

Evaluating hospital breastfeeding programs: Comparing policies, practices and mother's experiences

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Background

- Effective outcome evaluation requires that
 - > program components are delineated
 - > the overall program(s) clearly depicted
- Role of **process evaluation**
 - > Document what program participants received or were 'exposed' to
 - > Thereby avoid assumptions about what the program actually entailed

Background

- This study evaluated breastfeeding outcomes among women who delivered at two hospitals with different breastfeeding programs

Background

- Participating hospitals:
 - › Baby Friendly designated (BFHI)
 - › Community Hospital (CH) with well established breastfeeding program
 - › The impact/outcome evaluation focused on
 - breastfeeding duration and exclusivity at 6 months
 - over 400 BF women enrolled from each hospital post-delivery/before discharge

Process Evaluation Criteria

Baby Friendly's 10 steps used for inter-hospital program comparisons

- 1: Have a written breastfeeding policy that is routinely communicated to all health care staff.
- 2: Train all health care staff in skills necessary to implement this policy.
- 3: Inform all pregnant women about the benefits and management of breastfeeding.
- 4: Help mother initiate breastfeeding within an hour of birth.
- 5: Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
- 6: Give newborn infants no food or drink other than breastmilk, unless medically indicated
- 7: Practice rooming in– allow mothers and infants to remain together == 24 hours a day.
- 8: Encourage breastfeeding on demand.
- 9: Give no artificial teats or pacifiers to breastfeeding infants.
- 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the facility.

Process Evaluation Methods

- Three perspectives were compared across each of the 10 steps
 - hospital administrators
 - inpatient nurses
 - post partum mothers
- The process evaluation was completed prior to analysis of the outcome data
 - This prevented findings about hospital outcomes to influence the interpretation the process evaluation data.

Process Evaluation Methods

○ Hospital administrators

- › 5 interviews with nursing/medical administrators at each hospital
 - › Employed previously tested tool (Kovach, 1996); structured in-person interview
 - › Assessment included all 10 steps
 - › Answers were tallied according to Kovach's methodology for each step.
- Even though the community hospital was not Baby Friendly designated, for comparison purposes it was assessed on the same steps/components.

Process Evaluation Methods

○ Inpatient nurses

- › Using previously developed survey (Lawrence)
 - with additional questions adapted from Kovach instrument that aligned with the Baby Friendly 10 steps
- › Full and part time nurses (BFH= 61; CH=43)
 - working on inpatient/mother-baby unit completed survey
 - anonymously, mailed to their home address
- › Nurses scored 9 of the 10 Baby Friendly steps (except whether the mothers had been informed prenatally about the benefits of breastfeeding (Step 3))

Process Evaluation Methods

○ Post partum mothers

- > Enrolled mothers completed an in-person interview about their background, their infant feeding decisions, support, previous experience and other factors thought to influence feeding decisions and duration.
- > At two weeks post discharge they completed a mailed survey that included questions extracted from the PRAMS survey that seek to capture mothers' hospital breastfeeding experience; (BFH= 341; CH=321)
 - Mothers' input could only be obtained reliably for six of the ten Baby Friendly Steps (e.g. they are not able to comment on presence of written policies or training).

Process Evaluation Methods

- For comparisons, scores were standardized
 - > ratings above 90% were considered fully implemented
 - > partial implementation >75%
 - > between group differences of <20% indicated rating concurrence
- > Six components were rated by all three groups
 - help initiating
 - showing how
 - only breastmilk
 - rooming in
 - no pacifier
 - fostering support

Example of Analysis

STEP 6: Give newborn infants no food or drink other than breastmilk, unless medically indicated.

- **Administrators:** Do staff have a clear understanding of what the few acceptable reasons are for prescribing food or drink other than breast milk for breastfeeding babies?
 - > Response options: Yes/No

- **Nurses:** What are healthy breastfed babies given as a "first feeding"? – Breastmilk;
 - > Response options: Always/Most of the time (75-100%), Sometimes , Seldom/Not at all (25% or less)

- **Mothers:** Was your baby fed only breast milk during your hospital stay?
 - > Response options: Yes/No

Example of Analysis

STEP 6: Give newborn infants no food or drink other than breastmilk, unless medically indicated.







Hospital Ratings:

- Administrators (Yes):
 - > BFH: 3 out of 3(100%) CH: 2.88 out of 3 (96%)
- Nurses (Most):
 - > BFH: 100% CH: 100%
- Mothers (Yes):
 - > BFH :70% CH: 56%

Example of Analysis

- For this step, both administrators and nurses at each hospital concurred that the program did promote that breastmilk only be given to breastfed infants.
 - > Mothers from both hospitals indicated other wise (did not concur)
- These findings imply that program implementation may not be as consistent as the internal (administrators/nurses) assessments indicate.

Hospital Administrators Scores

Baby Friendly Step	BFH	CH
#1 Written BF Policy	2.75	1.98
#2 Train all health care staff	2.42	2.06
#3 Inform all pregnant women	3	3
#4 Help mother initiate BF 	2.71	2.53
#5 Show mothers how to BF 	3	2.92
#6 Give infants no food or drink other than breastmilk 	3	2.88
#7 Practice 'rooming in' 	2.93	2.76
#8 Encourage unrestricted BF	3	3
#9 Give no pacifiers or artificial nipples 	3	3
#10 Foster establishment of BF support groups 	2.25	2.15
Average Score	2.81	2.63

Baby Friendly Hospital

- Based on the six common to administrators, nurses and postpartum mothers
 - > administrators' rated
 - 5 as Fully Implemented
 - 1 as Partially Implemented
 - > Nurses concurred with all administrator ratings.
 - > Among the 5 Fully Implemented components, mothers' ratings concurred with 3
 - help initiating --showing how --no pacifier

Community Hospital

- Of the six chosen for comparison,
 - > Administrators' rated
 - 4 as Fully Implemented
 - 1 as Partially Implemented
 - > Nurses' ratings differed
 - 3 as Fully Implemented
 - 1 as Partially Implemented
 - They concurred with administrators on Full Implementation of 2 components
 - > Mothers ratings
 - Of above 2 Fully Implemented, mothers' ratings concurred with 1
 - --no pacifier

Summary

- These hospitals had....
 - some similarities based on program descriptions
AND
 - their overall administrator scores were similar,
BUT.....
 - > they differed substantively on extent of implementation

Summary

- This finding reinforces the importance of documenting implementation (through process evaluation) in order to correctly interpret and attribute outcome findings to a particular programmatic intervention.
- Not only will this help explain between-hospital differences it will help better define those components that may contribute to outcome differences.