

## Problem

- ❖ Breastmilk has been identified as the preferred choice for infant nutrition in the first 6 months of life (World Health Organization, 2018).
- ❖ Breast milk provides unique protection for the vulnerable NICU population (Ikonen et al., 2018)
- ❖ The inconsistent immediate breastfeeding support for NICU mothers has been identified in the literature as a practice gap (Ikonen et al., 2018; Spatz et al., 2015).
- ❖ Supportive interventions begin with early breastmilk expression. Early expression is associated with an increased chance for successful lactation and sustainability of milk supply (Lizarondo, 2018).

## Clinical Question

- ❖ For mothers separated from their infant due to a NICU admission at a mid-sized medical unit in the Midwest, will the implementation of the U.S. Baby-Friendly guideline, compared to current practice, increase rates of breastmilk expression within 6 hours post-delivery in 11 weeks?

## Project Implementation

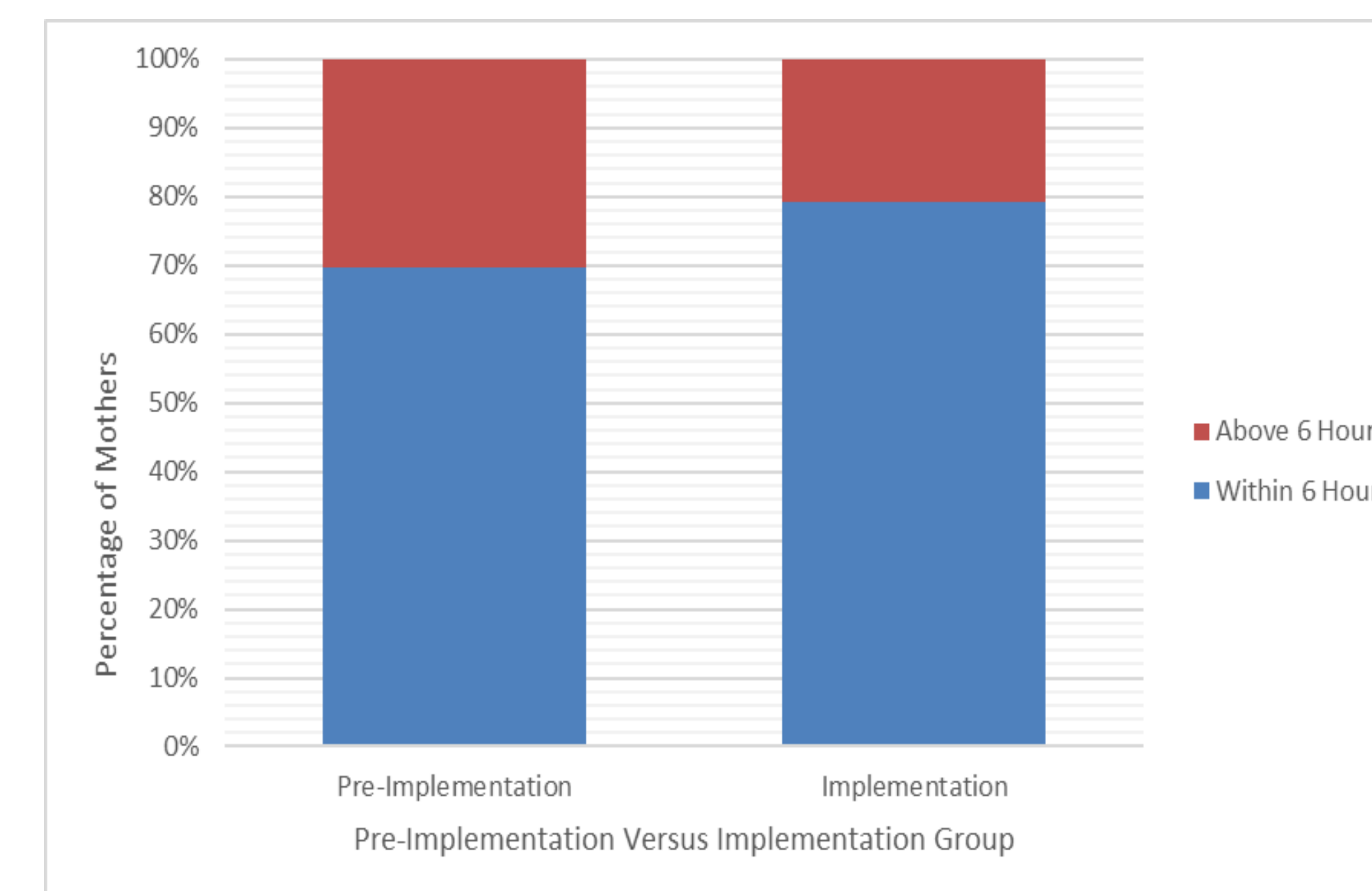
- ❖ Theoretical framework: Swanson's middle-range theory of caring and the Plan-Do-Study-Act (PDSA) change model.
- ❖ Project setting: Women and Children's Department at a Mid-sized Medical Center in the Midwest
- ❖ Population: 62 of mothers of infants immediately admitted to the NICU post-delivery (33 pre-implementation, 29 post-implementation)
- ❖ Evidence-based intervention: The Baby-Friendly Guidelines of initiating pumping within 6 hours of delivery in mothers separated from their newborn (UNICEF & World Health Organization, 2018).
- ❖ Data collection: Breastfeeding audit tool to collect date/time of delivery and initiation of pumping.
- ❖ Evaluation: Comparison of number of mothers who initiated pumping within the 6 hour timeframe pre and post implementation.
- ❖ Data analysis: Relative Risk and Average birth-to-pump time

## Acknowledgements/Hospital Team

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## Results

- ❖ Seventy percent (n=23) of women delivering in the pre-intervention period pumped within six hours of delivery and 79% (n=23) of post-intervention women pumped within six hours.
- ❖ The relative risk for the intervention was 1.14 (95% CI: .85, 1.43), in other words women post intervention were 14% more likely to pump within six hours of birth than women giving birth prior to the intervention
- ❖ The average birth-to-pump time for the implementation group decreased by 14% with the implementation group pump-to-birth time averaging 5 hours and 23 minutes with a standard deviation of 4.258.



## Implications

- ❖ Maternal/Newborn units should couple the policy with staff education to ensure consistent nursing interventions and patient education by staff (Parker et al., 2018; Shattnawi, 2017; Briere et al., 2015; Meier et al., 2017).
- ❖ Support from nursing staff plays a key role in long term breastfeeding success by providing vital anticipatory guidance and support for the patient and family (Meier et al., 2017; Spatz et al., 2015).

## Conclusions

The combination of a breastmilk expression policy and standardized healthcare provider education is key to improving birth-to-pumping initiation times and adherence with Baby-Friendly guidelines.

## References

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