

The Hospital's Role in Supporting Breastfeeding

WAPC Annual Statewide Perinatal Conference

April 8, 2019

History

2013 Maternity Practices in Infant Nutrition & Care Data: Wisconsin scored poorly for "staff training" and "appropriate discharge planning"	Statewide Hospital Survey: Training would help address barriers to Baby-Friendly Hospital Initiative: 64% Didn't partner with any community maternal-child health programs: 43%	WIC Breastfeeding Data: 75% of moms initiate 50% of those start formula within one week (many supplement in the hospital)
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- Chronic Disease Prevention Unit, funded by CDC grant, focus on implementing maternity care practices that support breastfeeding in hospitals
- WIC focus on improving prenatal education to better prepare moms for hospital experience and first few days of breastfeeding
- WIC and Chronic Disease Prevention Unit bring in Coffective as partner in early 2016

Wisconsin-Coeffective Initiative

Surrounding with Support

A blue circle containing the WIC logo transitions via a right-pointing arrow to a blue circle containing a white icon of a hospital building with a cross on top.

A sequence of three blue circles connected by right-pointing arrows: a clipboard with a checklist, a hospital building icon, and the WIC logo.

THREE KEY GOALS

A sequence of three blue circles connected by right-pointing arrows: a clipboard with a checklist, a hospital building icon, and the WIC logo.

Prepare mothers by providing consistent messaging



Objectives

- **Learner will:**
 - Describe how consistent messaging before and after delivery can improve the breastfeeding experience for new families.
 - Describe how hospital and community partnerships can improve continuity of care for breastfeeding families.

The Hospitals Role in Supporting Breastfeeding

- **Background**
 - Marshfield Children's Hospital
 - Approximately 1000 deliveries per year
 - 24 bed Level III NICU
 - 5 Lactation Consultants, 1.6 FTE
 - Provide daily consults to all breastfeeding OB inpatients
 - Consultation on all NICU admissions
 - Consultations throughout the hospital as needed
 - Prenatal breastfeeding education: classes and clinic
 - Support Groups
 - Outpatient Services
 - Teaching facility

Our Progress...

- Started with a 0.9 FTE (5 day/week coverage) shared between 2 RNs who also staffed as a labor & delivery and postpartum nurse
- Supportive management and director helped expand our team and services
- Administration recognizes the importance of breastfeeding and getting new families off to the best start
- Involvement in current state initiatives and workgroups help to "justify" the increased needs throughout the hospital and community (example – WisPQC)

Breastfeeding Support

- Hospitals play a key role in providing evidence-based maternity care that helps support breastfeeding.
- Collaboration with outpatient clinics and community partners, like WIC is essential to provide consistent messaging.
- Informing and engaging new parents with the needed information to be able to meet their feeding goals is our number one priority.

Barriers ... What are the biggest challenges?

- **Inconsistent messaging and education between care providers**
 - Prenatally
 - In the hospital
 - Follow-up care (providers and community partners)

Challenge 1

- **How can we better prepare families for: the birth of their baby, hospital routines, and normal newborn behaviors PRIOR to hospitalization?**



Solution 1

Are You Ready For This ???

- **Started using Coffective education**
 - The same education that WIC clients are getting in the majority of our surrounding counties
 - Wood County
 - Portage County
 - Marathon County



Coeffective and Prenatal Education

- **Started in collaboration with the Wisconsin WIC program**
 - Tools for expectant parents to guide them through getting the best hospital experience, bonding, and breastfeeding
 - The evidence-based information helps guide new families in the right direction as they prepared for delivery and the best breastfeeding start possible
 - Provides consistent messaging of important key topics
 - Repeated exposure improves comprehension and key information for new families

Coeffective and Prenatal Education

- **Phase One - Handouts**
 - Given in the clinic during prenatal visits
 - ALL pregnant mothers receive information regardless of feeding decision (breast or formula feeding)
 - Goal
 - Give evidence-based information to help families make an informed feeding decision
- **Early Pregnancy Packet (12-16 weeks)**
 - Building a support team
 - Coeffective App info
 - The importance of breastfeeding (benefits to both mom and baby)
 - Breastfeeding and Childbirth class information provided
 - Classes are instructed by hospital staff
- **Late Pregnancy Packet (after 30 weeks)**
 - Labor comfort and getting ready
 - The importance of skin-to-skin after delivery
 - Rooming-in
 - Cue based feeding
 - Hand expression and learning to breastfeed
 - How to make plenty of milk

Coeffective and Prenatal Education-Continued

- **Phase 2 – Handouts PLUS in person lactation visit**
 - We found that although patients were receiving this information, it was not always clear to them what they were receiving.
 - ADDED:**
 - Lactation visit after 30 weeks gestation for ALL patients
 - Discuss topics that are important prior to delivery that can impact infant feedings:
 - Skin-to-skin
 - Rooming In
 - Demand Feedings
 - Normal newborn behaviors
 - Visit is tailored to each individuals specific needs and prior experience
 - We do not assume that all mothers plan to breastfeed
 - Education provided to parents who plan on formula feeding:
 - Safe infant feeding practices and formula preparation
 - Benefits of skin-to-skin
 - Ideal feeding volumes
 - Paced bottle feedings

Coffective and Prenatal Education-Continued

Barriers/Challenges

- Funding ... Who's going to pay for this?
 - Currently the clinic prenatal lactation visit is being funded with the Hospital budget
 - Getting new families off to the best start after delivery begins with prenatal education.
- What is the importance?
 - Why was the initial process not working (handouts with little/no discussion)?
 - Hospital staff, quality improvement data, and patient reports indicated room for improvements.
 - How can families become better prepared for delivery and infant feeding?
 - Hospital practices should change based on new research and recommendations.
- Is it worth the cost?
 - How do we measure?
 - Tracking short and long-term data on the following to measures to monitor effectiveness of prenatal lactation visit:
 - Skin-to-skin after delivery
 - Exclusive breastfeeding rates (hospital discharge, 1 week, 1 month and 6 months)
 - Other variables can also impact this data
- Scheduling Process
 - New initiatives may take time:
 - Staff to embrace
 - Change of work flow
 - Appointment Scheduling

Coffective and Prenatal Education-Continued

Where do we go from here?

- Continue to provide education in the prenatal clinic setting to improve patient knowledge on infant feeding and hospital preparedness
- Continue to work with WIC and other community partners to provide consistent care and education to all families
- Share gained knowledge with healthcare system leaders to help them understand the importance of: community relationships & resources, consistent care and education along the continuum
- Track quality improvement data to prove effectiveness and justify program to make it sustainable long-term