

Increasing Initiation & Exclusivity of Breastfeeding in the Hospitalized Breastfeeding Dyad

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Disclosure

I have no relationships to disclose, and I will not discuss off label or investigational use in my presentation.

Approval to conduct the study was obtained from the Institutional Review Board (IRB) of Walden University (Approval #05-23-14-0320766).

Additionally, the IRB of Lifebridge Health issued a certificate of exemption (#2135) to conduct the study on de-identified data. This study was conducted in Baltimore, Md.

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

Abstract

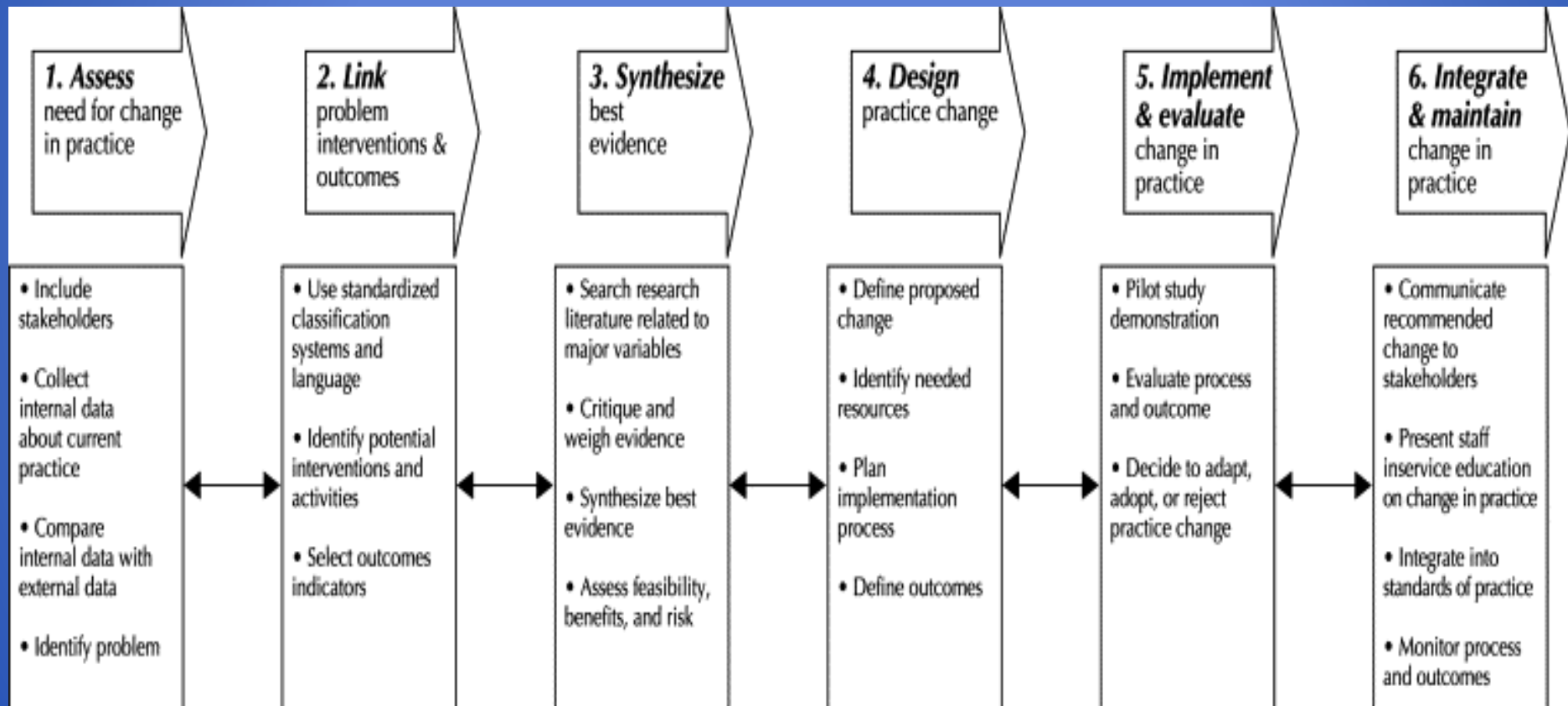
- Purpose: Intervention to increase breastfeeding initiation and exclusivity
- Population: Coastal mid Atlantic inner city hospital
- Method: Evidence base practice change via education to staff RNs on bedside lactation support
- Theory Utilization: Dennis 's Theory of Breastfeeding Self-Efficacy (Dennis, 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

Background

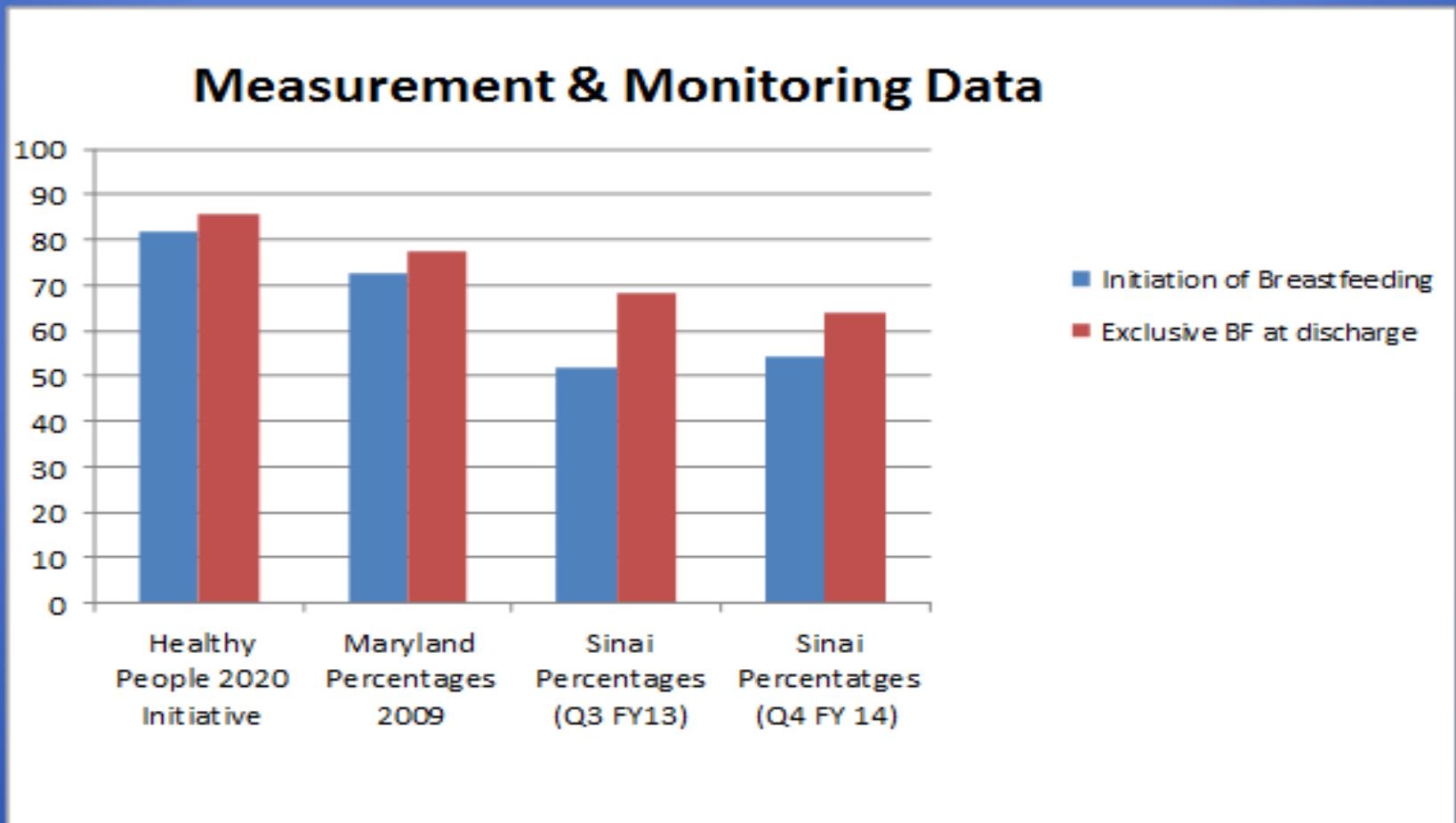
- Breastfeeding produces quality outcomes for mother and infant (Centers for Disease Control, 2011; World Health Organization, 2011)
- Infants who breast feed have
 - Fewer allergies
 - Fewer upper respiratory infections
 - Lower risk of Sudden Infant Death Syndrome (SIDS) (American Academy of Pediatricians [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



EBP Methodology Step I: Assessment of Need for Change: Identification of Problem



EBP Methodology Step II:

Link Interventions to Outcomes

Objective	Measurable Outcome
Demonstrate increased initiation of breastfeeding immediately after birth	Number and percentage of mother's who were able to initiate breastfeeding within one hour of birth (CDC, 2010)
Demonstrate an increase in exclusive breastfeeding during the newborn's entire hospital stay	Number and percentage of non-NICU term babies exclusively breastfed during hospital stay (Perinatal Core Measure; The Joint Commission, 2011)

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

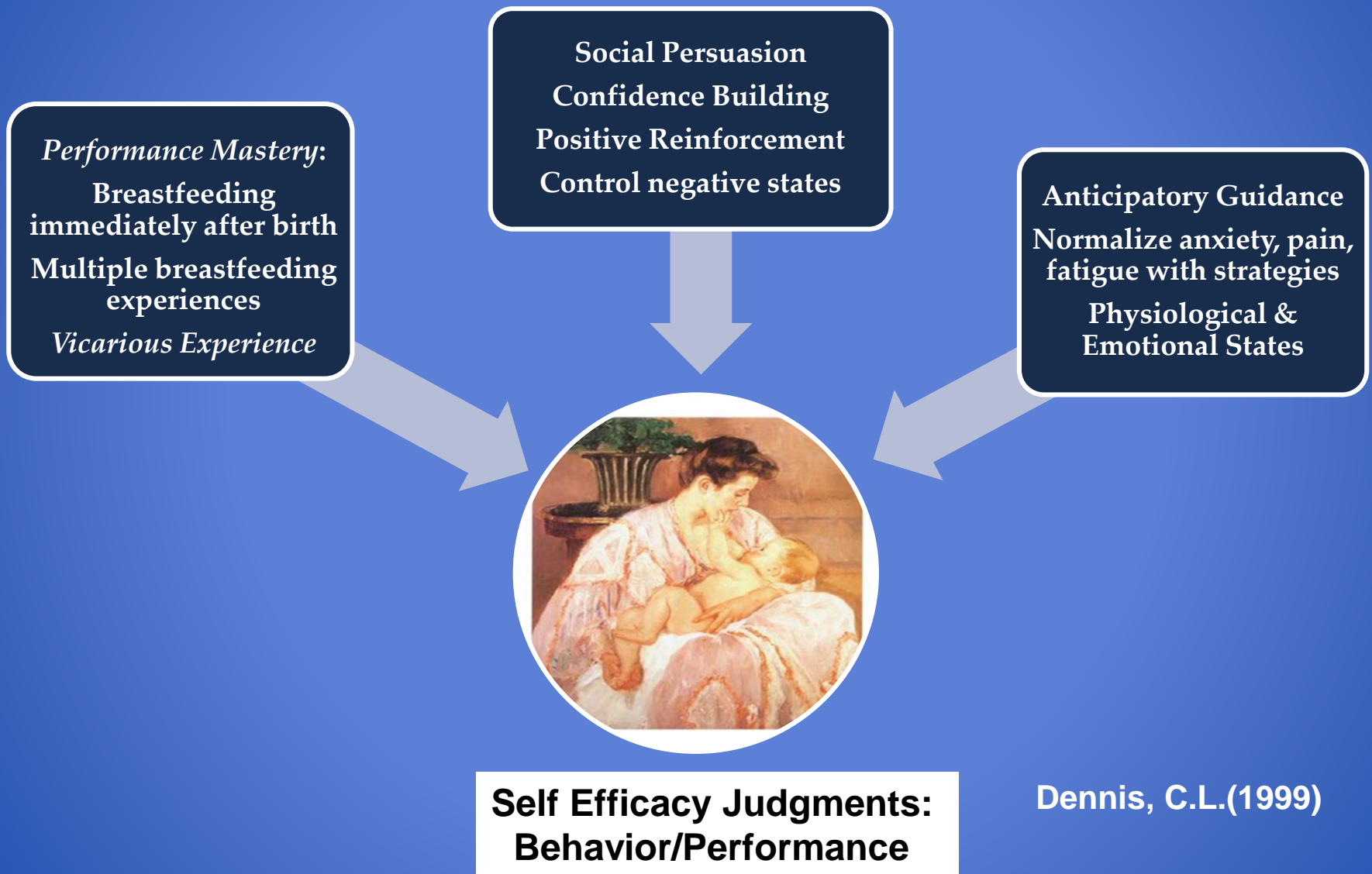
To increase initiation and exclusivity of breastfeeding in the hospitalized postpartum woman via education to bedside RNs, consisting of education and interventions to increase maternal confidence in breastfeeding success
(defined as *breastfeeding self-efficacy*)

Project Question

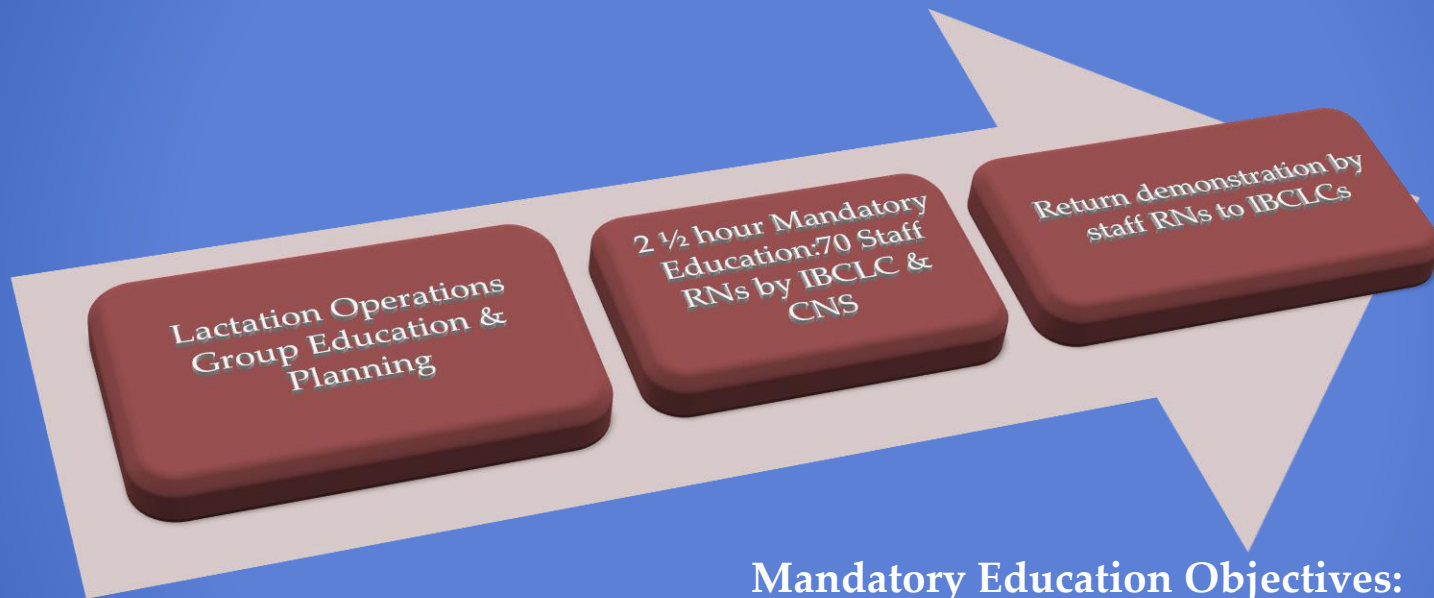
In immediate postpartum women, how do interventions to increase maternal confidence in successful breastfeeding (also known as *breastfeeding self-efficacy*) by bedside RN staff, affect the initiation and exclusivity of breastfeeding during the hospital stay, when compared to the current intervention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

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The Breast-Feeding Self Efficacy Model



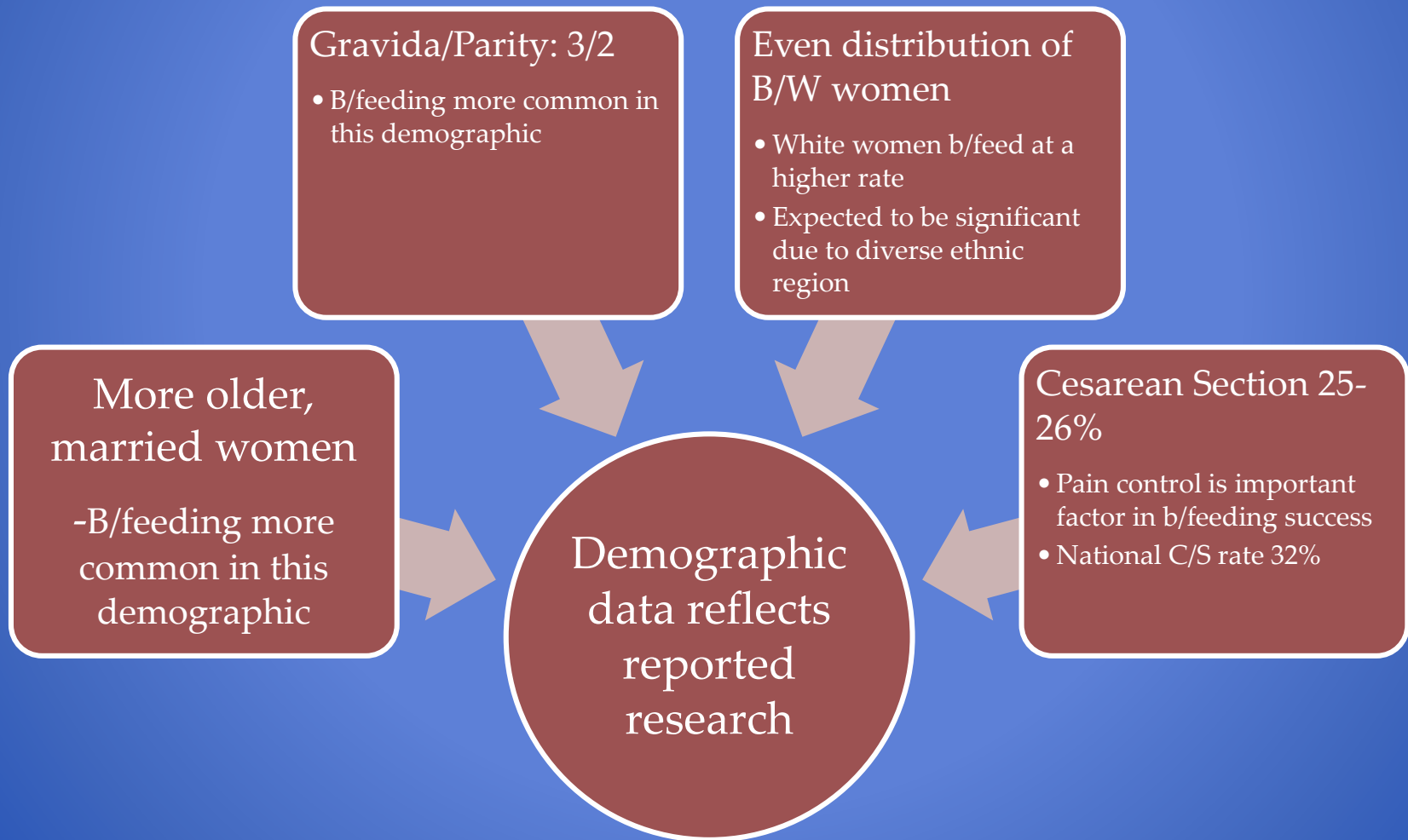
EBP Methodology Step IV: Practice Change Design



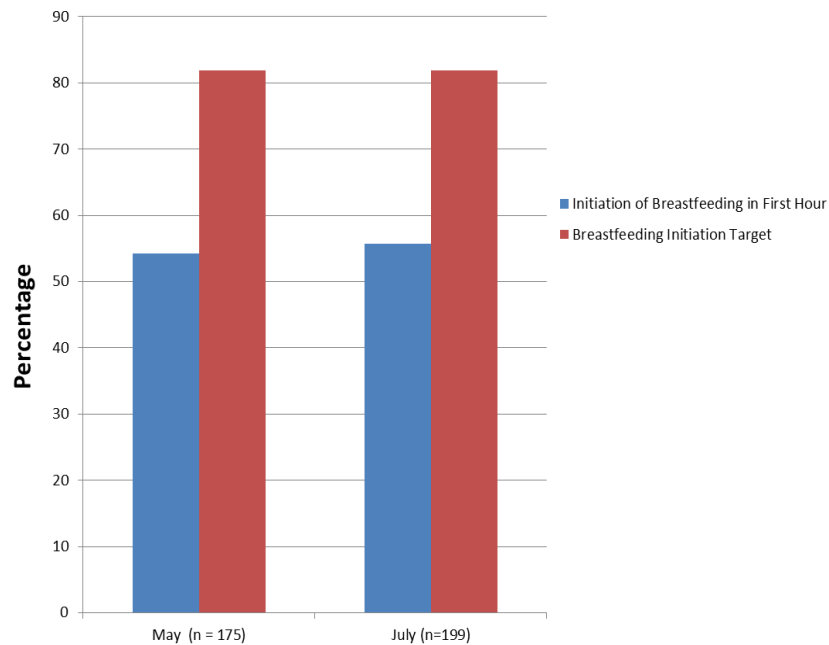
Mandatory Education Objectives:

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

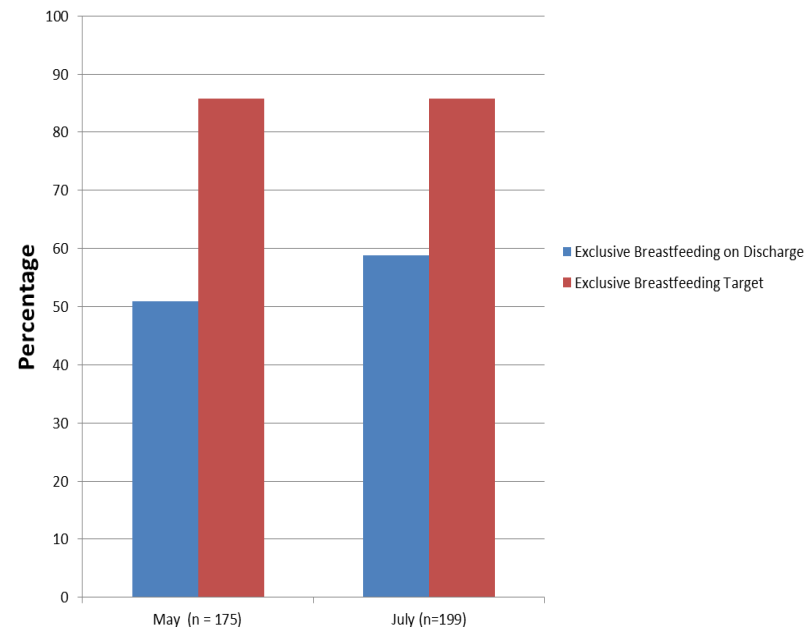
EBP Methodology Step V: Implement & Evaluate



**Breastfeeding Outcome: Initiation of Breastfeeding
Pre and Post RN Education Intervention**



**Breastfeeding Outcome: Exclusive Breastfeeding at
Discharge
Pre and Post RN Education Intervention**



Experimental Condition	Outcome of Study		Totals
	Did Breastfeed	Did Not Breastfeed	
May (Pre-intervention)	95	80	175
July (Post-intervention)	111	88	199
Total	206	168	374

Experimental Condition	Outcome of Study		Totals
	Exclusive Breastfeeding	No Exclusive Breastfeeding	
May (Pre-intervention)	89	86	175
July (Post-intervention)	117	82	199
Total	206	168	374

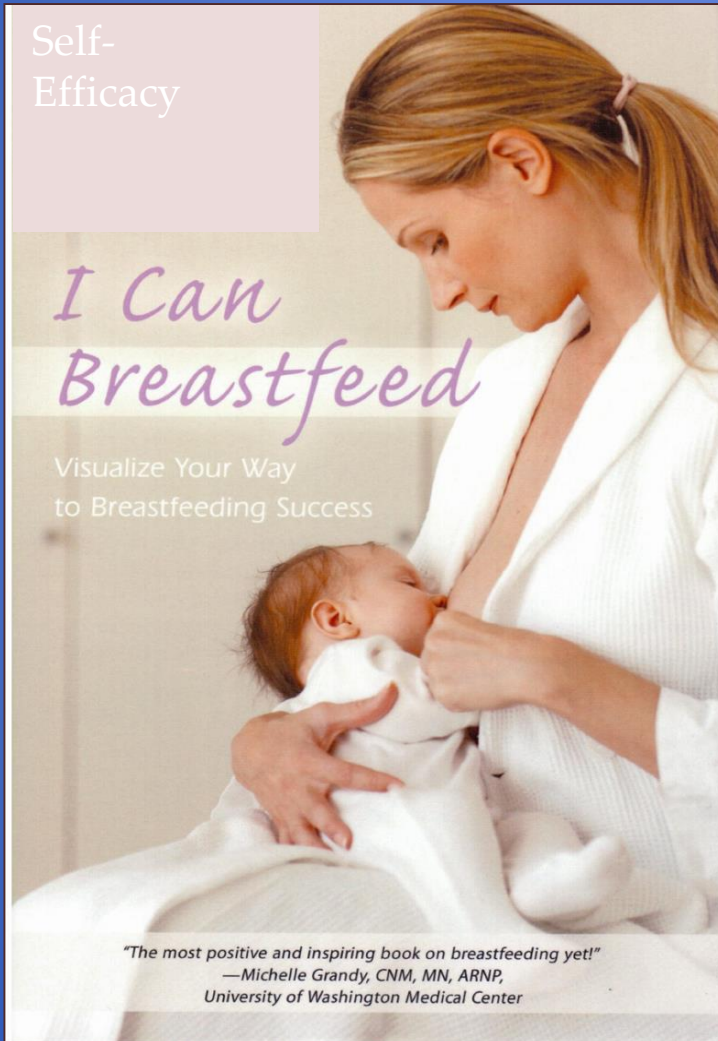
Mandatory Educational Sessions
with staff RNs was only significant variant
in 3 months of data analysis



Concepts of
Self Efficacy
+

Bedside
Lactation
Support

Significance to Practice



- 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



References available on request



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