

ROCHESTER GENERAL HOSPITAL



Rochester General Hospital System

The TWIG Birthing Center (~2500 deliveries/year)

The Women's Center (~30% of deliveries; ~800 births/year)

- Obstetrical outpatient center caring for primarily urban, poor, minority women

Rochester General Pediatric Associates (RGPA)

- >25,000 visits per year
- Teaching practice caring for urban, poor, minority population of children

Breastfeeding Committee

- Established 1990's with representation from inpatient mom-baby/L&D, special care nursery, the women's center and RGPA

Recent Opportunities

- NYS BQIH
- Community Based Breastfeeding Promotion Partnership
- Motivational Interviewing project to promote breastfeeding

At Rochester General Hospital,
we're "Baby Friendly!"

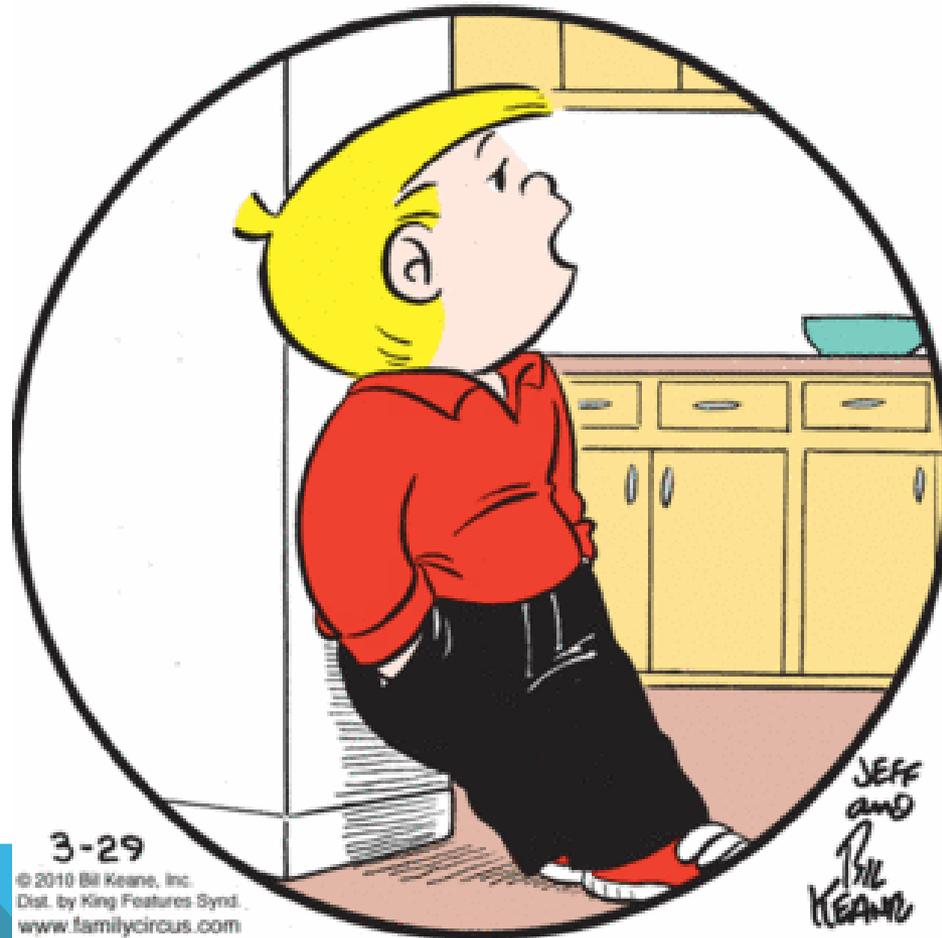


The TWIG Family Birthing Center at RGH is one of only 34 hospitals in the United States that has attained "Baby Friendly" designation. So, what does that mean? The Baby Friendly Initiative demonstrated our commitment to provide an optimal environment for breastfeeding mothers. The designation was created by the experts at the World Health Organization/UNICEF and recognizes hospitals and maternity centers meeting the criterion for this program.

**ROCHESTER
GENERAL
HOSPITAL**
HOME OF THE
TWIG Birthing Center

For help in finding a physician or for information on maternity care at Rochester General, contact 922-LINK (5465).

- *Intent to become Baby Friendly in 1991*
- *1997 US process established*
- *Designated Baby Friendly in March 2000*
 - *24th Hospital in US*
 - *First Hospital in NYS*
- *Re-designated in 2007*
- *Upcoming assessment in 2012*



3-29

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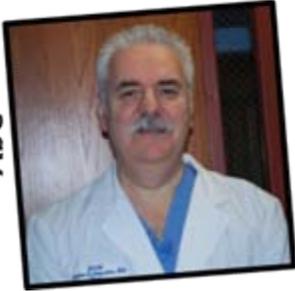
**“Mommy, when am I gonna reach
my full potential?”**

Rochester General Hospital

1. Skin to skin and keeping babies with mothers (rooming-in)
2. Hand offs from Rochester General Hospital in patient and outpatient settings to existing community supports

INPATIENT BREASTFEEDING QUALITY IMPROVEMENT TEAM

Abe



Mary Beth



Cindy



TEAM MEMBERS:

SUSAN COSTANZA, RN IBCLC
DIANA DRAKE, RNC
WENDY DWYER, MD FACOG
CYNTHIA HOWARD, MD MPH
ABRAHAM LICHTMACHER, MD FACOG
DOROTHY MILFORD, RN
SUZANNE MULLIN, MD
MARY BETH STEIN, RN



Sue

Diana



Suzie



Wendy



Dorothy



LEADERSHIP

Cynthia Howard, Director of Newborn Nursery

- Spearheads the breastfeeding initiative at our institution
- Provides credibility through her past and present involvement in breastfeeding initiatives

Abraham Lichtmacher, Chief of Obstetrics and Gynecology

- Shares changes and communicates initiative's efforts at the monthly business meeting
- Consistently offers and provides support to the initiative

Mary Beth Stein, Nurse Manager , The Women's Care Unit

- Champions breastfeeding collaborative at the corporate level
- Forefronts the message at the staff level

Susan Costanza, Lactation Coordinator

- Collects and analyzes the data
- Develops resource materials and educates staff regarding changes

Dorothy Milford, Clinical Resource Nurse

- Coordinates the initiatives efforts
- Collects, analyzes, and reports monthly data

Diana Drake, Clinical Resource Nurse

- Validates and supports practices as evidence based according to institutions protocol

Wendy Dwyer, MD

- Champion to Obstetrical providers

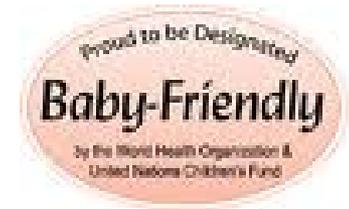
Suzanne Mullin, MD

- Champion to Pediatric providers

*** Monthly data is shared at department and staff meetings**



AIM STATEMENTS



BQIH COLLABORATIVE AIM STATEMENT

1. Increase breastfeeding, especially exclusive breastfeeding
2. Improve hospital breastfeeding policies, practices, and systems so they are consistent with NYS hospital regulations and laws and recommended best practices
3. Increase staff skills and knowledge of breastfeeding and lactation support through training and technical assistance
4. Empower, educate and better support new mothers to successfully breastfeed their newborn infants
5. Change the culture and social norm relative to breastfeeding

RGH AIM STATEMENT

1. Our goal is to:
 - Increase initiation from 72% to 80%
 - Increase exclusivity from 52% to 65%
 - Increase duration at 3 months to 67%
2. Recently revised our policies to reflect NYS best practices
3. Increase proportion of nurses on all shifts with enhanced breastfeeding training
4. Maintain Baby Friendly designation
5. Increase staff, provider, and patient awareness of skin to skin benefits

1. Use skin to skin for as much as possible and keep babies with their mothers
2. Improve our handoff to other providers

REBIRTH OF SKIN TO SKIN AT RGH

Communication

Presentation by pediatrics at OB business meeting
(short, evidenced based)

Re-education of staff on mother baby; education of patients

Documentation changes

Track where baby is on unit (goal of > 18 hours of rooming in)
Document at delivery on medical record; written into protocols

Selection of nurses to champion practice

Leadership by example

OB Chief recommended infant placed skin to skin, providing excellent educational opportunity for residents and midlevel provider

Encouraging and garnering provider support by keeping breastfeeding initiative in the forefront



BF Newsletter



What's new with breastfeeding on our unit...

Yippeel! The 4th and final breastfeeding competency is done for 2010 and these posters are on both 3800 and 3000 units. Please read, complete and submit post-test to lactation. (tests in education box)



Based on our recent data collection we have noticed improvements in several areas: 1. Our skin to skin for both vaginal and C/S rates are up (don't forget to document on the nutritional tool) along with earlier BF initiation 2. Monday exclusivity rates (post-weekend assistance) have been awesome. Of course, there is always room for improvement.

"Best Practice Recommendations for the 1st 24 hrs"

- Help all mothers initiate breastfeeding within the 1st hour (2hrs for C/S)
- Promote skin to skin contact as much as possible, especially for temp stability
- Promote rooming-in throughout the hospital stay- (18hrs out of 24hrs)
- Teach feeding cues (mouthing, rooting) to mother and her support network
- Instruct mother to offer the breast every 1-3hrs as baby shows feeding cues
- Promote frequent suckling and milk removal to aid in milk production
- Milk production begins following the delivery of the placenta. It takes 3-5 days before the breast feels heavy with milk

AVOID STATEMENTS such as "You're starving your baby" or "You don't have enough milk for this baby". Be aware that WHAT YOU SAY to a mother and HOW YOU SAY IT may undermine her confidence in her ability to provide adequate nutrition for her infant- USE POSITIVE AND SUPPORTIVE LANGUAGE AND BODY LANGUAGE!! Some positive comments would be: "Look how well the baby is swallowing", Looking at the 7day log- "wow! Baby has exceeded in the amount of wets and poops that you normally see".

Thanks for all your support and "thumbs up" to all you champions!!!

Prenatal Education

Repeat Important Information



Discuss rooming-in as regular part of prenatal education

Discuss again in BF class

What to expect in the hospital

- Skin to skin after delivery
- Baby with mom unless medically contraindicated
- Help is available; Ask for help!!
 - Position and Latch

Provide written materials/put on your website

Tour of unit

- Show expectant families an empty nursery



Hospital Based Prenatal Classes

Repeat Important Information



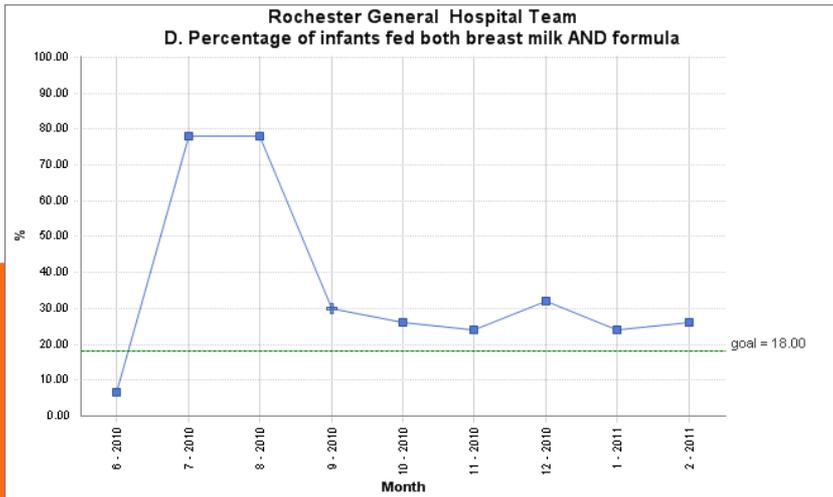
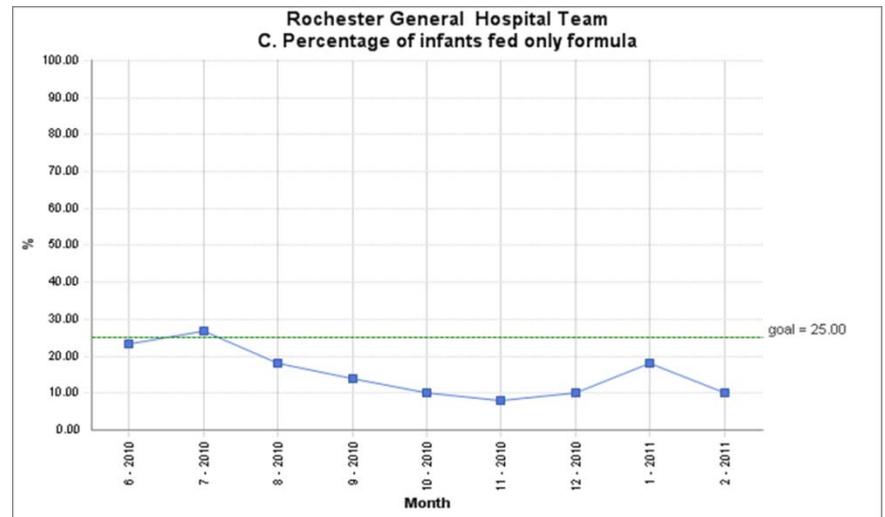
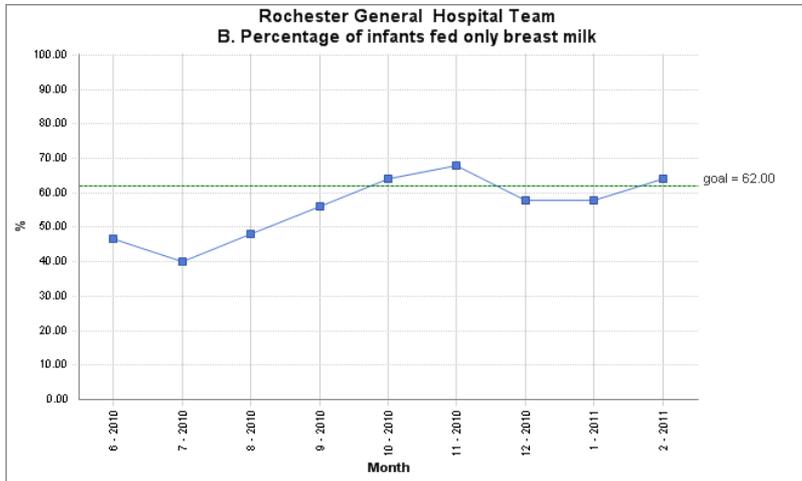
What to expect in the hospital

- Skin to skin after delivery
- Baby with mom unless medically contraindicated
 - Why rooming in is important for baby
- What about C-sections?
 - Skin to skin and early BF in recovery
 - Encourage support person to stay with mother
 - Cots available in every room, meals for support person

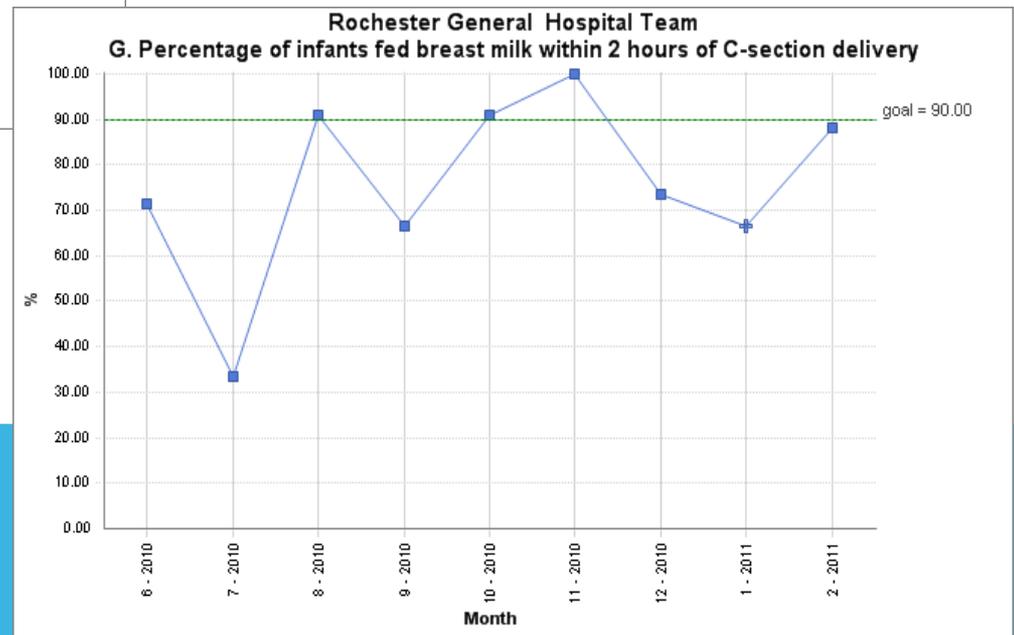
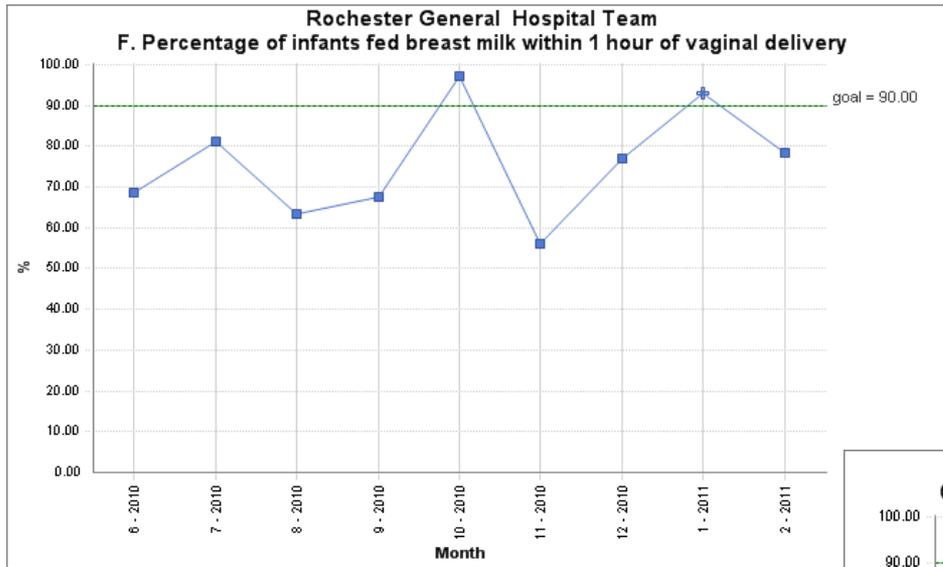
Skin to Skin for Crying/Rewarming/Infant Pain Relief and for Breastfeeding Promotion



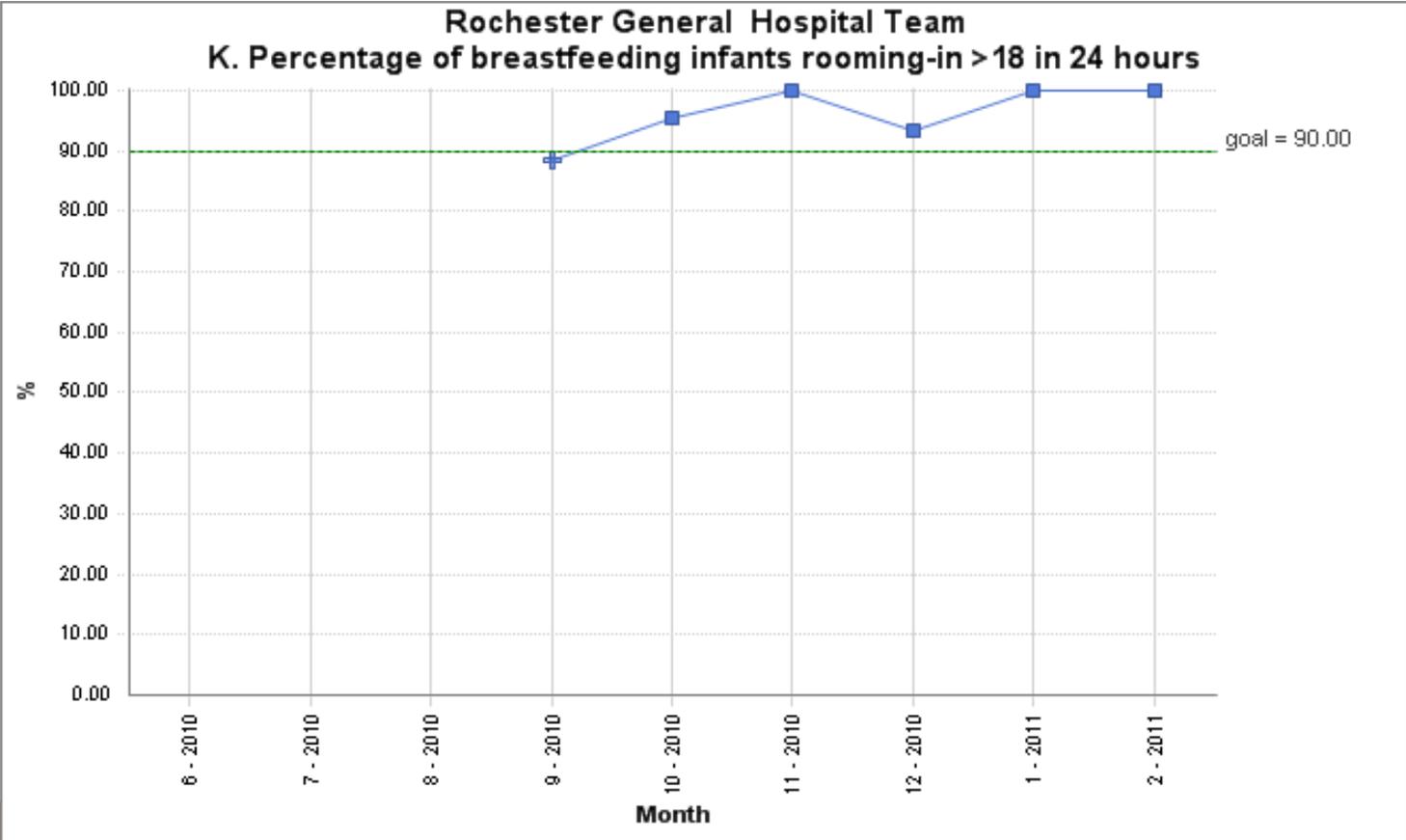
OUR MOST CURRENT DATA



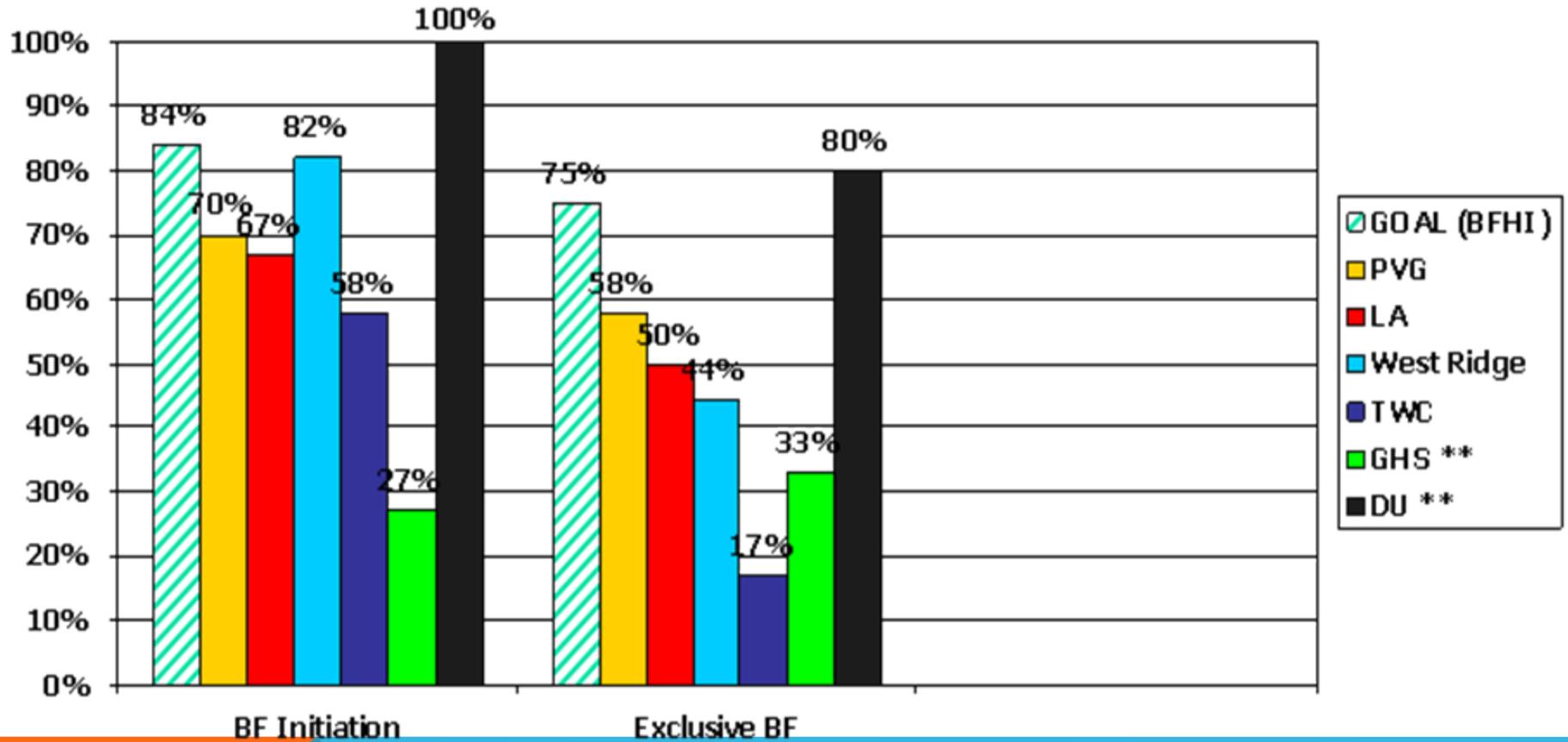
BREASTFEEDING INITIATION



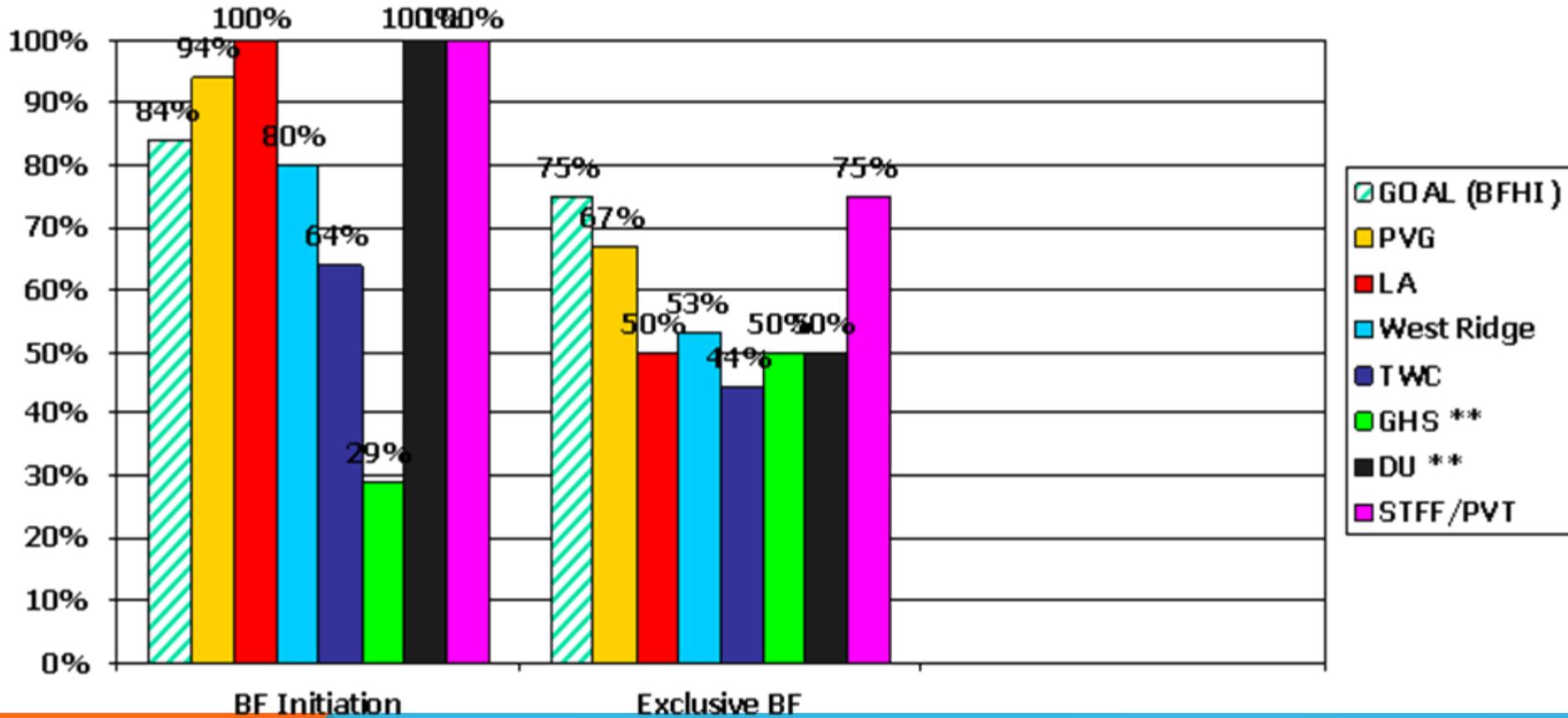
ROOMING IN



DECEMBER 2009 DATA SUMMARY



FEBRUARY 2011 DATA SUMMARY



Step 10: Refer Breastfeeding Women to Community Supports

TWO NEW INITIATIVES

Rochester General Pediatric Associates Lactation Program

WIC Peer Counselor Program



Step 10: Refer to Community Supports

WIC Peer Counseling Program

- Expanded program in Rochester
- Facilitated process to encourage OB and postpartum Pediatric referrals
 - MI tool for OBs
 - Provider referrals faxed to WIC
- Daily Rounds on postpartum unit



Goals of RGPA Lactation Program

Bridge the gap by facilitating referrals to community based programs

- WIC Breastfeeding Peer Counselor Program

Provide collaborative and continuous care to support the breastfeeding dyad after their hospital stay

On site lactation consultation service

- 1 IBCLC (International Board Certified Lactation Consultant)
- 2 CLC's (Certified Lactation Counselors)
- 4 on site pediatricians with specific interest in providing back-up

Referrals made by:

- LC from Mother Baby Unit
- Providers at RGPA
- Patient request

Providing education to providers and residents

Increase exclusivity and duration rates of breastfeeding amongst our low socioeconomic status population

- Breastfeeding dyad portrait at RGPA
- Dedicated Lactation Consultant position
- Motivational Interviewing Tool

Motivational Interviewing

Motivational interviewing- a directive, patient-centered counseling style that enhances motivation for change by helping the patient clarify and resolve ambivalence about behavior change and create conditions for the change to occur

Directive- Provider controls the process and seeks to accomplish specific goals

Patient-centered- Patient talks about her concerns and makes her own plans for change



Obstetrical Tool: Motivational Interviewing



- Intake Exam
- 20 Week Visit
- 35-36 Week Visit

Patient Name: _____
 Provider Name: _____
 Date: ___/___/___

Checklist: Encouraging your patients to breastfeed (1-3 Minutes)

1 Ask: *Have you thought about how you are going to feed your baby?*

- | | | |
|--|---|--|
| <input type="checkbox"/> Breastfeed only (no formula) ~ <i>That's great!</i> | <input type="checkbox"/> Both breastfeed and formula ~ or ~ Undecided | <input type="checkbox"/> Formula feed only |
|--|---|--|

2 Advise: *As your doctor, I strongly advise you to breastfeed your baby. Breast milk is the ONLY food your baby needs for the first six months.*

Personalize your advice.
 For more information, see "Encouraging Your Patients to Breastfeed" (laminated sheet).

<p><u>Why should you breastfeed?</u> You will have:</p> <ul style="list-style-type: none"> - better bonding with your baby - lower risk of breast and ovarian cancer - less bleeding after delivery - lose pregnancy weight quickly - lower risk of type II diabetes 	<p><u>Why is formula-feeding risky?</u> Your baby has a higher risk of:</p> <ul style="list-style-type: none"> - dying of SIDS (crib death) - developing asthma or allergies - being overweight or obese - developing diabetes - getting sick more often with ear infections, colds, pneumonia, diarrhea
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3 Assist: *Most women can successfully breastfeed and I believe you can too. I would like you to make an informed decision.*

<p><i>Here is some information on breastfeeding to get you started and some resources for support.</i></p> <ul style="list-style-type: none"> - Give appropriate materials - Fax to WIC breastfeeding peer counseling* program <p><input type="checkbox"/> faxed ___/___/___</p>	<p><i>I'd like you to think about only breastfeeding your baby. Here is some information about why it is so important for both you and your baby.</i></p> <ul style="list-style-type: none"> - Give appropriate materials - Fax to WIC breastfeeding peer counseling* program <p><input type="checkbox"/> faxed ___/___/___</p>	<p><i>I'd like you to think more about your decision. Here is some information about why breastfeeding is so important for both you and your baby.</i></p> <ul style="list-style-type: none"> - Give appropriate materials - Follow-up at next visit
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*A Peer Counselor is a woman similar to you who has successfully breastfed her baby.

Notes:

Finding Support for Policies: www.bfmed.org



Academy of Breastfeeding Medicine

- Multi-specialty Physician Organization
- 23 Peer reviewed clinical protocols
- Available in *Breastfeeding Medicine*, on ABM website and on National Guidelines Clearinghouse
- Updated every 5 years
- Topics include
 - Hypoglycemia
 - Model Hospital Policy
 - Maternal Analgesia and Anesthesia
 - Infant Pain
 - Jaundice in BF Infant
 - Maternal Depression
 - Contraception

Limiting Supplementation

BREASTFEEDING MEDICINE
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DOI: 10.1089/bfm.2009.9991

ABM Protocol

ABM Clinical Protocol #3: Hospital Guidelines for the Use of Supplementary Feedings in the Healthy Term Breastfed Neonate, Revised 2009

The Academy of Breastfeeding Medicine Protocol Committee

A central goal of The Academy of Breastfeeding Medicine is the development of clinical protocols for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient.

What Have We Learned?

The screenshot shows a Windows Internet Explorer browser window. The address bar contains the URL: <http://www.theonion.com/articles/intensive-five-year-study-finds-five-years-a-longas,1548/>. The browser title is "Intensive Five-Year Study Finds Five Years A Long-Ass Time | The Onion - America's Finest News". The page features a navigation menu with categories: Home, Video, TV, Sports, Radio, Opinion, Politics, Local, Economy, Sci/Tech, Entertainment, and Archive. A banner at the top right promotes a series premiere on April 1, Fridays at 10PM. Below the navigation menu, there are several featured articles: "PHOTO FINISH Car Blake Griffin Dunked Over Exacts Bloody Revenge", "NEWS IN PHOTOS Millionaire Pays For Breast Implants For Rolls Royce Hood Ornament", "HOROSCOPE It's important, as Kipling said, to treat triumph and disaster both the same, but it seems all you ever get are mild satisfaction and vague disappointment.", and "STATSHOT Popular New Cuisine Trends". The main article is titled "Intensive Five-Year Study Finds Five Years A Long-Ass Time" and is dated June 24, 1998. The text of the article reads: "PRINCETON, NJ—Princeton University researchers who undertook a five-year study to determine the effects of prolonged dichlorobenzene exposure on children concluded Monday that five years is 'one seriously long-ass time.' 'In June 1993, we began this study in an effort to find a link between artificially high levels of environmental dichlorobenzene and an assortment of birth defects and childhood ailments,' team leader Dr. Darren Bellisle said. 'What we wound up discovering is that five years is too damn long to spend on some stupid study.' Among the other notable findings in the 350-page report: that none of the researchers would ever have those years back again; that many of the researchers' friends had established lucrative private-sector careers, gotten married and started families; and that extreme irritability, nausea, vomiting and loss of appetite would result if any of the". To the right of the article text is an "ARTICLE TOOLS" sidebar with options for Email, Print, and Share. Below that is a "RELATED ARTICLES" section with a link to "New Nietzschean Diet Lets". On the far right, there is a large image of three people from the TV show "Mean Girls" (Lacey Chabert, Ben Feldman, and Rachel McAdams).

Intensive Five-Year Study Finds Five Years A Long-Ass Time | The Onion - America's Finest News - Windows Internet Explorer pro

http://www.theonion.com/articles/intensive-five-year-study-finds-five-years-a-longas,1548/

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HOROSCOPE
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STATSHOT
Popular New Cuisine Trends

NEWS

Intensive Five-Year Study Finds Five Years A Long-Ass Time

JUNE 24, 1998 | ISSUE 33-24

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New Nietzschean Diet Lets



BREASTFEEDING

It Rocks!