

APPLICATION FORM

Title of Entry: Together is Better: Protecting, Promoting and Supporting Mothers and Babies Through the Baby-Friendly Journey

Division: Medium Organizations

Award: Excellence in Care

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Date Implemented: 05/01/2012
Date Results Achieved: 03/17/2017

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Together is Better: Protecting, Promoting & Supporting Mothers and Babies Through the Baby Friendly Journey

Executive Summary

Problem/opportunity: The CDC conducts a quality improvement survey every 2 years titled Maternity Practices in Infant Nutrition and Care (mPINC). Hospitals receive a score based on how closely current practices align with the optimal level of evidence based standards. In 2009, the first year this facility completed the survey, opportunities were evident related to labor and delivery care and the early opportunity to initiate breastfeeding and perform routine care with infant skin to skin with mother. Rooming in practices and instances of mother and baby separation reflected areas for improvement. Opportunities to hardwire breastfeeding support beyond discharge rose to the top along with the chance to cease providing new mothers with formula containing discharge bags. Lastly, staff training for new and existing staff along with regular competency assessments presented as an opportunity for improvement in education. In 2011, the United States Surgeon General issued a call to action to support breastfeeding. In response, in May 2012, our organization entered into the Baby-Friendly 4D Pathway. The Baby-Friendly Hospital Initiative (BFHI) is a global program that was launched by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in 1991 to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. The decision to pursue Baby-Friendly designation was easy as we knew the results would reflect the best evidence-based care for mothers and babies.

Evidence and Baseline Data: Our facility first completed the mPINC survey in 2009 with a total composite score of 51. Categories with scores less than or equal to 50 reflected opportunities for improvement. The facility composite score in 2011 was 66 demonstrating minimal improvement. When the Surgeon General released the Call the Action to Support Breastfeeding in 2011, our facility focused efforts to improve our maternity care practices and increase breastfeeding rates. In 2011, our average annual breastfeeding initiation rate was 75.28% and average annual exclusivity rate was 35.97%. The Healthy People 2020 goals were set to increase breastfeeding initiation rates to 81.9% and to reduce the percentage of breastfed infants receiving formula supplementation within the first two days to 14.2% (a target exclusivity rate of 85.8% in first 2 days).

Intervention: From May 2012 through March 2017, we methodically implemented the Ten Steps to Successful Breastfeeding aimed at improving breastfeeding outcomes in the hospital and in our community. Utilizing a multidisciplinary approach, physicians, midwives, family medicine residents, lactation consultants, nurses, pharmacists, laboratory personnel, etc. committed to modifying their practice to provide families with the best education and support to achieve their infant feeding goals. The ten steps guide healthcare teams to follow a written breastfeeding policy and provide necessary training to staff to fully execute the policy. The steps outline best practice related to breastfeeding education, initiation and maintenance. These steps urge healthcare teams to offer breast milk only, except where medically indicated, to practice skin to skin care and minimize maternal/infant separation, encourage breastfeeding on demand and to provide no artificial nipples or pacifiers. Lastly, step ten outlines the need for community support of the breastfeeding dyad after discharge.

Results: On March 17, 2017, our organization was notified that we had achieved Baby-Friendly designation. Through a site survey and review of our audit data, it was evident that we had completely hard-wired the ten steps to successful breastfeeding and had changed the culture of our organization to support all mothers. Over the five year journey, breastfeeding initiation rates rose from 75% to 86% and breastfeeding exclusivity rates increased from 36% to 65%. The collaboration necessary to achieve this designation was exceptional and truly demonstrated the collective teams' commitment to evidence-based practice, excellence in care and a healthier community.

Assessment: Describe the needs assessment process and/or research conducted prior to implementing the initiative and the results of that needs assessment/research, including evidence and baseline data

The Center for Disease Control and Healthy People highlight improving breastfeeding rates as a public health initiative related to health promotion and disease prevention. Data demonstrates most mother's desire to initiate breastfeeding, however many are not meeting their goals or the recommended goals as outlined by the health organizations AAP, CDC and WHO. The early postpartum period is a critical time in establishing successful breastfeeding and the care provided before, during and after delivery can have direct impact on the protection and support of breastfeeding. The CDC and Healthy People recognize the Baby Friendly Hospital Initiative and the Ten Steps to Successful Breastfeeding as the optimal level of evidence based care for breastfeeding moms and babies. To help US hospitals evaluate their practices, The CDC conducts a quality improvement survey every 2 years titled Maternity Practices in Infant Nutrition and Care (mPINC). Hospitals receive a score based on how closely current practices align with the optimal level of evidence based standards. The survey is a self-evaluation with the highest possible score of 100 points. Individual hospitals are also able to compare their performance with the scores from state and national levels. The total composite score is determined after evaluating 7 sub areas of maternity care.

Our facility first completed the survey in 2009 with a total composite score of 51. Sub areas with scores of less than or equal to 50 included:

- Labor and Delivery care: the early opportunity to initiate breastfeeding and performing routine care with infant skin to skin with mother
- Postpartum Care: rooming in practices and instances of mother / baby separation
- Facility Discharge Care: the assurance of breastfeeding support beyond discharge and the routine distribution of formula discharge bags
- Staff training of new staff, continuing education and regular staff competency assessment

Our composite score in 2011 was 66 demonstrating minimal improvement. When the Surgeon General released the Call the Action to Support Breastfeeding in 2011, our facility focused efforts to improve our maternity care practices and increase breastfeeding rates. In 2011, our average annual breastfeeding initiation rate was 75.28% and average annual exclusivity rate was 35.97%. The Healthy People 2020 goals were set to increase breastfeeding initiation rates to 81.9% and to reduce the percentage of breastfed infants receiving formula supplementation within the first two days to 14.2% (a target exclusivity rate of 85.8% in first 2 days).

Joint Commission has also acknowledged the care provided in the prenatal and intrapartum period as critical to the success of any and exclusive breastfeeding. In 2014 exclusive breast milk feeding indicator was added to the perinatal core measure report for accredited hospitals. The rates serve as a standard performance measurement and references the Call to Action to Support Breastfeeding and Baby Friendly Hospital Initiative.

Physician leaders within our maternal child health departments began discussions to pursue the Baby-Friendly Hospital Initiative (BFHI) BFHI guides facilities through implementing the optimal levels of care related to infant feeding and mother baby bonding and provides prestigious recognition to the hospitals who meet this criterion. The self-appraisal tool completed in the discovery phase of BFHI identified our facility was meeting criteria in only 34 out of 75 possible points.

The results of our mPINC surveys, BFHI evaluations, and updates to Joint Commission Perinatal Core Measures indicators were shared with senior leaders and a formal request for administrative support was submitted to move forward with the Baby-Friendly Hospital Initiative in September 2011.

Intervention: Identify the steps taken to initiate your effort(s) including strategies, implementation plan, and the interventions.

The implementation of the Baby Friendly Hospital Initiative follows the 4D Pathway of Baby Friendly USA Guidelines and Criteria. The 4D Pathway outlines 4 phases, “Discovery, Development, Dissemination, and Designation” with goals specific to each phase that must be met before moving to the next. Funding for the launch of the initiative was secured through a grant from our First Community Foundation in 2012.

The initial phase of the project involved building a multidisciplinary team. We built a team that met monthly and included physicians, leadership, nurses, lactation consultants and community professionals. The first task was to develop an evidence based policy that established breastfeeding as the standard for infant feeding and addressed all Ten Steps to Successful Breastfeeding. The infant feeding policy also outlined the facility commitment to uphold the International Code on the Marketing of Breast milk substitutes. With the focus on prohibiting the distributions of breast milk substitutes products and promotional materials, we eliminated the formula discharge packs in 2012.

Patient education plans were developed to guide building required topics into standard prenatal and postpartum education materials and classes. The effectiveness of patient education was evaluated with patient interview tools and chart audits provided by Baby-Friendly USA. The Informatics department was engaged to build the education documentation into the electronic medical record. Ensuring the sustainability of standard patient education involved regular meetings and updates with all staff involved in patient education.

Staff training plans were developed utilizing the topic checklist provided by Baby-Friendly USA with the goal to ensure the adherence to the infant feeding policy. To meet the 20-hour (15-hour education and 5 hour clinical) requirement for nursing staff, we utilized online self-guided education modules and direct clinical supervision with lactation consultants for all nursing staff members. The process was built into the orientation period for new staff members. Physician, midwives and nurse practitioners were also given online education opportunities and live speaker presentations to meet the provider staff education requirements. Department chairs and office managers were engaged to help ensure the sustainability of these practices. The effectiveness of staff education was evaluated with observations, interviews and annual staff competency days.

Our facility partnered with the WIC office and utilized the services of WIC Peer Breastfeeding Counselors with additional training as Certified Lactation Counselors. As volunteers to the health system, they were granted ability to assist with patient education and breastfeeding care and serve as members of the multidisciplinary team. Their competency assessments adhere to infant feeding policy and their education requirements are maintained through the WIC office. Funding for their services is provided through state grants.

Practice changes were implemented with the Model for Improvement and PDSA cycles. Reviews and reports were provided to staff with weekly updates and regular visits to department and nursing council meetings. Performance Improvement reports were shared with senior leaders.

When progress began to slow in 2015, our team explored opportunities to regain momentum with additional support. Our facility applied for participation in the CDC EMPOWER Breastfeeding Initiative. We were selected as 1 out of 100 hospitals across the nation to be part of this initiative focused on helping facilities complete the Baby-Friendly designation. In 2016, our facility also applied for state level partnership with the Keystone 10 Initiative.

Results: Summarize the success of your initiative and provide evidence of sustained improvements.

On March 17, 2017, our organization was notified that we had achieved Baby-Friendly designation. Through a site survey and review of our audit data, it was evident that we had completely hard-wired the ten steps to successful breastfeeding and had changed the culture of our organization to support all mothers. Our mPINC survey composite scores improved from 51 in 2009 survey to 93 in the 2015 survey. The sub scores that were previously less than 50 had improved with the 2015 survey.

- Labor and Delivery care: the early opportunity to initiate breastfeeding and performing routine care with infant skin to skin with mother: score 100
- Postpartum Care: rooming in practices and instances of mother / baby separation: score 88
- Facility Discharge Care: the assurance of breastfeeding support beyond discharge and the routine distribution of formula discharge bags: score 100
- Staff training of new staff, continuing education and regular staff competency assessment: 88

Joint commission rates are calculated from aggregate sampling of charts each quarter over the year. Joint Commission notes more than half of accredited hospitals report rates each quarter less than 50% and in May of 2015 set 70% as target goal. Our Joint Commission Perinatal Core Measure Quality reports for exclusive breast milk feedings average annual rates were 62.375% in 2014, 58.4% in 2015 and 62.725% in 2016. With a median rate of 62.375%.

Over the five-year journey, our internal breastfeeding PI indicator rates determined from all eligible deliveries at time of discharge reflected breastfeeding initiation rates rose from 75% to 86% and breastfeeding exclusivity rates increased from 36% to 65%. The collaboration necessary to achieve this designation was exceptional and truly demonstrated the collective teams' commitment to evidence-based practice, excellence in care and improving the health outcomes of mothers and babies in our community.

Patients and families have shared their appreciation for the care received at our facility by sharing stories in our health system and community publications.

Adaptability: Describe the potential ability to replicate your initiative in other organizations that provide the same service or serve the same type of population. Also, describe how to maintain the initiative and/or its results, any negative outcomes, areas of improvement or lessons learned.

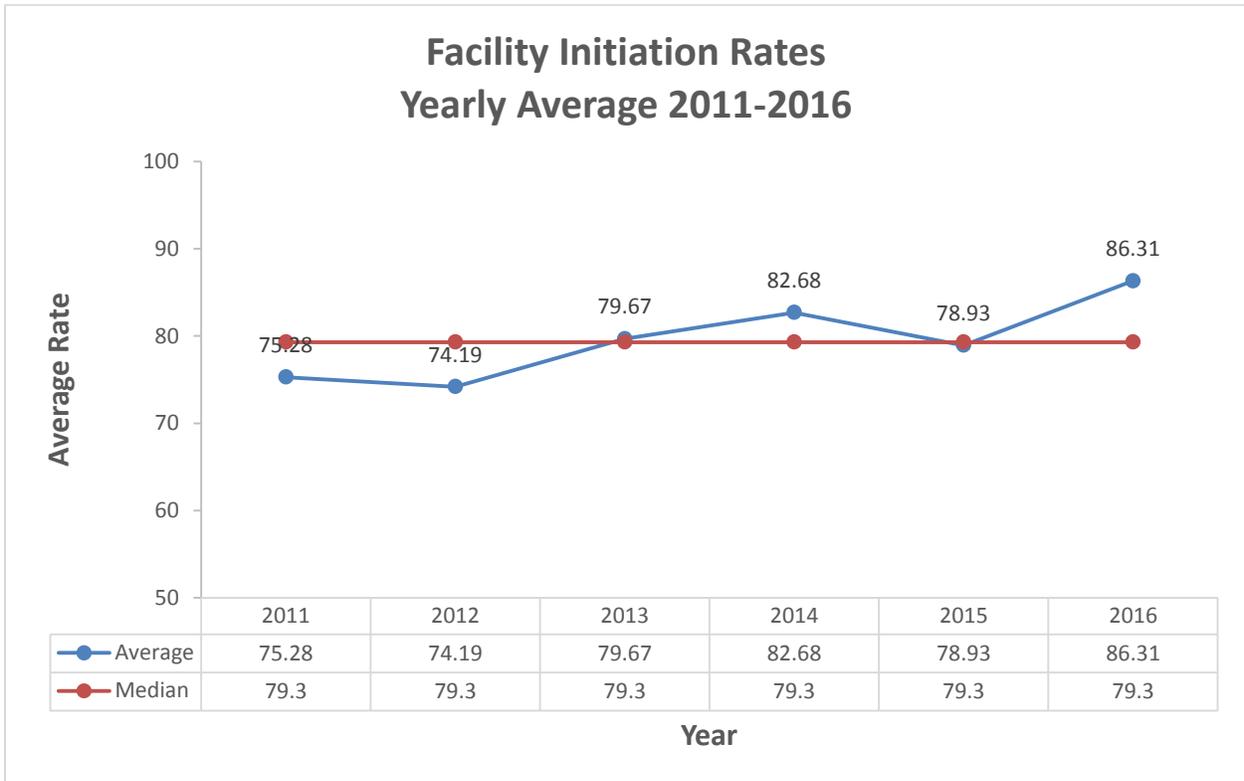
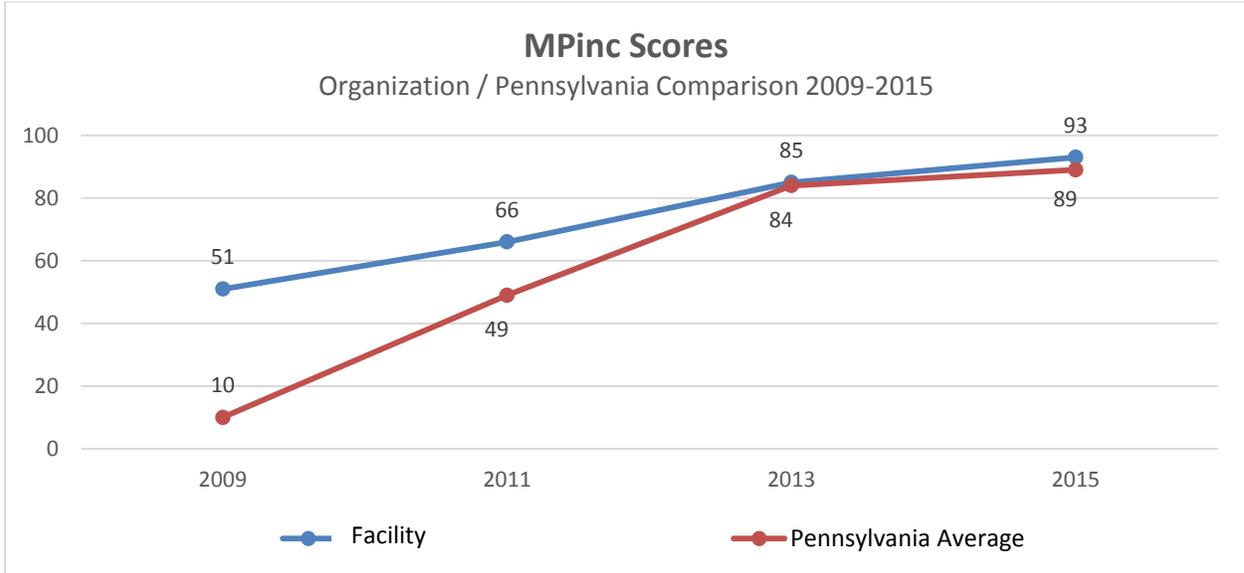
In 2007, only 2.9% of United States births occurred in Baby-Friendly designated facilities. Currently, 432 U.S. hospitals and birthing centers in 49 states and the District of Columbia hold the Baby-Friendly designation. 21.04% of annual births (approximately 838,800 births) occur at these Baby-Friendly designated facilities. This rate surpasses the Healthy People 2020 goal of 8.1%. Every hospital that attains the Baby-Friendly designation moves us closer to meeting important public health goals of increasing the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies. The national average mPINC score in 2015 was 88 reflecting quality of maternity care has greatly improved since the Call to Action in 2011. Baby-Friendly USA requires quality improvement projects annually and performance improvement monitoring monthly. Re-designation via a rigorous on-site assessment every 5 years is used to verify sustained efforts and outcomes.

Challenges experienced with the initiative include some staff resistance to implement change in work flow and to complete required education. Addressing these challenges involved exploring reasons for resistance and engaging staff more in the process of protocol updates. A variety of educational opportunities were offered that would meet criteria. Funding for staff training and initiative fees could be a challenge for some facilities. Our facility met this challenge with securing grants from local community foundations and applying for state and national funding programs focused on assisting hospitals through the process of becoming Baby-Friendly designated.

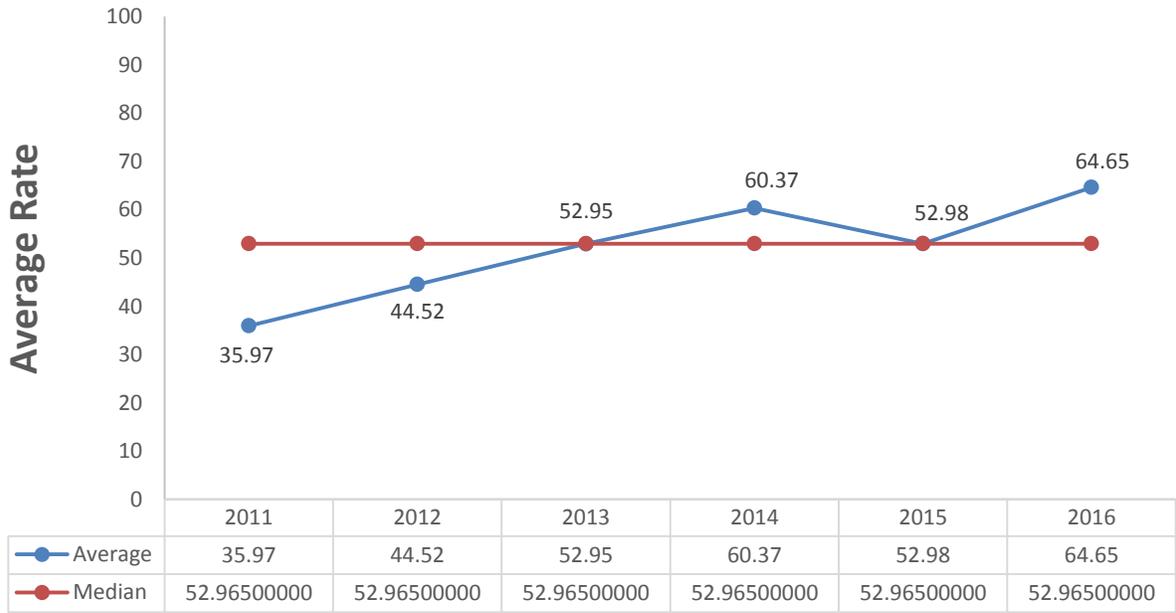
Patient safety should be a priority through implementing any practice changes. Following the Baby-Friendly initiative guidelines and criteria with respect to patient safety is crucial to improving maternity care practices while focusing on safe infant feeding practices and safe sleep education.

The successful completion of this initiative proved to depend on strong administrative support and the commitment of a multidisciplinary team. Open communication and education through all departments of maternal child health is an integral part of effectively implementing sustainable practice change. Collaboration with state and national programs was a key step to gain valuable guidance and networking opportunities with other facilities also working to improve maternity care practices. Our Baby-Friendly designation allow us to serve as a leader in our community, state and country and demonstrates our commitment to deliver world class care that places our patients and families first.

Appendices



Facility Exclusivity Rates - Yearly Average 2011-2016



Year