

Baby Friendly Hospital Initiative: Encouraging Breastfeeding Exclusivity

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1 Background

The Baby Friendly Hospital Initiative (BFHI) was launched in 1991 by the World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF).¹ The initiative is a global effort present in 152 countries to promote and support breastfeeding. Johns Hopkins Hospital (JHH) was designated as a Baby-Friendly Hospital in December of 2015. To maintain this status, certain parameters must be met yearly. One of those parameters is that 85.8% of all infants discharged from the hospital are breastfed, have a medically justifiable reason to supplement or have an informed parental choice to supplement.¹ The exclusive use of breastmilk is defined as feeding an infant only breastmilk, with no supplementation of formula or water. Exclusive breastmilk has repeatedly been shown to have positive benefits for the health and cognitive development of infants.²

2 Objectives

- Assess the current rate of exclusivity of breastfeeding at JHH using the Step-Six audit tool provided by the BFHI.
- Provide an educational intervention to encourage breastfeeding exclusivity at JHH.
- Perform a post-audit after the intervention to assess the new exclusive breastfeeding rate at JHH.

3 Methods

- Interviewed 25 post-partum mothers on JHH post-partum unit about their experience with breastfeeding during their hospital stay in February and March of 2017, and subsequently in the post-audit period of September 2017.
- Questions asked during the interviews included: *Has your baby had any formula or anything else other than breastmilk? Why was your baby given formula? When you considered feeding your baby formula, did a staff member explore your reasons?*
- Provided an educational intervention with door posters, email reminders and presentations to staff from April – July 2017.
- Completed chart review of over 50 patients who did not remain exclusive in breastfeeding during their hospital stay to supplement knowledge gained from interviews.

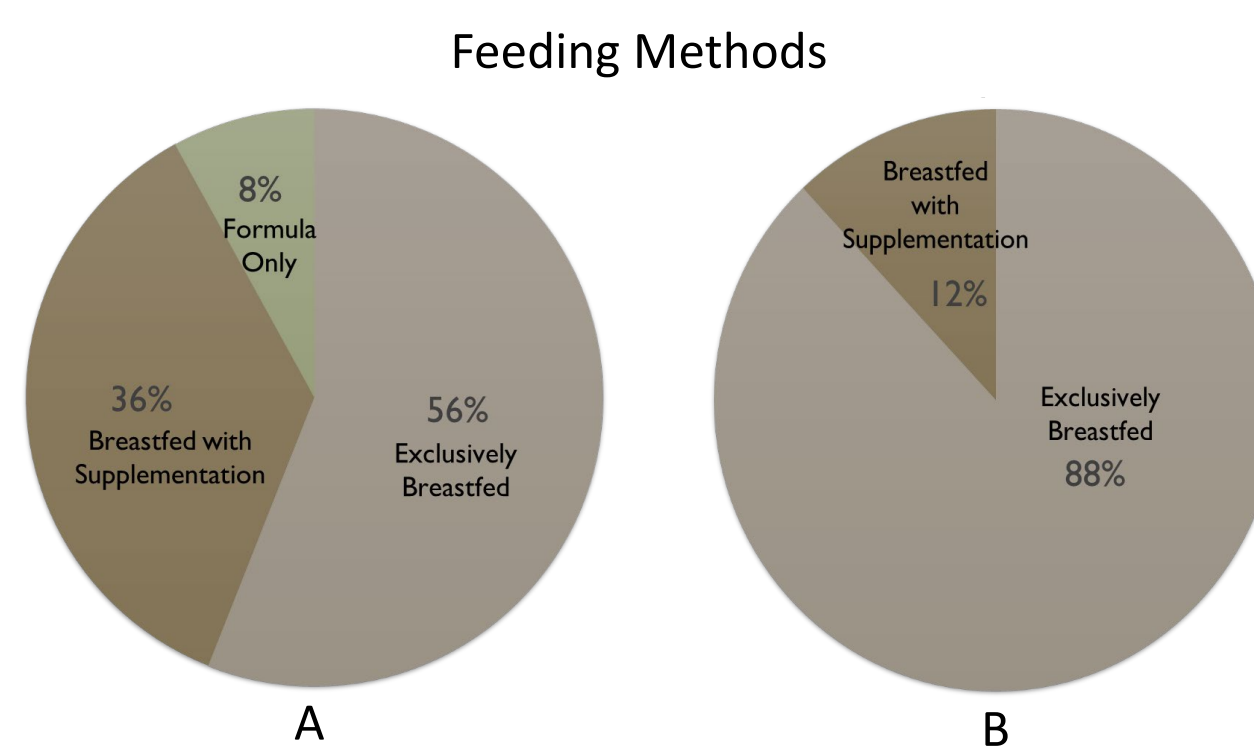


Figure 1: Feeding methods of 25 post-partum mothers, pre-audit (A) and post-audit (B).

4 Results

- The majority of mothers interviewed were exclusively breastfeeding (figure 1). 87% of all mothers interviewed in the pre-audit process were exclusively breastfeeding, had a medically indicated reason to supplement or had made an informed choice to supplement, having received education regarding the risks of formula.
- There was a substantial lack of education about the risk of formula feeding to mothers who chose to supplement or were only feeding their infant formula (figure 2).
- Posters which promoted breastfeeding were placed on patients' doors around the unit to encourage the nursing staff to provide education to their patients about the benefits of exclusive breastfeeding use and risks associated with formula use (figure 3).
- Informative emails and presentations were provided to staff to explain the poster initiative, as well as provide scientific rationale for exclusive breastfeeding.
- The additional chart reviews identified common themes in cases where infants were supplemented, and identified specific educational needs, such as greater awareness of proper use of the infant hypoglycemia protocol.
- Post-audit results showed an increase in exclusive breastfeeding (figure 1b). Additionally, 100% of the respondents who were supplementing their infant with formula reported receiving education from staff regarding the risks of formula.

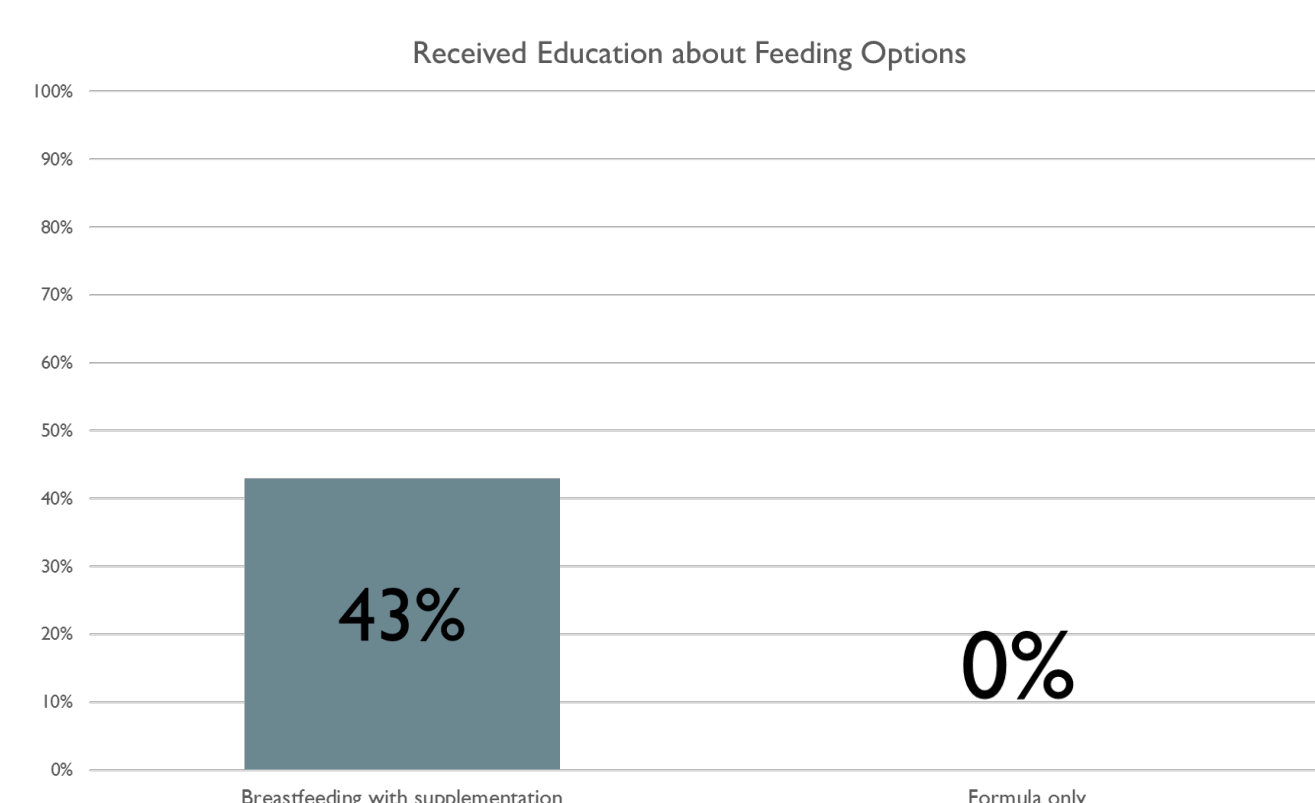


Figure 2: Education provided to mothers who were breastfeeding with supplementation or feeding formula only in pre-audit process.

5 Conclusions

This audit process identified the need for additional education from staff to their patients regarding the risks of formula and benefits of exclusive breastfeeding on the post-partum unit at JHH. After providing additional educational materials for the staff and methods that encouraged them educate their patients, we observed an increase in patient education. Additionally, the final results showed an increase in exclusivity rates of breastfeeding after the educational intervention took place.

6 Future Directions

Further research exploring interventions to encourage greater exclusivity of breastfeeding on hospital units like JHH is needed. Potential directions include:

- Surveying other Baby-Friendly Hospitals to find out what interventions they have used to increase exclusivity rates in their institutions.
- Provide consent forms that explain the risks of formula use that would require the mother's signature before her infant would be provided with formula. This would heighten parents' awareness of the risks, and help them reconsider their choice.



Figure 3: Example posters

7 References

1. World Health Organization, UNICEF and Wellstart International. (2009). Baby-friendly hospital initiative: revised, updated and expanded for integrated care.
2. Bellù, R. & Condó, M.. (2017). Breastfeeding promotion: evidence and problems. *La Pediatria Medica e Chirurgica* 39(2): 156. doi:10.4081/pmc.2017.156.

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