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Exclusively Breastfed: What effect has the change in Joint Commission reporting had on breastfeeding policy and rates in NE Florida Hospitals?

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Presenter Disclosure

Katryne Lukens Bull, MPH

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

I have no relationships to disclose.

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Study Questions

- How did the 2010 change in JC reporting of “exclusively breastfed”
 - affect the breastfeeding rates of hospitals participating in the Northeast Florida Lactation Coalition.
 - change policies within hospitals to become more “Baby Friendly”
 - change policies within hospitals to improve “exclusively breastfed” rates

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New JC guidelines: Exclusively Breastfed

“a newborn receiving only natural breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.”

non-NICU babies without a contraindication to breastfeeding who were exclusively breast milk fed (denominator)

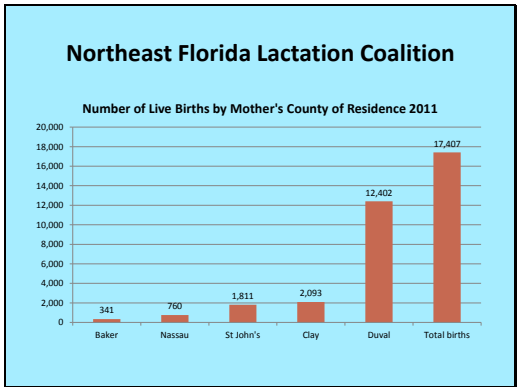
2010 by the United States Breastfeeding Committee. Cite as: United States Breastfeeding Committee. Implementing The Joint Commission Perinatal Care core measure on exclusive breast milk feeding. Washington, DC: United States Breastfeeding Committee; 2010.

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Why do we care?

- Prior to 2010 Hospitals over-reported their breastfed infants
 - Their numbers looked good so why change policy or practice?
 - Supplementation was normal
- Becoming Baby Friendly will support breastfeeding mothers/infants
 - Addressing unnecessary supplementation is one of the 10 steps


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Background

- NFLC (2005 – present)
 - Hospital based IBCLCs (n=11*)
 - Infants born
 - Infants breastfed
 - Infants formula fed
 - Infants formula/breastfed
- Monthly reporting
- NICU & WIC



**1 Hospital does not report

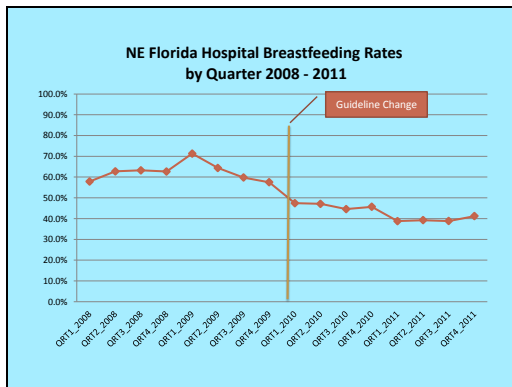
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Methods

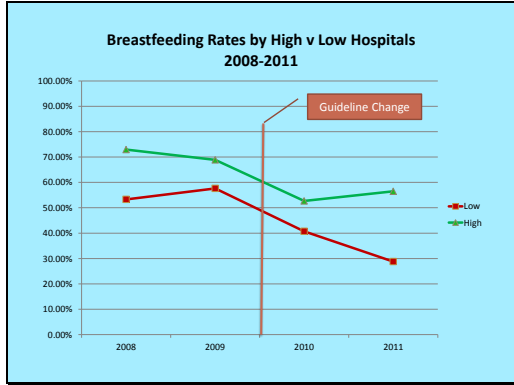
- Data from January 2008 – December 2009
 - Breastfed: infant was mostly breastfed at discharge and mom intended to breastfeed
 - Denominator: Babies born who were NOT NPO
- Data from January 2010 – December 2011
 - Breastfed: infant was exclusively breastfed and received nothing other than breast milk
 - Denominator: JC definition (excludes NICU, LOS >120 days, enrolled in a CT, documented reason)

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Mean Hospital Breastfeeding Rates Pre-/Post Guideline Change

Hospital	2008-09	2010-11	P-value
1	0.83	0.56	<0.0001*
2	0.52	0.37	<0.0001*
3	0.69	0.44	<0.0001*
4	0.60	0.44	<0.0001*
5	0.64	0.43	0.4455
6	0.40	0.27	<0.0001*
7	0.62	0.32	<0.0001*
8	0.72	0.64	0.0009*
9	.	0.75	n/a
10	0.58	0.37	<0.0001*

* Denotes statistically significant difference at p<0.05

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Mean Hospital Breastfeeding Rates Pre-/Post Guideline Change

2008-2009	2010-2011	Difference	P-value
0.6214	0.4602	0.1611	0.0193*

- 2010 JC change in reporting did significantly reduced the breastfeeding rates of hospitals participating in the NFLC.

* Denotes statistically significant difference at p<0.05

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Study Questions

- How did the 2010 change in JC reporting of “exclusively breastfed” change policies within hospitals
 - to become more “Baby Friendly”
 - to improve “exclusively breastfed” rates

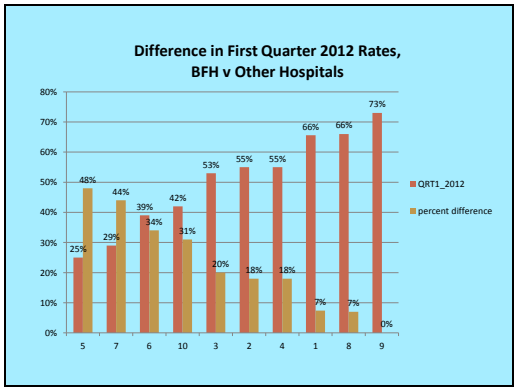
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2010 - 2012: Community Changes

- Push in community towards BFHI
 - Breastfeeding Collaborative
 - Hospital CEOs meet quarterly with the NFLC & UF Division of Community Pediatrics
- One Hospital became Baby Friendly (2011)
 - Use as the “gold standard”
 - Examine the “best case” scenario



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2012: Where are we now?

- How far towards “Baby Friendly” do the hospitals think they are?
- Have they made policy changes since January 2010 due to the JC guideline changes?
 - What have they done and has it been effective?



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BFHI 10 steps by Hospital & 2012 First Quarter Breastfeeding

ID	QRT1_2012	# of BF Steps
9	73.0%	10
8	66.0%	7
1	65.6%	6
4	55.0%	8
2	55.0%	9
3	53.0%	8
10	42.0%	9
6	39.0%	9
7	29.0%	7
5	25.0%	N/A

No relationship noted from self-reported implementation of steps and exclusive breastfeeding rates.

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BFHI 10 steps: Implementation

- 75% (6/8): most difficult step to implement
“Give newborn infants no food or drink others than breast milk, unless *medically* indicated.”
- 50% (4/8): difficulty in implementing
“Train all health care staff in skills necessary to implement this policy.”

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Joint Commission: Guideline Change and Hospital Policy Change

- Three hospitals reported the JC change did not change their policies or practices
- Five hospitals reported that the JC reporting change encouraged administrative support and changed nursing practice

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Joint Commission: Guideline Change and Hospital Policy Change

- Difference in the Breastfeeding Collaborative
 - CEOs did not want to report such low rates
 - Wake up call on supplementation
- Posting weekly breastfeeding rates by the nurses station
 - Providers taking supplementation “seriously”
- Banning bags from formula companies

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Conclusions

- “Pre” hospitals averaged 62% (83% - 40%) mostly breastfed infants on discharge
- “Post” hospitals averaged 46% (75%-27%) exclusively breastfed infants on discharge
- This represented a 16.1% change
 - infants would have been reported as breastfed
 - infants that were supplemented

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Conclusions

- 100 % of hospitals achieving high rates of “mostly” breastfed achieved the higher rates of exclusively breastfed

- Rates have increased by 5-8% per month post JC change
 - still an overall decrease “Pre” vs. 2012

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Limitations

- Not all hospitals reported (10/11)
- Incomplete/Missing data
- Demographic variation between hospitals
- Weighting of the data (# of births per hospital)
- Effect of policy changes still to be seen

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Thank you!

- Northeast Florida Lactation Coalition
 - <http://neflbreastfeeding.org>
 - Members and Hospitals
 - IBCLCs in the community
 - County Health Department WIC offices/staff
- University of Florida
- University of North Florida
- Duval County Health Department
