



Breastfeeding Webinar

June 29, 2016

For the live webinar:

Phone Bridge 402-557-8046

If you experience ANY problems, immediately call the Operations Center at 402-559-8090 for assistance. Often times, it is a firewall or computer issue.

Presenters:

- April Deis RN, MSN

Bryan Health

Nurse Manager Mother/Baby, Antepartum, Lactation

- Peggy Brown RN, DNP, CPHQ

Nebraska Perinatal Quality Improvement Collaborative
Program Administrator

Nebraska Medicine

Clinical Quality Lead, Women's & Children's

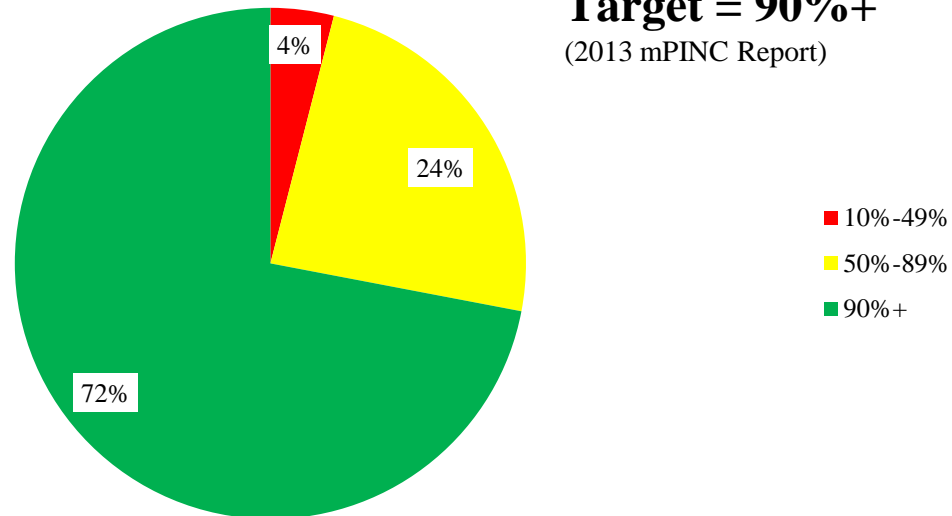


BASELINE RESULTS

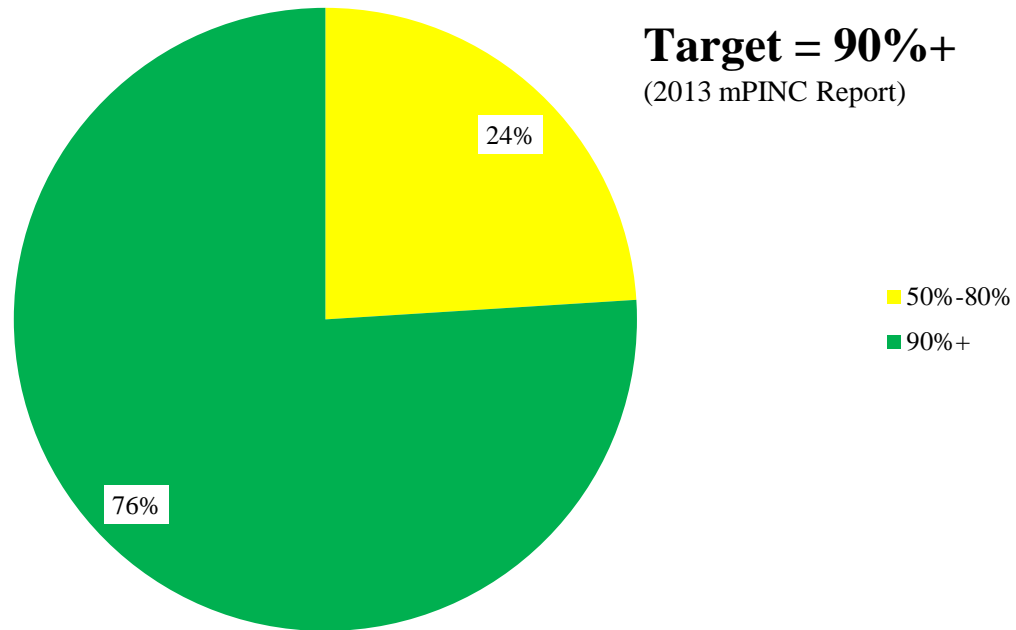
Hospital Practices 2016
N=25 Nebraska Hospitals
Peggy Brown RN, DNP

% of Mothers Encouraged to Hold Healthy Full-term Infants Skin-To-Skin for at Least 30 Minutes Within an Hour of Birth for Uncomplicated Vaginal Births

Target = 90%+
(2013 mPINC Report)

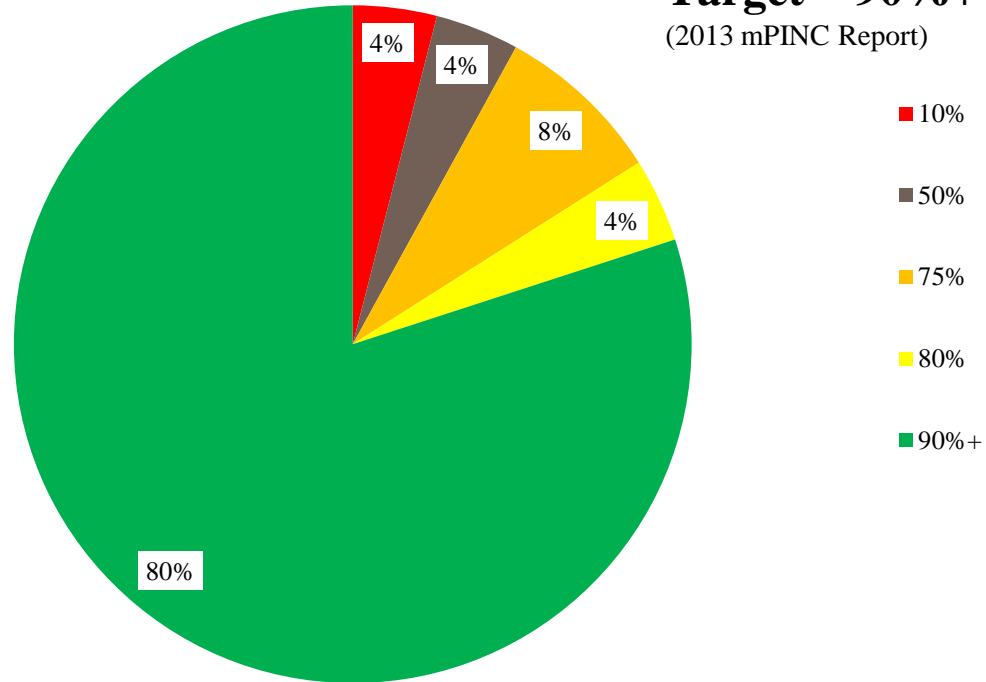


% of Mothers Encouraged to Hold Healthy Full-term Infants Skin-To-Skin for at Least 30 Minutes Within 2 Hours after Delivery for Uncomplicated Cesarean Births

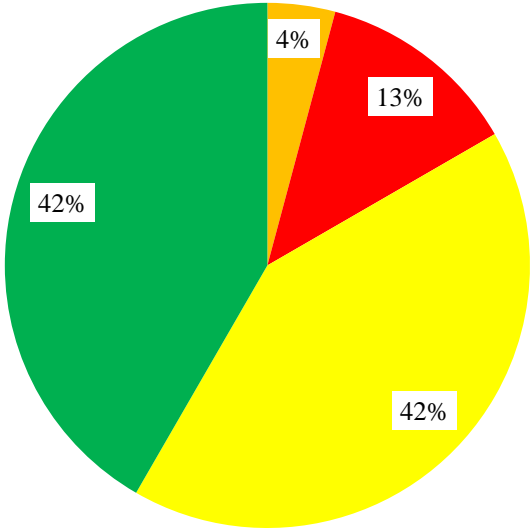


% of Health Full-Term Breastfed Infants Delivered Vaginally put to Breast within 1 Hour of Birth

Target = 90%+
(2013 mPINC Report)



**Routine Newborn Procedures After
Uncomplicated Vaginal Births Done While the
Mother is Holding the Healthy Full-term Infant
Skin-To-Skin**

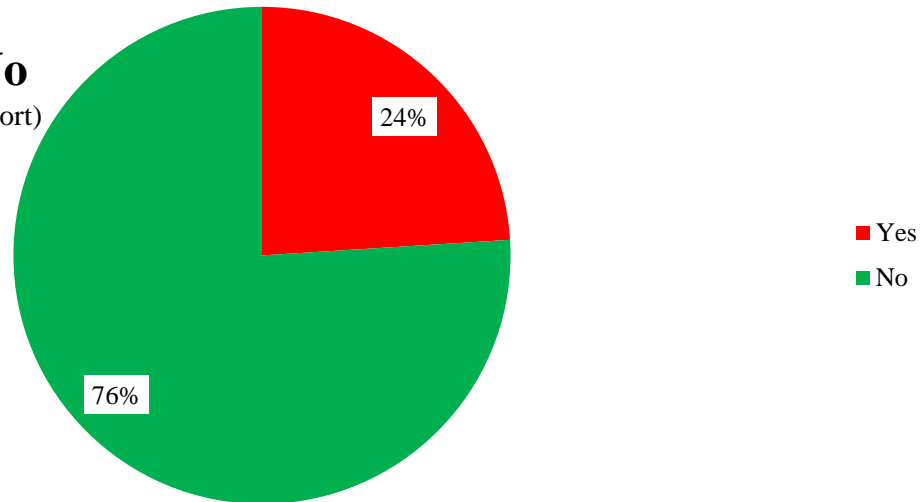


Target = 90%+
(2013 mPINC Report)

- 0%-9%
- 10%-49%
- 50%-89%
- 90%+

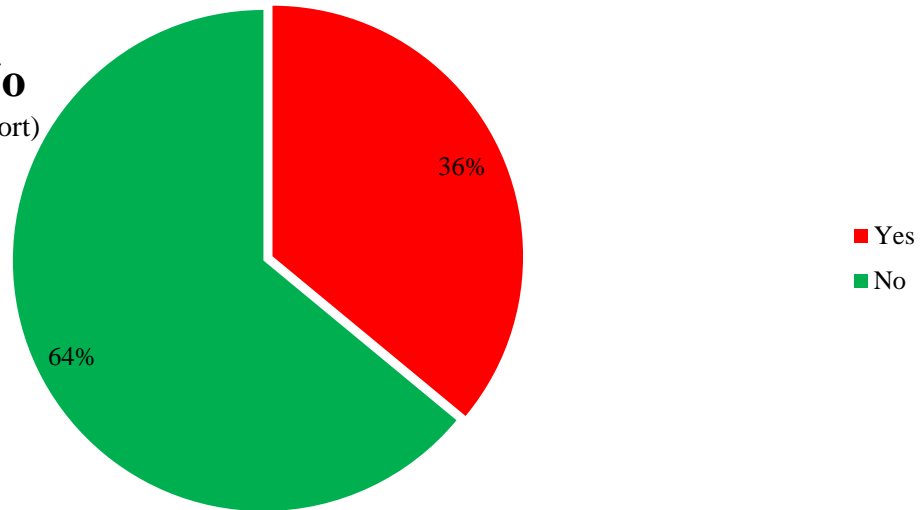
Following Uncomplicated Vaginal Births, Are Healthy Full-term Breastfed Infants Routinely Taken to the Nursery or Other Separate Area for Transition?

Target = No
(2013 mPINC Report)

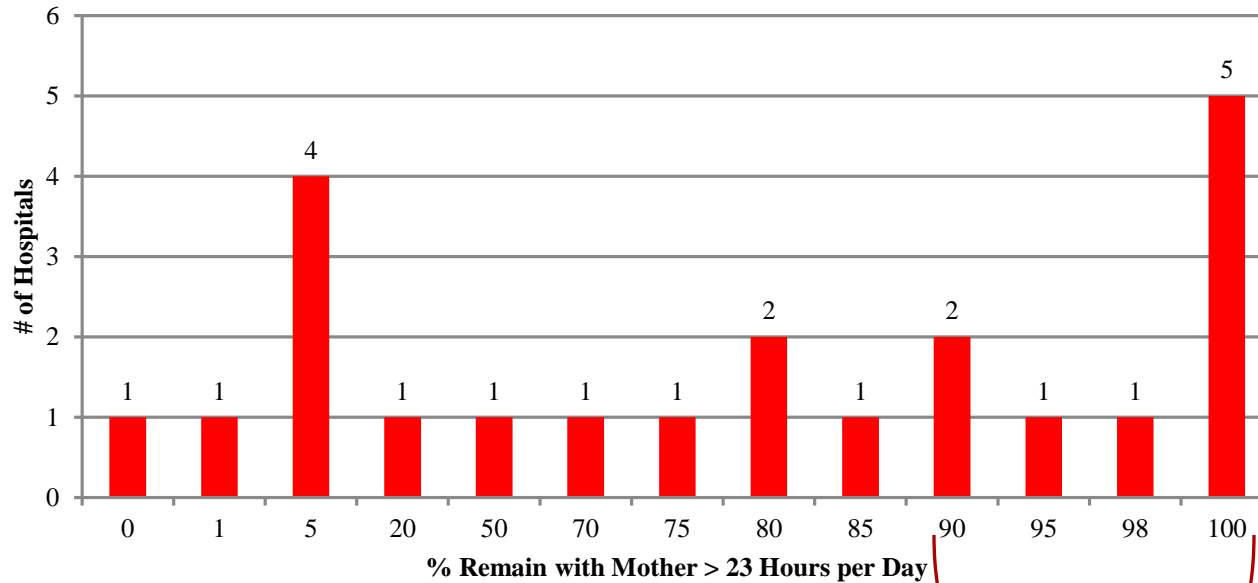


**Following Uncomplicated Cesarean Births, Are
Healthy Full-term Breastfed Infants Routinely
taken to the Nursery or Other Separate Area
for Transition?**

Target = No
(2013 mPINC Report)

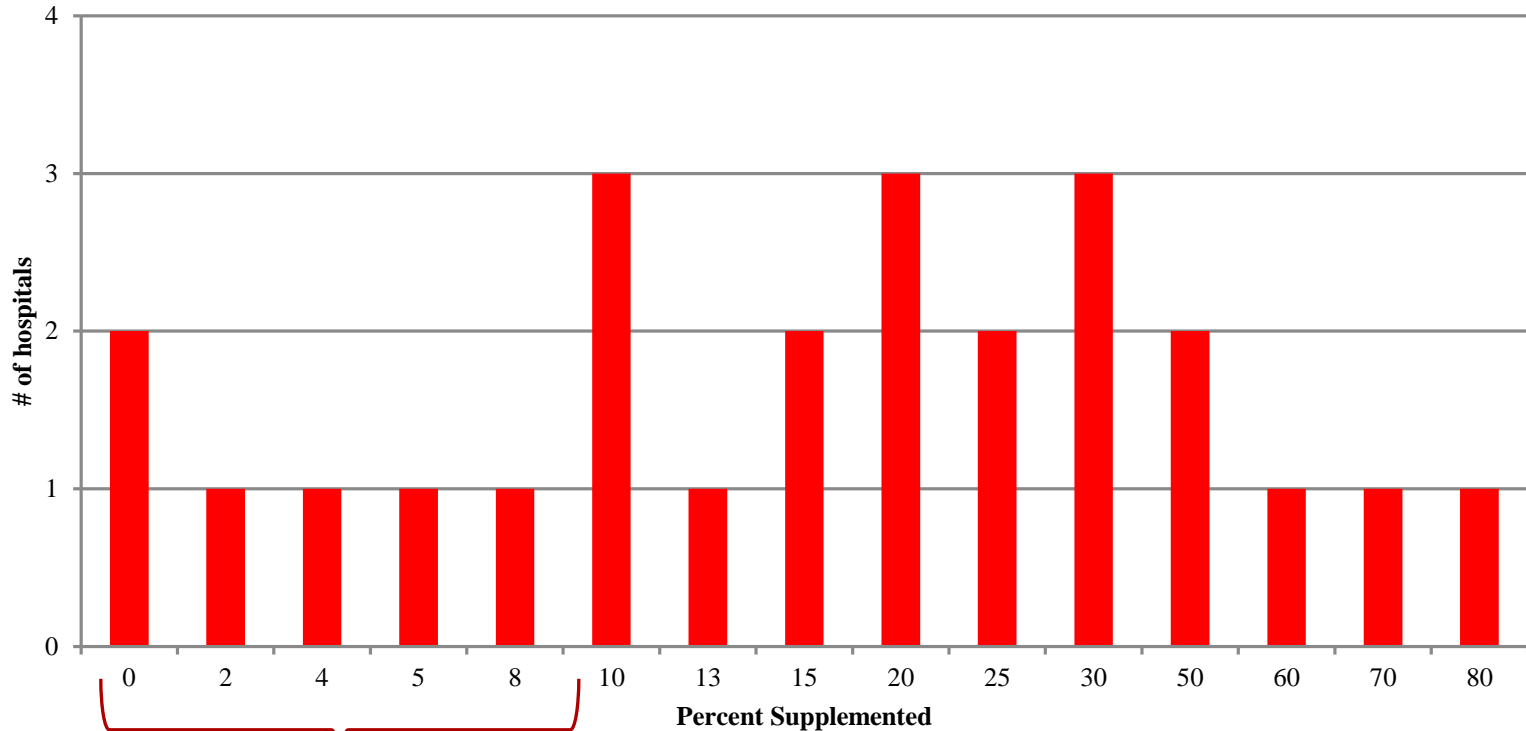


% of Healthy Full-term Infants, regardless of Feeding Method, Remain with Their Mothers More than 23 Hours per Day



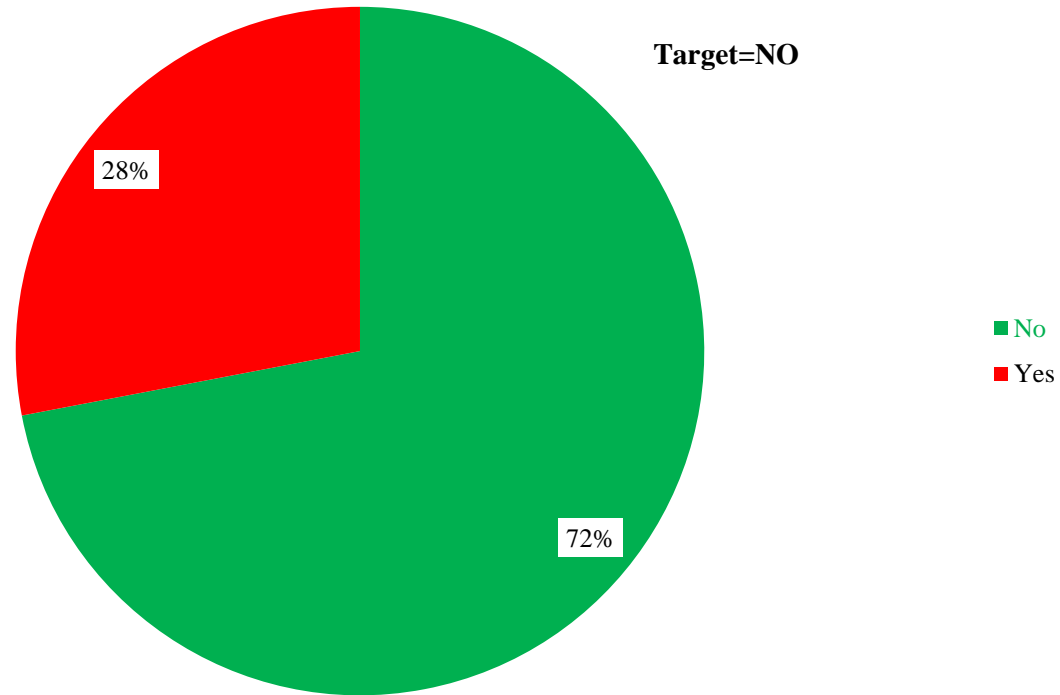
Target = 90% or more
(2013 mPINC Report)

% of Healthy Full-Term Breastfed Infants Supplemented with Non-Breastmilk



Target = <10% (2013 mPINC Report)

Are Discharge Packs/Bags Containing Infant Formula Samples Given to Breastfeeding Mothers?



Practices Not Meeting Target

- Skin-to-skin time after birth for vaginal and CD
 - Time mother and baby are together
 - Supplementation
 - Distribution of formula company discharge bags
-



EVIDENCE-BASED PRACTICE

April Deis RN, MSN



Skin to Skin

Why is Skin to Skin Important?

- Rationale: This practice, part of the 1997 WHO initiative “The Warm Chain,” helps promote breastfeeding, and prevents hypothermia and hypoglycemia. Being near the mother helps the infant adjust to extra-uterine life, with the familiar sound of her heartbeat and voice, and with warmth from her body heat. Studies show that the mother’s body responds to the infant’s body temperature, aiding in thermoregulation of the infant.
 - United States Breastfeeding Committee-Implementing the Joint Commission Perinatal Care Core Measures on Exclusive Breast Milk Feeding
-

Why is Skin to Skin Important?

- promote breastfeeding
 - prevents hypothermia
 - Promotes stable glucose, respiratory, and heart rate
 - United States Breastfeeding Committee-Implementing the Joint Commission Perinatal Care Core Measures on Exclusive Breast Milk Feeding
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Benefits of Breastfeeding within the 1st hour of life

- Oxytocin causes uterus to contract, decreasing vaginal bleeding.
 - Skin-to-skin contact and breastfeeding reduce pain in the newborn
 - Newborn imprints proper suckling technique while the baby is awake and alert immediately after birth
 - Decreased risk of hypoglycemia in newborn
 - Delaying the first breastfeeding session is a strong predictor of breastfeeding failure.
-

Skin to Skin Care - Benefits

- Reduces apnea (especially with very low birth weight babies)
 - Fewer nosocomial infections
 - Improves physiologic stability (including HR, RR, O2 sats, temperature)
 - Decreases pain (during heel sticks)
 - Fosters neurobehavioral development
 - Lengthens time in deep sleep (less agitation)
 - Improves growth (including wt, length, and head circumference)
 - Enhances success with breastfeeding
-

Let them be...

- During this time, the infant should not be removed for bathing, weighing, examinations, or medications, according to WHO guidelines. Cord clamping and APGAR scoring can be done with the infant skin-to-skin. Diapering may be postponed until after the first feed.
 - Rationale: Evidence has shown that postponing the first feeding is a strong predictor of breastfeeding failure. Immediate skin-to-skin contact after birth results in the infant having enhanced recognition of his own mother's milk, and is associated with longer breastfeeding duration.
 - United States Breastfeeding Committee-Implementing the Joint Commission Perinatal Care Core Measures on Exclusive Breast Milk Feeding
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What if and How?

- Initiate/Continue skin to skin for all babies regardless of mother/infant feeding choice to obtain all the benefits for both Mother and Baby
 - Skin to skin should occur prior to breastfeeding attempts (30-60 minutes ideally) and anytime thereafter desired by mother or father.
 - Medical contraindications to immediate skin-to-skin care include communicable lesions on mother's anterior torso or need for immediate resuscitation of mother or infant. Skin-to-skin care previously delayed for medical contraindications should be initiated once resolved.
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- There are 2 exceptions:
 - The mother does not want her infant STS after delivery
 - There is a medical contraindication (mother or infant)



Literature

United States Breastfeeding Committee: Implementing the Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding

- “Multiple studies have shown that delay in first breastfeeding beyond the first hour of life is associated with breastfeeding difficulties, including earlier weaning.”
 - “For mothers and infants having non-emergent cesarean births, immediate skin-to-skin contact after birth, while incisions are being closed, may help prevent both maternal and neonatal hypothermia and provide a pleasurable distraction during the remainder of surgery.”
-

Literature: Cesarean Birth

MCN Am J Matern Child Nurs. 2011 Sep-Oct;36(5): 318-24

- We concluded that STS contact was feasible after cesarean and could be provided for healthy mothers and infants immediately after cesarean birth. Perinatal and neonatal nurses should be leaders in changing practice to incorporate early STS contact into routine care after cesarean birth.
 - Healthy infants born by cesarean who experienced STS in the OR had lower rates of formula supplementation in the hospital (33%), compared to infants who experienced STS within 90 minutes but not in the OR (42%), and those who did not experience STS in the first 90 minutes of life (74%).
-

Literature

American Congress of Obstetricians and Gynecologists (ACOG)

- The initial feeding should occur as soon after birth as possible, preferably in the first hour when the baby is awake, alert, and ready to suckle. The longer the interval between birth and the first feeding, the more likely the use of supplementation.
 - **The Surgeon General agrees.**
 - In 2011 [Call to Action to Support Breastfeeding](#), the Surgeon General calls for action to “Ensure that health care clinicians do not serve as advertisers for infant formula...Given the health consequences of not breastfeeding, clinicians should not implicitly promote infant formula by providing venues for its advertisement.”
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Rooming in

Rooming in...

Mother/Baby Time

- Decreasing separation has proved to increase the success of breastfeeding and duration of continued breastfeeding
 - Learn feeding cues
 - Skin to Skin leads to increased milk production
 - Bonding benefits are endless
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Supplementation

TABLE 1. INDICATIONS FOR SUPPLEMENTAL FEEDING
IN TERM, HEALTHY INFANTS (SITUATIONS WHERE
BREASTFEEDING IS NOT POSSIBLE)

1. Separation
 - Maternal illness resulting in separation of infant and mother (e.g., shock or psychosis)
 - Mother not at the same hospital
 2. Infant with inborn error of metabolism (e.g., galactosemia)
 3. Infant who is unable to feed at the breast (e.g., congenital malformation, illness)
 4. Maternal medications (those contraindicated in breastfeeding)³²
-

TABLE 2. POSSIBLE INDICATIONS FOR SUPPLEMENTATION IN TERM, HEALTHY INFANTS

1. Infant indications

- a. Asymptomatic hypoglycemia documented by laboratory blood glucose measurement (not bedside screening methods) that is unresponsive to appropriate frequent breastfeeding. Symptomatic infants should be treated with intravenous glucose. (Please see ABM Hypoglycemia Protocol for more details.^{9,10})
- b. Clinical and laboratory evidence of significant dehydration (e.g., >10% weight loss, high sodium, poor feeding, lethargy, etc.) that is not improved after skilled assessment and proper management of breastfeeding^{33,34}
- c. Weight loss of 8–10% accompanied by delayed lactogenesis II (day 5 [120 hours] or later)
- d. Delayed bowel movements or continued meconium stools on day 5 (120 hours)^{34,35}
- e. Insufficient intake despite an adequate milk supply (poor milk transfer)³⁴
- f. Hyperbilirubinemia
 - i. “Neonatal” jaundice associated with starvation where breastmilk intake is poor despite appropriate intervention (please see ABM Jaundice in the Breastfed Infant Protocol)
 - ii. Breastmilk jaundice when levels reach >20–25 mg/dL ($\mu\text{mol/L}$) in an otherwise thriving infant and where a diagnostic and/or therapeutic interruption of breastfeeding may be helpful
- g. When macronutrient supplementation is indicated

Academy of Breastfeeding Medicine Clinical Protocol #3: Hospital guidelines for the use of supplementary feedings in the healthy term breastfed neonate. (www.bfmed.org) 2009

2. Maternal indications

- a. Delayed lactogenesis II (day 3–5 or later [72–120 hours] and inadequate intake by the infant³⁴
 - i. Retained placenta (lactogenesis probably will occur after placental fragments are removed)
 - ii. Sheehan's syndrome (postpartum hemorrhage followed by absence of lactogenesis)
 - iii. Primary glandular insufficiency, occurs in less than 5% of women (primary lactation failure), as evidenced by poor breast growth during pregnancy and minimal indications of lactogenesis
 - b. Breast pathology or prior breast surgery resulting in poor milk production³⁶
 - c. Intolerable pain during feedings unrelieved by interventions
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Adapted with permission from Powers and Slusser.³⁰

Academy of Breastfeeding Medicine Clinical Protocol #3: Hospital guidelines for the use of supplementary feedings in the healthy term breastfed neonate. (www.bfmed.org) 2009

Discharge Bags

Q: Do infant formula samples really affect whether mothers choose to breastfeed? Aren't you underestimating women's ability to make good choices for themselves and their babies?

A: Research convincingly shows that formula marketing — including samples — has a significant effect on breastfeeding. Women who receive commercial formula sample “discharge bags” in hospitals breastfeed for shorter durations and are less likely to breastfeed exclusively. Even women who receive formula company branded bags *without* formula inside them have been shown to breastfeed less than those who do not. In combination with the high volume of formula company advertising many women encounter while they are pregnant, whether in email or regular mail form, television, or online, there is no question that formula marketing has an effect on us. Formula companies spend millions of dollars on marketing — because it works.

Resources to Stop Discharge Bags with Formula coupons/Samples

- Bandthebag.org
 - [American Academy of Pediatrics Breastfeeding Initiatives](#)
 - [Baby Friendly USA](#)
 - [CDC Guide to Breastfeeding Interventions](#)
 - [La Leche League International](#)
 - [No Free Lunch](#)
 - [The Office of Women's Health Breastfeeding Program](#)

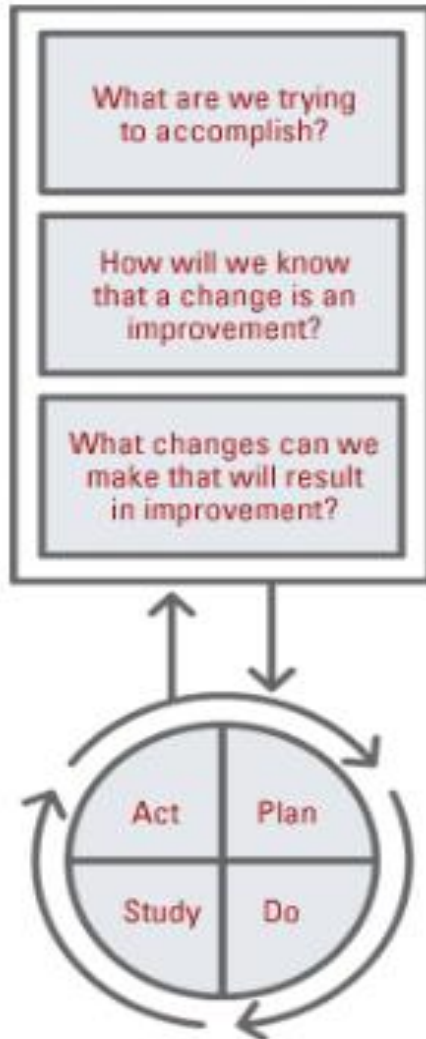
 - **Nebraska Hospitals**
 - [Bellevue Medical Center](#) Bellevue, NE
 - [Bryan Medical Center](#) Lincoln, NE
 - [Lakeside – CHI](#) Omaha, NE
 - [Methodist Hospital](#) Omaha, NE
 - [Saint Francis Medical Center](#) Grand Island, NE
 - [Alegent Health Mercy Hospital](#) Council Bluffs, IA
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- **American Academy of Pediatrics (AAP)**
 - [AAP Policy Statement: Breastfeeding and the Use of Human Milk](#)
 - [AAP Sample Hospital Policy](#)
 - Oregon's AAP Breastfeeding Chapter Coordinator is Nan Dahlquist, MD. Dr. Dahlquist is also the Medical Director of the Hillsboro Pediatric Clinic.
 - **American Academy of Family Physicians (AAFP)**
 - [Breastfeeding Policy Statement](#)
 - [Family Physicians Supporting Breastfeeding Position Paper](#)
 - [Hospital Use of Infant Formula in Breastfeeding Infants](#)
 - **Academy of Breastfeeding Medicine (ABM)**
 - [ABM Position on Breastfeeding](#)
 - [ABM Statement on Physician Education](#)
 - **American College of Obstetrics and Gynecology (ACOG)**
 - [ACOG Clinical Review on Breastfeeding](#)
 - [ACOG, AAP Develop First Collaborative Physician-Focused Breastfeeding Handbook](#). Includes ordering information.
 - **American Dietetic Association (ADA)**
 - [Position of the American Dietetic Association: Breaking the barriers to breastfeeding](#)
 - **American Public Health Association (APHA)**
 - [APHA Position Statement: Call to Action on Breastfeeding: A Fundamental Public Health Issue](#).
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Proposed Improvement Project

Model for Improvement



<http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>

*Source:

Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition).

San Francisco: Jossey-Bass Publishers; 2009.

**What are we trying to
accomplish?**

Aim

Provide evidence-based care for
breastfeeding mothers and babies

**How will we know that a
change is an improvement?**

Goals Consistent with mPINC

At all birthing facilities in Nebraska by _____:

1. 90% of mothers are encouraged to hold healthy full-term infants skin-to-skin for at least 30 minutes within an hour of birth for uncomplicated vaginal births and within 2 hours of uncomplicated cesarean deliveries
2. 90% of mothers with uncomplicated vaginal deliveries hold baby skin-to-skin while routine newborn procedures are done after birth
3. No routine separation for transition with healthy babies delivered vaginally or by cesarean
4. 90% of healthy full-term newborns (regardless of feeding method) remain with their mother more than 23 hours per day
5. Less than 10% of healthy full-term breastfed newborns are supplemented with non breast milk
6. No formula company discharge packs are given to mothers

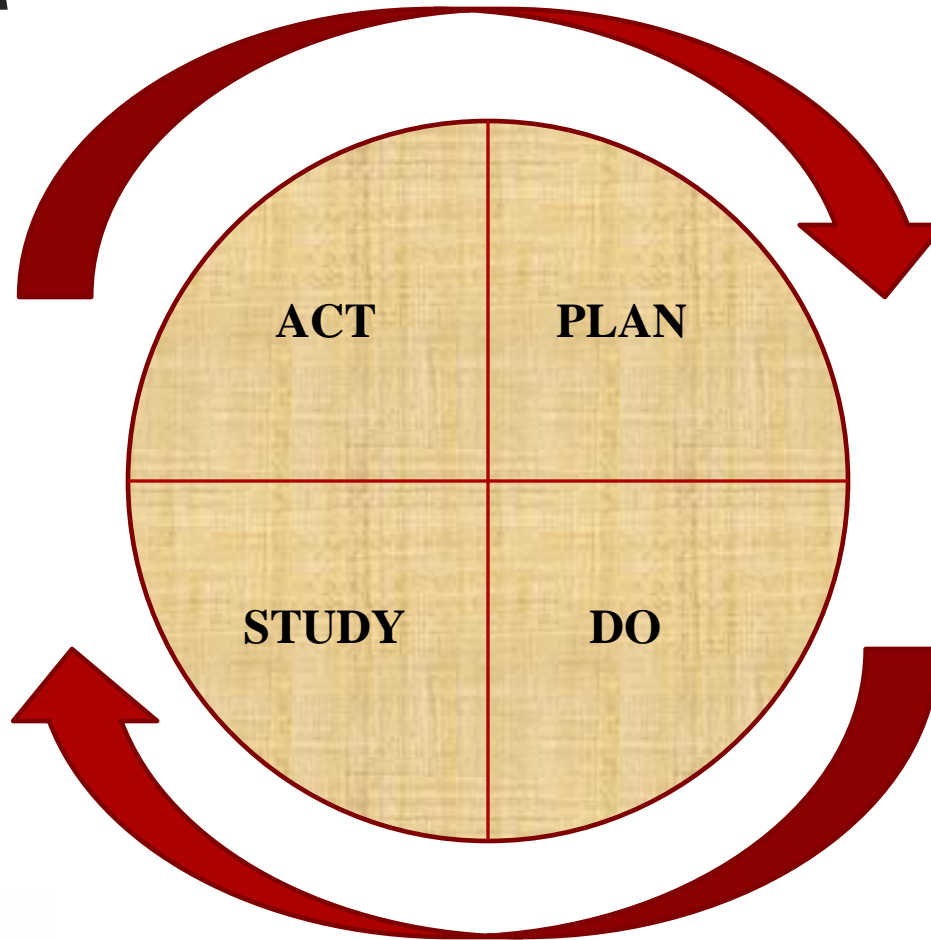
Improvement Actions

- Assemble multidisciplinary team
- Review gaps between recommended and actual practice
- Prioritize which practice to work on first
- Do a PDSA (plan, do, study, act)
- Participate in future web conferences


- Increase skin-to-skin time after birth
- Stop routine separation for transition
- Increase time mother and baby are together
- Decrease supplementation
- Stop giving formula company discharge bags

Opportunities

PDSA



- Increase skin-to-skin time
- Do routine newborn procedures while mom holding baby
- Stop routine separation for transition
- Keep mom and baby together
- Decrease supplementation
- Stop giving formula company discharge packs



Questions & Sharing
