Evidence-Based Hospital Breastfeeding Support (EBBS) Learning Collaborative

Step #3 Webinar- Prenatal Education

June 18, 2013
* The speakers have no financial relationships to disclose *

- Amy Baisden, DNP, CNM
  - University of Washington

- Rachel Schwartz, MSW, MPH
  - Breastfeed Promotion Manager
  - WithinReach| Breastfeeding Coalition of Washington
Logistics

- Please be sure your phone is on mute until the Discussion/Q&A session

- Use chat box at any point to ask a question during the webinar, or hold your question to ask over the phone during Q&A

- Must remain active on the webinar until the end to receive CEU credit
Earning CEUs

If you sign on to webinar as an individual:
1. Must register in advance with RN Lic. # and other info
2. Must be attentive during entire webinar
3. Must complete and submit evaluation questions

If you sign on as a group:
1. Still must be attentive during entire webinar!
2. NM must sign off on attendance sheet, to include RN Lic. #, date, and staff signature
3. Must complete and submit evaluation questions
EBBS Initiative

**Aim:** Increase the number of birthing hospitals in WA State using evidence-based breastfeeding support practices

**OStreamline the QI process**

**Step 1**

**Step 2**

**Step 3**

**Step 4**

2013
Upcoming 2-Day Trainings

- August 6-7 - Colville
- August 12-13 - Kirkland
- August 29-30 - Tacoma
- September 17, 18-19 - Seattle

http://www.withinreachwa.org/get-involved/events/
Agenda

Step 3: BFHI Guidelines

Step 3: Tips and Strategies

Q & A

Workgroup updates
Step #3: Inform all pregnant women about the benefits and management of breastfeeding.
“Of course your body can make enough milk... it just made a baby!”
“Accurate information and supportive anticipatory guidance provided prenatally has been shown to help mothers gain **confidence** in the process of breastfeeding and the ability to succeed as well as increase **commitment** to making breastfeeding work, even if difficulties are encountered.”
Why does this matter?

The decision to breastfeed often occurs before pregnancy or during the first trimester.

Healthcare professionals play a very important role in supporting a woman’s decision.

Messages that support breastfeeding should be incorporated into prenatal care.
How does prenatal breastfeeding education currently happen at your facility?
Ensure education is:

- Clinically accurate
- Culturally appropriate
- Addresses local needs and values
- Appropriate reading level
- Does not promote artificial infant feeding
## Baby Friendly USA Guidelines

<table>
<thead>
<tr>
<th>Affiliated prenatal clinic</th>
<th>No affiliated prenatal clinic</th>
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<tbody>
<tr>
<td>- Individual or group counseling. To cover:</td>
<td>- Facility should foster programs that make BRF education available to pregnant women</td>
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<tr>
<td>- Importance of exclusive BRF</td>
<td>- Individual and group counseling</td>
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<tr>
<td>- Non-pharm pain relief in labor</td>
<td>- Foster the development of community-based programs</td>
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<td>- Skin to skin</td>
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<td>- Early initiation</td>
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<td>- Frequent feeding</td>
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<td>- Positioning</td>
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A Little About Me

- Recent Doctor of Nursing Practice (DNP) graduate from UW in Nurse-Midwifery
  - DNP Capstone with BCW and WA DOH on Promoting Breastfeeding Friendly Practices in Clinic Setting
- Recent work at Seattle area hospital on attaining BFHI Step#3
- Insights regarding this process
  - 4-D auditing perspective
  - Clinician perspective
A Little About the Evidence

- Fairbanks et al., 2000
  - Most effective interventions:
    - Informal, small group health education (prenatal).
    - One-to-one health education.
    - Peer support programs (prenatal and postpartum).
  - Least effective interventions:
    - Literature alone (e.g. handouts).
- Packages, or groups of interventions had more impact on breastfeeding outcomes, than single interventions.
- Including family members, especially partners or other primary support improves outcomes.
Implementation Strategies

- Adopt/write a prenatal booklet about breastfeeding to be distributed through all affiliated prenatal care practitioners.

Implementation Strategies

- Incorporate one-to-one breastfeeding education into prenatal care.
- Develop a teaching checklist for OB care that provides talking points.
- Provide key messages and guidance points to incorporate via brief and informal discussions throughout prenatal care.
  - Provide sample scripts
- Provide sample documentation for the intervention/education.
- For those using EMR, provide sample “after visit summaries” (AVS’s) for the patients.
Implementation Strategies

<table>
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<tr>
<th>Prenatal Visit</th>
<th>Breastfeeding Topic</th>
<th>Sample Scripting</th>
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<tbody>
<tr>
<td>Initial RN OB Visit</td>
<td>Benefits of BF</td>
<td><em>What do you know about the benefits of breastfeeding for you and your baby?</em></td>
</tr>
<tr>
<td>32 Week Visit</td>
<td>Exclusive BF for 6 months (<em>Risks of formula feeding</em>)</td>
<td><em>What do you know about the risk of giving formulaunnecessarily in the first six months?</em></td>
</tr>
<tr>
<td>36 Week Visit</td>
<td>Importance of Skin-to-skin</td>
<td><em>What do you know about the benefits of skin-to-skin contact between you and your baby?</em></td>
</tr>
<tr>
<td>38 Week Visit</td>
<td>Importance of rooming-in/feeding on-demand</td>
<td><em>What have you heard about our policy of 24 hour rooming-in?</em></td>
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</tbody>
</table>
Best Start 3-Step Counseling Strategy by:

- Encourage open dialogue about breastfeeding by beginning with open-ended questions.
- Affirm the patient’s feelings.
- Provide targeted education.

Education by trimester
Other Scripting Samples

Sample Scripting for Mothers Who Want to “Do Both”

Begin by exploring the mother’s reasons. “Tell me a little more about what you plan to do.”

Affirming Statements

• “Many women are in the same situation.”
• “A lot of women feel the same way.”

Scripting Statements

• “This is the time for your baby and you to learn how to breastfeed.”
• “It can be confusing for the baby to be expected to learn how to do two things at the very beginning.”
• “It is really important that you feed your baby on demand. This establishes your milk supply and comforts your baby.”

Suggestions from Nurses in the field:

• Let me help you reach your goal.
• It’s important to acknowledge moms common anxiety and validate moms concerns.
• Describe difference between obtaining milk flow from bottle vs. breastfeeding.
• Stress how smart their baby is.
• Inform moms that sucking makes milk and their body is trying to figure out how much milk to make.
• Avoid yes or no questions.
• Less bottles equals more production of milk.
• Talk about stomach capacity and the impact of over distending baby’s tummy.

Implementation Strategies

- Concise messaging in areas where pregnant women go.

Got colostrum? It’s all they need!

Colostrum is concentrated milk.
New babies only need small amounts of milk.
Colostrum is the perfect nutrition for babies, free and ready to use on baby’s birth day.

Colostrum is Liquid Gold!
Implementation Strategies, cont.

- Link with WIC peer counselor program in your county if not already
- Incorporate infant feeding into regular childbirth classes, rather than providing an optional class at the end of the series
- Collaborate with existing community resources already doing this work
Other strategies. . .

- Treat breastfeeding as the norm in words and practice
- Address the needs of the local population
- Assess how your program might best support populations known to be least likely to breastfeed

- Regularly scheduled PDSA cycles

Insights from my experience

- Pre-assess current practices, reluctance or barriers for clinicians/staff for providing breastfeeding education during prenatal visits.
  - Simple electronic survey

- Most common barriers found during my project
  - Not enough time in visit (clinicians and support staff)
  - Reluctance of support staff (staff rooming patients)
    - “I formula fed and my baby is fine, why should I care”.
  - Reluctance of clinicians due to making mothers feel guilty if they cannot breastfeed.
    - “I rarely discuss or encourage breastfeeding. I would hate to make someone feel guilty if they cannot breastfeed in the end.”
Questions & comments
Brief Workgroup Updates

Your name

Hospital you represent

Progress made on Step 2: staff ed

Objective for Step 3: prenatal ed
Next Steps

Link to evaluation will be emailed to you if you registered in advance.

Once completed in Survey Monkey, your CEU certificate will be emailed to you.

Next webinar ➔ Step #4 - Tuesday, Sept. 17th, 1-2:30pm