

## Insights

# Quality Improvement Initiative Brings National Changes to Breastfeeding Support



The NICHQ-led [Best Fed Beginnings](#) initiative has made it possible for 218,000 more babies to be born in Baby-Friendly hospitals every year. This means that more moms receive breastfeeding education and support that adhere to “[Baby-Friendly](#)” criteria for care. Thus, families are empowered to make better-educated decisions about breastfeeding and follow-through on them all across the country.

However, creating that support meant hospitals had to make changes to their current practices and approaches, and quality improvement method were the key.

“Quality improvement methodology is so effective at enabling organizations to identify how to bring evidence-based practices into their settings,” says NICHQ Senior Director of Perinatal Projects Jennifer Ustianov, MS, BSN, RN, IBCLC. “Starting with small steps of changes and continuously testing change ideas really empowered hospital staff. They learned what worked and what didn’t work. With focus and tenacity they demonstrated that gaps in evidence-based practice could be addressed even in a busy unit and during a hectic week.”

To ensure that 89 hospitals focused on driving specific improvements and meeting clear

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measures for success, the initiative placed a strong focus on collaborative learning. Hospitals were encouraged to share resources and change ideas with each other, allowing them to test and adapt suggestions from peers to address specific barriers. Sharing and collaborating also happened within hospitals between key stakeholders like patient-facing healthcare providers and executive-level leaders.

“Collaborative learning and sharing between hospital personnel, guided by experts assembled by NICHQ, accelerated the rate of change and enabled more safety and efficiency in the change process,” says Lori Feldman-Winter, MD, MPH, the faculty chair for Best Fed Beginnings.

Join Lori Feldman-Winter and Jennifer Ustianov for a webinar about their recent *Pediatrics* journal article: "Best Fed Beginnings: A Nationwide Quality Improvement Initiative to Increase Breastfeeding." They will share insights and analysis on the initiative's major achievements and answer attendees questions.

**August 2, 2017**

**noon to 1 p.m. EST**

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Collaboration was essential because of the complex challenges for creating better breastfeeding support. For instance, engrained [cultural perceptions about rooming-in](#) (the idea that mom and baby stay together 23-hours a day) and nursery usage sit at odds with Baby-Friendly USA's [Ten Steps to Successful Breastfeeding](#). Confronting patient expectations with education and ensuring that hospitals adhered to Baby-Friendly's USA criteria meant working across levels to create a new culture in each hospital.

“Each hospital was responsible for the cultural changes necessary for adoption of the Ten Steps. Leadership engagement and learning was necessary to keep the momentum going and overcome barriers and resistance,” says Feldman-Winter.

### **Moving Systems with Leadership**

Because each individual hospital was empowered to address their internal and patient culture, leadership support was crucial to success. To move tests of change forward and ensure that they led to sustainable improvements to breastfeeding systems, hospital leaders had to be eager participants and guide their teams throughout the initiative.

This is a hallmark of successful QI work. Engaged leadership demonstrates to staff a willingness to change. This leads to organizational buy-in, which keeps staff motivated to move forward. Because leadership engagement was part of the criteria for Best Fed Beginnings participation, the hospitals were already eager for change to create better breastfeeding care.

Their enthusiasm led to 72 of the 89 hospitals achieving Baby-Friendly status by April 2016, less than five years after the initiative begin. And that should lead to long-term changes and improvements for everyone.

“Sustainability via culture change is built into the framework of collaborative learning so that participants can maintain their improvements and not slip back into old practices after an initiative ends,” says Ustianov. “The most important takeaway is that large national quality

improvement initiatives, such as this one, are possible, and may lead to widespread improved health outcomes.”