

Insights

Supporting Breastfeeding Across A Hospital System

Changing a habit is not easy, even when you know it is “good for you.” The same goes for changing healthcare systems.

The benefits of breastfeeding are well known, and supported by the World Health Organization, the Joint Commission, and many other healthcare accreditation and oversight agencies and experts. However, many hospitals struggle to create environments that support mothers who choose to breastfeed.

In Texas, NICHQ is using a learning collaborative approach to help hospitals and birthing centers change their practices so that they can better support mothers who choose to breastfeed. The [Texas Ten Step Star Achiever Breastfeeding Learning Collaborative](#), which is a complementary program to the state’s Texas Ten Step Program, started in 2012 and is in its third and final round of hospital groupings (known as cohorts). Hospitals participating in this third cohort, which belong to a health system, are finding big benefits from the guidance their hospital system predecessors are providing.

“I had been a labor and delivery nurse for 27 years. I knew first-hand the benefits of breastfeeding and saw that mothers wanted to breastfeed, but needed more support,” says Dolly Dickson, MHA, BSN, RN, Manager-Women’s Services at CHRISTUS Spohn Hospital Alice. “I completed our facility’s application to Texas Ten Step in late fall 2013. Currently we are pending designation. We continue to work on implementing the Ten Steps, but now we have more resources, including the NICHQ collaborative and most recently, a mentor.”

Stacie Jones, RNC, BSN, IBCLC, is the lead lactation consultant at CHRISTUS Southeast Texas-St. Elizabeth and was team lead when the hospitals participated in the second cohort of the Texas Breastfeeding Learning Collaborative. Jones is now a mentor to three other CHRISTUS hospitals participating in the third cohort, and is using her experience to help these hospitals spread breastfeeding support further across the CHRISTUS system.

“Stacie’s help is tremendous,” says Rebecca Barr, RN, BSN, nurse manager of the newborn nursery and neonatal intensive care unit (NICU) at CHRISTUS St. Michael Health System. “She has already helped us update policies, or has just given us what she has already done, so we don’t have to recreate the wheel. There are many challenges and changes every day. To have a

mentor you can call anytime to help make your goals a reality is priceless.”

Dickson adds, “Stacie just shared with us her system policies, protocols and flow sheets. It is incredibly helpful.”

One benefit to making changes system-wide is that changes can be made to policies and procedures that affect the whole system. Changes can even be made to the electronic medical record screens. The latter helps data collection and reporting and also helps to remind staff of the steps to take as they implement evidence-based care into their longstanding routines. In addition, hospitals are able to share information and consult with each other as they have the same goals.

“As a system, we have gone from competitive to collaborative, thus implementing these practice changes as a team has been very successful and rewarding,” says Jones. “Our sister hospitals are facing some of the same challenges we have already overcome. It makes sense to share what strategies were effective and successful in our journey through the Ten Steps to Successful Breastfeeding.”

It takes time and perseverance to change a culture. However, the following are some “quick wins” and other advice for making system change from collaborative participants:

- Formulate a strong, passionate team which is willing to step out and create change among resistance
- Discuss the Joint Commission’s Perinatal Core Measure on Exclusive Breastfeeding with your CEO. Meeting this measure results in increased reimbursement.
- Find someone who has “been there, done that.” Don’t reinvent the wheel.
- Show staff members the evidence. Put up posters in all patient care areas promoting the Ten Steps. Use the tools that your state’s initiative can give you.
- Review goals and improvement plans with management first—the CNO and department managers. Then focus on staff training.
- Start a conversation with your obstetricians about including breastfeeding education in their prenatal visits. Your state may have a toolkit to give to patients. Have an educator talk to patients about breastfeeding during their prenatal visits.
- Discuss the American Academy of Pediatrics’ policy on breastfeeding with your pediatricians. If their governing body is on board, it helps get physicians on board.
- Have a distinct goal/aim and keep monthly data to monitor and share improvement (wins) with staff and management.
- Persevere! Take it one win at a time and be proud of the steps you have already made.

Mentorship is a part of a collaborative approach that helps systems change. It may still be hard work, but it is worth the effort.

“Before I had the support of the Texas Ten Step program and NICHQ’s collaborative, I was the only one trying to encourage more breastfeeding in my hospital,” remembers Liza Naranjo, BSN, RN, IBCLC, a lactation consultant and Women’s Services Patient Educator at Texas’ CHRISTUS Spohn South Hospital. “But, you can’t do this alone and be successful. Support from other CHRISTUS hospitals, especially ones that have already been through this process, is critical.”