeding policy.

The focus of the Baby-Friendly Hospital Initiative external assessment is on breastfeeding outcomes. Nurses and others providing direct breastfeeding care must be able to demonstrate certain skills and effectively teach mothers basic breastfeeding skills. As well as speaking to mothers, the assessment process involves asking specific questions of staff who offer direct breastfeeding care, observing their actions and examining breastfeeding outcomes. Physicians/midwives and other employees must be prepared to answer questions regarding protecting, promoting and supporting breastfeeding. Education is important to ensure successful outcomes in the assessment process. In these times of fiscal restraint, hospitals and community health services have to be creative in achieving their educational goals.

For those providing *hands on* care, UNICEF recommends a minimum of 18 hours of education including 3 hours of supervised clinical practice. The education should be appropriate to the role of the employee or health care provider. The Ten Steps represent minimum practice guidelines for hospitals and the Seven Point Plan represents minimum practice guidelines for community health services. Therefore in striving for optimal care based on best practice, the BFI provides an evidence-

...that's the Baby Friendly way"

For example the UNICEF 18 hour course, *Breastfeeding Management and Promotion in a Baby Friendly Hospital* is not a self-study module and should not be used as one. Effective implementation of policies relies not only on knowledge, but also on the attitudes of the staff. Changing attitudes, though difficult and slower than acquiring knowledge, most likely occurs when a variety of strategies are employed.

For complete guidelines regarding education of staff, consult the Guidelines for WHO/UNICEF Baby-Friendly Initiative (BFI) in Canada, The Seven Point Plan and Practice Outcome Indicators For The Protection, Promotion and Support of Breastfeeding in Community Health Services (CHS) March 24,2004 and the Checklist: Breastfeeding Education for Hospital and Community Health Service (CHS) Employees, Physicians and Midwives.

These are available on the BCC website www.breastfeedingcanada.ca

Educating Health Visitors Increases Breastfeeding Rates

Research from Glasgow suggests that babies who are breastfeeding at the first routine health visitor contact at 10 days are twice as likely to be breastfeeding at the second routine health visitor contact at 6 weeks if the health visitor had received training in breastfeeding in the previous two years (OR 1.74). These results remain significant after controlling for socio-economic variables.

Addressing Different Skill Levels

- **Front-line workers who provide hands-on breastfeeding assistance in complex situations to clients and education to clients and other workers**
- **Front-line staff who provide hands-on breastfeeding assistance and education to clients**
- **Front line workers who provide breastfeeding education and support but no hands-on assistance**
- **Support workers who do not provide education or hands-on assistance but provide support to both clients and other workers**



Decision and Policy Makers



- Have a unique role
- Can make or break policies and their implementation
- WHO offers a course for decision-makers
http://www.who.int/nutrition/topics/BFHI_Revised_Section2.pdf
- The current snowballing of baby-friendly designated facilities in Ontario may act as a catalyst for decision and policy makers to become informed/educated

Basic BFI Education: The 20 Hour Course for Maternity Staff

- **INFACT CANADA**
http://www.infactcanada.ca/Lactation_Mgmt_Course.htm
- **Quintessence Foundation**
<http://www.babyfriendly.ca/courses.php>
offers level one (and two) training and courses for policy makers
- **Private organizations**
- **Hospitals or health units**



<http://www.who.int/nutrition/topics/bfhi/en/>

3.2 Session Outlines

| | |
|---|-----|
| Welcome Session | 22 |
| Session 1: BFHI: a part of the Global Strategy | 23 |
| Session 2: Communication skills | 30 |
| Session 3: Promoting breastfeeding during pregnancy – Step 3 | 52 |
| Session 4: Protecting breastfeeding | 75 |
| Session 5: Birth practices and breastfeeding - Step 4 | 83 |
| Session 6: How milk gets from breast to baby | 95 |
| Session 7: Helping with a breastfeed - Step 5 | 103 |
| Session 8: Practices that assist breastfeeding – Steps 6, 7, 8, & 9 | 120 |
| Session 9: Milk supply | 132 |
| Session 10: Infants with special needs | 142 |
| Session 11: If baby cannot feed at the breast – Step 5 | 155 |
| Session 12: Breast and nipple concerns | 165 |
| Session 13: Maternal health concerns | 184 |
| Session 14: On-going support for breastfeeding mothers – Step 10 | 192 |
| Session 15: Making your hospital Baby-Friendly | 205 |
| Closing Session | 224 |
| Clinical practice 1 – Observing and assisting breastfeeding | 225 |
| Clinical practice 2 – Talking with a pregnant women | 229 |
| Clinical practice 3 - Observing hand expression and cup feeding | 233 |

Quintessence Foundation

Host Organization

Quintessence Foundation, established in 1998, focuses on breastfeeding education to health professionals and the public through a variety of venues. Additionally the Foundation provides support to programmes having a positive effect on breastfeeding and the use of human milk. The Foundation was established by individuals who desire greater breastfeeding information and support be available. The Foundation is a registered non profit organization (Charitable number in Canada: 89941 1425 RR00001).

The Quintessence Foundation relies on contributions from individuals who wish to support the goal of greater breastfeeding education and abides by the World Health Organization Code of Marketing of Breastmilk Substitutes and does not accept funding from sources associated with the marketing of breastmilk substitutes.

Contact information:

www.babyfriendly.canada.com or see the website: www.babyfriendly.ca

Write to Quintessence Foundation, Suite 501-4438, West 10th Ave., Vancouver, B.C. V6R 4R8

Education Opportunities



- **CAPPA Canada offers courses for Lactation educators to members of CAPPA only**
<http://www.cappa.net/canadatraining.asp>
- **RNAO offers: Breastfeeding: Fundamental Concepts: A Self-Learning Package**
<http://www.rnao.org/Page.asp?PageID=122&ContentID=1273>
- **ILCA provides a directory of courses including some online from the US and Australia**
<http://www.ilca.org/dirofcourseproviderslist.html>
- **ILCA also provides a checklist on what constitutes an acceptable course**

Educational Opportunities cont'd

- Newman **Breastfeeding** Clinic & Institute (NBCI) offers classes that are open to both clients and practitioners
www.drjacknewman.com



Opportunities For Physicians

- 2 MDs from CWRU, University Hospitals of Cleveland have developed an online course: **Breastfeeding Basics**
<http://www.breastfeedingbasics.org/>
- At St Joseph's Healthcare, Hamilton 3 physicians, 1 dietitian and 2 lactation consultants developed a workshop: **Breastfeeding – What Physicians Need to Know**



Educational Opportunities for Support Workers

- www.smdhu.org/breastfeedingcourse is course for those who support pregnant women but do not needs hands-on skills.
- BSRC is adapting it to fit a wider audience of all workers who need to know about BFI, the WHO Code and how to support pregnant and postpartum mothers to achieve good breastfeeding outcome





Healthy Mothers, Healthy Babies Breastfeeding Course



HEALTHY MOTHERS, HEALTHY BABIES: BREASTFEEDING COURSE

We know
what's best
for our baby.
Breastfeeding.

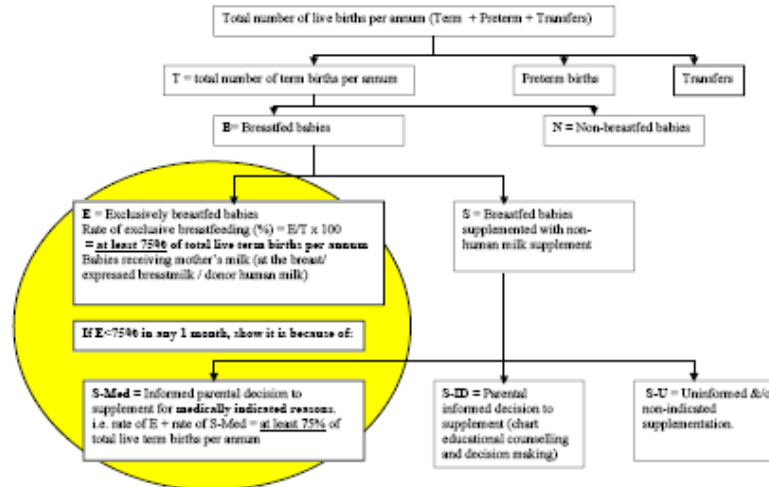


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Education Must Achieve

- Outcomes that are measurable through
 - Change in practice
 - Data collection
 - The outcome indicators

The Breastfeeding Committee for Canada
Calculation Of Exclusive Breastfeeding Statistics: Hospitals & Birthing Centres



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Achieving Change in Practice

- **Change theory**
- **Stages of change**
- **Attitudes versus knowledge**
 - Education alone is not enough
 - Support for staff is needed
 - Mentoring and clinical hours are important
 - Research has shown that attitudes will change with continuing education



Data Collection or Client Surveys

- **Are proof that staff education is making a difference in practice**
- **As breastfeeding assessment skills, assistance with early problems and good birth practices increase, exclusive breastfeeding will also increase**
- **Client surveys can provide a quick snapshot and give additional qualitative information**

Data collection provides continued monitoring and evaluation



Using the Outcome Indicators

- Find the outcome indicators at:
www.breastfeedingontario.org
- And Appendices 3, 4 and 5:
 - *The Baby-Friendly™ Initiative*
Checklist: Breastfeeding Education for Hospital and Community Health Service (CHS) Employees, Physicians and Midwives



Step 2. Train all health care providers in the knowledge and skills necessary to implement the breastfeeding policy.

Educate health care staff in skills necessary to implement the policy.

The manager responsible for client programs or services (or alternate) reports that

- all health care staff having any contact with mothers, infants and/or children receive education on the implementation of the breastfeeding policy and is able to describe how this instruction is given.**
- all staff members caring for women and infants have participated in breastfeeding and lactation management education or, if new, have been oriented on arrival and scheduled for education within six months.**

Education of staff is appropriate to their function. For those directly involved with breastfeeding assessment, support and intervention, all of the 10 Steps are addressed. For this staff group, at least 18 hours (reflecting the core content as outlined in the UNICEF/WHO “18 hour course”) including 3 hours of supervised clinical instruction is strongly recommended.

A copy of the curricula or course outline for education on breastfeeding and lactation management for various disciplines of staff is available for review. A schedule for education of new employees exists.

Staff members providing direct care (of a random sample, at least 80%)

- confirm they have received the described education or, if they have been employed in the facility less than six months, have at least been oriented to the policy**
- are able to correctly answer 4 out of 5 questions on evidence-based breastfeeding care (see: *The Baby-Friendly™ Initiative Checklist: Breastfeeding Education for Hospital and Community Health Service (CHS) Employees, Physicians and Midwives, Appendices 3, 4, 5*).**

BFI Policy and Education



- Are usually the most challenging steps (points) to achieve
- Lots of blueprints, resources and strategies are now available to put these steps (points) into practice



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