

Lactation Skills Workshop: A Collaboration of the City of Dallas WIC and Local Hospitals

Janice Ballou, DNP, PPCNP-BC, IBCLC¹; Christine Wiseman, RN, IBCLC²; Linda Jackson, MA, LCCE³; Reba Godfrey, RNC-MNN, IBCLC, LCCE⁴; Dani Cagle, MPH, IBCLC⁵

ABSTRACT

The *Baby-Friendly Hospital Initiative*, a global endeavor of the World Health Organization and the United Nations Children's Fund, is an evidence-based program identifying 10 interventions that when hospitals implement them, breastfeeding (BF) rates improve. It recognizes the powerful role that health care workers have in successful BF and the need for competent hands-on skills to support lactation. The City of Dallas, TX, *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC) program collaborated with 3 urban hospitals and developed a training of practical techniques and information for staff to use while working with BF patients. Since implementation, 1,600 workers were trained, 1 hospital achieved Baby-Friendly designation, and all have increased BF rates by 10%.

Key Words: WIC, Baby-Friendly, breastfeeding, collaboration, skills training (*J Nutr Educ Behav.* 2017;49:S202-S206.)

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INTRODUCTION

Breastfeeding (BF) has significant health benefits for infants and mothers. Infants who are breastfed have decreased incidence of asthma, allergies, and infections and a decreased likelihood of obesity and diabetes.¹⁻³ Breast milk as well as the process of BF positively affects a baby's neurodevelopment.⁴ For mothers, there is a decrease in postpartum hemorrhage, diabetes, breast cancer, and uterine cancer.^{5,6} Both the American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists agreed that breast milk and BF should be the standard feeding choice for mothers and babies.⁷ The World Health Organization (WHO) and the US Centers for

Disease Control and Prevention recognized BF as a public health issue.⁸ If 90% of families followed the Healthy People 2020 BF recommendations, it is estimated that \$13 billion/year could be saved in medical and related costs.⁹

The *Baby-Friendly Hospital Initiative* (BFHI) is an evidenced-based program created by WHO and the United Nations Children's Fund (UNICEF) to promote BF worldwide; in the US, it is administered by Baby-Friendly USA.¹⁰ The BFHI recognizes the powerful role of hospitals and health care workers in initiating successful BF practices. The WHO/UNICEF identified 10 steps that increase not only the number of women who choose to breastfeed but the duration of BF when they are im-

plemented (Table 1).¹¹ When a hospital implements all 10 steps, it may be eligible for the Baby-Friendly designation, as determined by the Baby-Friendly USA surveyors. The pathway to the Baby-Friendly Hospital designation can be challenging, especially for hospitals for which medical resources are strained.¹²

Three such hospitals in Dallas, TX, that serve racially and culturally diverse populations were in various stages of the Baby-Friendly journey: Methodist Dallas Medical Center, Methodist Charlton Medical Center, and Parkland Health and Hospital System. Parkland is a not-for-profit public hospital with a mandate to furnish medical care to indigent and needy persons of Dallas County. The hospital receives funding through county taxes, charitable contributions, and patient payments. Many patients are non-funded or have government-supported health insurance. Methodist Dallas Medical Center and Charlton are a part of the larger Methodist Health System in North Texas and are affiliated by covenant with the North Texas Conference of the United Methodist Church. The Methodist Health System is also not for profit and 10% of the care delivered is unreimbursed charity. Many of the patients from these facilities are served by the City of Dallas *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC)

¹Parkland Health and Hospital System, Dallas, TX

²City of Dallas *Special Supplemental Nutrition Program for Women, Infants, and Children*, Lactation Care Center, Dallas, TX

³Methodist Richardson Medical Center, Richardson, TX

⁴Methodist Charlton Medical Center, Dallas, TX

⁵Methodist Dallas Medical Center, Dallas, TX

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Address for correspondence: Janice Ballou, DNP, PPCNP-BC, IBCLC, Parkland Health and Hospital System, WISH, 3735 Ridgeoak Way, Farmers Branch, TX 75244; Phone: (214) 707-8563; E-mail: janiceballou57@gmail.com

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Table 1. World Health Organization/United Nations Children's Fund: 10 Steps to Successful Breastfeeding (BF)¹¹

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

1. Maintain a written BF policy that is regularly communicated to all health care workers
2. Train all health care staff in skills necessary to implement this policy
3. Inform all pregnant women about the benefits and management of BF
4. Help mothers initiate BF within 1 h of birth
5. Show mothers how to breastfeed and maintain lactation, even if separated from their infant
6. Give infants no food or drink other than breast milk, unless medically indicated
7. Practice rooming in together 24 h/d
8. Encourage unrestricted BF
9. Give no pacifiers or artificial nipples to BF infants
10. Foster establishment of BF support groups and refer mothers to them on discharge from the hospital or clinic

program. Over the past 15 years the WIC program created strong relationships with these hospitals to supplement the care provided to meet the nutritional needs of families.

The WIC BF peer counselors are available prenatally and postnatally to provide nutrition and BF education. They go into both the clinics and the hospitals to give mothers hands-on BF assistance. While the peer counselors are there, they facilitate follow-up in WIC clinics and provide information about other WIC programs. The WIC employees serve on several hospital-based BF committees and add insight into meeting the needs of families in and outside the hospital setting. These partnerships are invaluable in promoting and protecting BF in the community.

All of these hospitals are major teaching facilities for local nursing and medical schools. The University of Texas Southwest Medical School has a presence in Parkland with medical students and obstetric, pediatric, and family practice residents. The Methodist Health System has obstetric and family practice residents as well as an externship program for fourth-year medical students interested in family practice. The City of Dallas WIC developed several educational opportunities to augment various health care providers' training. Pediatric and family practice residents and nursing students spend time shadowing lactation consultants in the hospital and/or at the City of Dallas WIC Lactation Care Center (LCC). This

opportunity is also available to newly hired nurses and nurse practitioners during their hospital orientation days. At the LCC, health care providers participate in didactic education, hands-on skills training, and direct observation of lactation consultations. In addition to the practical knowledge gained, these health care providers have the opportunity to see the care their patients receive after they are discharged from the hospital, and the patients have the occasion to give feedback to staff about their hospital experience.

The City of Dallas WIC wanted to expand their presence in hospital staff education to assist hospitals with the requirements of step 2 of the BFHI (Table 1). To meet this need, the manager of the City of Dallas WIC LCC approached the 3 hospitals about collaborating to develop a skills training workshop.

Description of the Collaboration

Step 2 focuses on educating the nursing staff and medical providers. This step specifies that physicians with privileges in maternity and nursery units have a minimum of 3 hours of BF education. There is wide latitude in the type and format of the educational offering required. Nurses with direct responsibility for teaching and caring for mothers and newborns have a 20-hour educational requirement.¹³ Fifteen of these hours are didactic and the clinical experience is an additional 5 hours. Many hospi-

tals choose an online format for the 15 hours; however, it is more challenging to achieve to the 5 hours of clinical experience because they must be done under supervision and competency must be verified. This requirement may create a barrier to achieving Baby-Friendly status because of the additional staff needed. The goals of the new collaboration with WIC were to provide staff a supervised clinical experience in a workshop format and provide a venue to practice the information they gained from the didactic education. A group of clinicians from the hospitals and the WIC program met to create such a workshop.

Creation of Content

The clinicians involved were the lactation consultant supervisors from the hospitals, a pediatric nurse practitioner, a registered dietitian, a WIC lactation consultant, and the manager of the City of Dallas WIC LCC. In addition, the creators of the workshop were certified lactation consultants through the International Board of Lactation Consultant and Examiners. The members of the committee wanted the content areas to correspond to the hands-on nursing skills identified in the 10 Steps and for the information to be relevant to participants. Therefore, each was tasked with polling the staff at their institutions about the areas in which they felt they needed the most help to assist appropriately with BF.

The members then selected 6 content areas for inclusion in the workshop and developed 20-minute modules based on current research and health care literature. The modules were: safe skin-to-skin care, hand expression of breast milk, care and use of breast pumps, evaluation of an effective latch, supplemental feedings, and positive messaging. Table 2 outlines the learner objectives, instructional strategies, and equipment used to teach each module. The safe skin-to-skin care module presented evidence regarding the importance of skin-to-skin contact on an infant's transition to extrauterine life^{14,15} as well as the phenomenon of sudden unexpected postnatal collapse.¹⁶ The hand expression module incorporated research by Dr Jane Morton and colleagues from the Stanford School

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