IMPROVING EXCLUSIVE BREASTFEEDING RATES BY FOCUSING ON THE CRITICAL EARLY FIRST HOURS OF LIFE

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Problem Statement: Exclusive breast milk feeding for the first 6 months of neonatal life has long been the goal of the World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) impacting the newborn's health and ultimately decreasing infant mortality. Beginning in January 2014, the Joint Commission introduced two Core Measures with regard to Exclusive Breastfeeding: "PC05 Exclusive breast milk feeding during the newborn's entire hospitalization and PC-05a Exclusive breast milk feeding during the newborn's entire hospitalization considering mother's choice." Mount Carmel St. Ann's exclusive breastfeeding rate at the time of the introduction of the core measures was 55-59%. Evidence shows that increased skin to skin, decreased separation immediately post-delivery and delayed bath improved exclusive breastfeeding rates, Mount Carmel St. Ann's recognized the need to develop a standardized approach to our immediate post-delivery care.

Project Description: In May, 2013, Mount Carmel St. Ann's sent twenty two perinatal colleagues to the Certified Lactation Counselor (CLC) course. Following that course, St. Ann's formed a focused work group to improve our exclusive breastfeeding rates. This work group developed education promoting uninterrupted skin to skin immediately post-delivery for one entire hour. This was termed the "Golden Hour." During this time, the newborn was unwrapped, without a cap, and placed skin to skin with the mother. The hands were not wiped since the smell of amniotic fluid on the hands closely resembled that of colostrum, and encouraged early latch. The Golden Hour soon became standard of care for vaginal deliveries, and with the support of our obstetricians and anesthesiologists, has been expanded to include uncomplicated C/S deliveries with the close observation of the baby nurse in the operating room. The newborn's progress with feeding is discussed at hand-off to postpartum and both mom and baby are transferred together to the postpartum room while maintaining skin to skin. Bath is delayed until the baby has been assessed to have had several successful breastfeeding sessions.

Results: Data for 2015 demonstrates that our exclusive breastfeeding rates have gone from 58% to 66%, and our supplementation rate has decreased from 43% to 30%. Also, as a result of parent and family education, our "Mother's Choice for Supplementation" has decreased from 36% to 25%.

Conclusions: Mount Carmel St. Ann's discusses the many successes with improving exclusive breastfeeding and decreasing supplementation rates during our childbirth education classes and will soon roll out education to our OB physician offices. This organization has been a pilot for the delayed bath component and will soon be implemented at Mount Carmel East and Mount Carmel West over the next couple of months. Expanded focus on the delayed bath is expected to continue to positively impact our exclusive breastfeeding rates.