

Step 2 – Staff Training Requirements

Q & A

2010 Guidelines & Evaluation Criteria

Step 2: Train all health care staff in the skills necessary to implement this policy
please refer to the 2010 Guidelines & Evaluation Criteria

Step 2 of the Ten Steps to Successful Breastfeeding is to assure that all staff members who are caring for mothers and babies on a regular basis have the current knowledge and skills to provide appropriate, evidenced-based family-centered care and support to mothers and babies about infant feeding. Facilities have wide latitude in how they may meet the training requirements outlined in Step 2 of the Guidelines and Evaluation Criteria.

The goal is to deliver state-of-the-art care and support best practices for mothers, infants and children. In maternity care this is provided through highly skilled, well-educated staff that is up-to-date on current evidence based practices. Staff knowledge and skills are ultimately the tools necessary to implement breastfeeding policy and best practice.

Research has shown a positive impact on breastfeeding outcomes; including increasing Baby Friendly Hospital Initiative compliance, breastfeeding rates and breastfeeding beliefs, when healthcare staff are adequately trained.^{2,3,4,5,6} The most effective training programs should be a combination of didactic, counseling and clinical skills.¹ Improving both confidence and competence in staff breastfeeding knowledge has also shown to increase breastfeeding outcomes.^{1,3} As the research strongly indicates, adequate training of staff is imperative to implement best practices in maternal and child care, and to promote, protect and support breastfeeding.

1. How many hours are required to meet the guidelines?

Training for maternity care staff should emphasize content and staff competency, rather than hours. The criteria for evaluation states that training should include, at minimum, all 15 sessions identified by UNICEF/WHO which has been estimated to take approximately 20 hours (see *Appendix A in the 2010 Guidelines and Evaluation Criteria*). Depending on prior knowledge and experience this may take shorter or longer to complete.

Evidence suggests interactive and didactic educational experiences can increase behavior, confidence and knowledge.^{1,3,4} Comprehensive, in-depth, competency based training of healthcare can lead to the implementation of best practices for maternal/child care, including increasing rates of breastfeeding initiation and duration.^{1,3,4}

2. Are the 5 hours of supervised clinical experience in addition to the 20 hours of training?

NO – the 5 hours of supervised clinical experience is part of the total training requirements in order to meet the minimum knowledge & skill competencies.

The BFHI requirements include competency verification as a part of the 20 hours of training. The vision included in the Guidelines and Evaluation Criteria is for 15 hours of instruction and 5 hours of competency verification. However, there is flexibility regarding this vision.

3. What topics should be included in the health care provider education?

All health care providers (*Physicians, Midwives, Physician Assistants and Advanced Practice Registered Nurses (APRNs)*) must have a true understanding of the benefit of exclusive breastfeeding, the physiology of lactation, how their specific field of practice impacts lactation and how to find out about safe medications for use during lactation. It is also suggested that health care providers know who to refer a mother to for help.

4. It is too expensive to send all of our staff to an external 20+ hour breastfeeding training course. Are there any other options to fulfill the training requirements that are more cost effective?

YES – there are many cost effective ways to achieve the required knowledge, skills & competencies. Some examples include, but are not limited to:

- *Incremental Training delivered by a qualified hospital employee (ex: Lunch & Learn – 1 hour program during lunch once per week or twice per month, webinars, online courses)*
- *Facility Designed Self-contained Learning Modules (The BFHI requirements allow facilities to utilize self-contained learning modules developed by the facility and/or outside sources. These modules should be reviewed to assure that they are current, evidenced-based and cover all of the required topics.)*
- *On-line Training (Free and minimal cost programs exist. These programs should be reviewed to assure that they are current, evidenced-based and cover all of the required topics.)*
- *Past Training*
 - The BFHI requirements allow facilities to conduct skills inventories and/or accept documentation from existing employees and newly hired employees of their participation in training programs that cover one or more of the required topics. The type of acceptable documentation may be determined by the facility. Such documentation may include certificates of attendance or sign in sheets and an agenda showing which topics were covered.
 - In some cases, a facility may have conducted a training program prior to the decision to work towards Baby-Friendly designation. In this situation, documentation of participation in the program may not exist. Facilities may address this by preparing and distributing a description of the training program and ask the staff to verify their participation. Staff recollection may be documented. The facility must verify that staff members claiming to have participated in a specific training were actually employed during the time period the program was offered and likely to have participated. In all cases where past training is accepted, the facility must verify the competency of the staff in the specific topic area.
 - **Here is a list of low-cost training opportunities that can target large groups of people:**
 - i. Workshops
 - ii. Lectures and conferences
 - iii. In-services at staff meetings
 - iv. Journal articles/Journal Clubs

- v. Case studies
- vi. Self-study
- vii. Clinical training and role playing

5. My facility would like to conduct its own in-house training. What are some ideas and examples for in-house training which would meet the evaluation criteria?

- The facility must be sure their program covers all 15 sessions identified by UNICEF/WHO, including the specified course subtopics and competency skills.
- Some examples of how to implement this form of training include: presentations in a classroom setting, self-contained learning modules and/or on-line training through a hospital e-learning system.
- The trainer/module designer must be properly credentialed to teach/design the topic(s). The facility must also be sure that staff competencies are verified and documented.

6. Can more than one type of training style or program be conducted?

YES - The BFHI requirements allow facilities the option of using a combination of methods for meeting the training requirements.

7. What type of training documentation is required to be maintained on file?

The assessors will need to review a summary report of all staff training combined into one document which includes employee name, training course name & date of completion. At minimum you would want to include documentation on each of the required 15 sessions. BFUSA offers an example Excel spreadsheet to illustrate the required documentation the assessors will be looking for. This tool, titled “DEV_8_A_Staff_Training_Documentation”, will be provided during the Development Phase of the 4D pathway. You are welcome to use this exact form or develop your own. We would also expect evidence of individual staff training be kept on file as supporting documentation.

Examples of Evidence to support summary documentation:

- Documentation of all curriculum & course materials if training is developed and delivered internally (i.e. handouts, outlines, presentations, tests, journals, etc.)
- certificates of attendance, certificates of completion

8. Can hands-on coaching and competency verification count towards the overall training requirements?

YES - a facility may offer a shorter training program followed by more intensive competency verification. For example they may provide 30 minutes of instruction on a topic followed by 30-60 minutes of competency verification, where a “superuser/trained expert” observes and coaches the staff performing the tasks. The BFHI would see this as 60-90 minutes of training.

- **Verification:** Meeting the specified session criteria can be met as long as competency in that area is verified and documented.
Examples of verification include but are not limited to: written, verbal or on-line test, observation by trained expert, advanced training or certificate approved by facility to meet specified facility criteria.

The BFHI requirements include competency verification as a part of the 20 hours of training. The vision included in the Guidelines and Evaluation Criteria is for 15 hours of instruction and 5 hours of competency verification. However, there is flexibility regarding this vision.

9. What external training programs are approved by Baby Friendly USA?

Baby Friendly USA does not endorse or approve specific training programs. Facilities should carefully select programs that cover all of the topics outlined in the Guidelines & Evaluation Criteria. The selection of a specific training program is up to the discretion of each individual facility.

Due to the new prominence of breastfeeding in the national public health agenda, there are many opportunities for staff members to participate in breastfeeding training programs offered outside of the facility. Such opportunities include professional conferences, breastfeeding coalition meetings, etc.

There are also many excellent training companies run by lactation consultants and other health professionals that offer programs that meet the training requirements of the BFHI. Some companies offer train the trainer programs where facility staff may learn how to develop and teach a course that meets the BFHI requirements.

Staff members may be provided with the list of required topics for training and encouraged to participate in programs offered outside of the facility that meet some or all of the BFHI training requirements. They must obtain documentation of their participation in the program and an agenda that indicates which topics were covered.

10. Does our facility have to develop our own training materials and/or modules?

NO – The BFHI requirements allow facilities to utilize self-contained learning modules & training materials developed by outside sources that are compliant with the International Code of Marketing of Breast-milk Substitutes. These modules should be reviewed to assure that they are current and cover all of the required topics.

Things to keep in mind when choosing a staff training program:

- a. The required 5 hours of skills competencies can fulfill part of the overall training requirements.
- b. It is the facility's responsibility to ensure that the training curriculum covers all 15 sessions identified by UNICEF/WHO, including the specified course subtopics and skills competencies.
- c. It is also the facility's responsibility to verify and document competency. We suggest keeping a record of all staff training status and routinely update.

11. Can we develop our own internal training?

YES - Many facilities develop their own materials, e-learning modules and conduct in-house instruction. The training developed must be current, evidenced-based and cover all of the 15 required topics.

Another option is “Train-the-Trainer” programs. Facilities select staff to attend training specifically designed to address the learning and competency verification requirements of the BFHI. These staff members then take on the responsibility for in-house training.

12. Does previous staff training meet the training guidelines and evaluation criteria?

If you can verify that previous training or certification covers the required 15 lessons with subtopics – then that would count as fulfilling the BFUSA training criteria. Of course you would still want to verify competency with 5+ hours of skills/clinical.

It is up to your facility to decide whether or not you would like to accept previous staff training and whether or not it meets your policy training criteria. As long as a staff member is trained in all areas that are required and can provide documentation and clinical verification, then they would meet the BFUSA guidelines and evaluation criteria.

13. Does BFUSA provide a curriculum for the required training sessions?

Appendix A of the 2010 BFHI Guidelines & Evaluation Criteria document outlines a curriculum for training sessions.

14. How much training time should be allotted to training staff who work outside of maternity?

Training time for staff outside maternity is left up to the hospital’s discretion. Training should be appropriate to the ten steps and it is the hospital’s responsibility to ensure that the type of training is adequate and necessary for these staff to become competent in their job duties.

15. Is it OK for staff education to come from industry? If it is OK, is this delineated by whether the company is Code Compliant or not.

It is always appropriate for companies to provide specific, factual education about their products. As far as education beyond the use of their products, the excerpt from 4.1 of the International Code of Marketing of Breastmilk Substitutes offers some guidance regarding training. Staff education should be provided by those with no commercial ties as this can easily slip into a conflict of interest situation. There are many sources for obtaining staff education that are independent of commercial interests. Educators should have no goal other than to provide current, evidence-based information to hospital staff.

Baby-Friendly USA, Inc. does not review or endorse training programs, materials, products or companies. Facilities should conduct their own evaluation of programs, materials and products to be sure they are current evidence-based, cover the required topics and free from commercial interests.

16. Should training of new staff begin or be completed within six months of their arrival?

Ideally, training should commence within six months of the employee’s commencement and if possible be completed by that time.

17. Can the facility accept training that occurred prior to employment from new employees?

It is the facility’s decision to accept previous training from new employees. This decision along with the types of documentation that will be accepted should be included in the facility’s training

plan. It is the facility's responsibility to verify the competencies of the previous training they plan to accept.

18. If current staff have prior training, do they need to be re-trained?

That will depend if their prior training covered all the required topics identified in the BFUSA Guidelines and Evaluation Criteria and are up-to-date with current literature/evidence. If there are gaps from previous training, facilities will only need to train employees to cover these gaps. It is up to the facility to verify and document topics covered by previous training. This can usually be achieved by obtaining and reviewing the curriculum & course objectives/agenda of the training sessions a staff member might have previously undergone.

19. What is the acceptable time-frame from which previously trained staff were last trained?

There is no defined time limit. However, hospitals can verify if there have been any updates to the topics that were taught to that staff at their initial time of training.

20. Are there any resources on breastfeeding for physician or nurses training?

Yes there are many wonderful resources on breastfeeding for physician training available, some of which carry CME credits. The BFHI encourages facilities to use the best training resources available and suitable for their facility. This may include the use of one, or a combination of several free or relatively inexpensive educational tools so as to garner the full requirements needed to fulfill the Evaluation Guidelines and Criteria.

21. How much will it cost to train staff at my hospital?

Training costs will vary depending upon decisions made by the facility regarding the method of training. The BFHI allows facilities the flexibility to decide what method of training they will implement. This will allow the facility to decide what training method is most cost-effective for them on an individual basis, since cost is different for each facility. Cost of training at a facility will be dependent on many factors such as the facility's staff size, the method of training implemented (for e.g. a facility may decide to train staff during their lunch break – 'lunch and learns'), the cost of covering the floor during training periods of regular staff, etc.

References:

1. Cadwell, K., Turner-Maffei, C. (2009). *Continuity of care in breastfeeding: Best practices in the maternity setting*. Sudbury, MA: Jones and Bartlett Publishers.
2. Cattaneo, A., & Buzzetti, R. (2001). Effect of rates of breastfeeding of training for the Baby Friendly Hospital Initiative. *British Medical Journal*, 323, 1358-1362.
3. Hillenbrand, K. M., Larsen, P. G. (2002). Effect of an educational intervention about breastfeeding on the knowledge, confidence and behaviors of pediatric resident physicians. *Pediatrics*, 110(5), e59.
4. Martens, P.J. (2000). Does Breastfeeding Education Affect Nursing Staff Beliefs, Exclusive Breastfeeding Rates, and Baby-Friendly Hospital Initiative Compliance? The Experience of a Small, Rural Canadian Hospital. *Journal of Human Lactation*, 16(4), 309-318.
5. Taddei, J.A. Westphal, M. F., Venancio, S., Bogus, C., & Souza, S. (2000). Breastfeeding trainings for health professionals and resultant changes in breastfeeding duration. *São Paulo Medical Journal*, 118(6), 185-191.
6. Winikoff, B., & Baer, E. C. (1980). The obstetrician's opportunity: Translating "breast is best" from theory to practice. *American Journal of Obstetrics & Gynecology*, 138(1), 105-117.