

sentara nurse



Building a Breastfeeding Culture in a Quaternary Care Facility Heike Nicks, MSN, RNC-LRN & Cynthia Symons, MS, RNC-OB



Introduction

Breastfeeding is a public health priority and not just a feeding choice. In Virginia, the average hospital breastfeeding initiating rates are 79.1%, yet only 39.5% of Virginia mothers are exclusively breastfeeding at three months (CDC, 2013). Breastfeeding is the most cost-effective intervention available to impact maternal-child health (American Academy of Pediatrics, 2012). Healthy People 2020 outlines the following goals: increasing the proportion of infants that are ever breastfed, that are exclusively breastfed, and to decrease the proportion of breastfed newborns receiving formula supplementation within the first two days of life (HealthyPeople.gov, 2014). High infant mortality and poor access to health care are issues for the community served by the facility (Community Health Solution, 2013).

Background

Sentara Norfolk General Hospital Family Maternity Center (SNGH FMC) is part of a twelve hospital healthcare system, and is the only quaternary care high-risk maternity center in southeastern Virginia and northeastern North Carolina. As recently as 2014, the SNGH FMC perpetuated a culture of expecting complications with every neonate in every delivery, thus excluding important maternal-newborn interventions such as skin to skin contact. Upon investigation, researchers determined roughly 60% of newborns at the SNGH FMC are healthy enough to exclusively breastfeed without medically indicated formula supplementation.

Historically, the SNGH FMC has maintained the lowest exclusive breastfeeding rates, 20-24%, of the healthcare system hospitals. Possible considerations that may contribute to low exclusive breastfeeding rates include:

- parent choice of formula feeding
- low-income patient mix
- high-risk maternal/neonatal population
- infrequent immediate skin to skin bonding at delivery
- vague breastfeeding policy to guide nursing practice

Methods

Clinical leaders identified these key interventions to improve client care and outcomes:

- Advocating, initiating and protecting immediate skin-to-skin between neonate and mother
- Reducing the supplementation of breastfed infants with formula for non-medical indications
- Standardizing patient breastfeeding education and support are the major components of the SNGH FMC quality improvement intervention plan

Methods continued

This quality improvement project was accomplished by implementing guidelines per the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) practice brief advocating for full-term newborns to have skin-to-skin contact to achieve the following benefits:

- Stabilization of neonatal temperature and respiratory effort to support non-separation of the couplet
- Successful initial breastfeeding following delivery
- Support exclusive breastfeeding and longer duration of breastfeeding
- Reduce symptoms of depression and physiological stress in the postpartum period by increasing bonding and attachment between the mother and newborn
- Improve mothers' confidence in their ability to breastfeed (JOGNN, 2016)

The following education and documentation initiatives supported the SNGH FMC's journey to increase exclusive breastfeeding rates:

2014

- Literature review to determine evidence based best practice for initiatives
- Skin to Skin education to prepare for 2015 launch

2015

- Launch of Skin to Skin initiative
- Evaluation of program at 6 month mark
- Training to support exclusive breastfeeding
- Establishment of pediatrician and RN liaison meeting
- Development and implementation of **patient education** algorithm for newborn feeding
- Initiation of newborn admission order sets evaluation

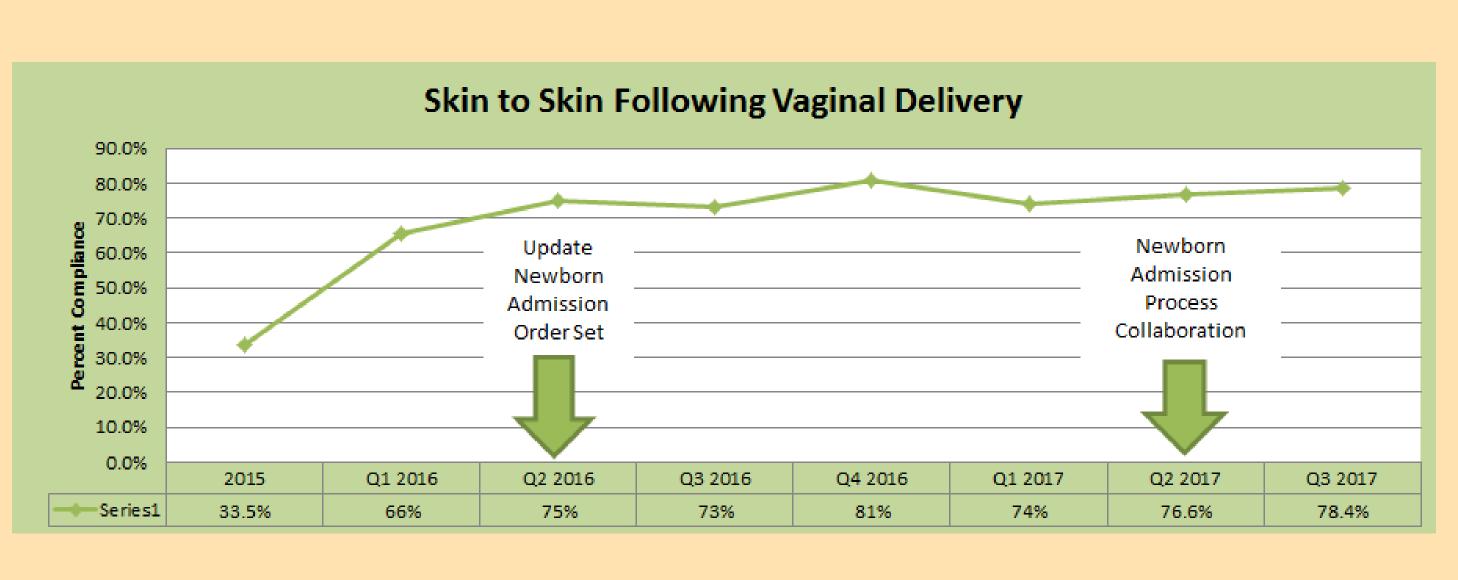
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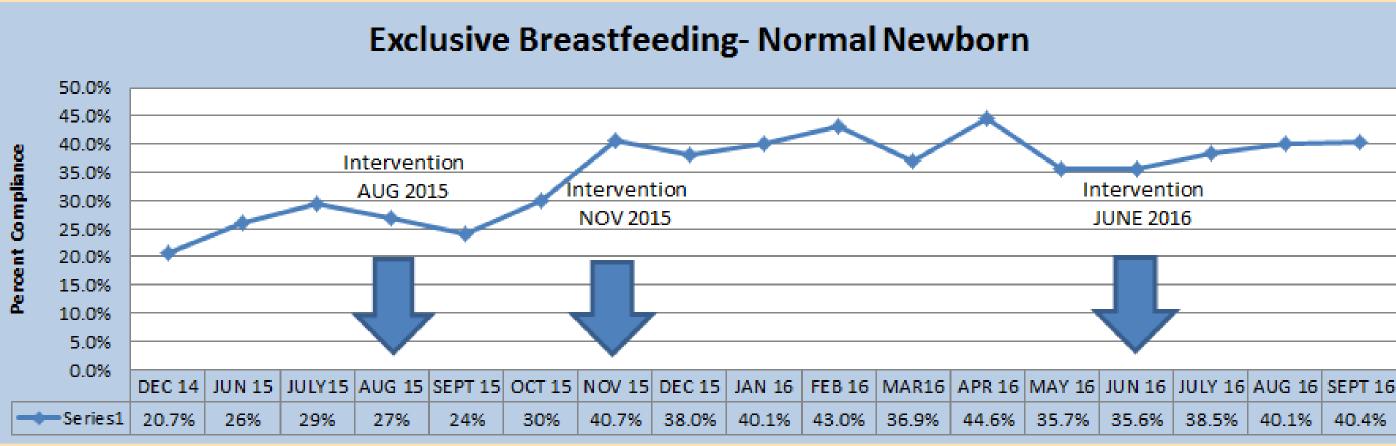
- Revision of **newborn admission order sets** to support uninterrupted skin to skin following delivery
- Continued education on skin to skin techniques and benefits
- Improvement of electronic documentation to reflect skin to skin and breastfeeding practices
- Breastfeeding policy update to support best practice initiatives
- Removed formula company supplied patient gift bags

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- Initiative to increase interdisciplinary support of skin to skin for term vaginal deliveries
 Continued evaluation identified interdisciplinary staff
- barriers hindering success of skin to skin
- Survey sent to all department staff
- Collaboration of Mother-Baby and L&D clinical practice councils to update newborn admission process

Findings





Conclusion and Implications

Clinical leaders identified interventions to impact successful breastfeeding for high-risk mothers and neonates that, due to medical complications, could not participate in skin to skin or needed formula supplementation. Alternate interventions include early initiation of breast pumping, kangaroo care, and the use of donor human breast milk provided support to mothers unable to immediately breastfeed.

Next areas of focus will include:

- Development of interdisciplinary algorithm to implement successful skin to skin for surgical deliveries
- Implement Dextrose Gel Protocol for hypoglycemic neonates
- Continuing skin to skin and breastfeeding education with simulation and lactation consultant shadowing

Compilation of data reflect the hard work and dedication of our staff to provide exceptional patient centered care promoting a supportive breastfeeding culture.

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References

Available Upon Request

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