

# BREASTFEEDING EDUCATION AND THE BABY-FRIENDLY HOSPITAL INITIATIVE: A QUALITY IMPROVEMENT PROJECT

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# Introduction

Currently work at Columbus Regional Hospital in Columbus, Indiana.

Level 2 Nursery- Staff Nurse for 6 years (have worked for CRH for a total of just shy of 28 years).

The reason I chose breastfeeding as the subject for my DNP project is...

What I hope for the future for CRH and myself...

# Background Knowledge

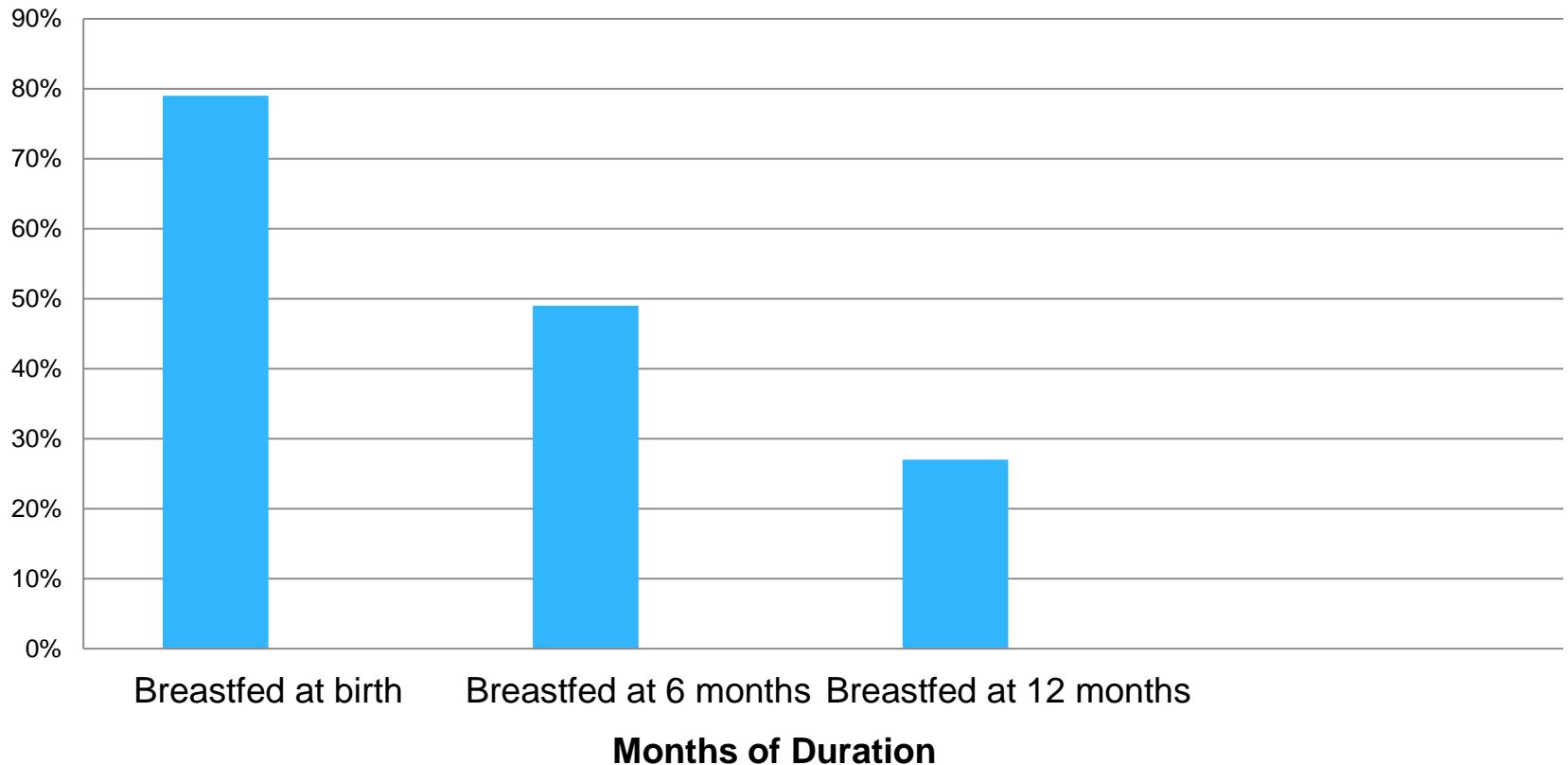
Center for Disease Control's *Breastfeeding Report Card for the United States 2014* reported that breastfeeding rates continue to rise in the U.S.

Breastfeeding rates in 2011 per the CDC

- 79% of newborns started breastfeeding
- 49% were still breastfed at 6 months
- 27% were still breastfed at 12 months

# Background Knowledge

**Percentage of Breastfeeding Infants per the CDC Breastfeeding Report Card 2011**



# Background Knowledge

Breastfeeding rates for the state of Indiana for 2011

- 74.1% infants ever breastfed
- 38.6% infants were breastfeeding at 6 months
- 21.5% infants were breastfeeding at 12 months
- 35.7% infants were exclusively breastfeeding at 3 months
- 18.1% infants were exclusively breastfeeding at 6 months.



# Background Information

## Baby-Friendly Hospital Initiative

### The Ten Steps to Successful Breastfeeding-

1. have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers
2. ensure all health care providers have knowledge and skills necessary to implement the breastfeeding policy
3. inform pregnant women and their families about the importance and process of breastfeeding
4. place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding, or as long as the mother wishes

# Background Information

5. assist mothers to breastfeed and maintain lactation should they face challenges (including separation from infant)
6. support mothers to breastfeed and maintain lactation should they face challenges (including separation from infant)
7. support mothers to exclusively breastfeed for the first six months unless supplements are medically indicated
8. facilitate 24 hour rooming-in for all mother-infant dyads, encourage baby-led or cue-based breastfeeding/  
encourage sustained breastfeeding beyond six months with appropriate complimentary foods

# Background Information

9. support mothers to feed and care for their breastfeeding babies without the use of artificial nipples or pacifiers.
10. provide a seamless transition between the services provided by the hospital, community health services and peer support programs.





# Background Information

During the implementation of the Baby-Friendly Hospital Initiative, staff nurses and patients were not happy with the changes that were occurring.

Nurses were under fire when the patients requested for their baby to be taken to the nursery for the night, were unable to provide their baby with a pacifier and were unable to supplement their baby without a medical reason.

As Baby-Friendly evolved, the nurses were able to provide script/ education to patients to explain why CRH was providing care differently than before.

# Local Problem

- Columbus Regional Hospital's (CRH) Birthing Center
- 23 single-bed facility- antepartum- LDRP- Level 2 Nursery
- 53 nurses including 2 LPNs, 3 Lactation Consultants, CNS, Staff Nurse Educator, and Nurse Manager
- PREPARE class/ program- patient education and admission paper work/ consents
- Breastfeeding education- where does it start and who is responsible?

# Local Problem

Challenges to providing breastfeeding education include:

- lack of a Lactation Consultant on night shift
- mothers are tired and become frustrated at night leading to mothers wanting to discontinue breastfeeding
- lack of motivation of some nurses to assist breastfeeding mothers
- lack of self-confidence of some of the nurses to feel comfortable assisting, supporting and providing education to breastfeeding mothers.

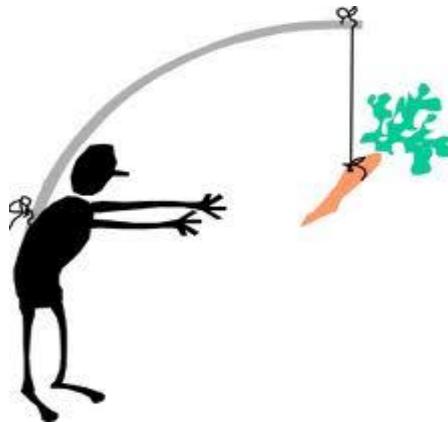
# Local Problem

CRH Birthing Center received their Baby-Friendly Hospital Initiative designation in August 2014.

Feather in the Birthing Center's cap.

Need for recertification process every 5 years.

Need to keep nurses motivated and educated to keep BFHI process alive and well leading to less cumbersome recertification process compared to the initial designation process.



# Intended Improvement

Purpose- to improve the provision of standardized breastfeeding education- including the Ten Steps to Successful Breastfeeding (BFHI) to all breastfeeding mothers delivering at CRH Birthing Center.

Survey of nursing staff to identify current barriers to breastfeeding standards.

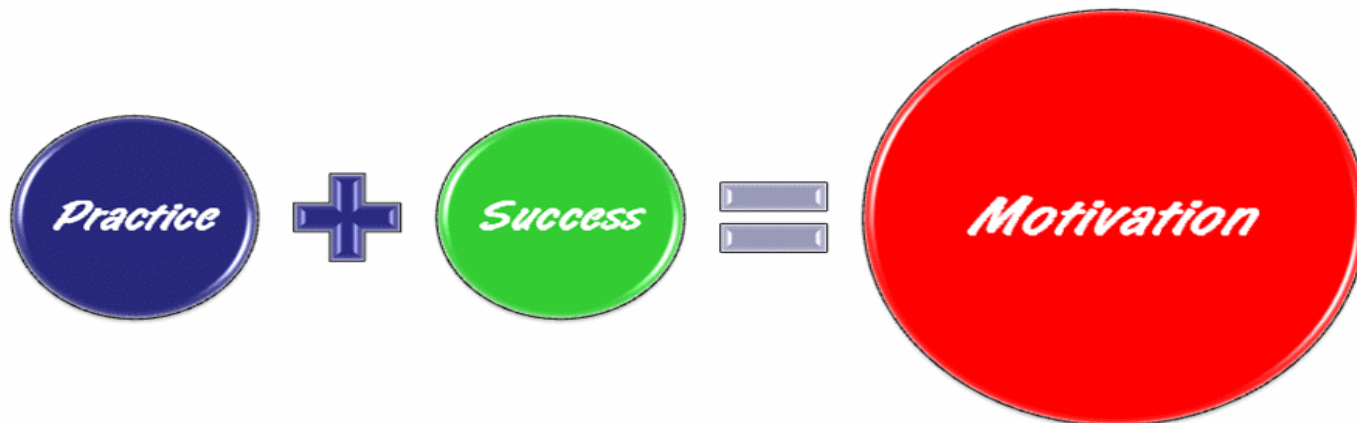
Breastfeeding taskforce

Educational program- process to reduce barriers and increase staff self-confidence.

# Intended Improvement

Support for empowerment and motivation of nurses to provide support for breastfeeding mothers, promote exclusive breastfeeding and the mother's decision to breastfeed her infant for the first 6 months per BFHI and AAP standards.

Goal- Provide standardized breastfeeding education leading to successful breastfeeding for baby's first 6 months of life.



# Literature Review

Evidence shows that breastfeeding practices that are adopted by hospitals affect breastfeeding duration and exclusivity throughout the first year of life (Bartick, et al., 2009).

A significant barrier to supporting breastfeeding is lack of hospital policy and inappropriate or outdated policy ( Weddig, Baker, & Auld, 2011).

Focusing on peer support to encourage the initiation and maintenance of exclusive breastfeeding and consideration to any breastfeeding barriers, such as cultural and educational factors may have a significant impact on the initiation and maintenance of exclusive breastfeeding (Bevan, & Brown, 2014).

# Project Questions

1. Will a nurse taskforce be able to use information on nursing staff perceived barriers and self-confidence levels regarding provision of BFHI breastfeeding education and support to develop a written process that will increase the provision of breastfeeding education and support?
2. Will this written process result in a reduction in perceived barriers and increase in self-confidence of nurses toward the provision of breastfeeding education and support?



# Project Questions

3. Will the use of the Rosswurm and Larrabee Evidence Based Practice (EBP) model facilitate the development of a solution/ procedure to improve the nursing approach to breastfeeding barriers and to provide breastfeeding education?



# Theoretical Framework

Adult Learning Theory- Andragogy- Knowles (1980)

An adult learner can direct his/her own learning, decide what he/she will learn and choose how he/ she learns best, and draws from an accumulated reservoir of life experiences to aid learning.

All adults vary in how much experience they have encountered and/ or accumulated.

Adult educators need to be able to adapt their teaching to the adult learner's needs, interests, and skill levels.

# Conceptual Framework

Rosswurm and Larrabee Model for Evidence-Based Practice provides a guide for nurses and health professionals through a systematic process for change to evidence-based practice.

This model will be used to facilitate the development of a solution/ procedure to improve the nursing approach to breastfeeding barriers and to provide breastfeeding education.



# Conceptual Framework

The six steps of this model include:

1. Assesses the need for change in practice...
2. Assess the need to define the problem...
3. Assesses synthesizing best evidence...
4. Involves designing a change in practice...
5. Involves implementing and evaluating change in practice...
6. Involves integrating and maintaining change in practice.



# Project Design

Setting- Columbus Regional Hospital

Population- nurses that work on the Birthing Center at CRH

Breastfeeding Taskforce- inspire other staff to make breastfeeding “work” for the breastfeeding mothers.

Intervention- build the breastfeeding taskforce to provide breastfeeding support for nurses providing patient care to breastfeeding mothers.

Implement standardized breastfeeding education and support for nurses.

# Ethical Issues

Only employees of CRH

No patient information or chart review used for this project

Anonymous pre- and post- intervention surveys for staff

Data regarding breastfeeding barriers collected by survey or email only

Written support to implement project received by CRH

IRB approval from CRH and BSU



# Study of the Intervention

Purpose- Standardized breastfeeding education and support- including criteria from the Ten Steps to Successful Breastfeeding and BFHI.

Goals- identify breastfeeding education and support barriers encountered by staff nurses.

- to find solutions for these barriers that will allow nurses to provide breastfeeding education and feel more confident in this role.
- empowerment and motivation of nurses.

# Study of the intervention

Quasi-experimental study design- pre- & post-intervention survey- Qualtrics

Non-randomized convenience sample

Rosswurm and Larrabee EBP modes- study design

Internal validity threats- controlling the environment- history effect & instrumentation (staff gaining insight)

External validity- limited to other birthing centers with similar breastfeeding barriers.



# Intervention

Based on the input from the Breastfeeding Taskforce members and the results of the pre-intervention survey, an algorithm (When Baby Does or Doesn't Latch) was created to provide a step-by-step process to troubleshoot breastfeeding problems that can lead to hypoglycemia and Nipple Shields 101 which explains the proper use of nipple shields to staff nurses.

Both of these educational guides were presented to staff nurses through a monthly staff meetings and through email to all birthing center staff members.

This algorithm is posted in the CRH Level 2 nursery and the Nipple Shields 101 is in the unit breastfeeding binder.

# Data Analysis

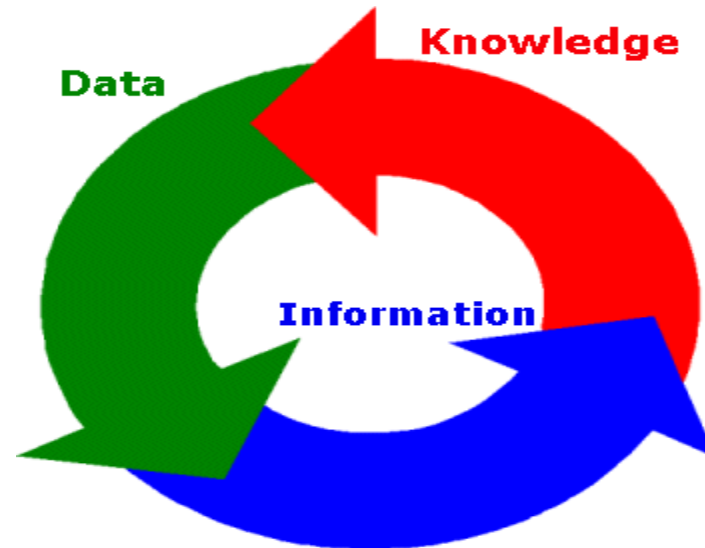
Bandura's self- efficacy scale used to create survey

Pre- and Post- Intervention survey

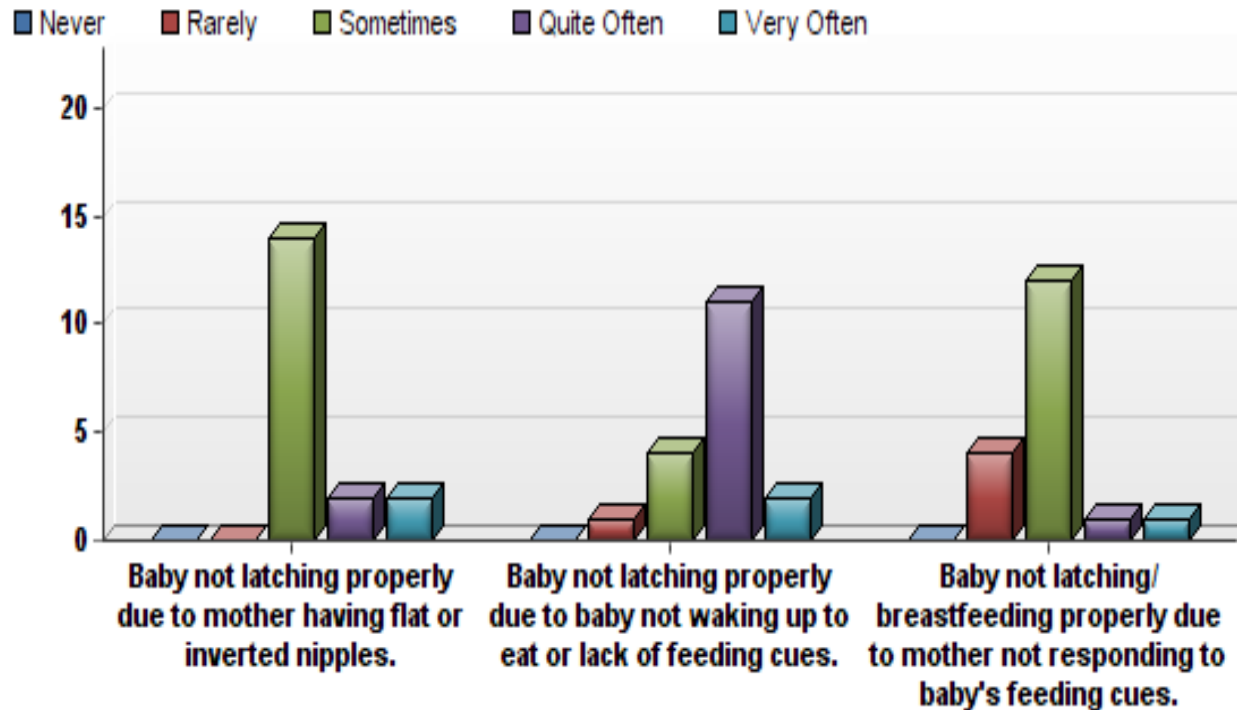
Voluntary participation

Anonymous

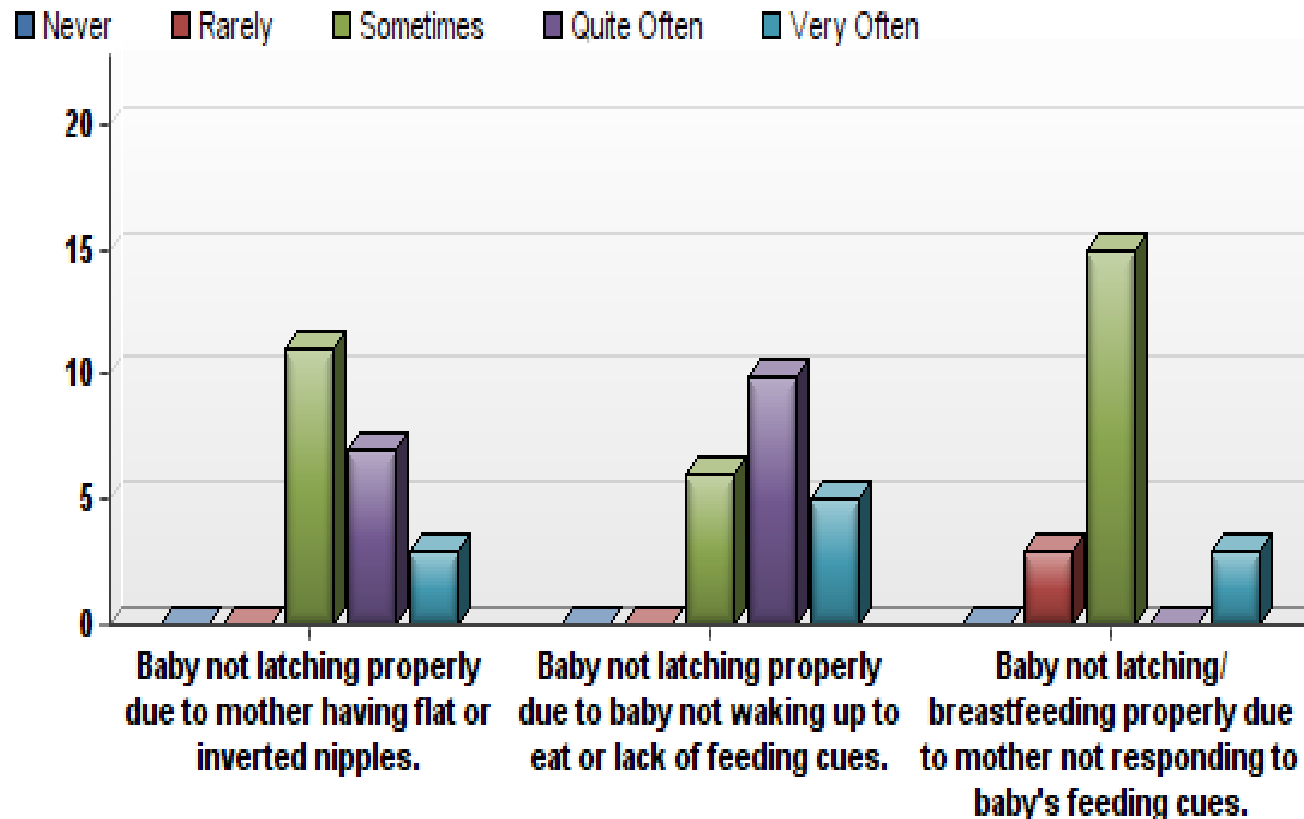
Small sample size n=18



# Data Analysis

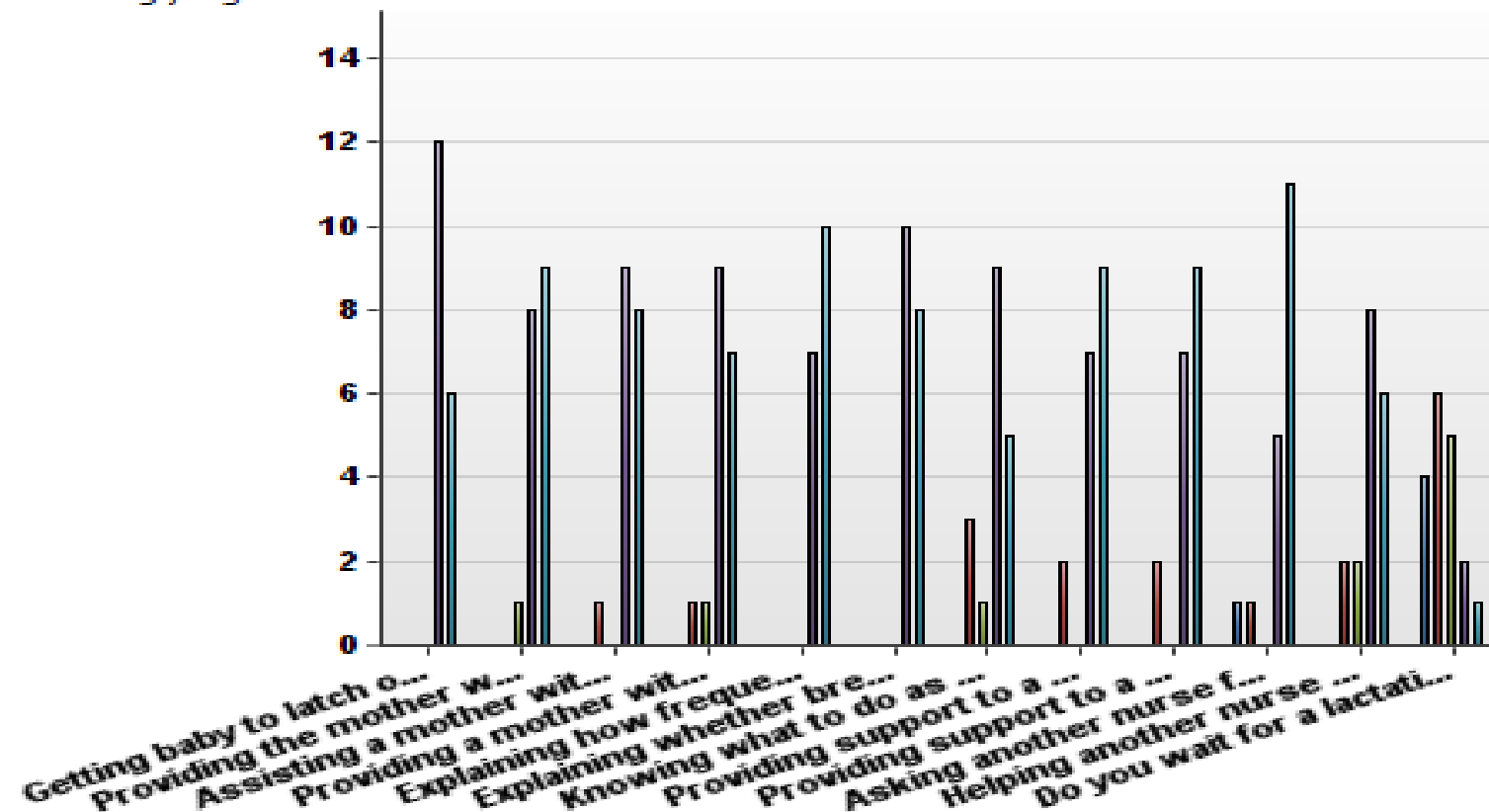


# Data Analysis



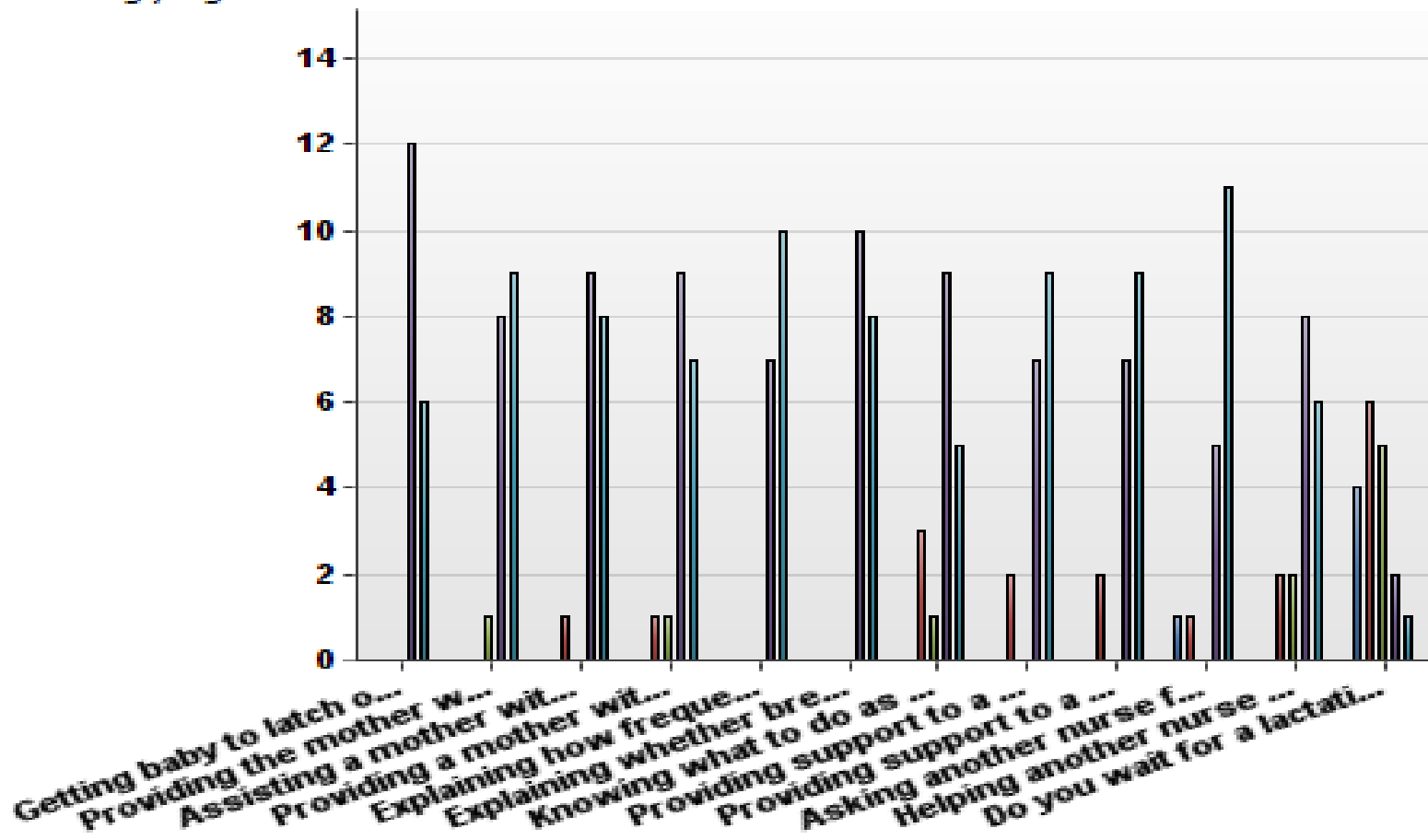
# Data Analysis

■ Strongly Disagree   
 ■ Disagree   
 ■ Neither Agree nor Disagree   
 ■ Agree



# Data Analysis

Strongly Disagree Disagree Neither Agree nor Disagree Agree  
Strongly Agree



# Limitations

Small population of survey respondents n=18

Clarity of questions and answers – participants and I on the same page

Anonymity- need to code surveys in the future

Inability to compare pre- and post- survey data by each survey participant- needed coding of surveys to compare pre- versus post- survey results

# Outcomes

Creation of an Algorithm for staff nurses to refer to when babies are having difficulty latching.

Created Nipple Shields 101 for staff nurses to refer to when making the decision to offer a nipple shield to a patient and to ensure proper fitting and use of the nipple shield.

Nipple Shields 101 was made into a Health Streams education requirement for the birthing center staff nurses by the staff education nurse to count towards Baby-Friendly education requirements.



# Conclusions

Breastfeeding education is essential for nurses and mothers for successful breastfeeding.

Baby-Friendly Hospital Initiative is here to stay.

Breastfeeding versus Formula Feeding- Allowing mothers to make the right choice.

Support is necessary for a successful breastfeeding experience.

Know what resources are available in the community.

# Conclusions

Know the patient population and be an advocate for them.



# Questions and Comments



# Thank You For All Of Your Support

Columbus Regional Birthing Center Nurses

Dr. Kelsey and Dr. Waltz

My DNP Program Classmates

My Family!

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# The End

