

APPENDIX B: Listing of Identified Barriers to Implementation of the Ten Steps to Successful Breastfeeding

Administrative
Lack of supportive policies
Difficult to find funding
Widespread fear of baby falling from hospital bed / mom rolling on baby while rooming-in
Misaligned financial priorities
Management not enforcing policies and procedures
Turf wars
Perceived risk of increased / changes liability involved in practice changes
High rates of turnover among hospital leadership
Lack of designated time to train staff
No financial incentive to improve
Formula Company
Formula company lobbying
Formula company marketing
Difficulty in negotiating contracts with formula companies
Corporate sponsorship of hospital projects and staff training (bias)
Research money for infant feeding is from formula companies
Ubiquitous presence of infant formula and accoutrement
Systemic
Lack of continuity of care
Lack of awareness of evidence-based practices
Lactation is not recognized as a legitimate part of the healthcare team (no budget, not billable service)
Lack of imagination
Too few FTE's dedicated to state-level breastfeeding leadership
Lack of collaboration
Change is hard
Apathy
Not enough FTE's

Healthcare Providers (Nurses, Physicians and Others)
Standing / routine physician orders for supplementation and other non-Baby Friendly practices
Conflicting information to parents (#1 complaint)
Fear of infringing on "personal choice"
Night staff providing infant formula, with and without informed maternal decision making
Hospitals think they are already baby friendly, and don't perceive need for QI
Staff guilt (for providing poor quality of care, and for personal infant feeding experiences)
Nurses perceived workload
Negative perception of "Baby Friendly" as a concept and a designation process
Unprocessed personal history/emotional baggage (staff & family)
Perceived baby is going to get cold (skin-to-skin)
The practices of the Ten Steps are "always someone else's job"
Physicians giving formula gift bags at OB and Peds' offices
Lack of interdisciplinary support
Logistical difficulties and apathy toward night nurse training
Staff lack of confidence
Competing priorities
Philosophical disagreements with / fears about co-sleeping
Belief that formula is "just fine"
The popular culture around birthing being so "abnormal"
No one has seen the Ten Steps' practices, and they seem foreign
Perception that rooming-in and other Ten Steps' practices interfere with mothers' much-needed rest
Nursing staff don't understand Quality Improvement processes
Misinformation & myths
Poor role modeling by healthcare professionals

Miscellaneous
Facility layout
Cost of training
Always done it this way (not ready / willing to change)
Cost of Baby-Friendly USA designation fees
Presence of a nursery
Free formula (WIC)
Lack of champion
There are no external pressures to implement the Ten Steps
PC05 is not mandatory
Some hospital associations have no interest
Lack of professional organizations' buy-in
Lack of team mentality between and among administrators and providers
The thought that the project is "special" not required / basic
Patient
Some patients want / request care that is not EBP
Perceived potential negative for patient satisfaction scores
Excess visitors
Mothers worried about going back to work
Lack of family support
Cultural barriers
Sexualization of breasts
Breastfeeding advocates "come off pushy"
Lack of knowledge of benefits of BF
Myths about the effects of breastfeeding on women's bodies
Inappropriate family expectations
Moms want to do both - "Los Dos"