

IDF Webinar Questions/Answers 10.1.19 Webinar

Questions were answered by DBM (Dr. Brown's Medical), or any of our speakers.

To DBM

Our hospital is designated Baby Friendly, and I have been hearing that IDF is no longer in compliance with this designation and hospitals need to have a plan for 2020. Can you comment on this?

A: DBM – While we can't speak to BFUSA's position, this webinar outlined the success of the IDF™ program. The intention and goal of the educational program is to empower and educate neonatal professionals as they assist infants in the NICU with the transition to oral feeding by providing safe, pleasurable, and nurturing experiences for each infant and family. Dr. Brown's Medical stands by the IDF™ program, with its proven, positive outcomes that speak for themselves. We continue to discuss this matter with BFUSA and will keep you apprised of any new developments regarding this relationship. If you have questions regarding the IDF™ program or Dr. Brown's Medical, please feel free to contact us. If you have specific questions about IDF™'s compatibility with Baby-Friendly USA, we recommend you contact that organization directly.

A: Reply from Elizabeth

According to Baby Friendly USA:

"Although the Guidelines and Evaluation Criteria (GEC) does not specifically address ownership of an educational program by a manufacturer of feeding supplies, this issue is addressed in the World Health Organization's 2018 Implementation Guidance, "Protecting, promoting and supporting Breastfeeding in facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Initiative." In pertinent part, the 2018 Implementation Guidelines state that "[h]ealth professional meetings should never be sponsored by industry and industry should not participate in parenting education [p. 12]." Because the Infant-Driven Feeding™ program is now owned by industry (Dr. Brown's™ Medical) and consequently, industry is participating in parental education, the ownership of the program is inconsistent with requirements of the Code and thus inconsistent with the GEC."

GUIDANCE TO FACILITIES

"BFUSA recognizes that many facilities started using this program prior to its acquisition by Dr. Brown's Medical. Therefore, it is understood that a transition period is necessary. Facilities using this program must transition to a new option by September 1, 2020."

There is a clear misunderstanding of the role of Dr Brown's™ Medical in the dissemination of IDF™ and the information presented within the educational programming. IDF™ is an educational program for NICU staff. IDF™ is a breast-feeding supportive program that emphasizes the importance of breastfeeding and breast milk for preterm infants. It is not a parent education program. It is not a meeting. It does not promote use of bottles for replacement of breast feeding. All principles of IDF™ can be applied to breast feeding with supplemental support for bottling safely when bottling is a necessary alternative, which is a consistent reality for infants born prematurely.

IDF™ aligns with the following BFH initiatives:

Step 5 Show mothers how to breastfeed (proper position and attachment) .

Step 7 Practice rooming-in – allow mothers & infants to remain together – 24 hours a day.

Step 8 Encourage breastfeeding on demand.

Further education and conversation between BFHI and Dr. Brown's will be necessary to improve understanding of the program. To this date, there is not another more effective premature infant feeding education program than IDF™.

Q: To Mary Beth

You were saying that at first you just had the scales and it wasn't working too well until your whole unit went through the online modules? Why was it different?

A: Mary Beth - *I think the online modules really provide the depth of the education. You know how you teach something and "Ya, I get it, I know." But those online modules were so thorough and well done that they only reinforced everything we've ever tried to teach in a much more formal manner. And everybody heard the same thing. You can do so much on your own, but I really feel the program pulled it together with credibility beyond. You know how you can't preach to your own choir sometimes.*

To Speakers

How did you convince the neonatologist to get on board?

A: Mary Beth – *At that time we had people who really were willing to listen to the struggle we were having. We were having these discussions and not using the same language and we shared some of this information and then it was obvious that here's how we talk to each other.*

A: Kelly – *I would also say in my presentation we did have the summary of previously completed research to show that IDF models decrease time to full feeds and decrease length of stay so when it came time to speak to neonatologists, evidence always speaks volumes so that was helpful to promote the program and get change.*

A: Elizabeth – *I would say I agree with everyone. We also had a few Neos that came to our department who were new, and they were using IDF where they came from and they were advocates and that really helped the process.*

To Speakers

Did staff have any technical difficulties with the course?

A: Kelly – *We really didn't have any technical difficulties in terms of technology or being able to access the online module - Once our technology department in our hospital was able to work with Healthstream in order to get it going.*

A: Mary Beth – *I would agree we had no problems whatsoever. It was nice and smooth. We just had to get our nurses to sit for a few hours.*

To DBM

What is the cost for implementing an IDF™ program?

A: DBM The cost of the IDF program is variable. The course also provides 4.7 nursing CEs for nurses. For questions about what program package is best for your facility, complete the form on the following URL, request information about the program and a clinical liaison will contact you.

<https://www.drbrownsbaby.com/medical/contact/>

To DBM

Are there any packaged materials for purchase or resources available for ongoing support/reinforcement vs. implementation?

A: DBM – Not currently, but this is a goal for 2020. Many hospitals complete IDF™ and then need refresher courses and support down the road. We intend to help with this in the future. For questions about what program package is best for your facility, complete the form on the following URL, request information about the program and a clinical liaison will contact you. <https://www.drbrownsbaby.com/medical/contact/>

To DBM

What is the best way of cleaning the Dr Brown's bottle?

A: DBM - For the hospital setting, we provide Suggested Guidelines for Cleaning, intended to be used for supporting individual hospital cleaning requirements and/or infection control policies and protocols. A short summary would be that bottles and nipples are cleaned after each use with soap and water and then sanitized via steam bags every 24 hours. To receive the specific cleaning policy, please contact your Dr. Brown's Medical Clinical Liaison or go to <https://www.drbrownsbaby.com/medical/products/cleaning-products/>

Q: To DBM

Will the IDF parent handout be available for purchase? It is a shame to re-invent the wheel!

A: DBM – This handout will be included in the package once your facility purchases the IDF™ program or if you have purchased the program for your unit, you can reach out to Dr. Brown's for more information. For questions about what program package is best for your facility, complete the form on the following URL, request information about the program and a clinical liaison will contact you.

<https://www.drbrownsbaby.com/medical/contact/>