Increasing Initiation & Exclusivity of Breastfeeding in the Hospitalized Breastfeeding Dyad

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Objectives

By the end of the presentation the attendee will be able to

- Recognize quality outcomes of breastfeeding for mother and infant
- Identify breastfeeding benchmarks
- Discuss utilizing an evidence based practice model to change practice
- Evaluate the presented intervention’s success and the potential to impact society
• **Purpose**: Intervention to increase breastfeeding initiation and exclusivity
• **Population**: Coastal mid Atlantic inner city hospital
• **Method**: Evidence base practice change via education to staff RNs on bedside lactation support
• **Theory Utilization**: Dennis ‘s Theory of Breastfeeding Self-Efficacy (Dennis, 1999)
• **Data Collection**: 1 month delivered mothers pre intervention compared to 1 month delivered mothers post intervention
• **Analysis**: Descriptive demographic analysis on electronic medical record (EMR) data points via SPSS® and The Joint Commission directed analysis on number of newborns fed only breastmilk in the institution
• **Outcomes**: Increase in rates of breastfeeding initiation and exclusivity
• **Social Implications**: Potential increase in healthy mothers and babies with a reduction in illnesses and or re-admissions for both
Breastfeeding produces quality outcomes for mother and infant (Centers for Disease Control, 2011; World Health Organization, 2011)

Infants who breast feed have
- Fewer allergies
- Fewer upper respiratory infections
- Lower risk of Sudden Infant Death Syndrome (SIDS) (American Academy of Pediatrics [AAP], 2011)
- Decreased incidence of Type 1 & 2 diabetes (AAP, 2011)

Women who breastfeed demonstrate
- Lower rates of maternal postpartum hemorrhage
- Reduced risk of ovarian and breast cancer
- Less risk of osteoporosis
- Reduced rates of stress (Schanler, 2013).
METHOD: Evidence Based Model to Guide Practice Change

1. Assess need for change in practice
   - Include stakeholders
   - Collect internal data about current practice
   - Compare internal data with external data
   - Identify problem

2. Link problem interventions & outcomes
   - Use standardized classification systems and language
   - Identify potential interventions and activities
   - Select outcomes indicators

3. Synthesize best evidence
   - Search research literature related to major variables
   - Critique and weigh evidence
   - Synthesize best evidence
   - Assess feasibility, benefits, and risk

4. Design practice change
   - Define proposed change
   - Identify needed resources
   - Plan implementation process
   - Define outcomes

5. Implement & evaluate change in practice
   - Pilot study demonstration
   - Evaluate process and outcome
   - Decide to adapt, adopt, or reject practice change

6. Integrate & maintain change in practice
   - Communicate recommended change to stakeholders
   - Present staff inservice education on change in practice
   - Integrate into standards of practice
   - Monitor process and outcomes

Rossworm & Larrabee, 1999
EBP Methodology Step I: Assessment of Need for Change: Identification of Problem
# EBP Methodology Step II: Link Interventions to Outcomes

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measurable Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate increased initiation of breastfeeding immediately after birth</td>
<td>Number and percentage of mother’s who were able to initiate breastfeeding within one hour of birth (CDC, 2010)</td>
</tr>
<tr>
<td>Demonstrate an increase in exclusive breastfeeding during the newborn’s entire hospital stay</td>
<td>Number and percentage of non-NICU term babies exclusively breastfed during hospital stay (Perinatal Core Measure; The Joint Commission, 2011)</td>
</tr>
</tbody>
</table>
EBP Methodology Step III: Synthesize Best Evidence

Review of Literature
- Meta-analysis: 1
- RCT: 1
- Quasi Exp: 1
- Descriptive:
  - Correlational: 2
  - Cohort: 1
  - Comparative: 1
  - Case Reports: 4

Conclusions:
Maternal confidence is a strong predictor for initiating and maintaining breastfeeding.
RN staff lactation support increased breastfeeding rates
Project Purpose Statement

To increase initiation and exclusivity of breastfeeding in the hospitalized postpartum woman via education to bedside RNs, consisting of education and interventions to increase maternal confidence in breastfeeding success (defined as breastfeeding self-efficacy).

Project Question

In immediate postpartum women, how do interventions to increase maternal confidence in successful breastfeeding (also known as breastfeeding self-efficacy) by bedside RN staff affect the initiation and exclusivity of breastfeeding during the hospital stay, when compared to the current intervention of Lactation Counselor only support?
The Breast-Feeding Self Efficacy Model

- **Performance Mastery:**
  - Breastfeeding immediately after birth
  - Multiple breastfeeding experiences
  - Vicarious Experience

- **Social Persuasion**
- **Confidence Building**
- **Positive Reinforcement**
- **Control negative states**

- **Anticipatory Guidance**
  - Normalize anxiety, pain, fatigue with strategies
  - Physiological & Emotional States

**Self Efficacy Judgments:**
**Behavior/Performance**

*Dennis, C.L. (1999)*
EBP Methodology Step IV: Practice Change Design

Mandatory Education Objectives:
1. Standardize information to mothers about Breastfeeding
2. Increase self knowledge related to self-efficacy concepts
3. Understand benefits of breastfeeding
4. Maximize skin to skin
5. Identify when IBCLC consult is needed
6. Demonstrate scripting to decrease supplementation
EBP Methodology Step V: Implement & Evaluate

Demographic data reflects reported research

Gravida/Parity: 3/2
- B/feeding more common in this demographic

Even distribution of B/W women
- White women b/feed at a higher rate
- Expected to be significant due to diverse ethnic region

More older, married women
- B/feeding more common in this demographic

Cesarean Section 25-26%
- Pain control is important factor in b/feeding success
- National C/S rate 32%
### Breastfeeding Outcome: Initiation of Breastfeeding

<table>
<thead>
<tr>
<th>Experimental Condition</th>
<th>Outcome of Study</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Did Breastfeed</td>
<td>Did Not Breastfeed</td>
</tr>
<tr>
<td>May (Pre-intervention)</td>
<td>95</td>
<td>80</td>
</tr>
<tr>
<td>July (Post-intervention)</td>
<td>111</td>
<td>88</td>
</tr>
<tr>
<td>Total</td>
<td>206</td>
<td>168</td>
</tr>
</tbody>
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### Breastfeeding Outcome: Exclusive Breastfeeding

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<th>Outcome of Study</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Exclusive Breastfeeding</td>
<td>No Exclusive Breastfeeding</td>
</tr>
<tr>
<td>May (Pre-intervention)</td>
<td>89</td>
<td>86</td>
</tr>
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<td>82</td>
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Mandatory Educational Sessions with staff RNs was only significant variant in 3 months of data analysis.
Significance to Practice

Self-Efficacy

Potential to Decrease:
- Maternal
  - Postpartum hemorrhage
  - Cancer(s)
  - Stress
- Infant
  - GI, respiratory illness
  - Allergies
  - Diabetes

Society Benefits
- < MD visits/hospitalizations
- Economic
  - Formula costs
  - Bottle disposal
Recommendations for action

- Disseminate findings locally and nationally
  - Institution, Community
- Further analysis of re-admits (maternal and/or infant)
  - Breastfeeding + or - ?
- Incorporate self-efficacy concepts into population health
  - Diabetes
  - Congestive heart failure

Mastery of past experiences
Social modeling: observation of others
Social persuasion: encouragement from others
References available on request

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