Evidence-Based Hospital Breastfeeding Support (EBBS) Learning Collaborative

Webinar #3
March 19, 2013
* The presenters have no financial relationships or conflicts of interest to disclose.

Presenters:

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  • Coordinator, Infant Feeding Program
  • Yakima Valley Memorial Hospital

• Karen Querna, RN, BSN, IBCLC, RLC
  • Lactation Consultant
  • Providence Sacred Heart Medical Center

• 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
- Streamline the QI process

Step 1

Step 2

Step 3

Step 4

2013
AGENDA

Step 2: BFHI Guidelines
Step 2: Tips and Strategies
Physician Education
YVMH’s Breastfeeding Blitz
Q & A
Workgroup updates
STEP #2: Train all health care staff in the skills necessary to implement this policy.
Why does this matter?

A common complaint from patients is the conflicting information they receive from providers.

CDC lists professional training as a key evidence-based strategy to improve breastfeeding rates.

Competency-based training helps staff develop a common language, standardizes practices & procedures, and provides necessary skills.
**STEP 2 BFHI GUIDELINES**

- Designate an Infant Feeding Coordinator
  - Assessing, planning, implementing, evaluating staff education
  - Documentation of skills mastered
    - Name, Date, Session Completed

- Combination of didactic, counseling and clinical skills

- ‘Different strokes for different folks’
  - Differentiate level of training based on staff function
  - Everyone should know how to implement applicable portions of infant feeding policy (Steps 3-10)
• All staff caring for mothers, infants/young children

• New staff oriented on arrival and scheduled for training within 6 months of start

• Facility determines if training acquired prior to employment is accepted as a means of meeting the minimum competencies

• Staff education should be provided by those with no commercial ties as this can easily slip into a conflict of interest situation
Training Policy

For a better start in life
Start COLA earlier!

How soon is too soon?
Not soon enough. Laboratory tests over the last few years have proven that babies who start drinking soda during that early formative period have a much higher chance of gaining acceptance and “fitting in” during those awkward pre-teen and teen years. So do yourself a favor. Do your child a favor.
Start them on a strict regimen of sodas and other sugary carbonated beverages right now, for a lifetime of guaranteed happiness.

promotes active lifestyle
boosts personality
• Training for nursing staff on maternity should consist of 15 sessions identified by UNICEF/WHO + 5 hours of supervised clinical experience.

• MDs, Midwives, PAs, APRNs should have a minimum of 3 hours of breastfeeding management ed. pertinent to their role.

• Content and number of hours of training for staff working outside maternity will be developed by each facility.

• Clinical competency verification should be included as much as possible for all staff training.

Wash's mPINC Scores

<table>
<thead>
<tr>
<th>Dimensions of Care</th>
<th>WA 2011</th>
<th>WA 2009</th>
<th>WA 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor &amp; Delivery Care</td>
<td>80</td>
<td>82</td>
<td>77</td>
</tr>
<tr>
<td>Breastfeeding Infant Feeding</td>
<td>43</td>
<td>53</td>
<td>57</td>
</tr>
<tr>
<td>Breastfeeding Assistance</td>
<td>57</td>
<td>58</td>
<td>57</td>
</tr>
<tr>
<td>Contact b/w Mom &amp; Baby</td>
<td>90</td>
<td>93</td>
<td>90</td>
</tr>
<tr>
<td>Facility Discharge Care</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff Training</td>
<td>68</td>
<td>68</td>
<td>68</td>
</tr>
<tr>
<td>Structural &amp; Organizational</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

% of WA facilities with ideal response

SOURCE: CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)
Maternity staff will receive training and mentorship necessary to attain competence in:

<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling the feeding decision</td>
</tr>
<tr>
<td>Providing skin-to-skin contact in the immediate postpartum</td>
</tr>
<tr>
<td>Assisting with &amp; assessing effective positioning &amp; latch</td>
</tr>
<tr>
<td>Counseling mothers regarding maintaining exclusive breastfeeding</td>
</tr>
<tr>
<td>Learning feeding cues</td>
</tr>
<tr>
<td>Assuring rooming-in</td>
</tr>
<tr>
<td>Teaching &amp; assisting mothers with hand expression</td>
</tr>
<tr>
<td>Teaching formula preparation &amp; feeding to parents when necessary</td>
</tr>
<tr>
<td>Assisting mothers in finding support upon discharge</td>
</tr>
<tr>
<td>Supporting &amp; respecting cultural beliefs</td>
</tr>
</tbody>
</table>
TRAINING OPTIONS

- Incremental and delivered by qualified hospital employee
- Facility-designed Learning Modules
- Contract perinatal education organization
- Case studies
- Conference
- Existing staff meetings
- On-line training
- Past training
- Train the trainer for large facilities
- Shadowing of skilled staff/nursing rounds
TRAINING TIPS
PHYSICIAN EDUCATION

• Share current evidence-based research findings on theory and practice of lactation management

• Appeal to Physicians’ desire to remain current and competitive
  • Women are more aware of the importance of breastfeeding.
  • Women increasingly expect physicians to be knowledgeable about breastfeeding and hospitals to be supportive.
  • Women today are seeking providers who accommodate their wishes.
Facility infant feeding policy

Why and how to promote breastfeeding

Parameters of normal breastfeeding

Medications and breastfeeding

How, when and where to refer for help

Communication to facilitate informed decision-making
EVERYONE HAS A ROLE TO PLAY IN SUPPORTINGBreastfeeding

Unit Clerks  Ancillary Staff  Social Worker  Dietitian
Anesthesiologist  Nurse Anesthetists  MDs  RNs
IBCLCs  Administration
Yakima Valley Memorial Hospital

Karin Carlson, RN, BSN, IBCLC, RLC
Coordinator, Infant Feeding Program

2010: 3,132 births
OVERVIEW & RATIONALE

- YVMH’s mPINC scores for staff training:
  - 2007 = 33/100
  - 2009 = 19/100

- Breastfeeding P.I. Committee
  - Comprised of: administrators, physicians, nurse managers, lactation consultants, and staff nurses.
  - Recommended a proposal be made to Administration for staff breastfeeding education dollars.
  - Budget was calculated based on staff salaries and was approved by Administration.
BREASTFEEDING BLITZ 2010

• Set up in 4 hour sessions for easier staffing coverage.

• 12 sessions total for 150 staff.

• Mandatory for: L & D, Mother-Baby, Pediatrics, NICU, Float Pool and Maternal Health Services.

• Staff included RNs, LPNs, OBTs, and PNA/NACs.

• The cost was approximately $25,000.

• A grant program within the hospital purchased $500 of DVDs for the Blitz.
Content consisted of lectures with videos, hand-outs, checklists, question/answer time, and hands-on latch practice. Topics included:

<table>
<thead>
<tr>
<th>Positioning/latch</th>
<th>Breast/nipple assessment</th>
<th>Sore nipple treatments</th>
<th>Policy updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency/length of feedings</td>
<td>ABC program</td>
<td>Hand expression/RPS</td>
<td>Cleft lip/palate</td>
</tr>
<tr>
<td>Pumping/storage of milk</td>
<td>The 10 Steps</td>
<td>Outdated practices</td>
<td>LATCH/documentation</td>
</tr>
</tbody>
</table>
Confidence in assisting patients with breastfeeding or answering patient questions:

- Very confident = 21%
- Somewhat confident = 45%
- Neither confident or unconfident = 22%
- A little confident = 11%
- Not at all confident = 1%

Do you feel that breastfeeding and formula feeding are essentially equal as a feeding choice for infants?

- Yes = 17%
- No = 83%
How confident are you with describing a clinical assessment of an infant having difficulty breastfeeding?

- Very Confident = 15%
- Somewhat Confident = 37%
- Neither Confident nor Unconfident = 31%
- A Little Confident = 12%
- Not at all Confident = 5%

How important is breastfeeding education as a part of your routine patient education?

- Very Important = 57%
- Somewhat Important = 35%
- Neither Important nor Unimportant = 5%
- A Little Important = 3%
• Our mPINC score in 2011 rose to 81/100!

• A second, 4-hour, mandatory, in-service Breastfeeding Blitz was held in 2011.

• Our Breastfeeding P.I. Committee approved the monies to do this so a formal budget was not submitted.

• We expanded our invitation list to CBE, MCH/First Steps providers, community agencies, physician office staff, and physicians.

• The blitz was offered on 9 different dates and times. There were 189 attendees.
TOPICS INCLUDED:

- Skin-to-skin for the first hour of life
- Laid-back breastfeeding
- Second night syndrome
- Review of traditional latch
- Hands-on pumping techniques
- Data from chart audits/BF P.I. Committee
<table>
<thead>
<tr>
<th>Issue</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inverted/Large nipples</td>
<td>22</td>
</tr>
<tr>
<td>Latch problems</td>
<td>16</td>
</tr>
<tr>
<td>Hispanic moms/GM “no leche”/Lack of education</td>
<td>15</td>
</tr>
<tr>
<td>Disinterested/Apathetic/Not really wanting to BF mothers</td>
<td>13</td>
</tr>
<tr>
<td>Sleepy babies</td>
<td>11</td>
</tr>
<tr>
<td>No milk</td>
<td>9</td>
</tr>
<tr>
<td>Late Preterm babies</td>
<td>8</td>
</tr>
<tr>
<td>Limited time/patient loads/other patients needing attention</td>
<td>7</td>
</tr>
<tr>
<td>Tired/sleeping mothers</td>
<td>7</td>
</tr>
<tr>
<td>Parents wanting to give bottles</td>
<td>7</td>
</tr>
</tbody>
</table>
STAFF EDUCATION CHALLENGES

A curriculum that meets the needs of a nurse with 3 months experience and a nurse with 30 years experience

Physician involvement

Providing more hours of breastfeeding education

Staff understanding of lactation’s role

New employee breastfeeding orientation
YVMH’S
BREASTFEEDING BLITZ

• Select Outcomes from Blitz:
  • Oral care w/ colostrum
  • Late preterm, not as successful- MDs have tight protocol.

• Got excellent feedback, doing something new and this is why. Some bottle moms converted to breast after skin to skin.

• Staff is required to attend an annual Skills Fair. There is always a breastfeeding topic.

• MAKE IT FUN!
TRAININGS WITH EVERGREEN PERINATAL EDUCATION

• Tacoma/Pierce County, August 29-30, 2013
  • Host: St. Joseph Medical Center

• Seattle/King County, date TBD
  • Host: Swedish Medical Center

• Colville/Okanogan/Spokane, date TBD
  • Host: Providence Mt Carmel
QUESTIONS & COMMENTS
BRIEF WORKGROUP UPDATES

Your name

Hospital you represent

Progress made on Step 1: policy

Objective for Step 2: staff education
Next Steps

Link to brief evaluation questions will be e-mailed to you if you registered in advance.

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

Next webinar ➔ Step #3 - Prenatal breastfeeding education
- Tuesday, June 18th, 1-2:30pm