Measuring Breastfeeding Rates

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WHY and HOW to MEASURE BREASTFEEDING RATES?

Breastfeeding is ....

a low cost, low tech, high yield public health intervention
MERGING OF THE TWO

Joint Commission

Baby Friendly Hospital Initiative
BABY FRIENDLY HOSPITAL INITIATIVE:

Baby Friendly,

Mother Friendly,

Family Friendly

...helping ALL families reach their infant feeding goals
Effects of Baby Friendly: exclusive breastfeeding rates


Philip et al. PEDIATRICS 2001,108:677 -681

Britain

Boston Medical Center
Exclusive Breastfeeding: U of M Amplatz

Baby Friendly (BFHI) and exclusive Breastfeeding Rates at Discharge

exclusive BF rate

before BFHI

after BFHI

2009

2011

41%

71%
Data collection

Data and documentation drive change!

• Breastfeeding rates (initiation, exclusive, duration)
• Time to first breastfeeding
• Formula tracking and documentation
• Long term BF rates after discharge - 3, 6, 12 months
How we Collected our Data

• We reported rates per BFUSA 2010 guidelines

• Our Exclusive Breastfeeding Rate:
  
  # babies fed only breast milk

  # breastfed babies

• Joint Commission....exclusive breastfeeding rate:
  
  __________________________  # babies fed only breast milk

  __________________________  # single term infants discharged minus exclusions
How we Collected our Data

• Manual chart audits (before and after 10 Steps)
• Counted all babies discharged from newborn nursery per month
• Reviewed infant feeding record and all feedings
How we Collected our Data

• 3 categories:
  – Exclusive Breastfeeding
  – Partial Breastfeeding
  – Exclusive Formula Feeding

• Lots of tedious work . . .

• Needed more efficient (yet still accurate) system

• Created “Infant Feeding Summary” at discharge
INFANT FEEDING SUMMARY:

Choose one to reflect infant feeding during entire hospital stay. Complete this section as baby is being discharged.

- Exclusive breastfeeding or breast milk feeding
- Partial breastfeeding: (breastfeeding /breast milk AND formula)
- Exclusive formula feeding

Date/Time:___________________
RN Signature :________________
Epic Formula Documentation

DOCUMENTATION OF REASON FOR FORMULA USE

April 20, 2013 / 12:18 PM

Reason(s) For Giving Baby Formula
(reason for giving formula documentation 304030086)

Parental indications: [Parental indications 304030099]
Maternal medical indications: [FORMULA MATERNAL MEDICAL CONDITIONS 504030091]
Infant medical indications: [FORMULA INFANT INDICATIONS: 304030093]
Formula Documentation: Parental Choice

- Mother/Family choosing to exclusively formula feed infant
- Mother/Family request formula bottle for breastfed baby
- Reason given in mother/family’s words “______________________________”
- Mother/Family educated about impact of formula supplements and bottles on Breastfeeding when not medically indicated
- Mother/family informed about best practice recommendation not to use formula bottle for breastfed baby.
- Mother/Family verbalizes understanding and would like to supplement with formula bottle
Formula Documentation:
Maternal Indications

- Maternal illness, ICU care, active untreated TB, active untreated Varicella, Active Herpes Simplex breast lesions, HIV

- Maternal Substance Abuse/Alcohol Abuse

- Maternal Medications contraindicated for breastfeeding

- Maternal Radiologic/medical procedure contraindicated in breastfeeding

- Prior breast surgery/pathology resulting in poor milk production
Formula Documentation: Infant Indications

- Hypoglycemia and infant unable to breastfeed; mother unable to express colostrum
- Late preterm infant and excessive (5-10%) weight loss and mother unable to express adequate amount EBM for age
- Term infant > 10% weight loss and delayed lactogenesis II, delayed “milk coming in”
- Hyperbilirubinemia and Phototherapy if low maternal milk supply, poor milk transfer, dehydration
- Clinical evidence of dehydration high sodium, urate crystals >72 hrs of age, dry MM, output < BF log
- Infant Metabolic disorder galactosemia, PKU
- Infant unable to feed at the breast not latching after 24 hrs of age, congenital malformation, infant illness
- Adoption/Foster Care of infant
Breastfeeding Initiation Rates

U of M before and after BFHI

- 2009 Before BFHI: 90%
- 2011 After BFHI: 93%

US and MN 2012

- US: 77%
- MN: 78%
Time to First Breastfeeding: U of M Amplatz

% Breastfeeding within 1 hour

- Before BFHI: 48%
- After BFHI: 63%

2009: 48%
2011: 63%
Exclusive Breastfeeding Rates at discharge: before and after BFHI

- Exclusive BF rate in 2007: 41%
- Exclusive BF rate in 2008: 41%
- Exclusive BF rate in 2009: 41%
- Exclusive BF rate in 2011: 71%

After BFHI 71%
INFANT FEEDING SURVEY

Was your baby ever breastfed or fed breast milk?
YES / NO

If YES, How old was your baby when he/she was first fed formula?

- In Hospital
- After hospital but less than 3 months
- Between 3 and 6 months
- Greater than 6 months
- Never fed formula

How old was your baby when he/she completely stopped breastfeeding or being fed breast milk?

- In Hospital
- After hospital but less than 3 months
- Between 3 and 6 months
- Greater than 6 months
- Greater than 12 months
### How old was your baby when he/she was first fed formula?

<table>
<thead>
<tr>
<th>Timing and age of baby</th>
<th>Before BFHI</th>
<th>After BFHI</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Hospital</td>
<td>45.5%</td>
<td>6.4%</td>
</tr>
<tr>
<td>After Hospital &lt; 3 months</td>
<td>25.0%</td>
<td>31.9%</td>
</tr>
<tr>
<td>3 - 6 months</td>
<td>6.8%</td>
<td>23.4%</td>
</tr>
<tr>
<td>6 - 12 months</td>
<td>9.1%</td>
<td>23.4%</td>
</tr>
<tr>
<td>Never Fed Formula</td>
<td>11.4%</td>
<td>14.9%</td>
</tr>
</tbody>
</table>
Long Term Breastfeeding Rates: U of M Amplatz

Exclusive Breastfeeding Rates after discharge: 3 and 6 months

Before BFHI

After BFHI

Exclusive Breastfeeding rate

0  10  20  30  40  50  60  70

3 months

6 months
Effect of 10 Steps: Long Term Rates

Breastfeeding Rates after discharge
U of M Amplatz

Before BFHI
After BFHI

Breastfeeding Rate

Exclusive BF 3 mo
Exclusive BF 6 mo
Any BF 12 mo
Lessons Learned
Lessons Learned

✓ Rates only as good as collection process
✓ *Chart audits are time consuming*
✓ EMR helps or hinders...it depends
✓ *Helps to hardwire best practice*
✓ Makes you proud of outcomes
✓ *Or concerned about outcomes so...*
✓ Helps to drive change
✓ .....*Is required by TJC 😊*
Measuring Breastfeeding Rates: The “4 D’s”

• Data Collection
• Documentation
• Determination
• “Do it”!