

Background

Breastfeeding in the first hour of life is recommended by the World Health Organization (WHO), and is listed as step four of the Baby-Friendly Hospital Initiative (BFHI). The United States Surgeon General has identified the steps listed in the BFHI including the initiation of breastfeeding in the first hour of life as an approach that leads to better breastfeeding outcomes. Outdated hospital policies/protocols, lack of education for labor and delivery staff, and decreased knowledge on the World Health Organization Baby Friendly Standards are barriers to mother-child bonding and initiation of breastfeeding. The first hour of life is referred to as “The Golden Hour” and many hospitals recognize this period as a special time for bonding between parents and newborns.

Purpose

To improve the early initiation of breastfeeding while increasing nurse education and comfort with lactation support for breastfeeding mothers.

Study Design and Methods

Design

- Prospective comparison study utilizing evidenced-based education intervention for local obstetric providers, inpatient obstetric registered nurses, and expecting mothers.

Setting

- Labor and delivery unit at a community hospital in Glendale, Arizona with an average monthly delivery of 425 during January through June, 2015.

Methods

- Patient education pamphlets were created and distributed to local OB/GYN practices whose patients planned to deliver at the hospital.
- Presentation on project provided to physicians regarding the aim of the project to establish a collaborative partnership.
- Education on lactation support was presented during Women and Infant Services professional development days for all nursing staff within the department.
- Labor and Delivery nurses received a pre/post survey which explored their comfort level with providing lactation support in the first hour after birth.
- Signage and door placards were created and placed in patient care areas.
- Baseline data collected six months prior to implementation of the Golden Hour included the percentage of patients initiating breastfeeding within the first hour of life.

Educational Tools



Figure 1. Department Signage for Family & Visitors

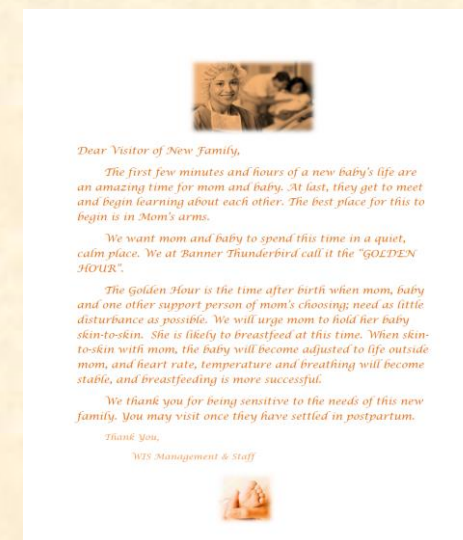


Figure 2. Letter for Family & Visitors

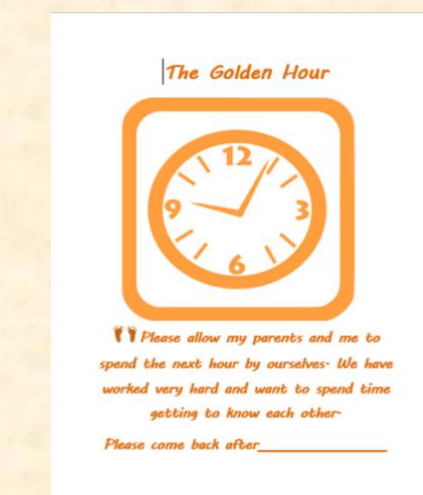


Figure 3. Patient Door Placard



Figure 4. Hospital Signage w/ Patient Pamphlet

Sample

- Inclusion criteria: Vaginal deliveries for term deliveries of 37 weeks or greater.
- Exclusion criteria: Positive urine drug screen, receiving Magnesium, post-partum hemorrhage, or any other birthing complications.
- The total number of participants was 413.

Results

- Prior to implementation, the initiation of breastfeeding in the first hour of life was approximately 48%.
- During the first six months of implementation, 41% of eligible deliveries participated in the Golden Hour.
- Of the new mothers that participated, 88% initiated breastfeeding in the first hour of life with 77% breastfeeding for 15 minutes or longer.
- Comparison of pre/post survey of nurses indicated an increase in the Labor & Delivery nurse's comfort with providing lactation support.

KP Model Leadership

Model The Way

- Weekly rounding in Labor and Delivery to check in with staff nurses on project.
- Educating staff on project and offering additional lactation education.

Inspire A Shared Vision

- Education on project and benefits to skin-to skin presented to all staff individually and at staff meetings along with frequent updates on project data.

Challenge the Process

- Identifying barriers to success for project and working as a team to eliminate identified barriers.

Enable Others To Act

- Development of Project Champions who served on Shared Leadership team.
- Making changes to workflow and project as a result from nurse feedback.

Encourage The Heart

- Acknowledging and celebrating every success as we worked together as a team to fulfill the project goals.

Leadership Journey

“The MCH Leadership Academy has been an amazing opportunity for me to grow both personally and professionally. This Academy enabled me to further define my own professional goals, values, and identify my strengths and weaknesses. In addition, I learned how to recognize the leadership potential not only in myself, but in others as well. I have grown more clinically confident, become more engaged, resulting in many opportunities to develop my leadership skills which include the following presentations and recognitions:

- Poster presentation at Arizona Nursing Association 2015 Biennial Convention
- Poster presentation at Banner Health World Breastfeeding Conference, 2015
- Recipient of “Contribution to the Profession” award received during BTMC Nurse’s week, 2015
- Recipient of the Daisy Award, June 2015

Community/Patient/Beneficiaries

- Education was done for 33 physicians and 225 Women and Infant Services staff.
- During the first six months of this project **413** mothers participated.
- In the months to follow initiation of this project there has been numerous requests from both inside and outside this organization for access to the education tools created for use within their hospitals.

Discussion

Mother and Newborn Implications

- Mom has positive breastfeeding experience.
- Improved confidence and longevity of breastfeeding.
- Early skin-to-skin contact facilitated bonding.

Nursing Implications

- Empowers nurses to educate patients regarding the benefit of limiting visitors in the immediate postpartum period
- Lactation education helps L&D nurses to increase their confidence and competence with initiating breastfeeding.

Limitations

- Lack of ability of ensuring mothers received project education from physician offices prior to delivery.
- Limited availability of certified lactation support in L&D.
- Low sample size of eligible mothers who wanted to participate. Especially related to elimination of family members in room after delivery.
- Inability of oversight 24/7 led to inconsistency of initiation of breastfeeding in first hour of life.

Conclusion

This project's purpose was to remove barriers in the delivery room so that mothers could have immediate skin-to-skin contact with their newborn and breastfeed in the first hour with the ultimate goal of increasing the patient's ability to exclusively breastfeed upon discharge.

As a result, newborns breastfed sooner and for longer periods of time. In addition the sacred moments of the first hour of life were preserved to provide memorable moments of bonding between mother and baby.

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