

System Level Changes to Improve Breastfeeding Practices in Two Urban Private Hospitals



Third National Conference of State/Territory/Tribal Breastfeeding Coalitions
Empowering Coalitions: *Power Tools for Change*
 January 23-25, 2010

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Presentation Outline

- NYC Breastfeeding Statistics
- Why a Breastfeeding Initiative on Staten Island?
 - Demographics
 - Hospital role, Years 1-3
 - DOHMH role, Years 1-3
- Program challenges and strengths
- What we learned
- Questions and discussion



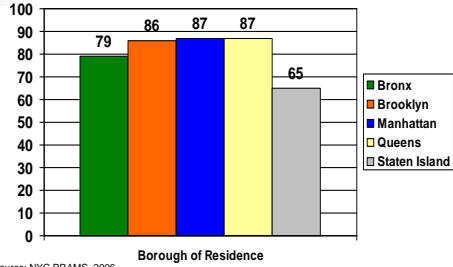
Healthy People 2010 Breastfeeding Objectives

Birth	3 Months	6 Months	1 Year
75% Initiate Breastfeeding	<u>40% Exclusively Breastfeed</u>	50% Breastfeed <u>17% Exclusively breastfeed</u>	25% Breastfeed

US Department of Health and Human Services. *Healthy People 2010: Conference Edition—Volumes I and II.*



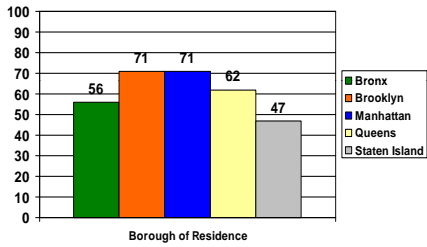
Breastfeeding Initiation by Borough of Residence, 2006



Source: NYC PRAMS, 2006



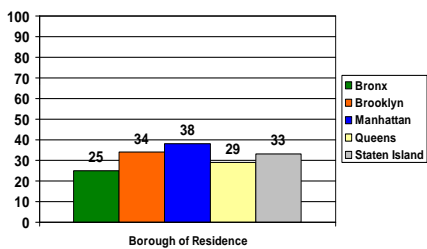
Breastfeeding Duration for 8+ Weeks by Borough of Residence, 2006



Source: NYC PRAMS, 2006



Exclusive Breastfeeding for 8+ Weeks by Borough of Residence, 2006



Source: NYC PRAMS, 2006



NYC DOHMH Breastfeeding Initiative

- Began in 2006 to address low levels of breastfeeding duration and exclusivity among NYC mothers
- Formed a partnership with the 11 Health and Hospitals Corporation (HHC) Hospitals called the HHC Breast Milk Friendly Initiative
 - Affected – 25,000 births per year
 - Hospitals developed new policies and procedures to promote breastfeeding resulting in improved services for families
 - DOHMH provided TA and funding
- Harlem Hospital Center, an HHC facility, became the first Baby Friendly Hospital in NYC



Why Staten Island?



- No public (HHC) facility on the Island
 - Residents could not participate despite low breastfeeding rates
 - 6100 babies born at two birthing facilities in 2007
- Limited access to home visiting programs that facilitate breastfeeding
 - No Newborn Home Visiting Program site
 - One Nurse-Family Partnership Program
- Public and hospital support for a partnership with DOHMH



Richmond University Medical Center (RUMC)



- Level III Regional Perinatal Center
- Formerly St. Vincent's Hospital, 510 beds
- 34 maternity beds
- 2,862 births, 2007
- 45% cesarean rate
- 24% Medicaid clients
- Teaching hospital of NY Medical College



Staten Island University Hospital (SIUH)



- Level III Regional Perinatal Center
- 714 beds
- 41 maternity beds
- 3,258 births, 2007
- 24% cesarean rate
- 50% Medicaid clients
- A member of North Shore-Long Island Jewish Health System



The Staten Island Breastfeeding Initiative

- Began in late 2007, to increase breastfeeding support at both hospitals regardless of where a pregnant woman, a mother and/or baby received care in their facility
- Based on the HHC model incorporating seven of the Baby Friendly Hospital (BFHI) Ten Steps
 - Establish a hospital policy, rooming in, early latch w/in 1 hour, no pacifiers, supplements, staff training, support groups and no formula company advertisements



Year 1, Each Hospital

- Established a multidisciplinary team comprised of staff from the prenatal, labor and delivery, post-partum, nursery units and WIC programs
 - Created consensus on policy development, compliance & problem solving
- Developed and implemented a hospital-wide policy and procedures
 - Educated and trained nursing, physician and allied staff on the policies
- Participated in Certified Lactation Counselor Course funded by DOHMH



Year 1, Each Hospital

- Hired and/increased staff hours to supervise the project
- Established or enhanced the discharge telephone follow-up (warm line) programs
- Purchased textbooks and other educational materials for parents and staff
 - Eliminated posters and other materials produced by formula companies



Year 1, DOHMH

- Negotiated contract deliverables for the project
- Provide technical assistance for hospital staff
 - Worked to develop time lines for hospital activities that met NYC agency standards
 - Finalized the contracts and contract monitoring
 - Suggestions for and participation in educational activities
- Provide CLC training for staff from each hospital (RNs)



Year 2

- The hospitals and DOHMH jointly applied for and received grant funding from the United Hospital Fund
 - Work established in year one was beneficial to seeking private funding
- Hospitals continued activities started in year one, with several important additions
- DOHMH role shifted to set up a data collection system in addition to its supportive activities



Year 2, the Hospitals

- Updated their prenatal education programs as per BFHI standards and marketed their availability to providers
- Continued to train more CLC staff, resident and OB and Peds attending education
- Provided 24/7 breastfeeding counseling to new moms on post-partum units
- Jointly published a resource guide of breastfeeding services for providers to refer Staten Island families



Year 2, the Hospitals

- Began joint work on a peer support program via WIC, including NICU moms, and a breastfeeding problem clinic
- Hired data collection, management personnel to work with DOHMH
 - Began data entry training for staff and data routine reporting
- Warm line revised to capture data on who, when and why women are taking advantage of this service
- Updated parent educational materials




Year 2, DOHMH


- Worked with the hospitals to set up a data collection system:
 - Hired a data collection manager
 - Identified and added the new variables
 - Added to both paper and electronic medical records
 - Assisted in staff training to collect the new variables
 - Set up Access database for data collection
 - Assisted and set up a report generating process
- Each hospital was able to generate monthly reports on which to document their progress and plan future program improvements



Data Collection: The Timeline




-Needs assessments	- Pilot data collection	- Continued data collection
- Analysis of existing data protocols	- Monitor data collection	- Collect baseline assessments
- Establish new data collection procedures	- Modify instrument and data collection procedures as needed	- Continued monitoring and modification of data collection as needed
- Design data collection tool	- Produce draft monthly reports for each hospital	- Produce a report summarizing data from each hospital




Year 3, Hospitals

- Continue to train staff on CLC and to distribute breast pumps
- Use e-based learning to train nurses, physicians, physician assistants and midwives
- Increase outreach to private MD offices to introduce them to the initiative and resources available for their patients
- Use the hospital website to provide breastfeeding information and education to the community



Year 3, Hospitals

- Increase rooming in and use crib cards and diaper bags free of commercial endorsement
- Ensure all mothers receive call backs at discharge and get the appropriate referrals and support group information
- Continue to improve data collection on infant nutrition, early latch, supplementary feedings, rooming in and use this data to improve services to establish benchmarks
- Conduct a formal evaluation of the program



Year 3, DOHMH

- Work with hospitals to produce monthly reports on breastfeeding
- Conduct multivariate analysis of breastfeeding data
- Provider survey to assess the knowledge of clinical staff on hospital breastfeeding policies and to measure the effectiveness of staff breastfeeding education and in-service training on updated breastfeeding policies



Year 3, DOHMH

- Assess hospital breastfeeding practices using the Center for Disease Control and Prevention's national survey of Maternity Practices in Infant Nutrition and Care (mPINC) as a model
- Assess the patient (mother's) knowledge about breastfeeding and hospital breastfeeding policies through a development and use of a survey tool
- Use the Baby Friendly Hospital Initiative Self Appraisal tool to review each hospital's practices in support of breastfeeding



Preliminary Findings

- Since 2008, Hospitals have seen
 - Increased use of skin-to-skin technique
 - More moms are initiating early latch
 - Mild increase in exclusivity rates
 - 25+ staff trained in CLC course per hospital
 - Increased # WIC counselors trained
 - Data collection systems are up and running
 - 2007 PRAMS data suggests an increase in initiation, duration and exclusivity (only 1 yr)
 - One hospital submitted BFHI letter of intent



Program Challenges



- Deciding key program specifics based on individual facilities work flow
- Staff and administrative buy-in was critical
- Standard data collection (medical records) differ among hospitals
 - Paper/electronic record modifications – adding new bf elements
- Training many hospital staff to use new data collection tools and methods and generate reports
- Limited space in which to conduct the new activities



Program Strengths



- A collaborative relationship with both hospitals and DOHMH was established
 - Capitalized on strengths of both hospitals to improve breastfeeding support for entire community
- Adapted to each hospital setting to establish data collection system
 - Used existing data collection tools, definitions and procedures used in HHC system
 - Ability to benchmark their progress against other NYC facilities
- Recognition from hospital administration on the importance of supporting breastfeeding



What We Learned



- A commitment to improve breastfeeding services is required from top management
 - Includes administrators, VP nursing, Chairs of Ob/Gyn, Pediatrics, Family Medicine
- DOHMH played a catalytic role for city-wide breastfeeding changes to help start and sustain hospital efforts
 - Pooling resources enriched the program & reduced competition
- Start up costs were reasonable
 - Initial support for staff and materials is necessary, but many activities are inexpensive
 - Flexibility was important in working with different hospital systems



What We Learned



- We observed a positive change in attitudes and behaviors about breastfeeding after CLC training, “champions were born”
- Utilizing established data definitions from HHC allowed the project to start immediately
 - We adapted to establish data collection system rapidly to each hospital setting
- Working with 13 institutions has help us develop a blue print for expanding our efforts to other hospitals
- “Culture change” is possible but, it takes years of commitment and caring!



Questions and Discussion



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