

Quality Improvement Process to Maintain Baby Friendly Hospital Status

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1 Background

The health benefits of breastfeeding are strongly supported by research and apply to both mothers and children. Breast milk is “uniquely tailored to meet the nutrition needs” of infants and offers unparalleled immunological and anti-inflammatory properties that protect against a host of diseases for both mothers and children.¹ In addition to the health benefits, breastfeeding confers psychosocial, economic and environmental benefits.

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.²

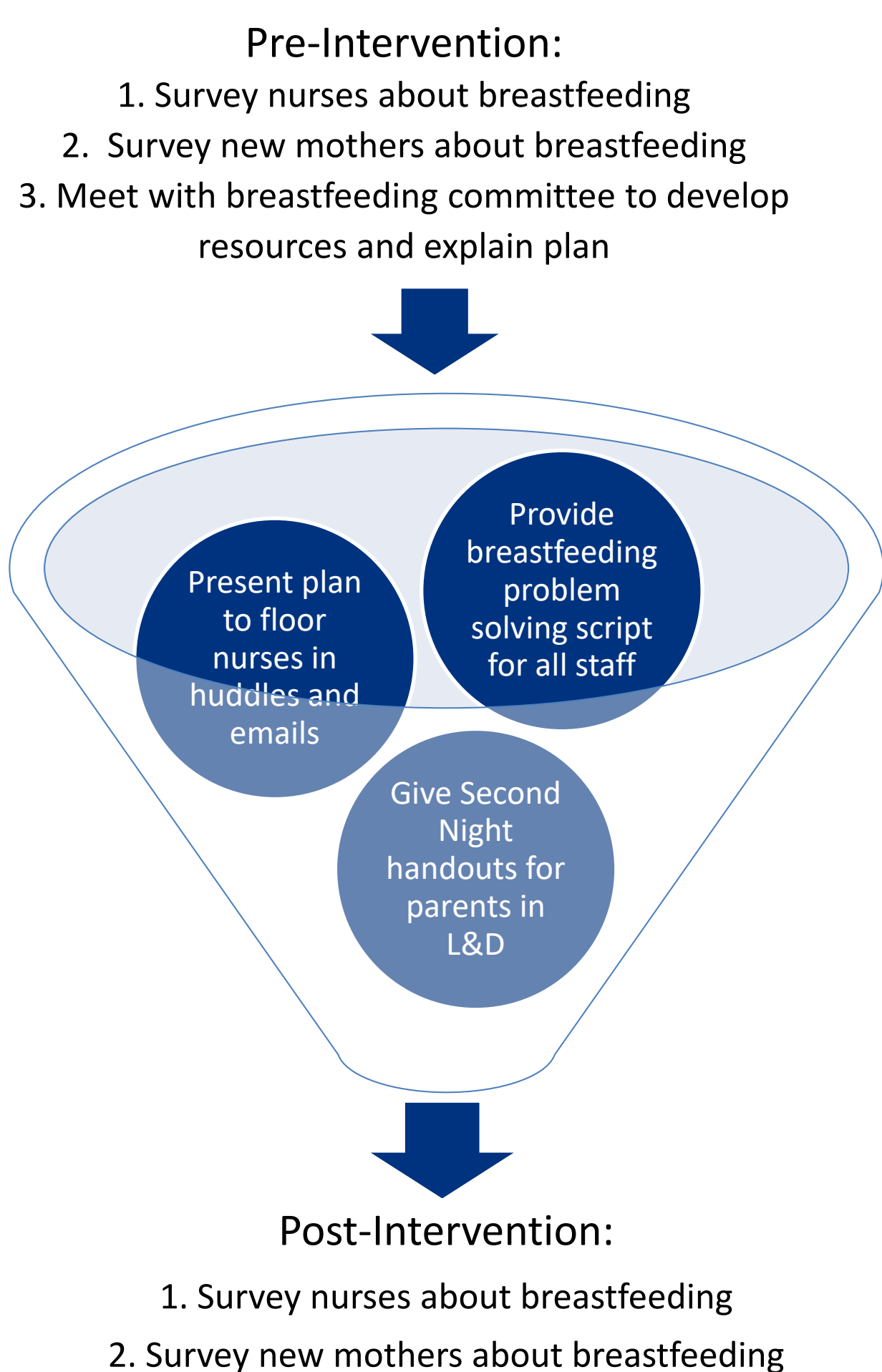
Johns Hopkins Hospital was awarded the BFHI designation December 29, 2015. JHH’s implementation of BFHI’s “Ten Steps to Successful Breastfeeding” has led to an average breastfeeding initiation rate of 84%. However the average JHH breastfeeding exclusivity rate has remained static at 40-50%.

Our quality improvement project seeks to answer the following question: Will providing additional lactation education to nurses and anticipatory guidance to parents, with visual reminders about the benefits of breastfeeding around the unit, improve breastfeeding exclusivity rates?

2 Objective

Increase exclusive breast milk feeding rate at Johns Hopkins Hospital.

3 Methods



4 Results

Prior to Intervention			
% of breastfeeding exclusivity	% of mothers giving adequate response to breastfeeding on cue	% of mothers giving adequate responses to no bottle feeding	% of mothers informed of risks of bottle feeding
81%	44%	88%	12.5%

Figure 1. Pre-Intervention” Mothers’ responses to modified Baby-Friendly QI survey (n=16)

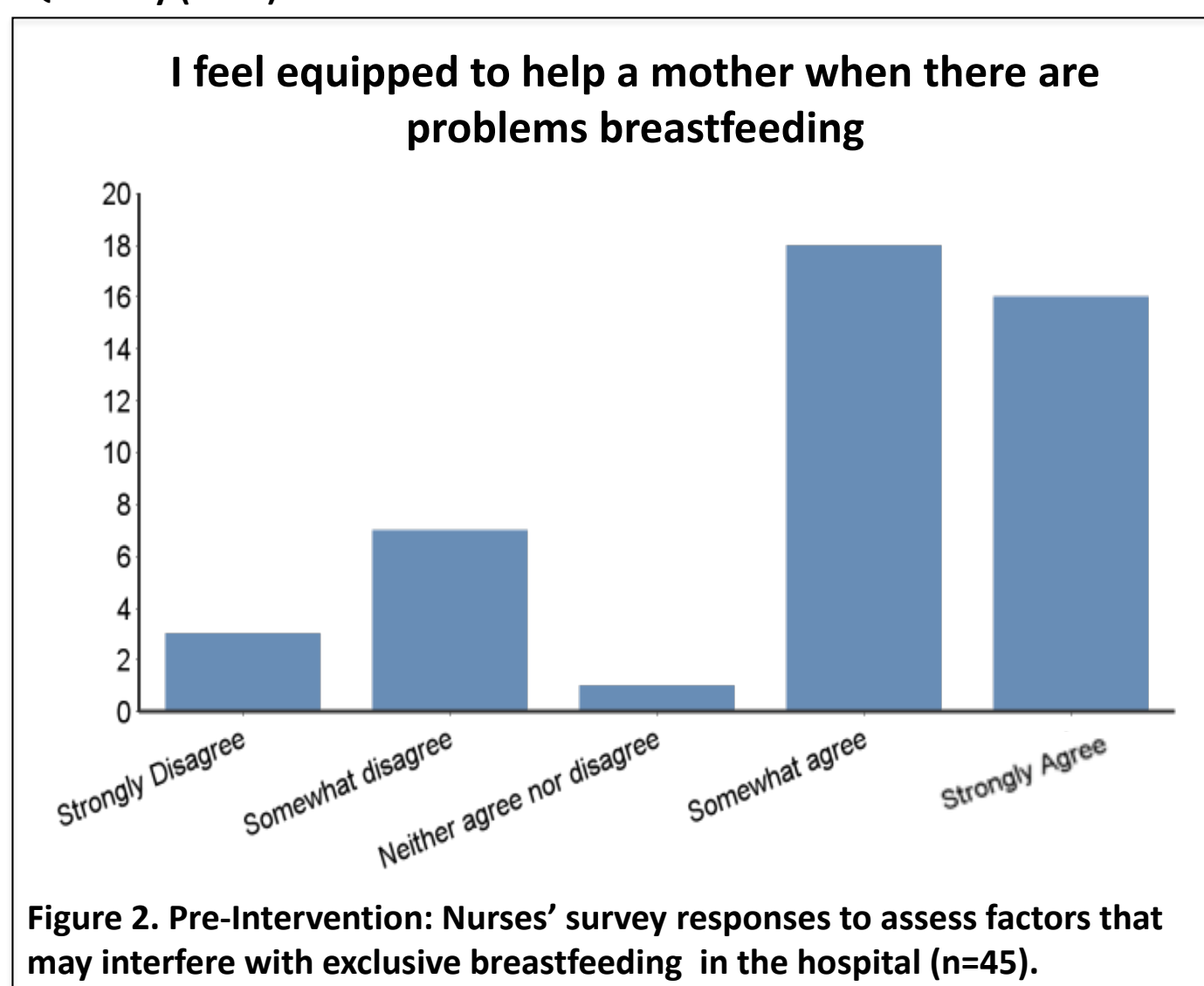


Figure 2. Pre-Intervention: Nurses’ survey responses to assess factors that may interfere with exclusive breastfeeding in the hospital (n=45).

What would help you better support new mothers to exclusively breastfeed?

- “More classes about troubleshooting when mother’s are getting frustrated and ‘just want to give a bottle.’”
- “Shadow day with lactation consultant and hands on experience”
- “Continue, reinforce teaching”

Figure 3. Pre-intervention: Nurses’ free text responses to assess factors that may help improve exclusive breastfeeding rates at Johns Hopkins Hospital.

After Intervention			
% breastfeeding exclusivity	% of mothers giving adequate response to breastfeeding on cue	% of mothers giving adequate responses to no bottle feeding	% of mothers informed of risks of bottle feeding
75%	63%	81%	6.3%

Figure 4. Post Intervention: Mothers’ responses to modified Baby-Friendly QI survey (n=16)

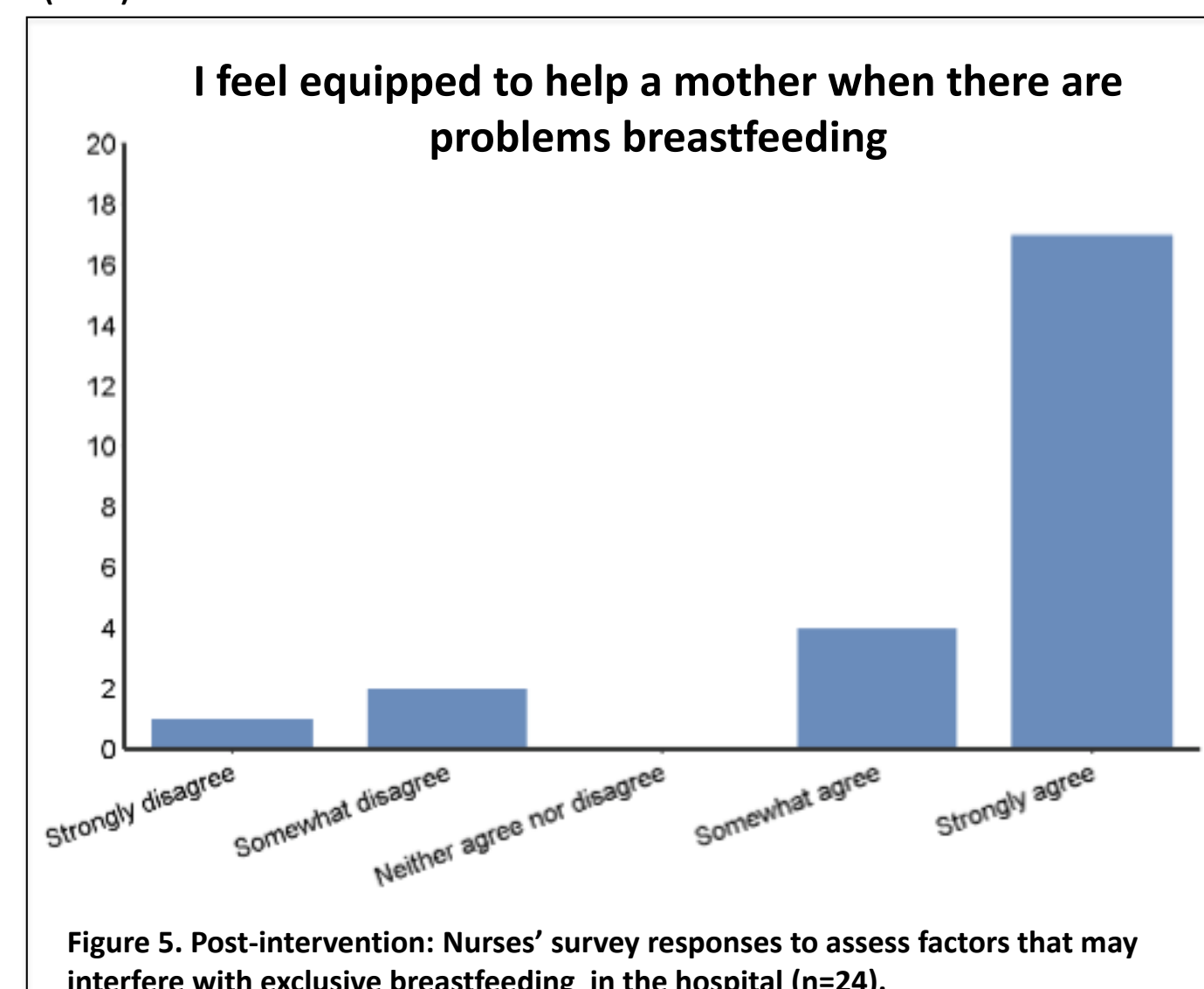


Figure 5. Post-intervention: Nurses’ survey responses to assess factors that may interfere with exclusive breastfeeding in the hospital (n=24).

What would help you better support new mothers to exclusively breastfeed?

- “Lactation specialists available on overnight shifts”
- “More time with patients”
- “More teaching about breastfeeding during prenatal care”

Figure 6. Post-intervention: Nurses’ free text responses to assess factors that may help improve exclusive breastfeeding rates at Johns Hopkins Hospital.

5 Conclusions

The results of this pilot quality improvement project do not indicate a significant improvement in breastfeeding exclusivity or decrease in bottle feeding in the postpartum unit at Johns Hopkins Hospital. However, these preliminary results may be skewed from the short time interval between intervention and post-intervention survey sampling. The nursing staff express a commitment to supporting new mothers’ breastfeed, in accordance with the Baby Friendly Initiative. However, the nursing surveys indicate that high patient loads and night shifts without lactation consultant coverage continue to be barriers to helping new mothers exclusively breastfeeding. Therefore, further lactation continuing education and support is needed for both day and night shift nurses.

6 Future Directions

- ◆ The project should be continued and expanded to evaluate the true effect size of the intervention and increase the survey sample size.
- ◆ Continuing education modules for nurses to reinforce teaching on risks of supplementation, medical indications requiring supplementation, and risks of bottle feeding.
- ◆ The staff must continue to educate patients on the benefits of breastfeeding and risks of supplementation during prenatal appointments, labor & delivery, and postpartum care.

7 References

1. Office of the Surgeon General (US. (2011). The Surgeon General's call to action to support breastfeeding.
2. World Health Organization, & Unicef. (2012). Baby-friendly Hospital Initiative: Revised, updated and expanded for integrated care, 2009.

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