Structural Empowerment: Professional Development

SE2EO: The healthcare organization supports nurses’ participation in local, regional, national, or international professional organizations.

SE2EOb: Provide one example, with supporting evidence, of improvements in nursing practice that occurred because of clinical nurse involvement in a professional organization.

Background/Problems(s):
The World Health Organization (WHO) has been a long-standing proponent of breastfeeding as the ideal and essential way to feed newborn infants worldwide. Currently, they advocate for initiation of breastfeeding within the first hour of life and recommend exclusive breastfeeding for six months. The Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) fully supports the WHO’s breastfeeding goals, and the AWHONN Position Statement on Breastfeeding (2015) states that the organization “supports, protects, and promotes breastfeeding as the ideal and normative method for feeding infants.” The American Academy of Pediatrics (AAP) is also a strong advocate of breastfeeding due to the many short- and long-term health benefits for both infants and their mothers. Foremost amongst these benefits is the role that breastfeeding plays in the establishment and enhancement of the mother-infant bond, which is foundational to the long-term relationship between a mother and her infant. Additionally, the Center for Disease Control and Prevention (CDC) promotes breastfeeding as a strategy for prevention of obesity and other chronic diseases. There are also many financial benefits related to breastfeeding for mother and families, as well as for hospitals, public health, and society in general.

The practice of placing a newly born infant skin-to-skin with his/her mother within minutes of delivery has been shown to be a stabilizing intervention for both mother and infant and improves outcomes for both. This practice begins the maternal-infant bonding process and improves breastfeeding success. Evidence shows that women whose infants who are placed skin-to-skin immediately following delivery are more likely to breastfeed exclusively and will breastfeed for a longer duration.

The Baby Friendly Hospital Initiative (BFHI) was created by the WHO and the United Nations Children’s Fund (UNICEF) in 1991. The BFHI, called Baby Friendly USA (BFUSA) in the United States, encourages hospitals to provide optimal infant care and recognizes those that do so with the “Baby Friendly” designation. Baby Friendly hospitals provide mothers with the confidence, support, information, and skills necessary for exclusive breastfeeding in the hospital and at home. In order for a hospital to receive the Baby Friendly designation, their practice must be consistent with the “Ten Steps for Successful Breastfeeding” that are inherent in the BFUSA requirements. One of the most important of the ten steps is the initiation of breastfeeding within the first hour of life, which is more likely to occur when the mothers and infants are skin-to-skin immediately after delivery.
Because the Baby Friendly designation is thought of as a marker of exemplary care for mothers and newborns, it is respected and highly desired. When the BFUSA initiative began to be considered by executive level and Obstetrical clinical leadership at Massachusetts General Hospital (MGH), one other Boston academic medical center and two local community hospitals already had Baby Friendly designation. Given that many of the BFUSA criteria were already part of practice, MGH leaders agreed that MGH should strive to be the next Boston hospital to receive the BFUSA designation. This was based primarily on the belief that it was the right thing to do for mothers and babies, but it would also be of benefit for competing in the marketplace.

In October 2013, as the Blake 14 Labor and Delivery Unit nursing staff was evaluating their practice as part of the journey toward BFUSA designation, they identified an opportunity for improvement. Nurses recognized that they routinely encouraged skin-to-skin care for a mother and infant after vaginal delivery but the same practice was not as consistently employed following a Cesarean section delivery. Michele O’Hara, RN, MSN, NE-BC, Nursing Director of the unit and Elizabeth West, RNC, MSN, Nursing Practice Specialist, identified the need to create consistency in practice and to ensure that all mothers and infants were able to reap the far-reaching benefits of this very simple and basic post-delivery intervention. When this inconsistency in practice was discussed with their staff, some of the clinical nurses who are AWHONN members noted that they had read articles in AWHONN publications and offered to share these references with their peers.

**Goal Statement(s):**
The goal of this work was to increase the percentage of mothers and infants placed skin-to-skin following Cesarean delivery on the Blake 14 Labor and Delivery Unit.

**Description of the Initiative:**
Initial work on this initiative included activities that took place beginning in October 2013. There were discussions about the importance of skin-to-skin and the role it plays in establishing the maternal-infant bond and the likelihood of exclusive and longer duration breast-feeding, at staff meetings, nursing rounds, and the multidisciplinary safety rounds that take place at shift change. Staff were made aware of data from the third quarter of 2013 that showed that skin-to-skin took was practiced in 88% of vaginal delivery cases but in only 68% of operative deliveries. Basic education about the importance of skin-to-skin care and the need to encourage it for all infants because of all of its inherent benefits was also provided so that staff could understand that all mothers and infants should have the benefit of this practice and that an operative delivery should not be a discriminating factor. O’Hara, West and the 10 clinical nurses who were members of AWHONN took advantage of their membership and distributed articles from the organization’s publications to use to increase knowledge and promote this practice enhancement. This included the articles “Implementation of the Baby-Friendly Hospital Initiative Steps in Iowa” that was published in the November 2012 edition of the Journal of Obstetrical, Gynecologic, and Neonatal Nursing and “A Quality Improvement Project Focused on Women’s Perceptions of Skin-to-Skin after Cesarean Birth” published in the August/September 2014 edition of Nursing for Women’s Health.
The most significant and primary intervention was a massive educational effort, inclusive of 15 hours of didactic classes and five hours of direct observation of a lactation consultant, for all clinical nurses. In preparation for this, seven clinical nurses, two of whom were AWHONN members, were identified as “breastfeeding champions.” During November and December 2013, they met with the Obstetrical (OB) service nursing leadership, Lactation Consultants, and other volunteer champions from the ante-partum and post partum units and the Ambulatory OB Clinic. They learned about the Baby Friendly USA (BFUSA) curriculum, received an overview of the education and training plan for staff, and also learned that their role would be to help staff negotiate all of the expected training and ensure that they documented completion of the various modules in an efficient manner.

At the same time, the OB service Clinical Nurse Specialists (CNSs) and Nursing Practice Specialists (NPSs) identified free on-line education modules that met the goals of the didactic portions of the BFUSA curriculum. These modules provided contact hours for nursing professional development, which is an important benefit for nurses in Massachusetts to attain re-licensure. They also created on-line learning modules, which were available through Healthstream, the MGH learning management system and assisted with scheduling of Lactation Consultant observation hours. The purpose of this experience was to provide these direct care nurses with the knowledge and rationale to support and change their practice to make it consistent with the BFUSA principles.

Another measure was that obstetricians and anesthesiologists involved in Cesarean deliveries were educated about the role that skin-to-skin plays in establishing breastfeeding and the need for them to encourage it. In turn, the anesthesia providers moved ECG electrodes away from the mother’s chest and placed the blood pressure cuff and intravenous line such that they would not be in the way of the mother holding her infant during skin-to-skin contact. Clear surgical drapes were also purchased to allow the option of viewing the infant emerging from the abdomen.

The electronic documentation system utilized on L&D was up-dated by providing new dropdown menus that allowed the total time spent skin-to-skin to be captured. This allowed for easier documentation and monitoring of practice. Due to the size of the staff and the magnitude of the training effort, the educational process spanned the course of calendar year 2014. The official launch of mothers and infants placed skin-to-skin following Cesarean delivery on the Blake 14 L&D began January 1, 2015.

**Participants: Baby Friendly USA Preparation Group- Improving Skin-to-Skin Post Cesarean Delivery**

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<tr>
<th>Name/Credential</th>
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### Outcomes:

The work of the Blake 14 Labor and Delivery Unit nursing staff was successful in improving the percentage of mothers and infants who were placed skin-to-skin after Cesarean deliveries from a baseline of 68% to a post intervention percentage of 81-85%.