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IMPROVING SUPPORT OF BREASTFEEDING AT A BABY-FRIENDLY DESIGNATED HOSPITAL IN ALBUQUERQUE, NEW MEXICO

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Background

Breastfeeding is the best feeding strategy for infants and mothers for health, psychosocial, economic, and environmental reasons. All major health organizations recommend exclusive breastfeeding for 6 months with at least 1-2 years total. However, many barriers prevent mothers from breastfeeding as long as they intend. Baby-Friendly designated hospitals and birthing centers follow the Ten Steps to Successful Breastfeeding, which are considered to be the gold standard for supporting mothers who wish to breastfeed.

The University of New Mexico Hospital (UNMH) is an urban hospital serving a predominantly Hispanic and Native American population, and the majority of pediatric patients are covered by Medicaid. UNMH was initially designated Baby-Friendly in 2014 and redesignated in 2019.

Objectives

The purpose of this study was to assess UNMH's documentation of compliance with the Ten Steps to Successful Breastfeeding. We also aimed to examine referrals for home visiting, one strategy for meeting the Step 10 requirement to provide ongoing breastfeeding support after hospital discharge. A baseline medical record review of 61 charts revealed that, despite its Baby-Friendly designation, UNMH had low rates of physician documentation of discussing the health impacts of breastfeeding in the postpartum setting and discussions of home visitation prior to discharge.

We aimed to improve these measures using the Plan-Do-Study-Act (PDSA) model with a total of three additional medical record reviews of 70-86 charts each.

Methods

A team of stakeholders including the Newborn Medical Director, Unit Director, advanced practice providers, attending physicians and resident physicians met after each medical record review to determine which item to focus on and devise a plan for improvement.

Interventions included:

1. Adding discussion of benefits of breastfeeding to admission and discharge templates.
2. Creation of a newborn discharge planning checklist including referral to home visiting programs.
3. Education of attending and resident physicians via bulletin boards, orientation, email, and modified templates.
4. Patient questionnaires to assess patient experience of implemented changes.

Results

Baseline		Overview/Feedback Section							
		Baseline		First		Second		Third	
		Items with superscripts have detail lists provided below							
		% Pass	# Pass	% Pass	# Pass	% Pass	# Pass	% Pass	# Pass
Level 3	Referred to community resources?	49.2%	30	61.4%	43	83.7%	72	89.2%	66
	Home visiting status known?	16.4%	10	44.3%	31	62.8%	54	85.1%	63
	FU visit sched w/in 2 days of discharge?	91.8%	56	91.4%	64	88.4%	76	90.5%	67
	Number with all 3 items	3.3%	2	34.3%	24	47.7%	41	74.3%	55
Level 2	Health impacts discussed?	31.1%	19	40.0%	28	41.9%	36	86.5%	64
	Use of formula during stay?	98.4%	60	94.3%	66	100.0%	86	98.6%	73
	Skin-to-skin documented?	98.4%	60	97.1%	68	97.7%	84	97.3%	72
	Number with all 3 items	31.1%	19	35.7%	25	43.0%	37	82.4%	61
Level 1	Rooming in documented?	100.0%	61	100.0%	70	100.0%	86	100.0%	74
	Encouraged feeding on demand?	77.0%	47	88.6%	62	95.3%	82	95.9%	71
	Feeding intent/choice documented at:								
	At admission	100.0%	61	100.0%	70	100.0%	86	100.0%	74
At discharge	98.4%	60	97.1%	68	98.8%	85	100.0%	74	
	Number with all 4 items	75.4%	46	87.1%	61	94.2%	81	95.9%	71

Over the one year study period, rates of discussing home visitation status increased from 49.2% to 89.2%. The rates of discussing health impacts of breastfeeding increased from 31.1% to 86.5%.

Discussion

Implementation of these quality improvement interventions resulted in substantial gains in several key breastfeeding metrics, despite UNMH having already earned the designation Baby-Friendly.

We propose that all hospitals, including those that are designated Baby-Friendly, can better support breastfeeding through similar ongoing quality improvement initiatives.

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