



## Leading the Baby Friendly Initiative in a NICU: One Hospital's Journey to Ignite the Change

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### ABSTRACT

Although the 10 steps to achieving BFI status have historically targeted the healthy term population on maternity units, the successes seen have heightened the interest to improve breastfeeding practices in the neonatal intensive care units (NICU). This paper chronicles one hospital's journey as they begin the process to adapt the 10 Steps to Successful Breastfeeding in their NICU and change breastfeeding practices for their vulnerable population. Through the use of the 10 steps this paper outlines how an organization might begin to ignite the change in their NICU through sharing early lessons learned.

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The Baby Friendly Initiative (BFI) has been gaining momentum around the globe, particularly in North America. An initiative designed to “protect, promote and support breastfeeding” worldwide, launched by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in 1991, has seen achievements in increasing breastfeeding initiation and duration across the globe.<sup>1</sup> Although the 10 steps to achieving BFI status have historically targeted the healthy term population on maternity units, the successes seen have heightened the interest to improve breastfeeding practices in the neonatal intensive care units (NICU). In 2009, WHO/UNICEF published the Baby Friendly Hospital Initiative: Revised, Updated, and Expanded for Integrated Care which identified the need for expanding the guidelines originally developed for maternity units to include NICU. The recognition of the beneficial effects of breast milk on this vulnerable population and the need to be inclusive were promising; however it stopped short of offering no more than a suggestion of need. Realizing the gap, a Nordic and Quebec working group presented a draft document in 2011 titled “Three Guiding Principles and Ten Steps: Supporting Breastfeeding and Family Centred Care at the first international conference to provide guidance in the expansion of the Baby Friendly Initiative into neonatal units. The document articulated the need for understanding this population and the unique challenges they face initiating and maintaining the breastfeeding relationship and offered guiding principles for all NICUs. As organizations await the final approval from WHO/UNICEF many have continued to use the 10 Steps to Successful Breastfeeding as a guide to improve breastfeeding practice in the NICU.<sup>2</sup>

### Background

Trillium Health Partners is the largest community hospital in Ontario Canada and is composed of three main sites, Credit Valley, Mississauga, and Queensway. Each year approximately 9,400 babies are born between the Credit Valley and Mississauga site. Exclusive breastfeeding for the first six months of life has short and longer term benefits for mother and infant. Despite the well researched benefits, (such as reduced infant respiratory and gastrointestinal infections), and extensive support and promotion through the hospital and community health systems, Peel breastfeeding rates remain low. Peel Public Health has extensively analyzed breastfeeding practices and has produced two reports: “Formula Supplementation for Newborns in Peel (2009)”, and “Breastfeeding Practices in the Region of Peel Technical Report (2009/2010)”. The research has shown that only half of mothers are exclusively breastfeeding at hospital discharge. In 2010, the data showed that while 95% of mothers who gave birth at Trillium Health Partners said they intended to breastfeed their babies, only 45% of healthy term babies were exclusively breastfeeding on discharge, far below the WHO target of 75%. The identified gap was the catalyst for the team at the Credit Valley site to begin the process of adopting the 10 Steps to Successful Breastfeeding in the Birthing Suites and Mother Baby Unit and within a year had seen a 20% increase of healthy term babies being exclusively breastfed at discharge.<sup>2</sup> In 2012, the Credit Valley site reported that 65% of mothers were being discharged exclusively breastfeeding their healthy term newborns. As expected, the concentrated efforts and the momentum to improve breastfeeding practices in the healthy term population began to spill over into the 35 bed regional NICU at the Credit Valley site. Seeing the positive impact of utilizing the 10 Steps in the healthy population, the NICU team identified that their vulnerable population might be missing out. Aware that the 10 steps were designed for the healthy term population, the

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NICU team began to adapt the steps to meet their babies' needs and challenged themselves to think "breast milk" first.

### **Igniting the Change...Practical Tips to Start the Journey**

Utilizing the 10 steps to Successful Breastfeeding as a framework, the NICU team offers their perspective on its adaptation to the NICU and practical tips to begin the cultural shift.

*Step 1: Have a written breastfeeding policy that is routinely communicated to all health care staff*

After becoming familiar with the organization's breastfeeding policy developed for the healthy term population, key NICU stakeholders came together to examine how they might create an over arching policy to promote the culture of 'breast milk first' in their NICU. NICUs unique population has many pathologies leading to admission and historically breast milk and formula administration were seen as equal options with limited thought given to the benefits of introducing breast milk first. By creating a "breast milk first" culture, the NICU is committed to adopting practices to assure fragile and at risk babies receive breast milk first and only be given formula if medically indicated. Compliance with the policy affects other clinical documents. For example, the NICU Admission pre-printed orders currently read 'expressed breast milk (EBM) or formula as per feeding guidelines'. The proposed change will read 'feed breast milk as per feeding protocol' and a second order will read 'if breast milk unavailable, feed formula as per medical indication' where the medical indication will be required to be documented. Setting up clinical documents that highlight breast milk as the first choice encourages the health care provider to think breast milk first. In addition, recent work identified the importance of the interprofessional team being responsible for discussing benefits of breast milk, non benefits of formula, medically indicated supplementation, and obtaining informed parental choice. There is now heightened accountability to engage in these conversations to support and protect the long term health of the fragile newborn.

*Step 2: Train all health care staff in skills necessary to implement this policy*

One of the first tasks the NICU undertook was to engage frontline staff in the development of an all-encompassing education program which highlights the BFI mandate but addresses the unique needs of the NICU population. Setting the tone around best practice based on research was key in beginning the process of change. Staff nurses responded positively to the initiative showing interest in best practice and new knowledge based on research on the benefits of skin to skin and breastfeeding. Understanding the drivers behind this change and breast milk as a preventative, primary health measure assisted in creating a culture of inquiry.

Caring for premature or ill infants and their families and having knowledge of how their care impacts neonatal outcomes is highly valued by the staff. Having knowledge of how formula changes the neonatal gut profile and makes them more susceptible to Necrotizing Enterocolitis (NEC) and allergies and how breast milk decreases the risk of readmissions, obesity and atopic diseases was valued by staff.<sup>3-7</sup> Emphasizing the importance of skin to skin for minimizing the stress response in babies and how skin to skin promotes brain growth and initiation of breastfeeding and lengthens duration of breastfeeding facilitated the opportunity for open dialogue and the sharing of success stories from the participants varying work experiences and broadening their exposure to practices outside their organization.<sup>8,9</sup> It was determined by the NICU BFI development team that the education needed to also address establishing an 'exit strategy' for the

neonatal experience. As infants' developmental needs can vary greatly; tolerance and sustainability must be continually assessed. Nursing staff are more likely to engage in breastfeeding and its associative practices if they can facilitate care safely and efficiently. Challenging old ways of thinking and providing opportunities for brain storming and discussion in a safe and supportive environment helped to build the confidence to provide evidence based care across different ages and stages.

*Step 3: Inform all pregnant women about the benefits and management of breastfeeding*

There was consensus in the team that although there was little to no exposure to pregnant women in the NICU, their role must be one of continuing the message of the importance of breast milk for their babies. An environmental scan of the NICU and the information handed out to parents was conducted and quick wins were noted. The team identified that there were no visual aids to demonstrate the importance of skin to skin and early initiation of breast milk in this vulnerable population. With the help of parents and the organization's graphics team, pictures were taken of mothers' performing kangaroo care with their babies to use as art work at each bedside in the NICU. Each photograph was accompanied by a message to help parents understand why this is an important and necessary experience for their baby. In addition, the graphic team developed a communication poster that showed a picture of drops of colostrum and was titled "liquid gold" demonstrating the importance of colostrum being the first food introduced to the baby. Not only were these posters mounted in the NICU, the team strategically hung them in each labor room to ensure the messaging was consistent for all. The NICUs "Welcome Package" was updated to include literature on the benefits of "breast milk" for their premature or ill baby and the important role the mother plays. Tips and resources were offered to ensure that mothers were supported in maintaining lactation until their baby was ready to go to the breast. Many NICUs mothers hand express/pump for weeks or months before putting baby to the breast and the team felt it was important to acknowledge this important role and their contribution to the lifelong health of their baby.

*Step 4: Help mothers initiate breastfeeding within half an hour of birth*

The NICU team is called upon to attend births when the birth is premature or complications with the newborn are anticipated. The NICU team decided that in order to understand how they could contribute to Step 4, they had to examine their practices when attending a birth. They asked themselves "were there opportunities for the baby to spend time skin to skin" or was it standard practice to show the baby to mom and then immediately transfer the baby to the NICU? Through rich discussions the staff realized that there were opportunities where babies who needed to be admitted to the NICU were stable enough to spend some time skin to skin with the mom prior to transport facilitating the transition of the baby as well as initiation of lactation in mom. This further reinforced the importance of the communication between the Birthing Suite and the NICU staff to establish hand expression at birth and provide the NICU with mom's "liquid gold". The team developed a 'Hand Expression Toolkit' that was given to mothers in the Birthing Suites that included literature on hand expression and the importance of colostrum as well as a syringe and medicine cup for collection. Once collected the colostrum was labeled and delivered to the NICU ensuring that the first 'food' introduced to the baby was mother's own milk. A culture shift of this nature takes time and confidence in the skill set of the care providers. Marketing the importance of breast milk and providing creative strategies for staff helps to reinforce the message that all team members play a vital role in initiating breastfeeding in both the healthy and vulnerable population.

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