

Insights

Being Small Has Advantages for Hospitals Implementing the Ten Steps

Turns out, size may not matter. Small rural hospitals in New York State are experiencing as much, if not more, success in implementing evidenced-based practices to improve maternity care practices as their bigger suburban and urban counterparts.

United Memorial Medical Center in Batavia, NY, is one of 13 hospitals participating with NICHQ in the New York State Breastfeeding Quality Improvement in Hospitals ([NYS BQIH](#)) Learning Collaborative. The goal of the collaborative is to increase exclusive breastfeeding rates and the duration of any breastfeeding among new mothers by improving hospital-based maternity care practices. With about 650 births a year, United Memorial doesn't get as many opportunities to implement changes in maternity care practices as larger hospitals in the collaborative. But it's not all about size, according to improvement team leader Linda Stoiber, RN, BSN, ICBLC.

"Our small size fosters a positive and highly engaged team with fewer communication and process barriers," says Stoiber. "It's much easier to have questions answered timely and leadership is very accessible. There are fewer people to train and to get onboard with the changes we're implementing."

United Memorial's maternity staff is about 20 people, including one lactation consultant and one lactation counselor. As with all NYS BQIH hospitals, the improvement team had to make the case for change and find a few innovators who were willing to try some new ideas and then champion their experience. Some of those changes included equipping obstetricians with information to talk with pregnant women about breastfeeding prior to labor, having babies room-in with the mothers instead of going to a nursery, and ensuring babies go skin-to-skin with the mother immediately after birth.

"Before the collaborative, skin-to-skin contact hardly ever happened," said Stoiber. "Now everyone knows they have to keep the baby with the mother for the first three to four hours. They don't go from the obstetrician's hands to the scale anymore. They go straight to mom. That was a 360 degree turnaround. It took us a couple months of iterating on PDSA cycles to get there." [PDSA cycles are an improvement tool that encourages small, incremental tests of change.]

Another advantage for small or rural hospitals is their close connection to the community.

“Because we live in the community, we work, we shop, we have family members that deliver here, friends, staff—we see these new moms shopping and can ask them how they are doing,” says Stoiber. “We routinely have 12 to 18 breastfeeding mothers join us every week at our Breastfeeding and Beyond Baby Café.”

Adirondack Medical Center in Saranac Lake, NY, is even smaller, averaging 175 births per year—one of the lowest of all hospitals participating in NYS BQIH. Their size has benefitted them too. Quality improvement team leader Geraldine Peckham, IBCLC, says a 10 person staff has simplified the change process.

“All staff members are involved,” says Peckham. “When they see policies are changing and they are a part of making those policies, they are more likely to be on the same page.”

One challenge of having so few births at Adirondack is that it has been hard to get a new mothers support group going, especially to support mothers who go back to work soon after delivery and need encouragement to continue breastfeeding or supplementing instead of quitting. To overcome that challenge, hospital staff make sure to follow-up with all of their new mothers once they are home.

“It’s rewarding knowing we’re helping to improve health outcomes for mothers and babies,” says Peckham. “Big or small, that’s the best reason for a hospital to join [a collaborative].”