Question 1: How many people normally attend the baby café?

It varies because it’s a drop in program. Some nights we have a ton of moms other nights we don’t have as many. Due to the Buffalo winter, we’ve had fewer moms. In the winter we will have 2-5 moms, but in the summer we can have anywhere between 5-10 moms come out.

Question 2: Are the results exclusive breastfeeding or any breastfeeding? (This is in regard to the chart from Dr. Santos)

The results were for all breastfeeding. As time progresses, they will collect more information on the different forms of breastfeeding at Mercy. An important matter to identify is that people work in different environments, some more restrictive than others. These are the type of social issues that need to be addressed with the obstetrician. As mentioned before, in the breastfeeding bill of rights, the patients should have the ability to do that.

Question 3: How did you get the staff buy-in to adopt your policy? How did you make sure all the staff was educated to support the new policy?

First, we had to make sure that the doctors were on board, which took some work, but I think the doctors clearly understand the medical benefits of breastfeeding. Once everyone agreed with the medical component, it was working out the logistics. We had a target date to change policies. Having a start time was helpful. Because we have a larger office with about 70 employees, it’s hard to communicate effectively with everyone. On Friday afternoons, we end our office hours at 3pm and our administrator schedules meetings with different groups of employees allowing them to express their thoughts and concerns.

Question 4: Does your office use EMR for charting lactation visits? Do you track BF exclusivity and/or duration in your office, comparing moms who received lactation support to those who did not?

We do use EMR at the office. We are looking into ways to track exclusivity rates, but it is difficult because we may see a mom at 6 weeks post-partum and then not see her for a year. It is different than pediatric visits where the moms come on a more regular basis. It would be useful for the pediatricians to assist with the prenatal care by doing exams of the moms’ breasts to see if they can breast feed and look at issues that may be barriers to the moms.'
**Question 5:** Do any of the pediatricians have access to the OB records for your patients?

Not during the course of the prenatal care. They do have access to that prenatal record at the hospital; we send the record to the hospital about a month before the delivery date so they will then have access to a copy of it.

**Question 6:** Do you bill for LC services? What codes do you use? What are the reimbursement rates by Medicaid or the commercial insurances?

When billing for LC services, it would be an M or ENM code; you would need to have the proper documentation for the type of visit you are billing for. Because you are not doing a physical examination, you are billing for time on an ENM code basis.

**Question 7:** Do you know of any pediatrician groups that also have an IBCLC or CLC?

There are many in this area, in the south and north towns of Buffalo that offer both in their practices.

**Question 8:** Are these Healthy Baby Bags free? If not, is the cost high?

They are not free, but the cost is not high. The bags probably cost about $3 each, but when you buy them in bulk you get discounts. Although the bag itself is not free depending on the bag, you can get also get the cooler which is included for free so you are getting two things for the price of one.

We were excited to be able to put our logo on the bag, which acts as a bit of advertising for us. When we see patients carry the bags around, it’s an investment for the practice.

**Question 9:** How do you provide education to the expectant and post-partum moms? Are there slides, handouts, free talks?

Normally, I meet with moms one on one to see what questions they have, what their medical history is and to determine what breast feeding barriers they may have to overcome. I provide them with different materials. I give them materials from the NYSDOH like the “Breastfeeding Your Baby” booklet displayed on the screen that includes the different nursing positions and other helpful information. We use slides for our breastfeeding class because that is more formal, but we have also invested in a professional breastfeeding video so they can visually see a baby latching on. In addition, I also give the moms things that I have created, such as a list of resources of places to go where moms can get breastfeeding help and WIC resources.

From the provider standpoint, it is important to identify what barriers can the patient have that can affect their ability to breast feed. These factors may be environmental, related to work, their living conditions. This all needs to be assessed through the prenatal care so the patient can have a level of comfort going forward with their decision to breast feed.
Question 10: How supportive is Mercy hospital in supporting mothers’ birth plans?

Mercy Hospital is supportive of the moms birthing plans. Unfortunately some moms come into the hospital with unrealistic expectations. We try to accommodate the patient’s desires as much as possible. We have an obstetrician on staff, in house anesthesia, and a maternal child specialist on staff who can talk to the patients. We have wireless monitors now in the hospital so patients can walk around and be monitored wirelessly. Some of the birthing rooms have tubs available, so mothers may use those if they would like.

Question 11: Does the baby friendly designation costs the practice money every year?

There is no direct cost for having a Baby Friendly Designation, but there are indirect costs that we pay out of pocket. These costs are related to room use, the baby café, staffing, etc.

Question 12: In your experience Sara, how does Step 3 provide a building block to the subsequent steps to building a breastfeeding friendly practice?

It’s essential for clearing the playing field for the other practices that you want to put in place. It demonstrates the practice’s commitment to breast feeding and gives you a reason to implement the other steps.

Question 13: How do you address social and cultural barriers to breastfeeding? Is that something that you have encountered in your work and how do you address that at your practice?

If a patient as barriers at their work, we write a letter to the employer as needed. We providing counseling to the patients, talking to them about any barriers that they have, sometimes they may really want to breastfeed, but they may live in an environment that is just not conducive to it. We are hoping that we will be able to receive funds to help patients with transportation, better nutrition, improvements in their living conditions to alleviate some of their existing barriers.

Question 14: Was there anything that surprised you as you worked through this process, either among your clients or within your practice?

I was surprised by how many moms wanted to learn more about breastfeeding and how we could work one on one to act as myth busters with our patients. A lot of the times when moms choose not to breast feed, it’s not because of the baby, but because of other things. When we sit down and talk to them, it helps clear several issues so they don’t act as barriers anymore.