Five Practices Help Patients Achieve Breastfeeding Goals

The five practices of High 5 are evidenced-based and designed for medically stable term infants to improve initiation, duration and exclusivity of breastfeeding. All practices can be adapted for NICU and Pediatrics. http://high5kansas.org

1. Assure immediate and sustained skin-to-skin contact between mother and baby after birth until after first nursing. Skin-to-skin is important regardless of whether a vaginal or cesarean birth occurs and for NICU as soon as baby is ready!

2. Give newborn infants no food or drink other than breast milk unless medically indicated. Teach families the importance of nursing early and often and how to pump or hand express if baby needs more. Consider using donor human milk if needed.

3. Practice “rooming in”. • Allow mothers and babies to remain together 24 hours a day. • Keeping mothers and babies together helps mothers to learn their babies early hunger cues and improves family bonding.

4. Give no pacifiers or artificial nipples to breastfeeding infants. • Pacifiers can interfere with establishing milk supply, but may be utilized during painful procedures such as circumcision or lab work, then placed in a bag with this label attached. • Supplementation should be done at the breast whenever possible.

5. Provide mothers options for breastfeeding support upon discharge. • Stormont-Vail Breastfeeding and Follow-Up Clinic • Free for moms who deliver at Stormont-Vail • One time $30.00 charge for outside clients. • Open Monday-Friday 10-12 Saturday 9:30-10:30 • Other community resources utilized, i.e. Parents as Teachers and La Leche League

Engagement Strategies for Patient and Families

Prenatal Education
• Community partners were informed of the changes.
• “Oh Baby” Facebook and texting program to connect with expectant families.
• Both community hospitals are participating in the program and have partnership for newborn services.
• “Welcome Baby Jubilee” High 5 incorporated in the panel discussion-300 moms/yr attend.
• “To Your Health” TV News Segment describing the program.
• “Healthy Times” Newsletter mailed to 16,000 families and another 4,000 distributed in the community.

During Hospital Stay
• Hospital High 5 brochures provided
• Admission questions:
  • “Are you planning to feed your baby while you are in the hospital?”
  • “What are your goals for breastfeeding?”
• Scripting suggestions for consistent education about breastfeeding.
• Lactation staff make rounds every morning and afternoon rounds as needed.
• Three additional staff have taken the International Board Certified Lactation Consultant (IBCLC) exam.
• Lactation staff provide evening/night shift support with an evening clinic and rounds.
• NIC staff encourages High 5 Practices as the baby is stable and able.
• NIC provides banked human milk supplemental nourishment when needed.
• Affordable HealthCare Act allows us to assist mothers in obtaining a breast pump.
• All mothers are offered a follow-up visits with lactation staff.
• Breastfeeding/follow-up clinic provides over 650 visits a month and was cited in the CDC Guide to Strategies to Support Breastfeeding Mothers and Infants as a model program.

Dealing with Challenges:
• “Parents, visitors and doctors wanting to know the baby’s weight right away.”
• “Mothers don’t want to disappoint the visitors and don’t leave baby skin-to-skin.”
• “Rooming in is a challenge as some parents request to only have baby in the room at night for feedings.”
• “Working with the staff to give formula supplement only when necessary.”
• “The mother that specifically requests no pacifiers and staff do not always respect their wishes if baby is fussy.”
• “Mothers request pacifiers, and when you explain why they are contraindicated they nod and agree, but then give the baby a pacifier that they brought from home.”

Rewards:
• “Seeing the mothers and babies bonding with skin-to-skin. The baby almost immediately quits crying and is calm on mom’s chest.”
• “I love seeing the instant bonding with the baby and parents. It is beautiful to see and experience.”
• “The best part of High 5 for me has been the long-term effects it has had on breastfeeding families. I can see how this evidence-based practice influences the success of breastfeeding as well as the bonding that families have with their infant.”

Lessons Learned To Help Facilitate High5 Implementation

Preparing Staff:
• Mandatory attendance at High 5 sessions.
• Collated the Joys/Challenges sheets.
• Education at quarterly retreats on each of the practices.
• Shared journal articles about the practices.
• Provided scripting for communication with families regarding the practices.

Forming a Task Force:
• Included medical and nursing staff from each area of maternity care.
• Reviewed staff concerns voiced through a survey and feedback from the High 5 sessions.
• Identified needed policy changes.
• Coordinated the education and had different staff present each topic.
• Ongoing evaluation and adjustment of care practices.

Educating Providers:
• Presented to clinic staff about the practices.
• Provided materials for them to include in education.
• Physician and IBCLC presented at Pediatric Grand Rounds.
• Presented at the OB/GYN Medical Staff meeting.

Advice for Other Hospitals from Our Staff:
• “Continually educate the staff as well as the families with all the research evidence. Have a lot of patience and keep an open mind.” – Day Nurse
• “Encourage providers to begin educating patients and directing them to resources while they are still pregnant.” – Night Nurse
• “My advice for other hospitals is to just give it a try! There is a little resistance at first as to how one would get all their work done when doing skin-to-skin but seeing the reward is believing.” – Nursery Coordinator
• “Be patient and give it a chance, you will be amazed!” – Labor Nurse
• “Just get started. Change one thing at a time and it’s not so overwhelming.” – Charge Nurse