Promoting Exclusive Breastfeeding During the Early Post-Partum Period at a Community Hospital

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Introduction

- Exclusive breastfeeding benefits mothers and infants by reducing infant morbidity and mortality, lowering the risk of diseases, and promoting healthy development.
- The Healthy People 2020 goals include an exclusive breastfeeding rate during the first 2 days of life of 85.8% (Healthy People, 2012).
- The World Health Organization defines exclusive breastfeeding as “giving no other food or drink – not even water– except breast milk.” It does, however, allow the infant to receive oral rehydration salts (ORS), drops and syrups (vitamins, minerals, and medications).
- The exclusive breastfeeding rate is determined by the percentage of breastfeeding infants who were only fed breast milk during the maternity hospital stay (The Joint Commission, 2011).
- Ochsner Medical Center Kenner’s exclusive breastfeeding rate during the maternity hospital stay in 2011 was 15.4%. In response to the 2011 Surgeon General’s Call to Action to Support Breastfeeding, unit leaders implemented a performance improvement project to improve exclusive breastfeeding rates in early 2012.
- With multiple interventions introduced each year thereafter, the exclusive breastfeeding rate has increased year over year and is currently 34%.
- Research demonstrates a positive correlation between interventions such as early skin-to-skin contact, rooming-in and quiet time and exclusive breastfeeding.

Literature Review

- In a study of 21,842 women, those that experienced early skin to skin contact during the first 3 hours following birth were more likely to breastfeed exclusively during hospitalization (Bramson, et al., 2010). Level of Evidence = 6
- In a meta-analysis by Moore, Anderson, & Bergman (2006), skin to skin contact (SSC) is defined as placing the naked baby prone on the mother’s bare chest at birth or soon afterwards.
- Infants who are allowed uninterrupted SSC immediately after birth and who self attach to the mother’s nipple continue to nurse more effectively (Carlford, 2004-2005).
- Infants who are held skin to skin are almost twice as likely to have a successful first feeding at the breast than babies who are swaddled in blankets.
- Standard hospital practices that separate the mother and the infant during the very sensitive period of time immediately following birth can influence breastfeeding success.
- The infant is more likely to find the nipple and be stimulated by odor cues to breastfeed in the first few hours after birth. These behaviors can be disrupted by early hospital routines (Porter 1999, Varendi 1997).
- Infants who spend more than 50 minutes skin to skin with their mothers immediately after birth are eight times more likely to breastfeed spontaneously. It is possible that the dose of SSC might be a determining factor in breastfeeding success (Gomez 1998).
- A systematic review by Fairbank, O’Mara, Renfree, Woolridge, Bowden, & Lister-Sharp (2000) found that breastfeeding rates were considerably higher among patients who were rooming in. (Buusmaris, 1991) Level of Evidence = 1
- A quantitative research study using a descriptive correlational design found that patients who participated in a period of quiet time during the day had slightly higher exclusive breastfeeding rates, and significantly higher perceptions of the effectiveness of breastfeeding. (Phillips, et al., 2015) Level of Evidence = 6

Aim

The aim of this project is to increase the exclusive breastfeeding rate during the hospital stay by introducing nurse-driven interventions to healthy, term infants and their mothers.

Project Description

Stakeholders: Mothers, Infants (healthy, term infants), the nursing staff, Ochsner Health System.

Project Description: Support exclusive breastfeeding among healthy, term infants during the hospital stay, through the introduction of nurse-driven interventions.

Findings

Breastfeeding Exclusivity Rates in Healthy Term Newborns

- Our rates of exclusive breastfeeding continue an upward trend. In accordance with AWHONN recommendations, we changed our goal of skin-to-skin contact from within one hour of birth to immediately after birth. The addition of breastfeeding champions and the initial explorations of the journey to Baby Friendly designation have had a positive impact on exclusive breastfeeding. We are consistently performing bedside transition and immediate skin-to-skin contact, but experience ongoing documentation issues. We have implemented quiet time from 2-4 pm daily so that moms and babies can bond and rest. We no longer issue pacifiers to healthy, term infants. Assessments and most procedures are performed in the mother’s room in order to keep moms and babies together. We continue to seek solutions to barriers.

References


Conclusion

- Continued promotion of skin to skin contact coupled with lactation best practices will be necessary to achieve the Ochsner Health System goal of 30% exclusive breastfeeding in the first two days of life.
- Future plans are to implement additional best practices to improve exclusive breastfeeding rates.
- 24 hour rooming in
- Continue working with the hospital’s interpreter to present breastfeeding classes in Spanish.
- Extensive training of staff in all units as part of the Baby Friendly Hospital Initiative.
- Delaying the newborn bath is best practice and has been shown to increase in-hospital exclusive breastfeeding rates. (Preer, et al., 2013). Over the next few months will explore delaying the newborn bath from one hour after birth until at least eight hours after birth.

Implications for Nursing

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