# In Hospital and Public Health Collaboration to improve exclusive breastfeeding rates: The BEST program

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#### **Presenter Disclosures**

Eric G. Walsh, MD, MPH

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

"No relationships to disclose"

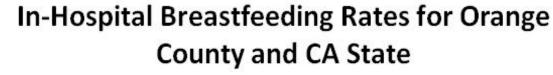


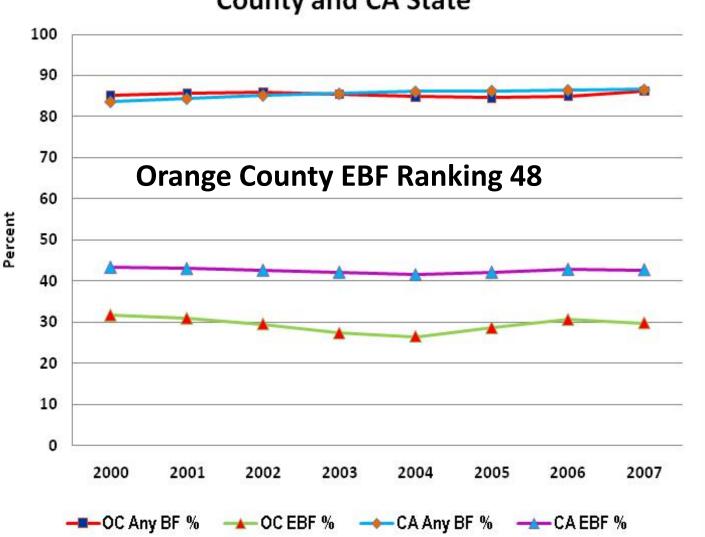
## **Evidence Based**

- ■Group education is the only effective form of prenatal intervention group education to be interactive.
- Professional breastfeeding support has a strong effect on breastfeeding success.
- •Hospital policies and procedures greatly affect the success of breastfeeding in mothers and babies.



## In-Hospital BF Initiation for OC

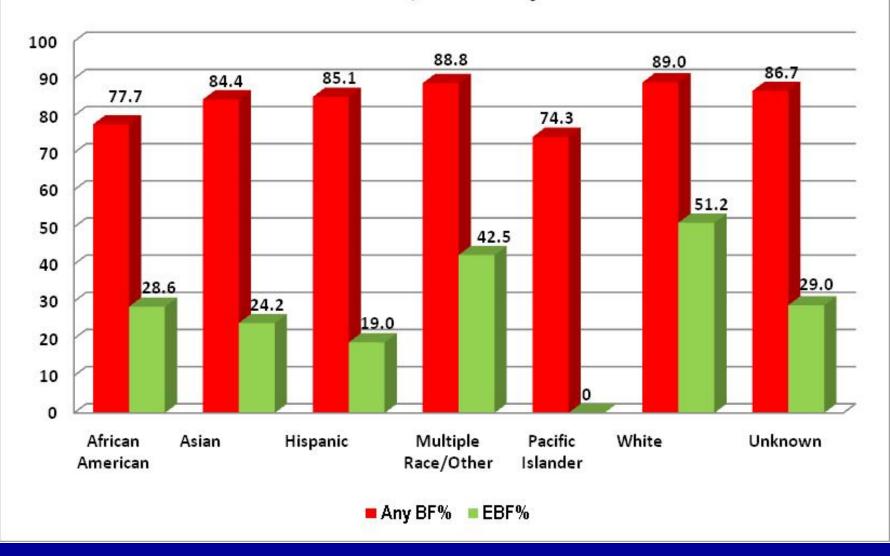




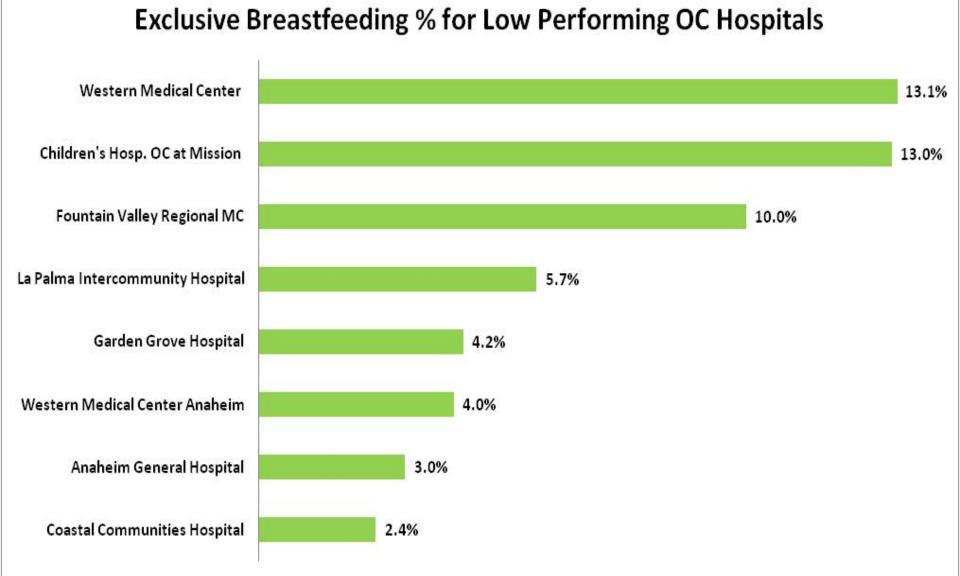
	Any Breastfeeding		
Year	Percent	Rank	
2000	85.1	38	
2001	85.6	37	
2002	86.0	38	
2003	85.4	38	
2004	84.8	42	
2005	84.6	43	
2006	85.0	43	
2007	86.2	na	

	Exclusive		
Year	Percent	Rank	
2000	31.7	49	
2001	30.9	48	
2002	29.5	48	
2003	27.3	51	
2004	26.5	52	
2005	28.6	49	
2006	30.6	48	
2007	29.8	na	

## Breastfeeding Percentages in Orange County by Race/Ethnicity



<sup>\*</sup>Percentage for Pacific Islander not reported due to low numbers



Source: California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence: 2007. California Dept of Public Health.

## **BEST- Breastfeeding Education Support Team**

- Collaborative between a community hospital and the OC Health Care Agency.
- BEST offers a coordinated continuum of breastfeeding support using public health and hospital nurses.
- BEST works with hospital administration to change policies and procedures to increase exclusive breastfeeding (EBF).

## Objectives of BEST

- Increase EBF rates at discharge from 0% to atleast 30%.
- In-hospital policy changes.
- Increase quality of care delivered to mothers and their babies – holistic, connected and continual support.

## **Design of BEST**

#### **BEST**

Breastfeeding
Excellence Support
Team

**OCHCA** 

**WIC** 

Prenatal Services

Visit
Obstetricians,
Educate Staff

Hospital: L&D,
Newborn
Nursing

Edu. Inhosp Nurses Post-partum: BF support

Family support of BF

## **Tools**

Model Hospital Policy Recommendations
developed by the California Dept of Public Health

- ➤ Model Hospital Policies Recommendation
- >Intrapartum Form
- Breastfeeding Intent
- ➤ Infant Feeding Worksheet

Goal of CDPH BF Toolkit: To assist hospitals and health care providers meet the national and state public health breastfeeding goals.

## **Policies**

- 1. Hospital promotes and supports breastfeeding.
- 2. Nurses, certified nurse midwives, physicians and other health professionals with expertise regarding the benefits and management of breastfeeding educate pregnant and postpartum women when the opportunity for education exists. For example: during prenatal classes, in clinical settings, and at discharge teaching.
- 3. The hospital encourages medical staff to perform a thorough breast exam on all pregnant women and to provide anticipatory guidance for conditions that could affect breastfeeding. Breastfeeding mothers have an assessment of the breast prior to discharge and receive anticipatory guidance regarding conditions that might affect breastfeeding.

Policies cont...

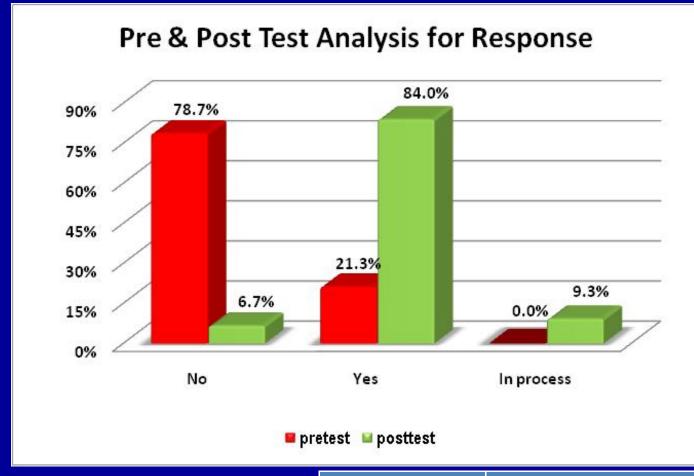
- 4. Hospital perinatal staff support the mother's choice to breastfeed and encourage exclusive breastfeeding for the first 6 months.
- 5. Nurses, certified nurse midwives, and physicians encourage new mothers to hold their newborns skin to skin during the first two hours following birth and as much as possible thereafter, unless contraindicated.
- 6. Mothers and their infants are assessed for effective breastfeeding and mothers are offered instruction in breastfeeding as needed.

## **Policies**

- 7. Artificial nipples and pacifiers are discouraged for healthy breastfeeding infants.
- 8. Sterile water, glucose water, and artificial milk are not given to a breastfeeding infant without the mother's informed consent and/or physician's specific order.
- 9. Mothers and infants are encouraged to remain together during the hospital stay.
- 10. At discharge, mothers are given information regarding community resources for breastfeeding support.



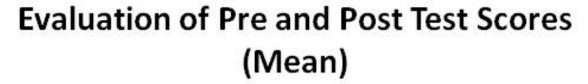
## **Policy Results – Model Hospital Breastfeeding Policies**

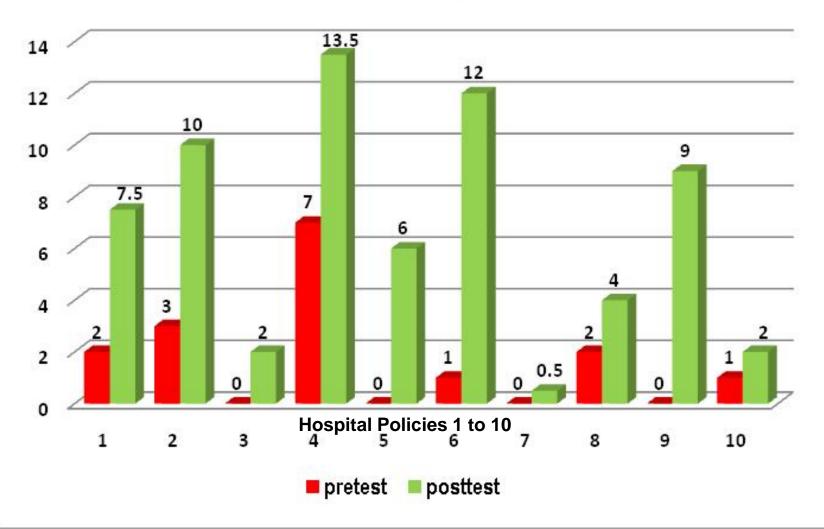


	Pre intervention	Post intervention	
No	59 (78.7%)	5 (6.7%)	
Yes	16 (21.3%)	63 (84%)	
In process	0 (0%)	7 (9.3%)	



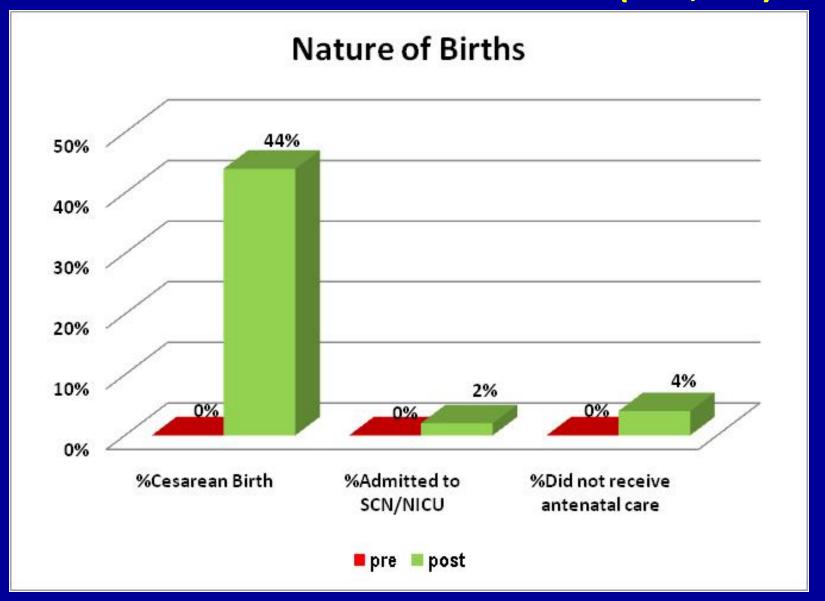
## **Policy Results – Model Hospital Breastfeeding Policies**







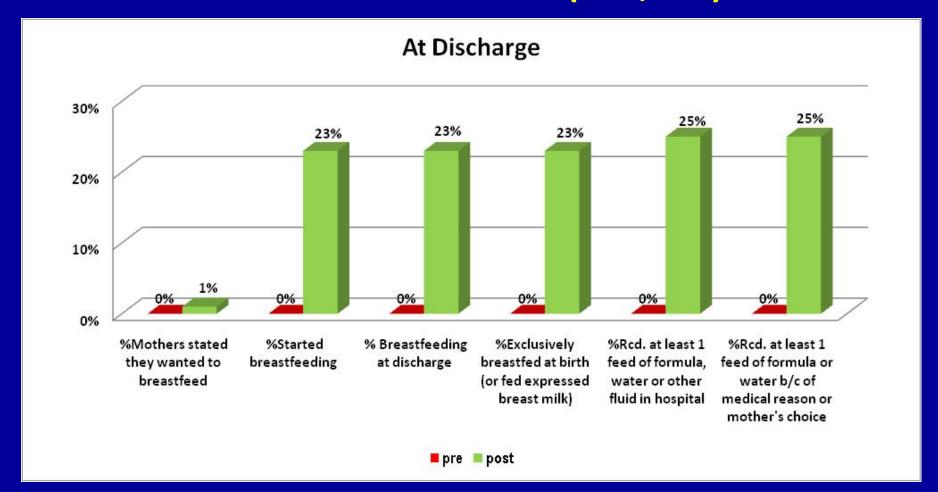
## Total Births in Calendar Year 2008 (n=2,194)



<sup>\*</sup>There was no documentation before BEST intervention. Data are from OB statistics of the hospital.

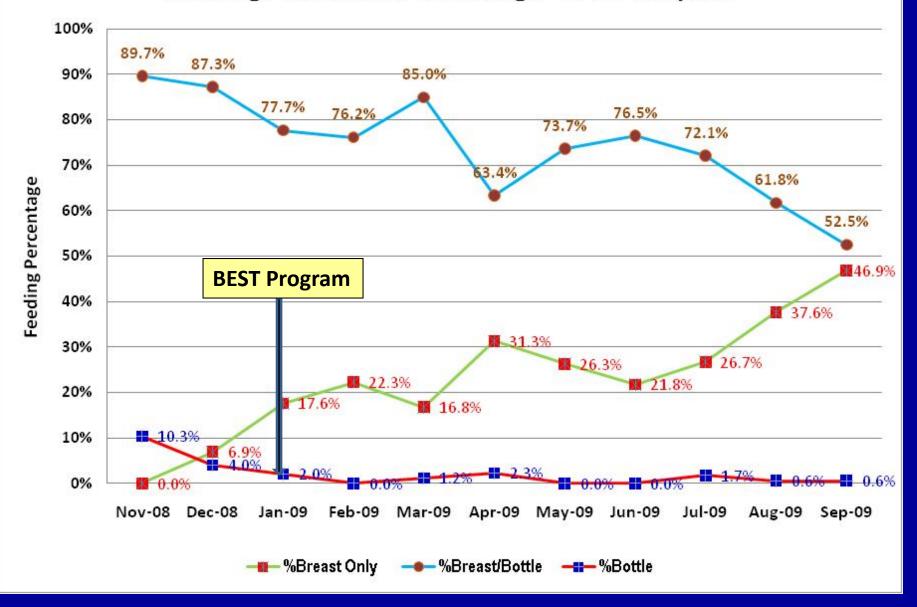


# Total Number of Babies Discharged in Calendar Year 2008 (n=2,148)



<sup>\*</sup>There was no documentation before BEST intervention. Data are from OB statistics of the hospital.

#### Feeding Practice in Percentage - BEST Hospital

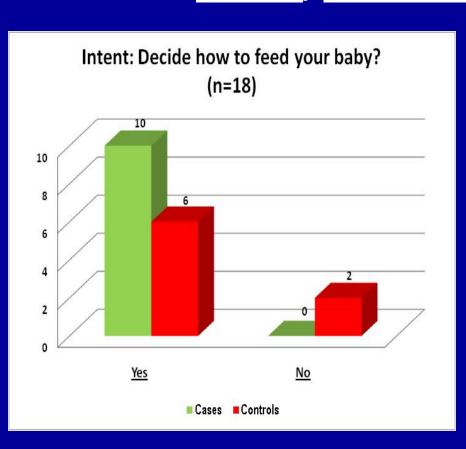




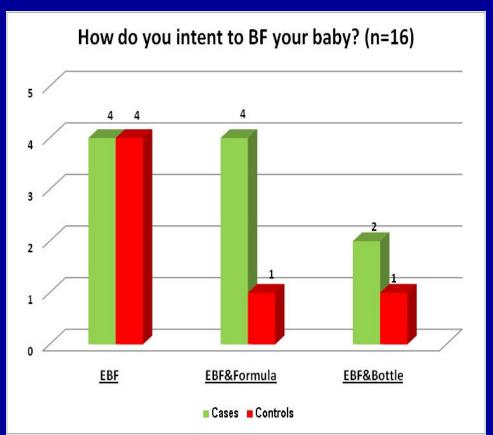
## Nurses Data – Pilot Study

N=18, Cases =10 and Controls =8

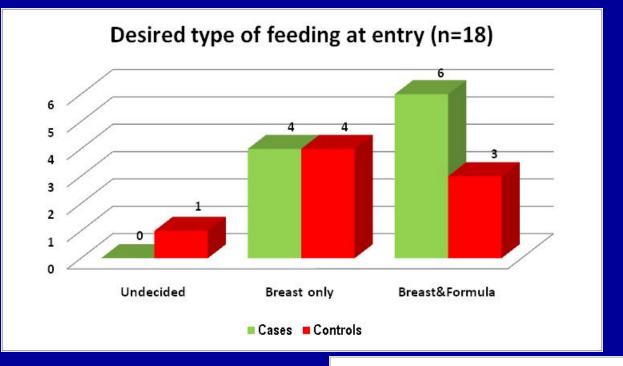
Data: Intent, Intrapartum and Infant Feeding



### If intent is Yes (n=16)

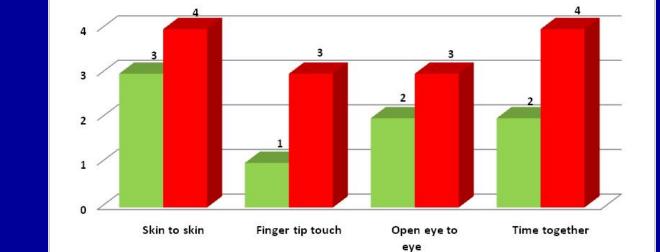


INTRAPARTUM	Cases (n=10)	Controls (n=8)
Mother's Age (mean)	26.9 yrs	25.3yrs
Race/Ethnicity Hispanic/Latino/Spanish	10	8
Smoking Status (No Smoking)	10	7
Type of Delivery *Vaginal *Cesarean	6 4	6 2
Gender of Baby *Male *Female	9	3 5
Gestational Week (mean)	39.63 weeks	39.68 weeks
Birth Weight (mean)	3372.4 grams	3418.4 grams
Pacifier Use *No	10	8
Latch assessment  *Yes  *No	9	8



\*Multiple response

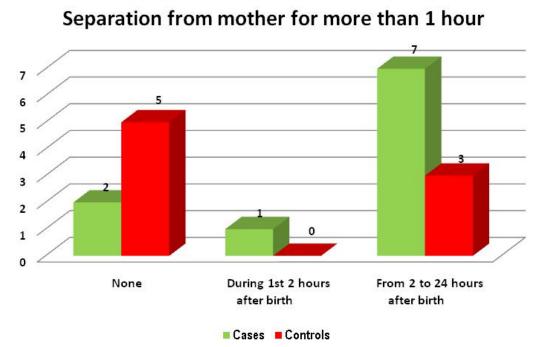
#### **INTRAPARTUM**



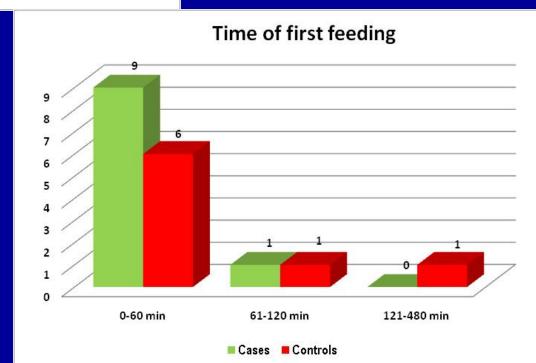
■ Cases ■ Control

At least 15min uninterrupted mother-baby attachment\* within the first 2 hours

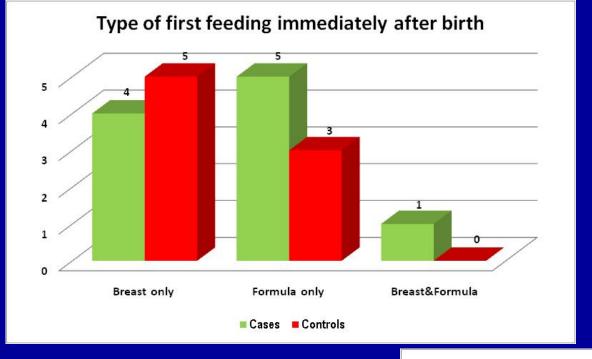
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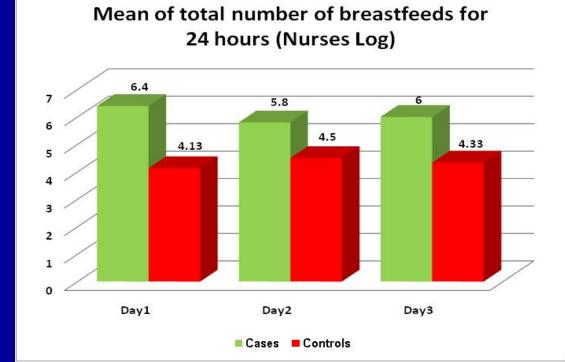


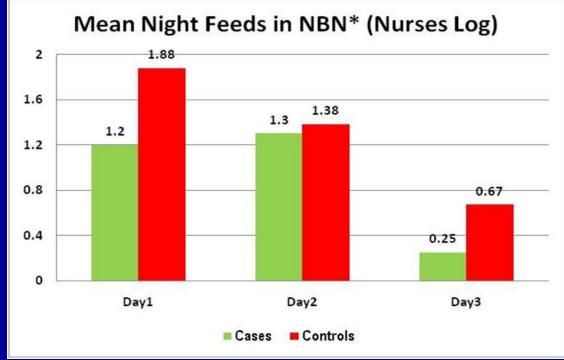
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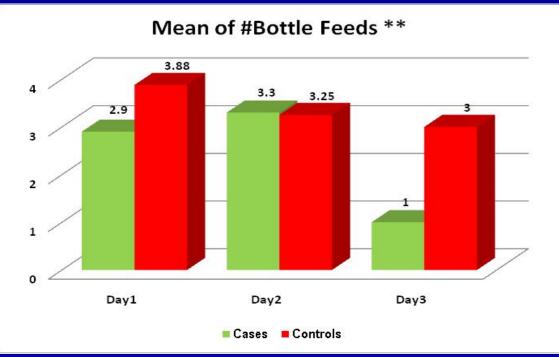


#### **INFANT FEEDING LOG**

\*NBN: Number of bottles feeds in nursery from 11pm to 7am

#### **INFANT FEEDING LOG**

\*\*No. of bottles feeds for 24 hours. Includes night feeds in NBN.



## Conclusion

- Exclusive Breastfeeding rate at discharge was 0%-2.4% until November of 2008. At that time maternal intent to EBF prenatally averaged about 20% prior to admission. Follow-up data in 2009 (Jan-Sep) showed one month post partum EBF average rate of 28%.
- Implementation of the BEST program so far has increased the EBF rates at discharge to 46.9% by Sep 2009.

## **THANK YOU!**



## References

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