

Decision-Making Needs, Challenges, and Opportunities Among Health Care Professionals Supporting Infant Feeding Choices

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Disclosure

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I have no associations with any companies or commercial entities that may have a impact on the subject matter for my portion of the presentation.

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I have received contract funding from Provincial Health Services Authority to conduct research on infant feeding services.

Parents' stories



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Objectives

- Discuss how shared decision-making can be used to guide infant feeding choices
- Understand decision-making in a Baby-Friendly context
- Report results of a project to create a health care professional decision-making tool to support infant feeding choices

We want to hear from you...

- What does shared decision-making mean to you?
- What are some barriers for you to engage in shared decision-making?
- What can be done to overcome those barriers?

Evidence base to practice & self-efficacy

The importance of breastfeeding are evidence based, but the ***mechanisms*** for supporting all families, including those who do not breastfeed, to feel confident in their decisions & relationship with their baby require practical and emotional support.

UN Convention on the Rights of the Child focus

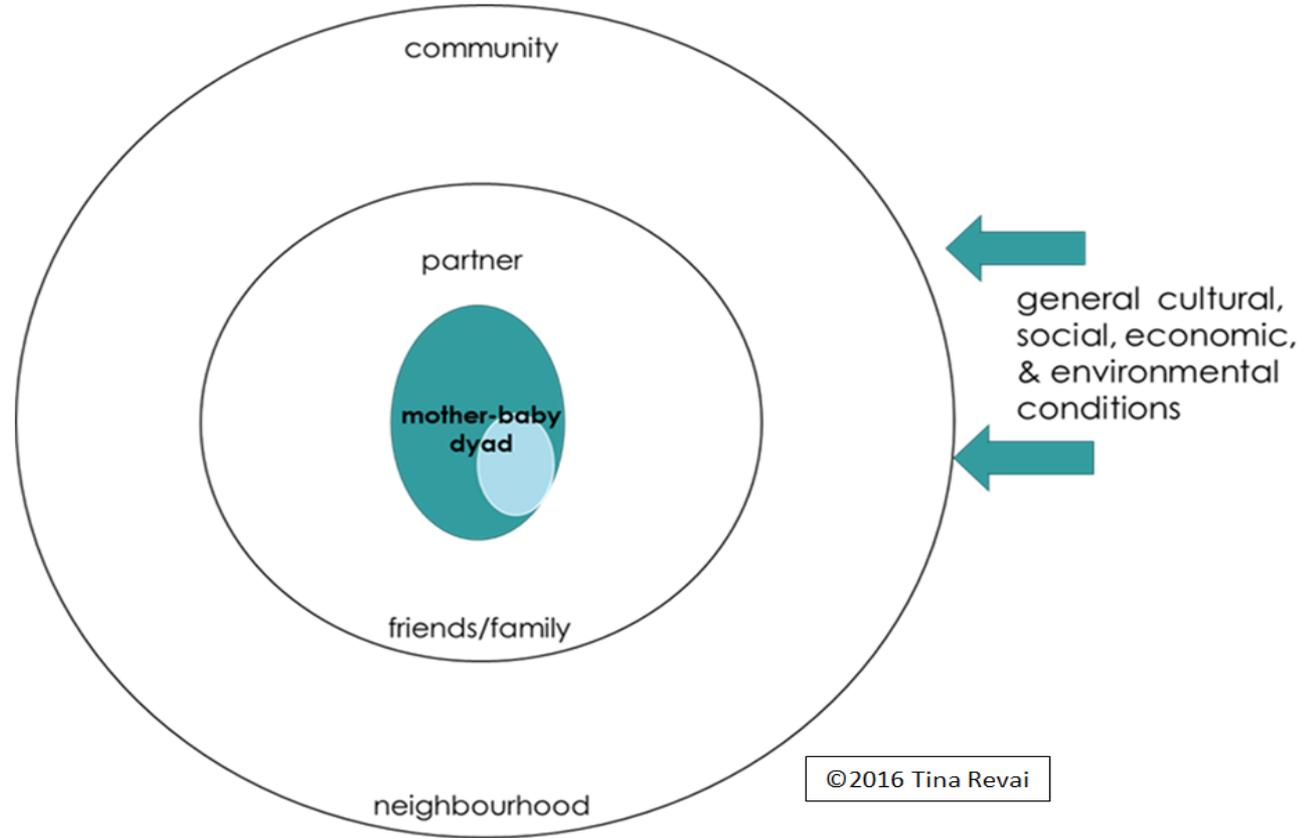
The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards

http://www.unicef.org.uk/Documents/Baby_Friendly/Research/baby_friendly_evidence_rationale.pdf

Acknowledging the Complexity

- Values, beliefs and experiences with breast and formula feeding
- Variations in knowledge and familiarity with research
- Variations in dominant perspectives of different disciplines
- Shifts in thinking re normalizing breastfeeding and understanding formula as the option with risks

Social Ecological Theory - Breastfeeding



Acknowledgements –
Presentation: Revai, T.* 2018

Components

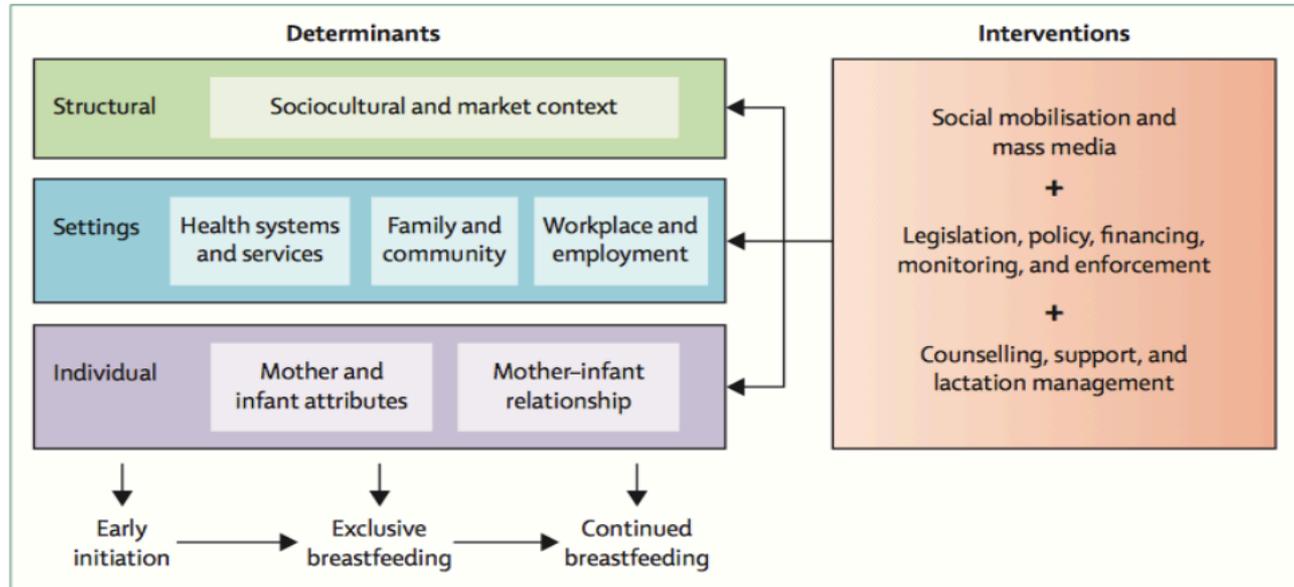


Figure 1: The components of an enabling environment for breastfeeding—a conceptual model

[http://thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)01044-2/fulltext](http://thelancet.com/journals/lancet/article/PIIS0140-6736(15)01044-2/fulltext)

“Without this socio-cultural knowledge any interventions may fail due to contradictory cultural beliefs and or/constraints upon families in taking up or implementing designated changes”

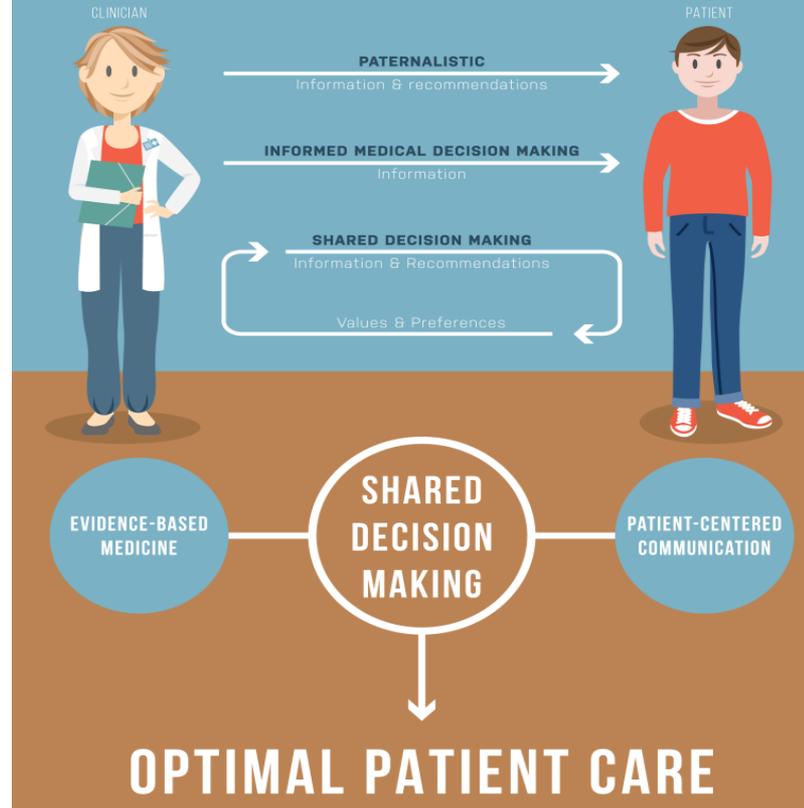
(Dykes, 2011)

Role of the HCP: Points of Influence

When making health-related decisions clients often seek information from health care providers who need to be able to provide information about health issues in an objective manner.



TYPES OF DECISION MAKING



ref: Therapeuticassociates.com

CLINICIAN

PATIENT



PATERNALISTIC

Information & recommendations

INFORMED MEDICAL DECISION MAKING

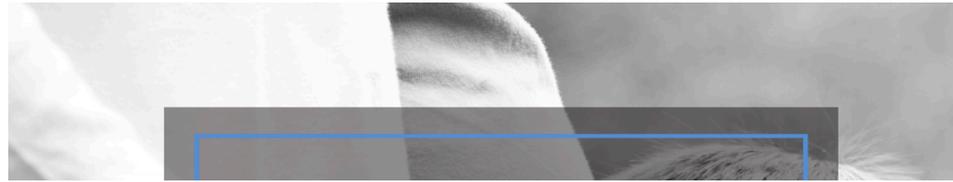
Information

SHARED DECISION MAKING

Information & Recommendations

Values & Preferences

OPTIMAL PATIENT CARE



1.2 Shared Decision-Making

Shared decision-making is based on the principle that the woman's self-determination is an essential component of her care. It follows that HCPs would choose to support this goal. Shared decision-making involves:

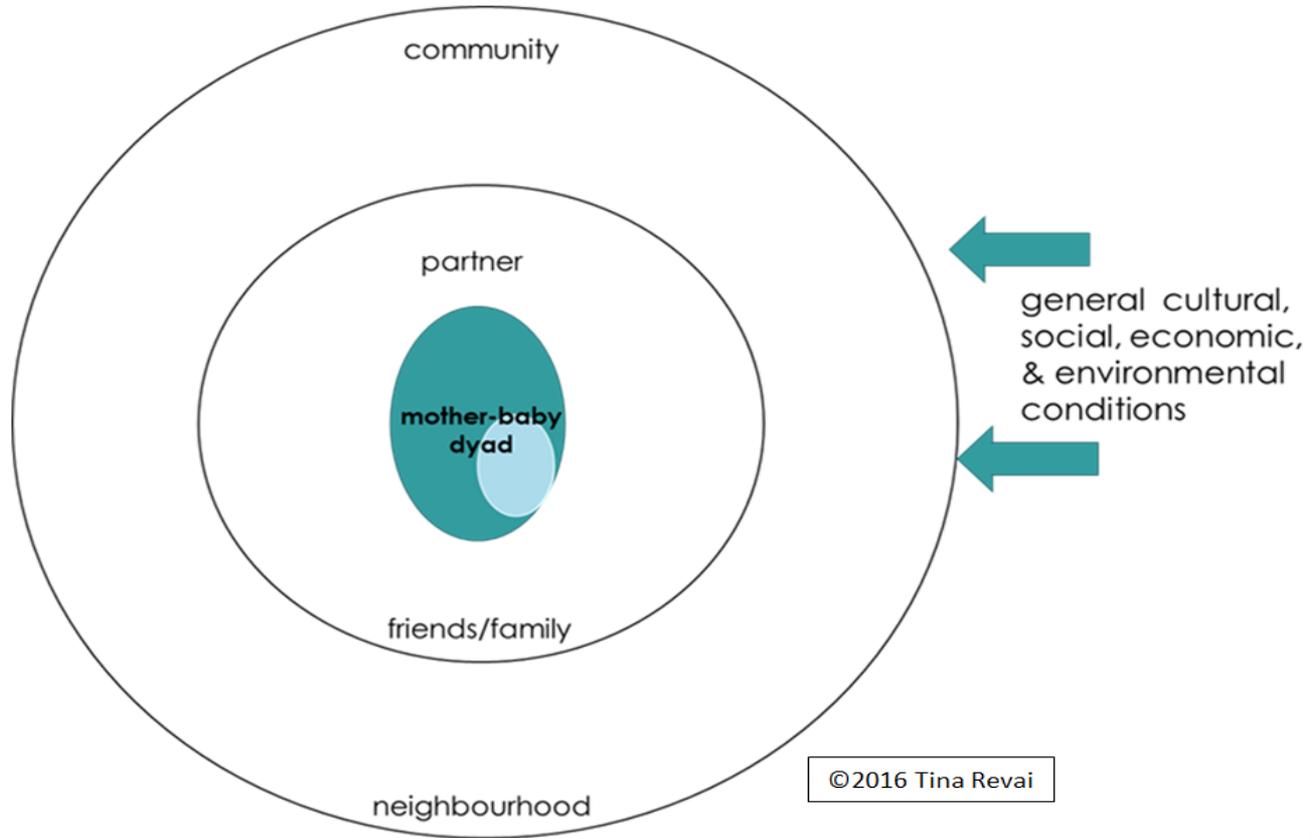
- Explaining the right to choose;
- Describing options; and
- Helping families explore preferences and make decisions.

What is shared decision-making?

It is a model in which the patient, family, and their health care team engage in nine core steps:

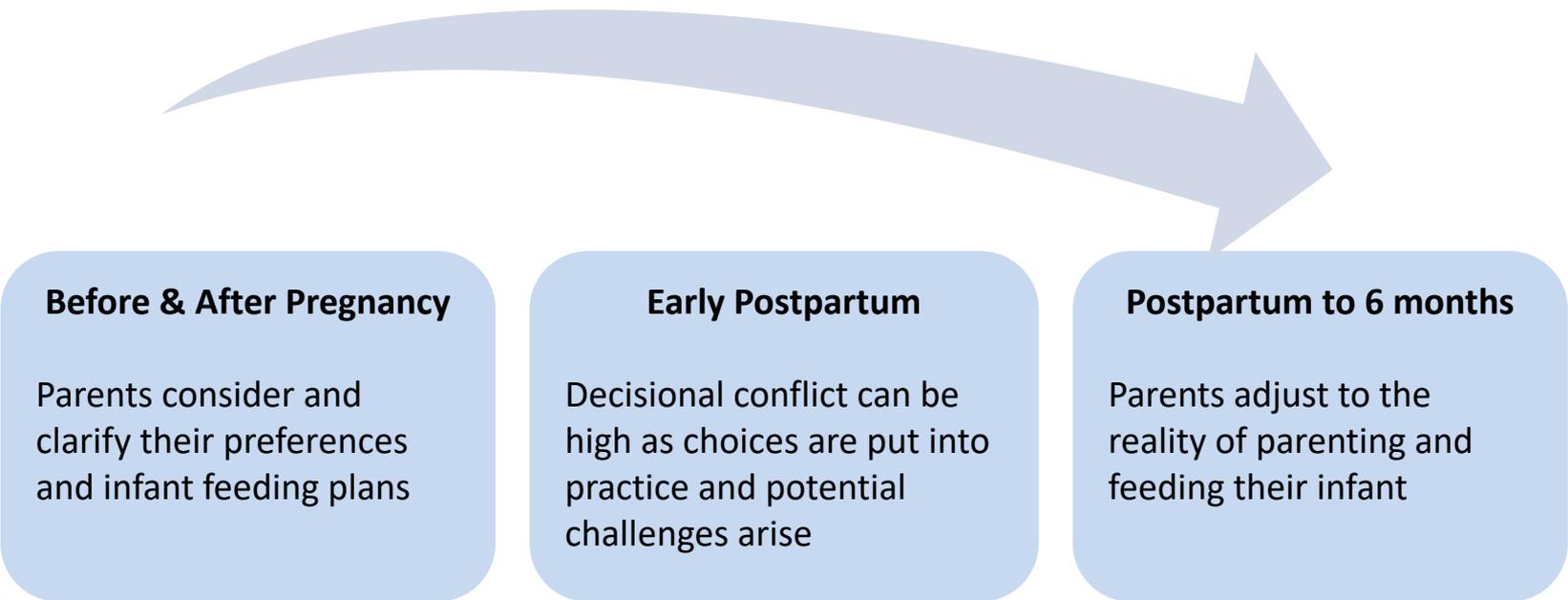
1. Identify the decision
2. Describe the health problem
3. Exchange information on options, and their pros and cons
4. Exchange information about the parent(s) values/preferences
5. Discuss the parent(s) ability to follow through with a plan
6. Discuss the provider's knowledge and recommendations
7. Check understanding
8. Make or explicitly defer a decision
9. Arrange follow-up

Who is involved in infant feeding choices?



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When does decision making happen?



Provincial Needs Assessment

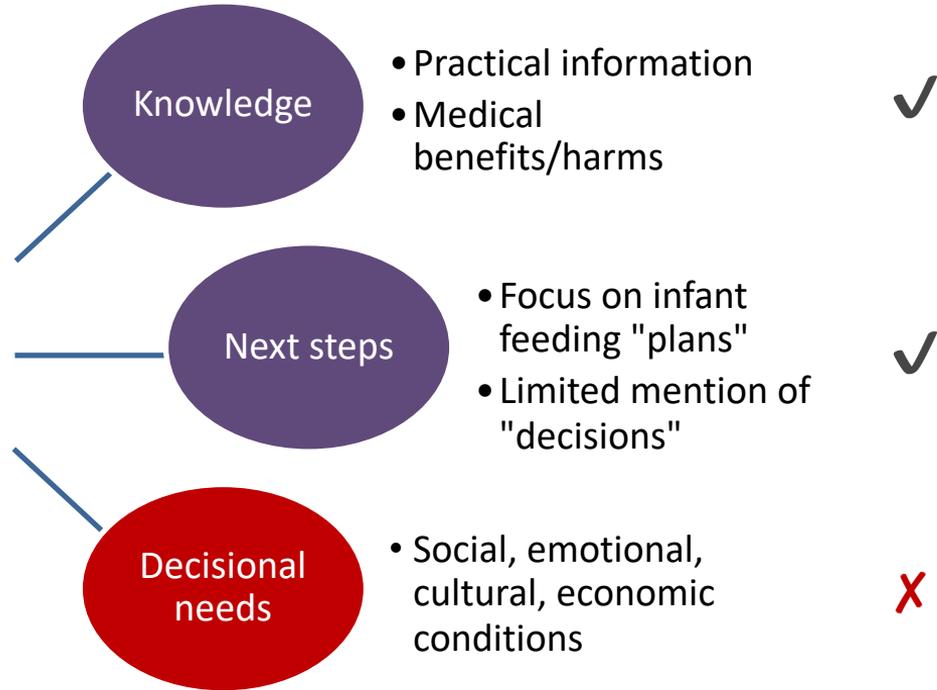
Participant	N (28)	(%)
Health profession*		
Registered nurse	15	(53.6)
Public health nurse	5	(17.9)
Dietitian	3	(10.7)
Physician	2	(7.1)
Midwife	2	(7.1)
Lactation consultant	1	(3.6)
Health authority		
Vancouver Coastal	10	(35.7)
Island	9	(32.2)
Interior	5	(17.9)
Northern	2	(7.1)
Fraser	2	(7.1)

What we learned

- Participants misunderstood that “shared” decision-making is about a process
- Perceived by some to have low feasibility for routine practice.
- For Indigenous and newcomer communities, “healthcare professionals” can include peer workers

What we learned

Healthcare professionals support parents with **“teaching,”** often tailored to parent’s existing knowledge base.



Process:

- Understanding Decision Making in a Baby-Friendly Context
 - Support parents' decision making journeys, whilst ensuring that decisions to breastfeed are enabled and protected
 - Many health care providers have voiced concern about having any conversation that addresses formula information

What is “Baby-Friendly” (BFI)?

- BFI is a global population health strategy, based on evidence, designed to improve health
- Supports **ALL** families while it protects, promotes and supports breastfeeding
- BFI helps to create that right environment for families to achieve their infant feeding goals
- The underlying philosophy of the BFI is based on the principles of family centered care.

BFI 10 Steps

BFI 10 Steps

- 1 Have a policy
- 2 Staff education
- 3 Prenatal education
- 4 Skin-to-skin care
- 5 Breastfeeding support
- 6 Support exclusive BF*
- 7 24 hr rooming-in
- 8 Responsive feeding & BF > 6M
- 9 Artificial teats
- 10 Community/pop health

*unless supplements medically indicated

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and Compliance with the International Code of Marketing of Breastmilk Substitutes (Breastfeeding Canada, 2017)

Each of these steps is further broken down into practice outcome indicators which are crucial to the BFI process and may be viewed on the BCC website at www.breastfeedingcanada.ca/documents/2012-05-14_BCC_BFI_Ten_Steps_Integrated_Indicators.pdf

What is the BFI Context for Infant Feeding Decision Making?



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Outcome Indicators



- **Step 2 (staff education)** – On how to assist mothers to make informed decisions regarding infant feeding
- **Step 3 (prenatal)** – Mothers who have made an informed decision receive written materials on human milk substitutes
- **Step 5 (assist to breastfeed)** – Mothers supplementing or not breastfeeding report they:
 - Received information to support an informed decision
 - Were assisted to choose what is acceptable, feasible, affordable, sustainable and safe (**AFASS**)

Outcome Indicators



Step 6:

- Mothers of babies younger than about six months confirm that their baby is exclusively breastfed, or that they ***made an informed decision*** to supplement for a medical or personal reason.
- Mothers, including those mothers with babies in special care who have ***made an informed decision*** not to breastfeed, report that the staff discussed feeding options with them and supported their informed selection of an appropriate human milk substitute (commercial infant formula).

Outcome Indicators



BFI supports decision making process includes discussing:

- A parent's concerns
- Importance of breastfeeding for baby, breastfeeding parent, family and community
- Health consequences for baby and parent of not breastfeeding
- Risks and costs of human milk substitutes
- Difficulty of reversing the decision once breastfeeding is stopped

Breastfeeding Rates - BC

Indicators	2018-2019 Fiscal Year
Initiation Rate	96%
Rate of infants exclusively breastfed at hospital discharge	65%
Exclusivity at 6 months	41%
Breastfeeding supplemented with formula at hospital discharge	31%

Data Source: BC Perinatal Data Registry Fiscal Year 2018-2019
Stats Canada 2017

According to data, the majority who use formula start with breastfeeding

Where do I start?



Where do I start?

It is a model in which the patient, family, and their health care team engage in 9 core steps:

1. Identify the decision
2. Describe the health problem
3. Exchange information on options, and their pros and cons
4. Exchange information about the parent(s) values/preferences
5. Discuss the parent(s) ability to follow through with a plan
6. Discuss the provider's knowledge and recommendations
7. Check understanding
8. Make or explicitly defer a decision
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Where do I start?

Exchange information about the parent(s) values and preferences

- “What matters most to you?”
- “What options are you considering?”
- “Who else is involved in the decision?”
- “Whose opinion is important to you?”
- “What else do you need to make a choice?”
- “Is there anything that makes this decision hard for you?”

Exchange information on options, and their pros and cons

- Give facts and cover all content (safe preparation, storage, and feeding by cues, etc.)

Outcome Indicators



BFI supports decision making process includes discussing:

- A parent's concerns
- Importance of breastfeeding for baby, breastfeeding parent, family and community
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Training: St. Paul's Hospital example



Training: Webinar



Ottawa Hospital
Research Institute

Institut de recherche
de l'Hôpital d'Ottawa

<https://decisionaid.ohri.ca/ODST/>

Summary

- Shared decision-making can be used to guide infant feeding choices
- Shared decision-making aligns with the principles of BFI
 - Acknowledge the complexities and the social-cultural factors that influence families
- Health care professional shared decision-making training can support infant feeding choices



Image: Creative commons - Flickr

We want to hear from you

- What does shared decision-making mean to you?
- What are some barriers for you to engage in shared decision-making?
- What can be done to overcome those barriers?

Discussion