



Templates for Changing Nursing Practice for Breastfeeding Success

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NYS Model Hospital Policy Survey Question:

In your opinion, which of the following statements best describes the culture of breastfeeding at your hospital?

- a. Breastfeeding has been and will continue to be a top priority at my hospital, supported by hospital systems and staff at all levels.
- b. Breastfeeding has recently become a priority at my hospital and changes to improve breastfeeding support are currently being initiated.
- c. Breastfeeding is not considered to be very important at my hospital. There are few staff that are concerned with breastfeeding or systems in place to support breastfeeding mothers.
- d. Breastfeeding is not at all a priority at my hospital.



NYS Model Hospital Policy Survey Question:

In your opinion, which of the following statements best describes the culture of breastfeeding at your hospital?

a. Top Priority: _____

b. Recently become a priority: _____

c. Not considered to be very important: _____

d. Not at all a priority at my hospital: _____

BREASTFEEDING IS GETTING INCREASED ATTENTION

- **Michelle Obama's *Let's Move*** childhood obesity prevention program
 - Healthy eating begins with breastfeeding
- **Health Care Reform Bill** (Affordable Care Act)
 - Employers must provide women time/place to express milk
 - Insurance must cover breastfeeding education & support
- **JCAHO:**
 - Perinatal Care Core Measure on Exclusive Breast Milk Feeding
- Former NYS Health Commissioner Richard Daines
 - **Call to Action** to Promote Breastfeeding (August 2009)
- **NYS Model Hospital Breastfeeding Policies**
- **Baby Friendly Hospital Initiative**
- Surgeon General Regina Benjamin
 - **Call to Action** to Support Breastfeeding (January 2011)
- **CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)**
 - <http://www.cdc.gov/breastfeeding/data/mpinc/index.htm>





**What do the Templates all have
in Common?**

3 KEY DETERMINANTS OF BREASTFEEDING SUCCESS

- In the first hour of life:
 - Mother-infant skin-to-skin contact
 - Initiating Breastfeeding
- Throughout the hospital stay:
 - 24-hour rooming-in
 - Feeding on demand
 - Limiting formula supplementation
- At hospital discharge:
 - Offering discharge support
 - NOT distributing formula discharge bags, materials or coupons from formula companies, or formula



**Which Template Should
We Use?**



St. Joseph's Hospital Baby Friendly Designated



Baby Friendly Hospital Initiative (BFHI)

- **WHAT IS IT?**
 - It is a framework of 10 main steps called *“The 10 Steps to Successful Breastfeeding”*
 - Each of the steps contains several sub steps



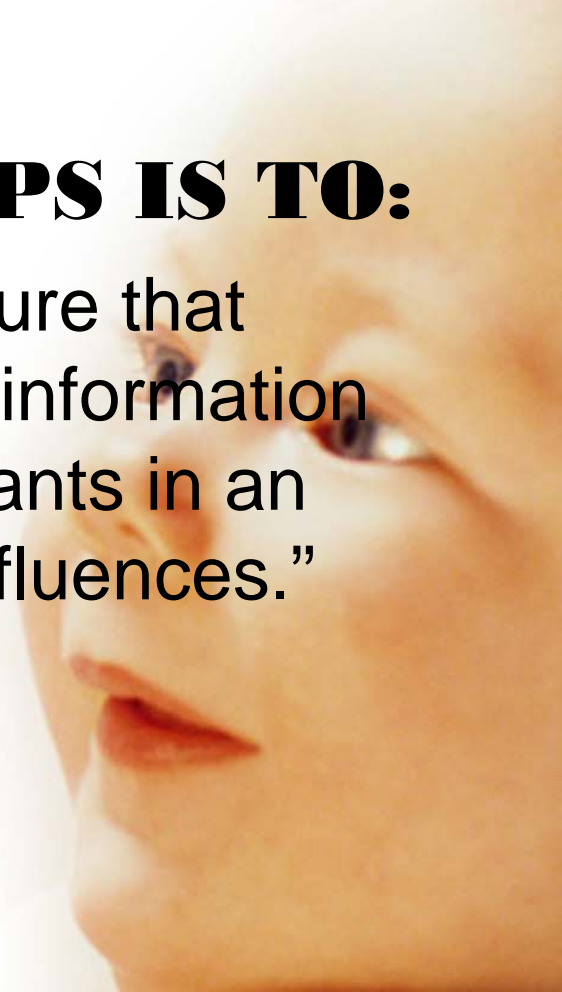
Baby Friendly Hospital Initiative

- **WHAT IS IT?**
 - Developed by UNICEF/WHO in 1992 after previous meetings that began to address frighteningly high rates of infant mortality around the globe



Baby Friendly Hospital Initiative

- **THE GOAL OF THESE STEPS IS TO:**
 - “Facilitate breastfeeding and ensure that women in maternity care have full information and support to breastfeed their infants in an environment free of commercial influences.”



Baby Friendly Hospital Initiative

- **THIS GOAL IS BASED ON THE PREMISE THAT:**
 1. Breastfeeding impacts infant health/ morbidity and mortality around the world, including in developed countries like the US
 2. Breastfeeding rates are impacted by hospital policies and practices and that by altering these practices breastfeeding rates improve



Why Baby Friendly?

- Comprehensive
- Thorough (spans antepartum – pediatric care)
- Targets optimum care for patients



Baby Friendly 10 Steps

<http://www.babyfriendlyusa.org/eng/index.html>

- 1 - Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
- 2 - Train all health care staff in skills necessary to implement this policy.
- 3 - Inform all pregnant women about the benefits and management of breastfeeding.
- 4 - Help mothers initiate breastfeeding within one hour of birth.
- 5 - Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
- 6 - Give infants no food or drink other than breastmilk, unless medically indicated.
- 7 - Practice “rooming in”-- allow mothers and infants to remain together 24 hours a day.
- 8 - Encourage unrestricted breastfeeding.
- 9 - Give no pacifiers or artificial nipples to breastfeeding infants.
- 10 - Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic





See Self-Appraisal Tool

LISTS ALL STEPS & SUBSTEPS

Brief History of the St. Joseph's Journey to Baby Friendly

- 1990 SJ hires 1st LC
- 1992 Our 1st introduction to BFHI
- 1993 Applied for our Letter of Intent/ Received Certificate of Intent (10/14/93)
- 1993 Began transfer of mothers & babies together
- 1994 Changed to Mother-Baby Nursing/ Couplet Care (day shift)
- 1994 Orientation program for Breastfeeding training implemented
- 1994 Nurses petition opposes Baby Friendly
- 1995 Mother/Baby Nursing all shifts
- 1995 Out-Patient teaching records, Standards of Care implemented
- 1996 Breastfeeding Support Center opened to seeing out-patients
- 1998 CNYBFC had Helen Armstrong speak at conference- all hospital CEO's/administrators were invited to attend the conference & round-table luncheon

Brief History of the St. Joseph's Journey to Baby Friendly

- 1999 started to put babies on mothers' bellies after delivery
- 2000 Baby Friendly Task Force (Maternal- Child Management & LC's)
- 2004 Removed all pacifiers
- 2005 Stopped accepting formula discharge packs/ replaced with own
- 2005 Convened the BFHI Steering Committee
- 2005 Committee members visited a Baby Friendly Hospital
- 2006 Submitted new Letter of Intent
- 2007 Began paying fair market value for formula
- 2007 24- hour Rooming-In encouraged



We tweaked our policies repeatedly

Brief History of the St. Joseph's Journey to Baby Friendly

- 2007 Had our “official” Baby Friendly kick-off for the hospital
- 2008 All procedures were to be done in the rooms with mother
- 2008
 - 1st Telephone interview
 - 2nd Telephone interview
 - Had our 1st Site Visit
 - We did not pass on 2 of the steps !!!
- 2008 Improved skin-to-skin practices
- 2008 Improved documentation of supplementation and pt. education
- **2009 Achieved Baby Friendly designation after 2nd Site Visit !!!**





Can my Facility Become Baby Friendly?

Where do we start and what is my role?

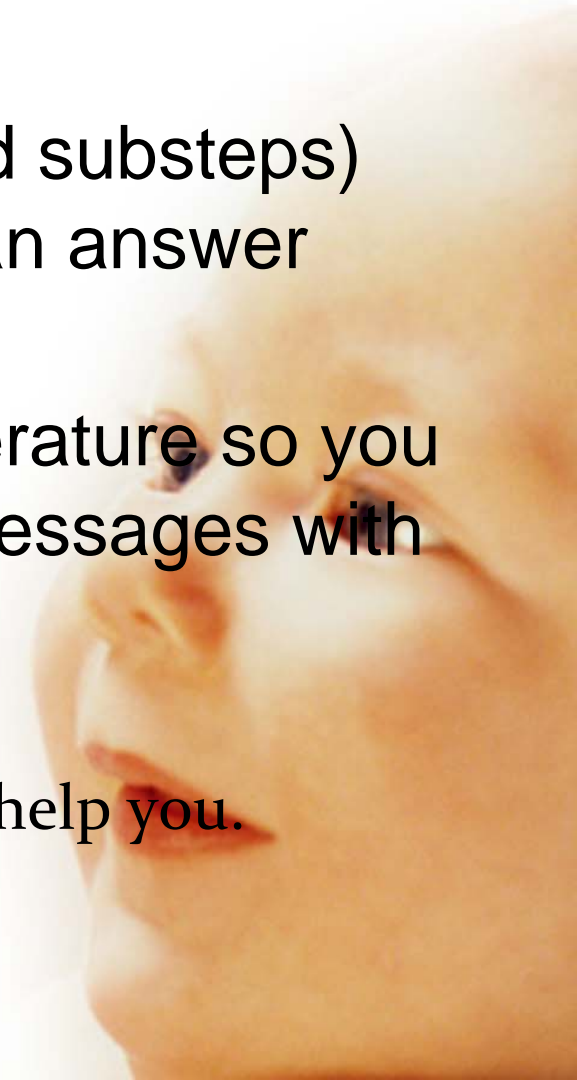
Where to Start

1. Educate Yourself

- You have to know the steps (and substeps) backward and forward so you can answer questions intelligently
- You must be familiar with the literature so you can present strong cases and messages with credibility



There is a lot of material available to help you.



Where to Start

2. Identify at least 2 well- respected champions

- You can't accomplish this alone
- If you can, find an OB and a Pediatric advocate
 - (they can help you with physician education)
- You have to get support from your administration
 - Educate them
 - Enlist their help
 - Use the feedback from your annual breastfeeding report from Mary Applegate to present your case
 - Collect some data about your facility's current practices and present to the hospital PI Committee



Where to Start?

Selling the Idea

How Does this effect me?

- **Doctors-** rounds delayed by patient questions
- **Nurses-** Loss of control of MY baby
- **Administration-** \$ cost of formula/ fees
- **Mothers-** no sleep in hospital
- **Babies-** more nutrition, warmth, growth, less weight loss, more bonding time

How does it really effect me?

- **Doctors-** increased satisfaction & knowledge
- **Nurses-** less carting babies back & forth, mom learns faster
- **Administration-** Corporate compliance
- **Mothers-** learn baby's cues , less engorgement, improved satisfaction
- **Babies-** more nutrition, warmth, growth, less crying, less weight loss, more bonding time

Where to Start

3. Convene a Steering Committee

- Multidisciplinary committee
- Should include all levels of management
- Should include personnel at the staff level
- Should also include all areas involved
 - * antepartum clinics
 - * all in-patient maternal-child areas
 - * pediatric clinics



Where to Start?

4. Pick the easiest step first!

- Complete your facility self-assessment (all committee members should be part of the evaluation)
- Starting with the easiest step makes your likelihood of success greater as opposed to starting 1st with a harder step, not accomplishing it then not continuing to move forward
- Develop PI (Performance Improvement) monitors to work on your problem areas



Where to Start?

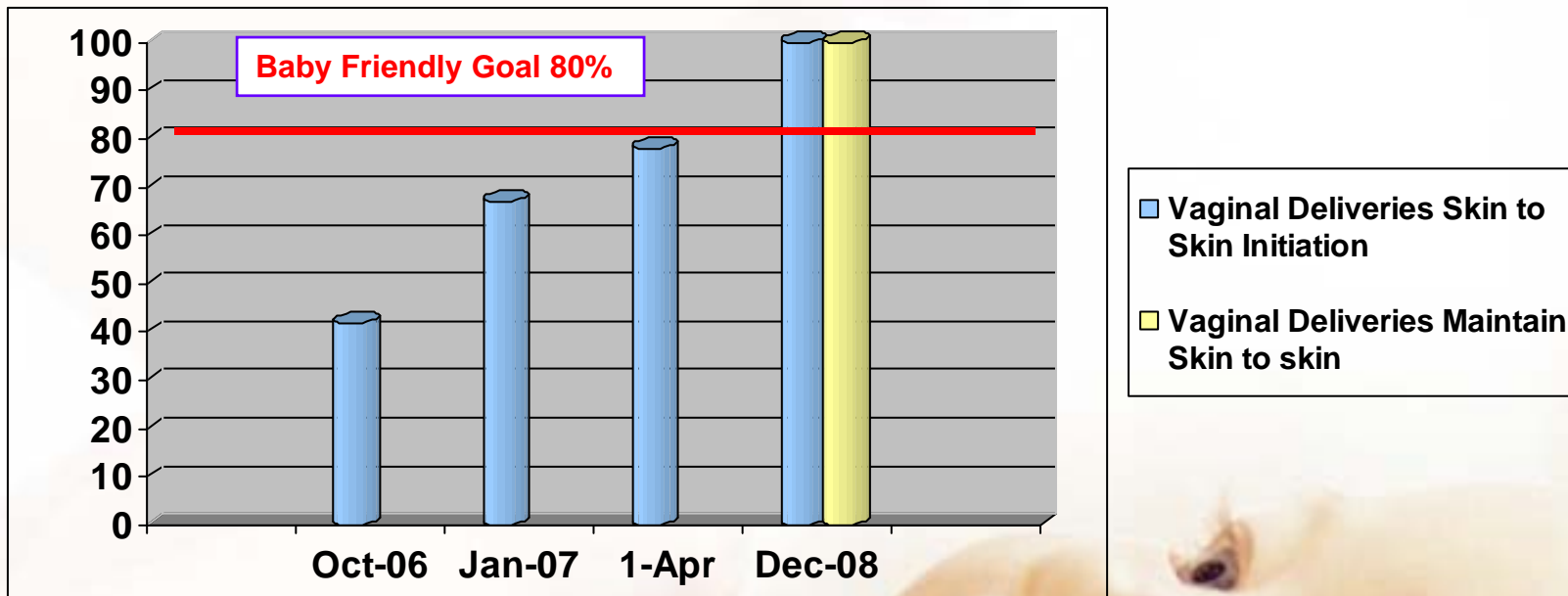
- Communicate, Communicate, Communicate
 - Share all data collected
 - Share all goals
 - Share all updates and changes
 - Patient surveys as you make changes can be a great reassurance to everyone (especially the naysayer) that the changes really are positive for patients



Skin-to-Skin After Vaginal Delivery

L&D Progress Chart

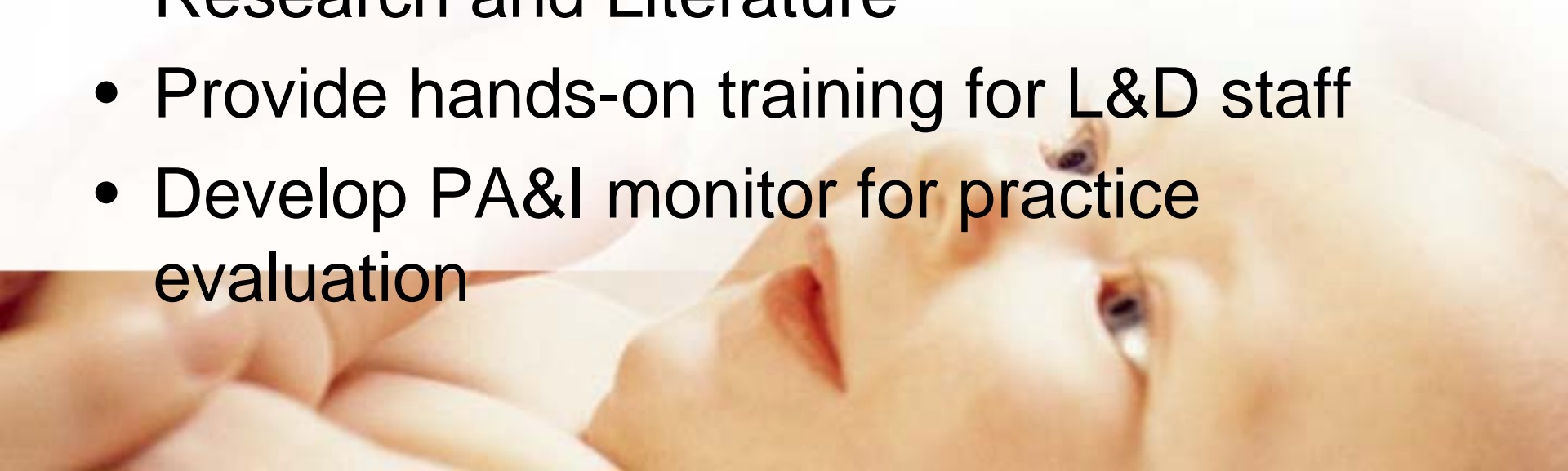
Goal: 80% of all normal vaginally delivered mothers will be given their babies to hold skin to skin within a half hour of birth and for about half an hour, or until after the first 1st feeding (unless medically contraindicated).



Monitoring for continuation of skin to skin until after the first feeding was added as a new PI variable.

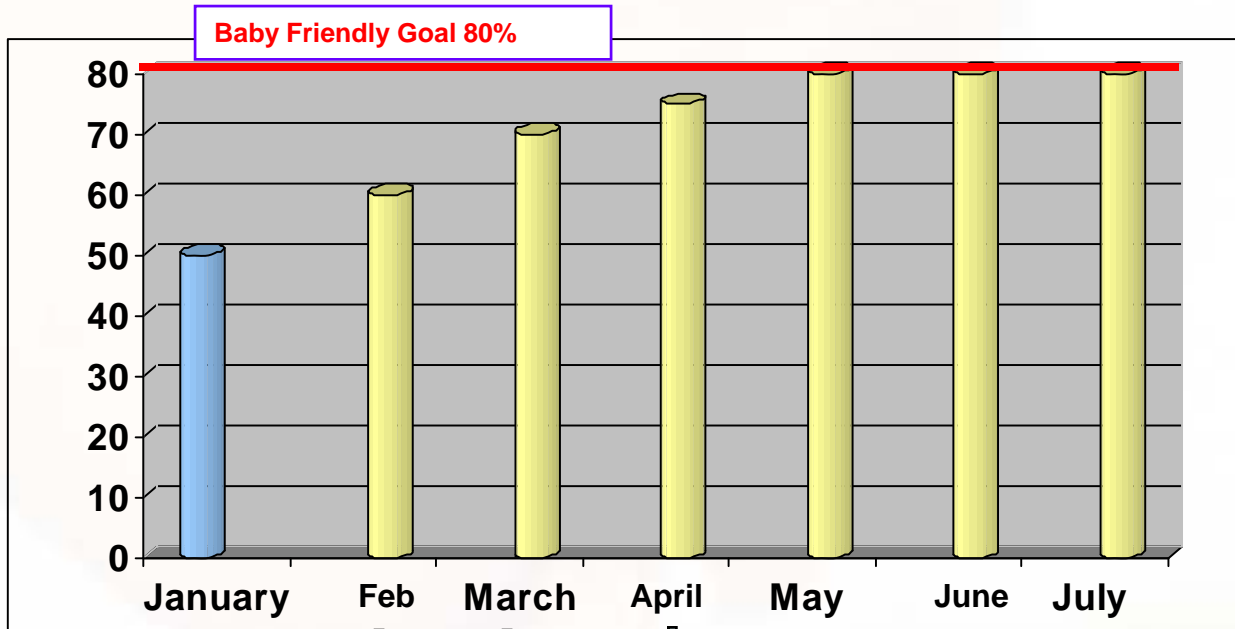
Skin-to-Skin Action Plan

- Assemble a Steering Committee
- Draft a Policy/ Standard of Care
- Educate staff on Policy
- Provide staff with education about current Research and Literature
- Provide hands-on training for L&D staff
- Develop PA&I monitor for practice evaluation



Rooming-in Progress Chart on 5-1

Goal: 80% of all healthy mothers and babies stay together 23 out of 24 hours during their hospital stay.



■ Current Rooming-in %
■ 5-1 Rooming-in monthly goal we want to achieve

Weight and
vitals in the
room

Goal-2/25



Add Bath
& Skin to
skin w/
mom or
dad

Goal-3/25



Add
Immunizations
and heel
sticks in the
room

Goal-4/21



Add
Hearing
screens
in the
room

Goal-5/19

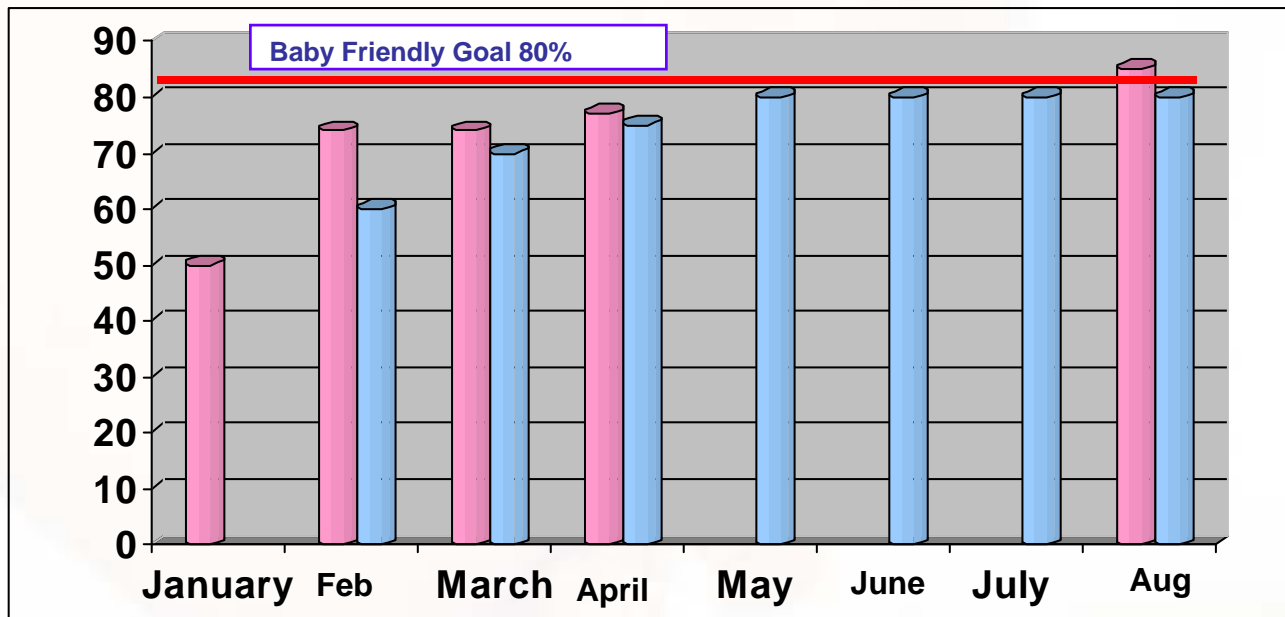


Do all procedures in
the room as much as
possible! Goal-6/30



Rooming-in Progress Chart

Goal: 80% of all healthy mothers and babies stay together 23 out of 24 hours during their hospital stay.



■ Current Rooming-in %
■ 5-1 Rooming-in monthly goal we want to achieve



Goal met 100% of the time

Weight and vitals Goal-2/25

Add Bath & Skin to skin w/ mom or dad

Goal-3/25

Add Immunizations and heel sticks in the room

Goal-4/21

Add Hearing screens in the room

Goal-5/19

Do all procedures in the room as much as possible! Goal-6/30



Rooming-In Action Plan

- Assemble a Steering Committee
- Draft a Policy/ Standard of Care
- Educate staff on Policy
- Provide staff with education about current Research and Literature
- Set goals with target dates to begin (communicate to staff)
- Train staff well to optimize their comfort level
- Educate patients Prenatally in offices & CBE classes
- Begin with just 1 shift
- Survey patients re: their care & satisfaction
- Develop PA&I monitor for practice evaluation
- Baby Steps!!



Where to Start?

Just start. Even small changes that are made can have a profound impact on your patient care.



Where to Start?

You do not have to start with the
Baby Friendly Initiative.

It doesn't matter what you call your initiative... as long as you begin to move your practices in the direction of:

- Skin to Skin Contact
- **Keeping mothers and their infants together**
- Exclusive Breastfeeding
- **Educating your staff** about how to accomplish these imperatives

Breastfeeding References

- **CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC):**
http://www.cdc.gov/breastfeeding/pdf/mpinc_hospital_survey.pdf
<http://www.cdc.gov/breastfeeding/data/mpinc/index.htm>
- **Baby Friendly Hospital Initiative:**
<http://www.babyfriendlyusa.org/>
- **Surgeon General's Call to Action 2011:**
<http://www.surgeongeneral.gov/topics/breastfeeding/calltoactiontosupportbreastfeeding.pdf>
- **Joint Commission National Quality measures on Exclusive Breastfeeding:**
<http://manual.jointcommission.org/releases/TJC2010B/DataElem0273.html>
- **Joint Commission National Quality Measures on Not Exclusively Feeding Breastmilk:**
<http://manual.jointcommission.org/releases/TJC2010B/DataElem0273.html>
- **NYS Model Hospital Policies:**
http://www.health.ny.gov/community/pregnancy/breastfeeding/docs/model_hospital_breastfeeding_policy.pdf
- **Michele Obama's Let's Move Childhood Obesity Prevention Program**
http://www.letsmove.gov/pdf/TFCO_Early_Childhood.pdf