Implementing Evidence Based Maternity Care in the Hospital

Maureen Freedman, RNC- MNN, MSN, CLC
Clinical Nurse Specialist - Strong Memorial Hospital
Rochester, New York
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Strong Memorial Hospital

- 739 beds, most patients come from Monroe County but over 35 percent come from surrounding counties in the Upstate New York and Finger Lakes area.
- The hospital ranked #1 in the region by US News & World Report—Strong Memorial Hospital.
- Centers and programs that are not available anywhere else in our region.
- Strong is an exemplary teaching hospital with advanced scientific proficiencies, robust patient care services, and formidable community relations.
Regional Perinatal Center (RPC)

Obstetric and NICU Service – located on 3rd floor of hospital

- 4 Bed Triage
- 7 Bed High Risk Labor and Delivery
- 2 OB Operating Rooms
- 2 PACU Beds
- 26 Bed Birth Center – LDRP equipped rooms, for low/mod risk patients
- 20 Bed Ante Partum, Post Partum, & GYN
- 17 Bed Normal Newborn Nursery
- 60 Bed Neonatal Intensive Care Unit (NICU)
## 2011 NYS Strong Perinatal Statistics

Total births: 3,079

### Breastfeeding

<table>
<thead>
<tr>
<th>Infant Feeding Method</th>
<th>This Facility</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Fed any breast milk</td>
<td>1,690</td>
<td>76.5%</td>
</tr>
<tr>
<td>Fed exclusively breast milk</td>
<td>1,298</td>
<td>58.8%</td>
</tr>
<tr>
<td>Breastfed Infants Supplemented with Formula</td>
<td>392</td>
<td>23.2%</td>
</tr>
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</table>

1. Based on live born infants, excluding infants who were admitted to the Neonatal Intensive Care Unit or transferred to or from another hospital.
2. Percentage is based only on infants who were fed any breast milk.
Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in - that is, allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

New York State Model Breastfeeding Policy

DRAFT: 7/25/11

Obstetrics Needs/Gap for New York State Model Hospital Breastfeeding Policy

<table>
<thead>
<tr>
<th>Required Policy Components</th>
<th>Strategies</th>
<th>Responsible</th>
<th>Completed Date</th>
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<tbody>
<tr>
<td>1. The hospital must designate at least one maternity staff member in breastfeeding physiology and management, to be responsible for ensuring the implementation of an effective breastfeeding program (NYCCR)</td>
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</tbody>
</table>
| 2. The hospital must assure the availability of prenatal childbirth education classes, for all pre-booked women, which address the following subjects related to breastfeeding:  
  - Nutritional an physiological aspects of human milk,  
  - Dietary requirements for breastfeeding, and  
  - Diseases and medication or other substances which may have an effect on breastfeeding (NYCCR) | | | |
| 3. The hospital must provide mothers with complete information about the benefits of breastfeeding, for mother and baby, in order to inform their feeding decisions. (BMBR) | | | |
| 4. The hospital must provide mothers with commercial-free information on the following subjects:  
  - Nutritional, medical and emotional benefits of breastfeeding for mother and baby;  
  - Breastfeeding preparation; and  
  - Potential breastfeeding problems. (BMBR) | | | |

University of Rochester – Strong Memorial Hospital  
Department of Obstetrics and Gynecology

BREASTFEEDING POLICY

All hospitals that provide maternity care services in NYS must maintain written policies and procedures in accordance with New York Codes, Rules and Regulations (NYCRR) Title 10 – part 405.21 to assist and encourage mothers to breastfeed.

In addition, in 2009 the NYS Legislature enacted NY Public Health Law 2505-a, which created Breastfeeding Mothers’ Bill of Rights. The statute specifies the rights of pregnant women and new mothers to be informed about the benefits of breastfeeding and to obtain support from health care providers and health care facilities during pregnancy, after delivery and after discharge. The law required that the SMBR be posted in all NYS hospitals. The law also requires hospitals to assure that new mothers have the appropriate supports and services to best ensure success in breastfeeding their infants after delivery.

Developed in 2011, The New York State Model Breastfeeding Policy is to be used as a standard reference and is composed of 28 required components and 47 recommended components categorized into 11 sections. Language in the required components must be included in hospital breastfeeding policy in accordance with NYCRR Title 10 – part 405.21 and the BMBR.

Medicine of the Highest Order

UNIVERSITY OF ROCHESTER MEDICAL CENTER
Strong Breastfeeding Quality & Performance Improvement

Fall 2012 – Interdisciplinary Leadership Discussion of Current State

• Assessment of our current hospital breastfeeding statistics

• Program development

• External regulatory requirements

• Staff (medical and nursing) breastfeeding education needs

• Employee breastfeeding support
Change theories are an important part of public health efforts - Dianne Rees

The 3 basic concepts of five theories for change (Health Behavior Theory, Stages of Change Theory, Theory of Planned Behavior, Precaution Adoption Model and Social Cognitive Theory) boil down to:

1. Cognition and behavior go hand-in-hand: what people know and think affects their actions
2. Most behavior changes require new knowledge, but knowledge alone won’t be sufficient to cause change (i.e., don’t forget the affective components of learning)
3. An individual’s social environment has an important influence on his/her behavior
Change efforts have to be focused on three targets in order to succeed: 

- The individual learner
- The learner’s interpersonal relationships (friends, family, coworkers, etc)
- The communities (or organizations) in which the learner finds himself or herself in
Great Beginnings NY, The Future Starts with Breastfeeding

- July 2013 - Letter to hospital administrator inviting Strong to participate
- October 2013 – Strong presented at the Rochester/Buffalo NY Great Beginnings Webinar on Strategy 1 and 4

**Strategy 1**
Ensure breastfeeding infants do not receive supplementation

When breastfeeding infants are given formula, who provides oversight to ensure that the medical indication or the mother’s request is documented in the infant’s medical chart?

Challenges:
- Staff adhering to Standard of Care & Education of mother on many benefits of exclusivity
- Changes to EMR – collaboration within UMMC on changes and prioritization of request to EMR Clinical Architect Team.

Next Steps:
- In process of revising newborn electronic documentation to reflect medical indication or mother’s request.
- Once updated will set up process for ongoing chart audits of newborns with data summary to unit nursing and medical leadership for individual follow up, as needed.
- Chart audit data to be shared/updated for all obstetric staff and reported at OB Quality Assurance & Safety meeting.

**Strategy 4**
Provide post-discharge support and referrals

Commitment to Strategy 4:
Provide all breastfeeding mothers with post-discharge lactation support and referrals

Completed?  Yes  No  If Yes, date completed?  >10 Years Ago
How does your hospital ensure that all breastfeeding mothers receive post-discharge lactation support and referrals?
- During daily lactation consultant rounds each mother is offered a post discharge lactation follow up phone call, also given the phone number to our lactation warm line, support WIC peer counselor contact prior to discharge, given list of resources in community and area
- Does your hospital have an established referral system in place to support breastfeeding mothers post-discharge, i.e. referrals to WIC, lactation consultants, La Leche League, etc.? Describe:
- In past year have worked with Monroe County WIC to have peer counselors visit their clients in the hospital prior to discharge, collaborate with Nurse Family Partnership to ensure follow up

Does your hospital have in-house breastfeeding support services available to breastfeeding mothers post-discharge, e.g. lactation consultants, baby cafes, drop-in centers, warm-line, etc.? Describe:
- Warmline and phone call post discharge. PLAN: To develop a post discharge lactation consult program
OB Lactation & Education Team

- Care Delivery Systems
- Interdisciplinary Education Collaboration
- Collaboration
- Communication and Employee Engagement
- Quality Improvement & Evidence Based Practice
- Community Service & Participation
Staff Education

Nursing Staff:
Breastfeeding Promotion & Support
- 4 hr Online Blackboard Module
- 8 hr Classroom Instruction
- 8 hr Practicum with IBCLC

Breastfeeding Newsletter

OB Service Lactation Committee
Medical Staff:

New Resident Orientation – July 2013

Walk in my shoes shadow
Breastfeeding Patient Education

2012 – Added Breastfeeding to Strong NYS DOH Required Hospital Registration (Statistics) Brochure

- AAP recommendations
- Benefits to mother and newborn
- NYS Breastfeeding Mothers Bill of Rights
• Updated our CCTV video’s available to our OB inpatients
• Added more information regarding breastfeeding to our daily Transition to Parenthood class
• Prenatal Exploring Breastfeeding class more information on benefits of exclusive breastfeeding
• Weekly Strong Beginnings orientation/walking tour now has breastfeeding content
• Childbirth Class series more evidence based information on exclusive breastfeeding, as well as information distributed on NYS Breastfeeding Mothers Bill of Rights
Interdisciplinary Committee for Medications & Lactation

First meeting August 2013, now have over 70 frequently used medications that have been researched, discussed and are in final revision from Lactation Study Center.

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Trade Name</th>
<th>LactMed - preferred reference of AAP</th>
<th>Hale 2012</th>
<th>Lactation Study Center - Norma Barton</th>
<th>URMC - Guideline Accepted Nov 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bupropion</td>
<td>Wellbutrin, Zyban, Aplenzin</td>
<td>Limited information indicates that maternal bupropion doses of up to 300 mg daily produce low levels in breast milk, and would not be expected to cause any adverse effects in breastfed infants.</td>
<td>L3. An antidepressant. Probably accumulates in human milk although the absolute dose transferred appears minimal. Relative infant dose 0.2% - 2%. Pg. 164</td>
<td>preferred per LSC (black box for no teens)</td>
<td></td>
</tr>
<tr>
<td>Paroxetine</td>
<td>Paxil, Serax, Arapex 20</td>
<td>Most authoritative reviewers consider paroxetine one of the preferred antidepressants during breastfeeding.</td>
<td>L2. Typical serotonin reuptake inhibitor. Can be considered relatively safe for breastfeeding as the absolute dose transferred is quite low. Relative infant dose 1.2% - 2.8%. Pg. 909</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citalopram</td>
<td>Celexa, Talem, Taflohexal</td>
<td>If citalopram is required by the mother, it is not a reason to discontinue breastfeeding. If the mother was taking citalopram during pregnancy or if other antidepressants have been ineffective, most experts recommend against changing medications during breastfeeding. Otherwise, agents with lower excretion into breast milk may be preferred, especially while nursing a newborn or preterm infant.</td>
<td>L2. An SSRI antidepressant. Use is the drug of choice for use in depressive and anxiety disorders during pregnancy and lactation. More compatible with breastfeeding than tricyclic antidepressants. Relative infant dose 3.6%. Pg. 247</td>
<td>no LSC, 720mg low, ok for healthy term newborn</td>
<td></td>
</tr>
<tr>
<td>Fluoxetine</td>
<td>Prozac, Lavan, Zactin</td>
<td>The average amount of drug in breast milk is higher with Fluoxetine than with most other SSRIs and the long-acting, active metabolite, norfluoxetine, is detectable in the serum of most breastfed infants during the first 2 months postpartum and in a few thereafter. Agents with lower excretion into breast milk may be preferred, especially while nursing a newborn or preterm infant.</td>
<td>L2. To decrease the risk to newborns, switch to sertraline, which has a decreased risk of not breastfeeding or outweigh the risk of using fluoxetine. It is by no means contraindicated. Relative infant dose 1.6% - 14.6%. Pg 470</td>
<td>no LSC, 720mg low, ok for healthy term newborn</td>
<td></td>
</tr>
<tr>
<td>Buspirone</td>
<td>BuSpiner Anti anxiety</td>
<td>Limited information indicates that maternal doses of buspirone up to 45 mg daily produce low levels in milk. Because no information is available on the long-term use of buspirone during breastfeeding, an alternative drug may be preferred, especially while nursing a newborn or preterm infant.</td>
<td>L1. No data exists on excretion into human milk. It is mg for mg equivalent to diazepam in its antianxiety properties. Pg 185</td>
<td>ok per LSC</td>
<td></td>
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Breastfeeding Support for Strong Employees

Employee Pumping Rooms to Accommodate Our Staff

- Hospital Medical Center – The Pumping Place
- Medical School Pumping Area – Ladies Lounge
- School of Nursing and Saunders Research Building
- Coming soon, a pumping room in our Cancer Center
OB Nursing Partnered with University of Rochester Well-U Program

Breastfeeding: Best for You, Best for Your Baby

Lunch ‘N’ Learn

December 3, 2013
Annette VanAllen, RN, IBCLC
Maureen Freedman, RNC, CLC, MS
Strong Commitment to Community Breastfeeding Education
Infant Mortality Awareness Month – Celebrate 365 Raise the Onesies
Reporting of Breastfeeding Data within Strong

• Breastfeeding Initiation and Exclusive rates are reported quarterly to the Hospital Quality Improvement Committee, which is shared at the URMC Board Meeting.

• Discussed on monthly basis at OB Service Team Meeting

• Shared at OB nursing unit staff meetings.
Challenges:

- eRecord Documentation
  - Set data fields for reporting
  - Collaboration within health system for changes (Highland, Strong)
  - Revising documentation to have necessary information collected

- Reporting mechanism – how/who will collect data, ensure all necessary data is collected and complete reports
Recent changes to documentation

• Skin to skin has been added to newborn flowsheet, in addition to the Delivery Summary

• Newborn location has been added to our security assessments to best assess rooming in

• Change in our every shift breastfeeding assessment tool to best reflect the breastfeeding encounter

• Newborn I & O separated out Breastfeeding, then Formula Feeding. If breastfeeding and receive formula it is documented under formula
Lactation Consultant Documentation

Initial Lactation Note

Visit Type: {Visit Type: 30416234 :: "Admission Note/First face to face with mother"}

Obstetric History

Delivery Date/Time: 4/12/2013 1:18 AM  Delivery Type: Vaginal, Spontaneous
Support Person: {YES***/NO:20614}  WIC: ________
Breastfeeding Goals: {BF FOR:30416238}
Prior Breastfeeding History:
Breast Anatomy:
Maternal Medications:

Newborn Assessment

Newborn Name: Sex: GA: 
Disposition: {DISPOSITION:30416251} Pediatrician: MD
Birth Weight: g (oz) Infant Weight: ________% Weight Loss
Newborn Age in Hours at time of visit: ________
Number of Breastfeeds in 24 hours: ________
Frequency of Feeds: ____________
Quality of Feeds: ____________
Number of Diapers: ________ Wet, ________ Stools

Interventions and instructions

Encouraged to attend daily Transition to Parenthood Class and reviewed CCTV brochure and videos available.

Plan
Follow up: {F/UP PLAN:30416262}

Length of this call/visit: {LENGTH OF CALL:30416265}
Supporting RN Staff Research & Performance Improvement Projects

• Assessing need for alternative prepared childbirth education in hospitalized obstetric patients who are unable to attend traditional classes.

• Study to examine ‘Adolescents’ Attitudes and Knowledge of Breastfeeding in Relation to Initiation Rates’ for performance improvement measures.

• Capstone project on breastfeeding – developing a ‘Benefits to Mom & Baby Breastfeeding' class for disparate, pregnant patients.
Community Collaboration

- Rochester Hospitals Breastfeeding Collaborative
- Healthi Kids Breastfeeding Policy Action Team
- WIC Peer Counselors
- Nurse Family Partnership
- Rochester Regional Breastfeeding Coalition

Rochester Regional Breastfeeding Coalition
Organizational Meeting
Wednesday February 26, 2014
5:00pm - 6:30pm
Unity St. Mary’s (Auditorium)
89 Genesee St.
Rochester, NY 14611
*Free parking will be available in the ramp garage
Light refreshments will be served
Meeting location is handicapped accessible and ASL Interpreter available upon request
For more information and to RSVP contact
585.224.3501 or laren_lauchle@urmc.rochester.edu
Please forward this invite to others who may be interested in the coalition.