Promoting Breastfeeding-Friendly Hospital Practices:
A Washington State Learning Collaborative Case Study

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This study was supported by the US Department of Health and Human Services, Health Resources and Services Administration’s Maternal and Child Health Bureau (Title V, Social Security Act), grant #T76MC00011.
Background

• Breastfeeding is best method of infant feeding
• Protective against acute and chronic illness in infants
• Protective against cardiovascular disease and cancer risk in mothers

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Background

• Recommendation: exclusive breastfeeding for 6 months, partial 12 months +

• Hospital breastfeeding support practices impact outcomes/rates

• Learning Collaboratives as a good method
  – Increasingly common in healthcare QI
BFHI & 10 Steps

• Baby Friendly started in 1991 by WHO and UNICEF

• Gold standard in breastfeeding support practices

• Implementation of 10 Steps required for Baby Friendly© designation

• Handout with the 10 Steps
EBBS LC

• WithinReach & WA DOH

• Goal: to increase the number of birthing hospitals using evidence-based breastfeeding support practices

• Quarterly webinars, inter-hospital collaboration

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EBBS Map

- 18 hospitals
- Out of ~61 total
- 44% of total births in WA State
- Voluntary participation

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Specific Aims

The purpose of this study is to provide information about the process and outcomes of learning collaboratives to improve breastfeeding policies, practices and outcomes in hospitals and birthing centers.

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Specific Aims

Aim 1:

Describe the perceptions of participants regarding the process and effectiveness of the EBBS Learning Collaborative

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Specific Aims

Aim 2:

Describe perceived barriers and facilitators to implementation of the Ten Steps to Successful Breastfeeding

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Specific Aims

Aim 3:

Identify the needs for additional actions and resources

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Methods

• Approved by WS IRB
• Qualitative case study
• Interviews
• Analyzed in Atlas.ti
  – Second independent coder

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Results

• 13 interviewed
  – Representing 16 of 18 participating hospitals
  – All nurses, most IBCLC

• Positive perception of EBBS
  – 4/13: Exceeded Expectations
  – 9/13: Met Expectations
Most helpful aspects

- Collaborative format
  - “You’re not alone”
- Webinars
  - Motivation/Reminder
- Information provided
  - Credibility

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Barriers to 10 Steps

• Staff time
• Staff turnover
• Cost
• Changing existing practices
• Step 2
  – Train all healthcare staff in the skills necessary to
Facilitators to 10 Steps

• Supportive management/admin
• Participation in multiple BF programs
  – Esp. BFHI
• Tangible resources for 10 Steps
• Positive community response

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Suggestions from Sites

• More (accessible) resources
  – Model Policy
  – Step 2 resources
  – Access to webinars later

• More communication between sites
  – Increase online presence

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“...we don’t breastfeed any differently in Western Washington than we do in Eastern Washington. And I think if the state came out with a policy ... because hospitals are really, really good at implementing good policies. I think we waste a lot of time recreating the wheel for every hospital.”

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Limitations

• WA State Case Study
  – Not generalizable

• Participants not representative of WA
  – Voluntary

• Varying degrees of participation
  – No data
What this Study Adds

• Case study of Learning Collaborative
  – Breastfeeding-specific
  – Little existing data

• Model for other states
Study pending publication in Journal of Human Lactation.

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• Thesis Committee
  – Chair: Donna Johnson, PhD, RD
  – Member: Isabella Knox, MD, EdM

• WA DOH & WithinReach
• MCH Cohort
• Family
THANK YOU!

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QUESTIONS?

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