AGENDA

1:00  Welcome & Introductions
1:05  Benefits of Breastfeeding and Hospital Support
1:25  The Ten Steps to Successful Breastfeeding
1:30  About the Ohio First Steps Program
1:55  Implementing the “Ten Steps”
2:10  Next Steps for Hospitals
2:15  Questions and Answers
2:30  Wrap Up
SPEAKERS

Stacey Conrad
Ohio Hospital Association

Cria Perrine, PhD, Epidemiologist
Nutrition Branch/Infant Feeding Team
DNPAO, CDC

Lydia Furman, MD
UH Rainbow Babies &
Children’s Hospital

Bre Haviland, MS, RD, LD, CLC
Ohio Department of Health

Jennifer J. Gerardi, BSN, RN
Ohio Hospital Association
The James Cancer Hospital

Jennifer Foster, BSN, RN, IBCLC
OBA, OLCA &
Summa Health System

Mary (Libby) Svoboda MEd, BSN, RN, IBCLC, FACCE
University Hospitals –
MacDonald Women’s Hospital
HOSPITAL PRACTICES TO SUPPORT BREASTFEEDING

Cria Perrine, PhD
Epidemiologist
Nutrition Branch/Infant Feeding Team
DNPAO, CDC
Lydia Furman, MD
UH Rainbow Babies and Children's Hospital

THE BABY FRIENDLY HOSPITAL INITIATIVE
WHO, WHAT, WHERE & WHY
WHO ORIGINATED THE TEN STEPS?

• In 1991, UNICEF and the World Health Organization launched the Baby Friendly Hospital Initiative to ensure that birthing hospitals will become centers of breastfeeding support.

• “Baby Friendly” is a unique designation and not just a nice way to describe a hospital!

• “A maternity facility can be designated 'baby-friendly' when it does not accept free or low-cost breastmilk substitutes, feeding bottles or teats, and has implemented **10 specific steps** to support successful breastfeeding.”
  – Quoted directly from: http://www.unicef.org/programme/breastfeeding/baby.htm
  – In the US, Baby-Friendly USA serves to accredit hospitals: https://www.babyfriendlyusa.org

*This drawing by Pablo Picasso is used by the Baby-Friendly Hospital Initiative (BFHI)*
WHAT ARE THE TEN STEPS?

- Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Train all health care staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within one half-hour of birth.
- Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
- Give newborn infants no food or drink other than breastmilk, unless medically indicated.
- Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
- The “11th step” is the International Code of Marketing of Breast-Milk Substitutes

http://www.unicef.org/programme/breastfeeding/baby.htm
WHAT’S THE EVIDENCE THAT ALL TEN STEPS MAKES A DIFFERENCE?

• All Ten Steps is optimal
  – Baby Friendly designation improves breastfeeding initiation, exclusivity and rates among high risk populations in Boston MA (Phillip et al, *Pediatr* 2001)
  – Infants born at Baby Friendly designated hospitals (RCT w/ 31 maternity hospitals in Belarus) were more likely to be exclusively breastfed at 3 and 6 months and have any breastfeeding at 12 months (Kramer et al, *JAMA* 2001)
WHAT’S THE EVIDENCE THAT ANY OF THE TEN STEPS MAKES A DIFFERENCE?

• The more steps the better
  – Increases in a Support Score measuring Ten Step compliance showed increases in 2 day (breastfeeding initiation) and 2 week any breastfeeding in 57 hospitals in Oregon (Rosenberg, *Breastfeed Med* 2008) - written policy was most important
  – Analysis of the Infant Feeding Practices Study II showed that breastfeeding at 6 weeks was more likely when mothers experienced 6 of the 10 steps; stopping was 13x more likely with NO steps (DiGirolamo, *Pediatr* 2008)

www.usababyfriendly.org
WHAT’S THE EVIDENCE THAT ONE OF THE TEN STEPS MAKES A DIFFERENCE?

• Even single steps make a difference
  – Training (18 hour UNICEF course in 8 hospitals in Italy) improved exclusive breastfeeding at discharge and any breastfeeding at 3 & 6 months (Cattaneo, *BMJ* 2001)
  – Early skin to skin increases any breastfeeding at 1 and 4 months (Moore, *Cochrane Reviews*, 2007)

http://mochamanual.com/
CAN TEN STEPS HELP EVERYONE?

Yes!

Although focused on supporting and promoting breastfeeding, there are benefits for all:

• Skin-to-skin care after birth promotes mother-infant bonding and father-infant bonding (step 4)
• Rooming in also supports bonding with the infant, and literally brings the family together (step 7)
• The emphasis on feeding cues for hunger and fullness rather than on schedule or volume may decrease infant reflux and discourage obesity promoting feeding practices (step 8)

http://babybunintheoven.com/tag/breastfeeding/
WHERE DO WE LOOK FOR THE TEN STEPS?

- **In maternity and birthing hospitals.**
- What about NICUs and Children’s Hospitals?
  - Currently without an active designation program but note an international effort to include NICUs
  - Children’s Hospitals who are partnered with maternity facilities are key stakeholders in the Ten Step process
    - Nurses, physicians and IBCLCs contribute to “culture change,” and
    - Administrators may experience financial pressure regarding the 11th step (adherence to the International Code of Marketing of Breast-Milk Substitutes, requiring purchase of all formula at market value)
      (http://www.flbreastfeeding.org/HTMLobj-2124/BFHI_BMC.pdf)
WHY BREASTFEEDING?

• Best for babies
  – Reduces risk of respiratory and gastrointestinal infections, ear infections, urine infections
  • Dose and duration are important
    AAP Pediatr 2012; e129: 827-841
  – Reduces risk of SIDS
    • Any BF reduces risk 45%; exclusive reduces risk 73% - (Hauck Pediatr 2011)
  – Likely reduces risk of obesity
    many studies show some effect

Blogs.babycenter.com
MORE WHY BREASTFEEDING!

• Best for mothers – did you know?
  – Reduced risk of breast cancer and ovarian cancer
    (Collaborative Group *Lancet* 2002, Danforth CCC 2007)
  – Reduced risk of heart disease
    • Includes hypertension, hyperlipidemia, diabetes and cardiovascular disease
      (Schwarz *Obstet Gynecol* 2009, McClure *Am J Obstet Gynecol* 2012)
  – Lower risk of Type 2 Diabetes
    • If mom did not have gestational diabetes- (Stuebe *JAMA* 2005)
  – Bonding improves
    • Increased sensitivity to infant and lower risk of abuse and neglect
AND FINALLY…

• Great for the family
  – Brings mom, father and baby together – know you are doing what is best for your child
  – Less sick days and nights for baby and parents
  – Saves money

• Societal benefits
  – Breastfeeding is “green” and sustainable
  – Financial benefits of full breastfeeding are in the billions of $$

(Bartick, Pediatr 2010 and Bartick, Obstetrics and Gynecology 2013)
Objective 1.14: By 2018, increase the percent of babies who are breastfed while in the hospital.

Partners: ODH, Ohio Breastfeeding Alliance (OBA), Ohio Lactation Consultant Association, American Academy of Pediatrics—Ohio Chapter (O–AAP)

Performance Measures:
- Baseline: 67.8% of babies breastfeed while in hospital (2012)
- 5-year Outcome: 81.9% of babies breastfeed while in hospital
- Data Source: Ohio Birth Certificate data

Strategies:
- Develop a resource guide (trainings, technical assistance, funding opportunities, etc.) for Ohio birthing centers to increase evidence-based maternity care practices following Baby-Friendly USA guidelines
- Provide and develop trainings based on components of the Ten Steps to Successful Breastfeeding
- Establish an Ohio-based program to recognize birthing centers that meet all or part of the Ten Steps to Successful Breastfeeding
- Adapt culturally appropriate trainings and tools to increase breastfeeding rates among black and Appalachian mothers and babies
- Work with stakeholders to include reporting of exclusive breastfeeding at discharge on the electronic birth certificate

Develop specific activities and guidelines that promote father engagement and inclusion to increase breastfeeding rates.
OBJECTIVE PARTNERS

Ohio Breastfeeding Alliance

Healthy Fathering Collaborative of Greater Cleveland

Ohio Department of Health

Ohio Perinatal Quality Collaborative

Ohio Hospital Association

University Hospitals MacDonald Women’s Hospital

American Academy of Pediatrics Ohio Chapter

Summa Health System

Rainbow Babies & Children’s Hospital

Ohio Collaborative to Prevent Infant Mortality

MetroHealth

MT. Sinai Health Care Foundation
ODH PRIORITY

ODH’s Strategic Priorities

- Expand Patient-Centered Medical Homes Across Ohio
- Curb Tobacco Use
- Strengthen relationships with external stakeholders
- Enrich work climate at ODH
- Decrease Infant Mortality
- Reduce Obesity

Ohio Infant Mortality Rates--2012

- National: 6.05
- Ohio: 7.57
- White (Ohio): 6.37
- Black (Ohio): 13.93

Deaths per 1,000 live births
Total deaths: 1,047
March 2014 release of final Ohio 2012 Infant Mortality Rate data
Source: Ohio Department of Health Vital Statistics
OHA PRIORITY

2013-2015 STRATEGIC PLAN

ADVOCACY
- Reduce Harm

SAFETY & QUALITY
- Reduce Readmissions
- Prevent Infant Mortality

ECONOMIC SUSTAINABILITY
- Improve Patient Experience

- Safe Sleep
- 39+ Weeks
- Breast-feeding
- Safe Spacing
- Access to Care
- Progest-erone
INTRODUCING....

FIRST STEPS for healthy babies

A BREASTFEEDING INITIATIVE BY THE OHIO DEPARTMENT OF HEALTH AND OHIO HOSPITAL ASSOCIATION
WHY OHIO FIRST STEPS?

• Now one of several states nationally that have a Ten-Step based breastfeeding designation program
• Modeled on the successful North Carolina program ([www.nutritionnc.com/breastfeeding/breastfeedingfriendly.htm](http://www.nutritionnc.com/breastfeeding/breastfeedingfriendly.htm))
• Using evidenced-based resources from other state programs
• 9 Ohio hospitals = BFHI designated (so we bring expertise too!)
• We are *the only state* to bring a father/partner engagement focus to the program
• We know we need this program to reduce Ohio’s high infant mortality rates and associated racial disparities
Ohio First Steps for Healthy Babies │ Kickoff Webinar

Free recognition program to encourage maternity hospitals to promote, protect and support breastfeeding

Based on the Ten Steps to Successful Breastfeeding

Recognition for achievement of 2 steps (any 2 steps)

Intended to prepare hospitals for applying for Baby-Friendly USA designation

Expedited application process for BFUSA-designated hospitals

www.odh.ohio.gov/OhioFirstSteps (www.ohiohospitals.org/ohiofirststeps)
APPLICATION SUBMISSION

- Online using Survey Monkey Form
  (paper copy available for reference)
- Submitted continuously, reviewed quarterly:

<table>
<thead>
<tr>
<th>Application Deadline (must be received by midnight)</th>
<th>Award Notification (to hospitals)</th>
</tr>
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<tbody>
<tr>
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<td>February 15</td>
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<tr>
<td>Quarter 2: April 1</td>
<td>May 15</td>
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<td>Quarter 3: July 1</td>
<td>August 15</td>
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<tr>
<td>Quarter 4: October 1</td>
<td>November 15</td>
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</tbody>
</table>

- Expedited process for BFUSA hospitals
- [http://www.odh.ohio.gov/ohiofirststeps](http://www.odh.ohio.gov/ohiofirststeps)
  (printable copy available now)
APPLICATION FORMAT

• Section 1 – Hospital & Team Member Information
  (every applicant)

• Section 2 – Total Births, Breastfeeding and IBCLC Data

• Section 3 – Ten Steps section
  (only complete sections applying for that quarter)

• Section 4 – “The 11th Step” – optional

• Section 5 – Consent, Submission & Contact Information
  (every applicant)
APPLICATION DOCUMENTATION

• Some documentation required for certain steps
  • EX: copy of policy for Step 1: “Have a written breastfeeding policy…”

• Documentation should be submitted to ohiofirststeps@odh.ohio.gov by the submission deadline each quarter

• Review committee may request additional documentation during the review period
REVIEW COMMITTEE

- Independent Review Committee will review applications quarterly.
- Includes representatives from ODH, OHA, OCDC, OLCA, OBA, hospitals and others.
- Will notify hospitals via email by date listed below.
- Hospitals will also receive letter, certificate, web badge and website recognition.

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IMPLEMENTING THE TEN STEPS
ONE STEP AT A TIME
GETTING STARTED
PRE-WORK: BUILD YOUR TEAM

• What stakeholders do you need to engage?
• What leaders in your hospital can help you achieve your goals?
• How do you bring them together?
SURROUND YOURSELF WITH

THOSE ON THE SAME MISSION AS YOU
TEAM MEMBERS

Hospital

- Hospital Leadership (Senior Management & Unit Managers)
- Physicians (OB, PED, FP)
- Midwives, APN
- Nurses
- Lactation Staff
- Quality Improvement
- Informatics (Electronic Health Record)
- Research
- Education Department (Staff Ed & Patient Ed)

Community

- Public Health Department (WIC)
- Community Leaders
- Professional Organizations
- Family (mother)
- Faith Based Community Members
CHARACTERISTICS OF SUCCESSFUL TEAMS

• Committed & Engaged leadership
• Alignment of project aims and organizational priorities
• Allocation of time, resources
• Transparency (share results/rates with staff & community)
• Testing (PDSA)

(adapted from NICHQ Best Fed Beginnings Recruitment Webinar)
PRE-WORK: SELF-ASSESSMENT

1. Do an Initial Assessment and repeat quarterly to track progress

   a) First Steps application
      • this is an abbreviated assessment
      • looks at some of the sub steps for each of the 10 steps

   b) Wright State Qualtrix Survey
      • looks at most sub steps and allows you to rate your institution on a Likert scale to track progress

   c) Baby Friendly USA Self Assessment
      • looks at each of the sub steps, you rate your institution either yes or no if meeting the criteria

2. The Joint Commission breastfeeding rates: share those results with the staff and track progress/improvement

3. Download The Guidelines & Evaluation Criteria from Baby Friendly USA. These will guide you in your journey.
GETTING STARTED

1. Formalize your team
2. Self Assessment
3. Designate Team Leader – facilitates meetings with distribution of meeting agenda and minutes
4. Set SMART Goals, Aims/Outcomes
5. Periodic Timelines
6. Team Member Assignments
7. Plan PDSA’s
**Goal**

Achieve Baby Friendly Certification by September 30, 2014

**EXCLUSIVE BREAST MILK**

- Expert and knowledgeable staff
- Consistent Prenatal Education
- Physician engagement with patients in the prenatal period
- Maximal opportunity for Mother infant bonding in the post partum period
- Documentation to support data needs
- High Reliability Leadership methods to effect change

**Aims/Outcomes**

- Increase initiation of breast milk use during hospitalization from baseline of 60 to 90% by December 31, 2013
- Increase exclusive use of breast milk during hospitalization from baseline of 35 to 50% by December 31, 2013
- Increase expression of breast milk in the first 6 hours of life to 20% by December 2012.

**Required education for all staff**

**Annual competency for all staff**

**LC and division champions to reinforce learnings**

**Review of all current education methods and materials**

**Begin education in prenatal period**

**Routine discussion at 28 week visit**

**Engagement of antenatal action team**

**Visibility in offices through reference materials and posters**

**Limited newborn time in nursery**

**Expectations for mother on admission**

**Flowsheet additions/stickers**

**UHCare Enhancements**

**Outcome and process measure data visible on all divisions**

**Part of monthly scorecard**

**Review in all facets of leadership RTI, Daily Brief, Senior Leader Rounds, Peer Coaching**
## BEST FED BEGINNINGS
*(JULY & AUGUST, 2012 TIMELINE)*

<table>
<thead>
<tr>
<th>7/24</th>
<th>7/25</th>
<th>8/1</th>
<th>8/3</th>
<th>8/7</th>
<th>8/15</th>
<th>8/31</th>
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<tbody>
<tr>
<td>• Create Aim Statement - Team</td>
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<tr>
<td>• ILab 1 – (7/24) - Individual</td>
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<td>• Register team ILab – (by 7/27) - Libby</td>
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<td>• Collect Data – Rosanne</td>
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<tr>
<td>• Begin Draft BRF Policy – Wendy &amp; Libby</td>
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<tr>
<td>• Begin Plan Staff Training – Libby</td>
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<tr>
<th>8/15</th>
<th>8/31</th>
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<tbody>
<tr>
<td>• ILab 2 – (8/3) Libby &amp; Rosanne</td>
<td></td>
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<tr>
<td>• Webinar – (8/7) - Individual</td>
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<table>
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<tr>
<th>8/31</th>
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<tbody>
<tr>
<td>• Submit data – (by 8/15) Rosanne</td>
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<tr>
<td>• Submit BF USA Self Appraisal – (8/15) - Team</td>
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<td>• Develop Storyboard - Team</td>
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<table>
<thead>
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<tr>
<td>• Approve BRF Policy Draft (8/29) - Team</td>
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<tr>
<td>• Complete Storyboard – (8/31) - Team</td>
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PDSA

• Look at weak areas to establish PDSA for improvement.
• Can begin with one PDSA or multiple PDSA’s addressing several areas at one time.
• Identify more challenges/barriers as you implement PDSA cycle.
• Address the challenges/barriers as you build next PDSA cycle.
• “How can we make this work?”
• Continue PDSA cycles as needed until outcome is achieved.
PDSA WORKSHEET

<table>
<thead>
<tr>
<th>Organization name(s): Summa Health System</th>
<th>Date of test</th>
<th>Test Completion Date</th>
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</thead>
<tbody>
<tr>
<td>Lead contact(s): Jennifer Foster</td>
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<td></td>
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<tr>
<td>Overall organization/project aim:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the objective of the test?</td>
<td></td>
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</table>

PLAN:
Briefly describe the test:
How will you know that the change is an improvement?
What system (driver) does the change impact?
What do you predict will happen?

<table>
<thead>
<tr>
<th>List the tasks necessary to complete the test (what)</th>
<th>Person responsible (who)</th>
<th>When</th>
<th>Where</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<td>5.</td>
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<tr>
<td>6.</td>
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</table>

DO: Test the changes.
Was the cycle carried out as planned? Yes No
Record data and observations.
What did you observe that was not part of our plan?

STUDY:
Did the results match your predictions? Yes No
Compare the result of your test to your previous performance:

What did you learn?

ACT: Decide to Adopt, Adapt, or Abandon.

- Adopt: Improve the change and continue testing plan. Plan changes for next test.
- Adapt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability.
- Abandon: Discard this change idea and try a different one.
### PDSA WORKSHEET #3

**Organization name(s):** Summa Health System  
**Date of test:** 10/15/12  
**Test Completion Date:** 10/15/12

**Lead contact(s):** Jennifer Foster  
**Overall organization/project aim:** Infants will room-in 23 hours per day  
**What is the objective of the test? Identify interruptions to rooming-in**

#### PLAN:
- Briefly describe the test:
  Document the location of 3-4 infants during a 24 hour time span.

- How will you know that the change is an improvement?
  Enlighten staff on interruptions to rooming-in

- What system (driver) does the change impact?  
  #1

- What do you predict will happen?  
  Interruptions to rooming-in will be identified & taken to CPC committee to implement changes to reduce these interruptions.

#### DO:
- Test the changes.
  - Was the cycle carried out as planned?  
    - [ ] Yes  
    - [x] No

  - Record data and observations.  
    - 3 logs returned

  - What did you observe that was not part of our plan?  
    - Logs not totally complete, but enough information to forward to CPC to study

#### STUDY:
- Did the results match your predictions?  
  - [ ] Yes  
  - [x] No

- Compare the result of your test to your previous performance.
  - Many maternal-infant separations noted.

- What did you learn?  
  - Maternal-infant separations can be reduced or eliminated

#### ACT:
- Decide to Adopt, Adapt, or Abandon.
  - [ ] Adopt: Improve the change and continue testing plan.
    - Maternal-infant separations are noted and the CPC Committee will plan to reduce or eliminate some of these changes. In the meantime, the manager is meeting with audiology to determine if audiology screenings will be done in mothers' room.

  - [ ] Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

  - [ ] Abandon: Discard this change idea and try a different one

---

**List the tasks necessary to complete this test:**

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Person Responsible</th>
<th>When</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. REVISE &amp; copy travel logs</td>
<td>Jen</td>
<td>10/15/12</td>
<td>office</td>
</tr>
<tr>
<td>2. Give to nursery nurse today to start on next two infants admitted</td>
<td>Karen</td>
<td>10/15/12</td>
<td>2N&amp;3N</td>
</tr>
<tr>
<td>3. RNs will complete log</td>
<td>Karen</td>
<td>10/15/12</td>
<td></td>
</tr>
<tr>
<td>4. Collect logs</td>
<td>Karen</td>
<td>10/15/12</td>
<td></td>
</tr>
<tr>
<td>5. Compile results for BFHI Team</td>
<td>Jennifer</td>
<td>10/15/12</td>
<td></td>
</tr>
<tr>
<td>6. Lit Search Rooming-in</td>
<td>Jen</td>
<td>9/13/12</td>
<td></td>
</tr>
</tbody>
</table>

Plan for collection of data:
- LC will collect travel logs, compile list of separations and forward to the CPC committee to problem solve
Barriers/Separations Identified:

1. Hearing Screen
   - Met with audiology department
   - Trial of doing in room
   - Signs on door to minimize interruptions
   - Found actually took them less time
   - Found no increase in “failed” tests

2. Physician Exams
   - Lighting concerns
   - Had maintenance use a light meter
   - Some rooms had lighting brighter than nursery
   - Others had to have light bulbs changed
**PDSA WORKSHEET**

**PLAN:**
Briefly describe the test:
At 28 weeks gestation, physician provider prenatal visit will include Breastfeeding discussion and documentation as best practices.

How will you know that the change is an improvement?
Starts physician-patient dialogue in creating awareness of Breastfeeding as optimum choice for baby’s first nutrition.

What system (driver) does the change impact?
2nd driver – Consistent prenatal education & 3rd driver – Physician engagement with patients in prenatal period.

What do you predict will happen?
Qualitative – patients will verbalize – will consider Breastfeeding as first choice in infant nutrition. Quantitative – documentation of prenatal breastfeeding discussion.

**DO:**
Test the changes.
Was the cycle carried out as planned? ☑ Yes □ No
Record data and observations.
Physician initiated and documented breastfeeding discussion with 2 patients at 28 weeks gestation.

What did you observe that was not part of our plan? Not Applicable.

**STUDY:**
Did the results match your predictions? ☑ Yes □ No
Compare the result of your test to your previous performance:
What did you learn? We will need to introduce breastfeeding education beginning in the first trimester with continued education at two additional designated times during prenatal visits to adequately cover benefits of breastfeeding, breastfeeding cues, initiating breastfeeding, and exclusive breastfeeding for six months.

**ACT:**
Decide to Adopt, Adapt, or Abandon.
☑ X Adapt: Improve the change and continue testing plan.
Plans changes for next test: Initiate prenatal breastfeeding education during first trimester and follow-up with physician discussion at 27-28 weeks gestation and again at 34-35 weeks gestation. Educate both OB office staff and physicians/ midwives and run PDSA for 7-10 days in one prenatal office with suggestions/revisions before rollout to remaining 4 OB offices.

☐ Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

☐ Abandon: Discard this change idea and try a different one

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**Plan for collection of data:** Tia Melton will collect data.
PRENATAL BREASTFEEDING INSTRUCTION
24 – 28 WEEK VISIT

DISCUSSED WITH PATIENT:

THE BENEFITS OF BREASTFEEDING:
- Decreased risk of SIDS
- Easier for baby to digest, contains proteins that fight infections/viruses
- Fewer respiratory infections, ear infections & other childhood illnesses
- Decreased risk of childhood obesity
- Higher intelligence scores
- Mother will lose weight faster
- Promotes bonding between mother and baby

SKIN-TO-SKIN: At delivery & throughout the hospital stay
- Helps regulate baby’s temperature, blood sugar, heart rate, & overall stress
- Baby cries less due to the comfort of skin-to-skin contact
- Promotes a feeling of safety & security in the baby
- Will encourage baby’s natural instinct to breastfeed
- Lowers mother’s stress hormones

ROOMING-IN:
- Opportunity to learn about baby & better prepared to care for baby
- Baby stays warm, cries less, comforted by familiar voices and touch
- Mom & baby sleep better
- Parents learn baby’s feeding cues faster & can respond quicker
- Mother’s mature milk will come in sooner
- Breastfeeding is more successful & baby will gain weight better

RISKS OF FORMULA
- Babies/Children who are formula fed have a greater risk of:
  - Ear Infections
  - Diarrhea/Constipation
  - Pneumonia
  - SIDS
  - Obesity
  - Diabetes
  - Asthma and Allergies

PATIENT PROVIDED WITH THE FOLLOWING PRINTED EDUCATION:
- "BENEFITS OF BREASTFEEDING"
- "LATCH AND POSITIONING"
- "ONLY BREAST MILK FOR THE FIRST SIX MONTHS"
- "FEEDING ON CUE"
- "ROOMING-IN"
- "SKIN-TO-SKIN"

PATIENT ENCOURAGED TO ATTEND A BREASTFEEDING CLASS
PATIENT VERBALIZES UNDERSTANDING OF EDUCATION

SIGNATURE/CREDS
PRINT NAME
DATE/TIME

8P22367 (3/14)  607968
Permanent Chart Copy
LESSONS LEARNED

• Culture change begins with skin-to-skin
• Start with prenatal education earlier
• Share information with staff and other teams
  – Bulletin boards
  – Screensavers
• Mini Celebrations (staff morale booster)
Achieved Baby Friendly Designation December 22, 2014

Aims/Outcomes
Increase initiation of breast milk use during hospitalization from baseline of 60-90%
Current average 89%, highest 95% - Nov, 2014

Increase exclusive use of breast milk during hospitalization from baseline of 35-50
Current average – 60%

Increase expression of breast milk in the first six hours of life to 20%
October 2014 – 100%

Sustainability – Holding the Gains
NEXT STEPS

• Designate a Champion (i.e., contact person)
• Complete Baseline Survey (7 short questions)
  (www.ohiohospitals.org/ohiofirststeps)
• Order books!
  • each hospitals can get 3 cases (180 books)
  • ability to order in bulk at cost
NEXT STEPS (CONT.)

• Form an implementation team
• Complete the application
  • even if not applying right away
  • get a sense of where you’d like to start
• Review deadlines
• Look for upcoming training opportunities
  (EBC training, skin-to-skin)
SKIN TO SKIN

• Step 4: Help mothers initiate breastfeeding within one half-hour of birth.
• ODH offering free hospital trainings ~ Fall 2015
• About 20 trainings statewide (5-6 hospitals each)
• conducted by University of Louisville Hospital Center for Women and Infants
• Success - ↑ BF initiation ↑ BF exclusivity
QUESTIONS?

• Raise your hand (we’ll unmute your line)

OR

• Type in the chat box
OHA collaborates with member hospitals and health systems to ensure a healthy Ohio

www.odh.ohio.gov/ohiofirststeps

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Thank You!

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