Title:
Hey Baby...Breastfeeding and Skin-to-Skin Is What’s In!

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Baby Friendly Hospital Initiative, Breastfeeding and Skin to skin

References:


Abstract Summary:
There is a body of evidence that supports Maternal/infant skin to skin after delivery because it provides the groundwork for successful breastfeeding and vital sign transition for baby. Learn how a large, regional hospital closed the gap between knowing and doing in order to earn Baby Friendly designation.

Learning Activity:

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<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>The learner will be able to identify strategies for implementing Step 4 of the Baby Friendly Hospital Initiative in order to help mothers breastfeed in the first hour after birth.</td>
<td>Learner will be able to read about steps taken by stakeholders in the labor &amp; delivery setting to promote safe skin to skin, maternal/infant bonding and the accomplish the first feeding in the immediate hour after birth.</td>
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<td>The learner will understand what benchmarks in Step 4 are necessary to achieve for Baby Friendly designation.</td>
<td>Reader will learn about methods and tools used in the implementation of uninterrupted skin to skin for an hour after birth to measure</td>
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Abstract Text:

Learning Objective: Participant will understand strategies to implement successful post-delivery skin to skin practices for mother-baby couplets to promote infant transition and breastfeeding in a large community hospital.

Background & Purpose: Sarasota Memorial Hospital is an 829 bed, Magnet designated regional medical center on the West coast of Florida that delivers over 3,600 babies per year. Magnet facilities practice transformational leadership and shared governance, which provides the platform for nursing excellence. The nursing culture at Sarasota Memorial Hospital, which supports ownership of nursing practice is reflected in this quality improvement project to improve skin to skin practices at delivery. Internationally and in the US health care professionals recognize that evidence supports the implementation of the ten steps to successful breastfeeding as delineated by the Baby Friendly Hospital Initiative (BFHI). In addition, consumers are also becoming more aware of the evidence and are increasingly demanding the best practices supporting breastfeeding and newborn transition. The purpose of this project is to develop Step Four of BFHI which focuses on helping mothers initiate breastfeeding within one hour of birth. The BFHI has identified that birth practices in hospitals create obstacles to newborn transition and breastfeeding initiation in both vaginal and surgical deliveries. Therefore, delivery teams need to adjust their work flow so that uninterrupted skin to skin contact between mother and baby becomes the first priority rather than the last. Sarasota Memorial Hospital has been supported through a Center for Disease Control (CDC) funded initiative called Empower Breastfeeding. This grant provided guidance, tools and analysis of quality improvement activities to navigate the BFHI designation process.

Target Audience: Skin to skin goals impact childbearing families, OB providers, labor nurse and mother baby nurses and anesthesia providers.

Methods: Through the Maternal-Child Health Nurse Leadership Academy (MCH) sponsored by Sigma Theta Tau International (STTI) and Johnson & Johnson®, the project leadership team of Renee Maietta (Fellow), Mary O’Connor (Leadership Mentor) and Carol Klingbeil (Faculty Advisor) devised a project plan. Nursing led the efforts to develop practice changes through the Labor and Delivery Unit Practice Council and also prompted the medical leadership to take action. Top hospital executives endorsed formal entry into the BFHI as front line staff and leaders were already improving hospital delivery practices. Subcommittees were formed to address the different challenges presented in the two delivery environments. Workflow was re-designed using a rapid cycle improvement framework (PDSA) to promote uninterrupted skin to skin and delay routine procedures such as newborn weighing and measurements as well as administration of prophylactic newborn medications to promote early breastfeeding. Electronic documentation was created with the clinical informatics team to capture new practices. Chart audits and analysis provided by the Empower resources allowed identification of successes and opportunities for improvement. Several “Skills and Drills Competency Fairs” highlighted practice areas needing improvement. In addition, timely communication through huddles, briefs, emails and posters allowed for progress updates to all team members. Individual coaching by project leaders provided the momentum to move closer to the 80% target goal of skin to skin contact in the first hour.

Results: Over the 12 month project time frame, both mother surveys and nurse electronic health record (EHR) documentation data was analyzed regularly. Mom surveys revealed some fluctuation in skin to skin practice (60% to 91%). Initial EHR documentation did not capture skin to skin practices. Adjustments were made to the EHR and communicated to the staff over a period of months before data reflected the improved practice (0% to 72% vaginal deliveries and 0% to 88% surgical deliveries).
Conclusions: Monitoring and communication of the skin to skin practice over the 12 month period revealed fluctuation as adjustments were made to sustain improvement. Nursing drove the initial practice changes while influencing the medical team and thereby achieving full delivery team collaboration. Momentum gathered with a highly functioning and engaged inter-professional team for complete implementation of these practice improvements leading to confidence for future BFHI designation.