

Breastfeeding in the First Hour of Life: Translating Research into Practice Using Quality Improvement

Christine Conrad BSN, RNC-OB

Purpose: The Breastfeeding Quality Improvement Initiative (BFQI) addressed improving staff compliance with our breastfeeding policy and documentation. Our goal was to achieve the Baby Friendly Hospital Initiative (BFHI) standard that 80% of vaginal births and 60% of cesarean births would be assisted with breastfeeding in the first hour postpartum.

Significance: Early initiation of breastfeeding positively impacts breastfeeding exclusivity and duration. The benefits of exclusive breastfeeding for baby, mom, and community are numerous and well documented.

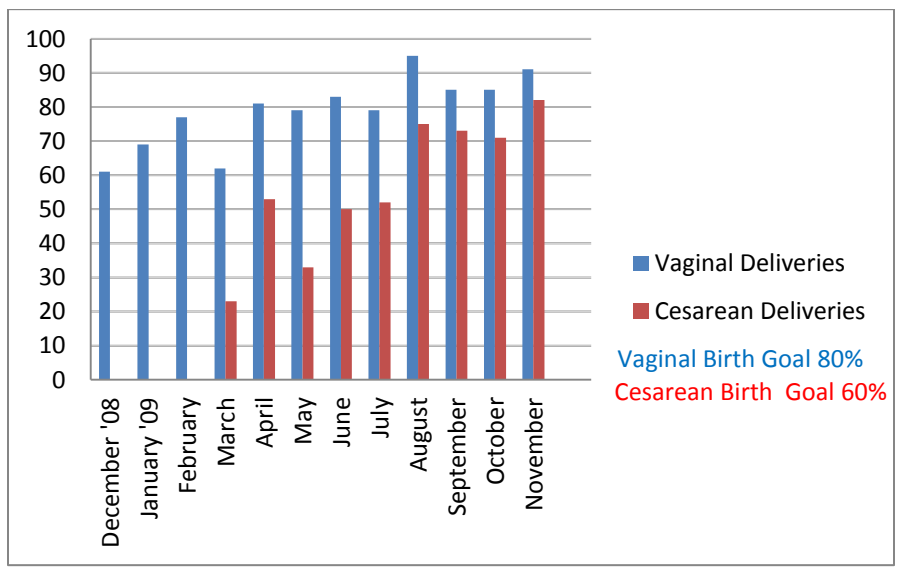
The benefits of exclusive breastfeeding are numerous and well documented.

Benefits to Infant	Benefits to Mother	Benefits to Community
decreased instances and severity of infectious diseases	decreased postpartum bleeding	potential for decreased annual U.S. health care costs of \$3.6 billion
decreased rates of SIDS	rapid uterine involution	decreased costs for government programs like WIC
slightly enhanced performance on tests of cognitive development	decreased risk of breast and ovarian cancer	decreased environmental burden of disposal of formula packaging
reduction in type 1 and type 2 diabetes mellitus, leukemia, Hodgkin disease, obesity, hypercholesterolemia, and asthma in older children and adults who were breastfed	possible decreased risk of osteoporosis	decreased energy demands for production and transport of formula
In the U.S. post neonatal infant mortality rates are	earlier return to pre-pregnant weight	decreased absenteeism from work due to a sick

reduced by 21% in breastfed infants		child
-------------------------------------	--	-------

Strategy and Implementation: An ongoing monthly QI initiative was implemented in March 2009 to track our progress, provide feedback, and promote compliance with BFHI standards. An audit team of nurses was established to create and implement the QI initiative. Every birth during the calendar month was reviewed in the electronic medical record. Only term, healthy infants and mothers were considered for audit. If the birth met all qualifying factors, birth time and time to breast were noted. The total infants to breast in the first hour of life divided by the total qualifying births determined the monthly percentage. The QI audit continued monthly in this way for a year, at which point it was well established that our practice and documentation goals were consistently being met. In March 2010 the auditors began analyzing every third vaginal delivery and every third cesarean delivery for inclusion in the audit. Data continues to be gathered monthly using this population.

Evaluation: In 3/09 62% of vaginal and 23% of c/s births nursed in the first hour. By 8/09 we beat our goal: 95% of vaginal and 75% of cesarean births. We continue to exceed our goal monthly. In 2010 we became NC's first Baby Friendly Hospital. The 86 th hospital in the nation to earn this prestigious title.



Implications for Practice: Rigorous, consistent QI initiatives have the power to prompt and maintain practice change. QI initiatives are excellent tools to motivate staff to embrace Evidence Based Care practices and to ensure that documentation matches actual practice.