

2009 PROJECT POSTER ABSTRACTS

BIRTH AND BEYOND CALIFORNIA: HOSPITAL TRAINING AND QUALITY IMPROVEMENT PROJECT

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ABSTRACT

Background: According to data published by the California Department of Public Health (CDPH), less than 43% of women exclusively breastfeed their infants while in hospitals. Use of evidence-based policies and procedures promotes in-hospital exclusive breastfeeding.

Goal: To ensure that California birthing hospitals implement evidence-based infant feeding policies and procedures.

Methods: Between 2008 and 2011, the CDPH will pilot the Birth and Beyond California (BBC) project, adapted from Loma Linda University's Birth and Beyond Project, in hospitals with low exclusive breastfeeding rates. Regional coordinators collaborate with hospitals to develop and utilize their interdisciplinary quality improvement (QI) teams to implement evidence-based breastfeeding policies. A Hospital Breastfeeding Policy Self-Appraisal Questionnaire is completed and used to track progress in policy implementation. Experienced BBC trainers offer a 16-hour breastfeeding training course to hospital staff. Pre-post tests measure staff knowledge attainment. To increase hospital capacity for future staff breastfeeding education, select staff complete a train-the-trainer course. Monthly regional hospital network meetings assist QI team members and trainers develop strategies to overcome barriers and share successes.

Preliminary Findings: To date, 226 hospital staff from 8 participating hospitals completed the training with an overall increase in knowledge attained. Each year, additional hospitals will join the BBC project. Regional network meetings allow hospital staff to share strategies to implement policy changes. All participating hospitals are currently in the process of implementing one or more evidence-based breastfeeding policies.

Conclusion: Public dissemination of hospital exclusive breastfeeding rates together with collaboration can assist hospitals in implementing evidence-based infant feeding policies and procedures.

FAT FREE HUMAN MILK FOR CHYLOTHORAX: FROM IDEA, TO DEVELOPMENT, TO STANDARD OF CARE

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ABSTRACT

Chylous pleural effusion (Chylothorax) is the extravasation of lymph fluid into the pleural space. This occurs as a result of obstruction of or surgical trauma to the pulmonary lymphatic system. One of the important therapies for this condition is to decrease lymphatic flow by limiting enteral fat intake. The use of mother's milk has been avoided because of its fat content. Formulas with no fat or enriched with medium chain triglycerides have been encouraged. The first child in our study had a congenital chylothorax. After obtaining consent from the mother and the medical team, the mother's milk was centrifuged. The fat free liquid was then poured into collection cups and frozen for the patient's use at a later date. The fat free human milk was initiated when patient was 5 weeks of age. The patient was started on the fat free human milk which was later fortified. Fat free human milk contains only 10 kcalories/ounce. The patient was transitioned to human milk within 11 days and went on to breastfeed. Fat free human milk was ordered and used with 6 more patients for a total of 7. The study was published in the *Journal of Perinatology* in July of 2007. Education was done throughout the hospital to neonatologists, cardiologists, nurse practitioners and dietitians. Benefits of human milk for these fragile patients and the success of using human milk for patients with a chylous pleural effusion was stressed to these health care providers along with a copy of the published study. The refrigerated centrifuge used for the study patients was located off site. For infection control purposes, it was necessary to have a refrigerated centrifuge on site in order to spin mother's milk to make it fat free for patient use. Obtaining the dollars to purchase a refrigerated centrifuge was successfully done through the capitol budget process. Clinical engineering assisted in determining the most appropriate centrifuge and ordered it. The centrifuge arrived in October of 2007. Since that time, we have used the centrifuge for 9 patients who have had doctors orders for fat free milk. When a patient with a chylothorax is ready to start enteral feedings, during medical rounds the neonatologist or cardiologist ask the dietitian if the mom is pumping. The next statement has and continues to be, call lactation, we need fat free human milk.

INITIATION OF A BREASTFEEDING CLINIC: CONNECTING THE HEART AND SCIENCE OF MOTHER AND BABY CARE

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ABSTRACT

The Via-Christi Breastfeeding Clinic opened its doors June 2008, offering free lactation consultation. These consultations provide drop-in lactation assistance staffed by board certified lactation consultants. Via Christi predominantly serves multicultural and low income women through our OB services. Studies have consistently shown that these populations are at greatest risk for infant morbidity. Many of these families cannot afford outpatient lactation support. Via-Christi Foundation granted the facilities for the Clinic with store front parking, easily

accessible for mothers.

The Via-Christi Breastfeeding Clinic has been successful and popular. The Clinic is open three days a week, 4 hours each day. Since opening, weekly attendance ranges from 15-18 mother/baby couplets. Fathers accompany the mothers approximately half of the time. In the first five months, about 500 couplets accessed the Clinic. About half were return visits. Mothers come most frequently for assistance with sore nipples, weight checks and reassurance. The LC develops an individual written feeding plan for each couplet. In addition, the consultants phone about 20-25 mothers per Clinic day for follow-up calls.

According to the 2005 CDC statistics, Kansas breastfeeding initiation rate was close to 75%, however, the rate dropped drastically to 38% at 3 months. Clients who come to the clinic are followed up by phone at 3 months and 6 months to ascertain percentage of breastfeeding duration. Our goal is to increase the duration by 12%, thus saving health care dollars and promoting healthier families in our community.

DOMPERIDONE: THE PANACEA FOR LOW MILK SUPPLY? A CANADIAN PERSPECTIVE

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ABSTRACT

Domperidone, a dopamine antagonist, has developed an off label use as a galactogue in Canada. While recommendations exist for dosage, indications for use are anecdotal at best.

One centre's experience reviewing domperidone use includes caring for 155 women with term infant infants presenting with low milk supply. Our project focuses on ensuring the appropriate use of domperidone, prescribing only when prolactin levels are assessed to be low.

While much is not known about domperidone's use as a galactogue, we recognize that its use has become well known in breastfeeding communities. It is common for women with milk supply concerns to present to our clinic expecting a pharmacologic solution to their problem. We have developed an approach to conduct a thorough history and assessment and to have women maximize their milk production through non-pharmacologic means prior to considering domperidone use. After these efforts have not resulted in the anticipated increase in milk supply, prolactin levels are obtained and only if they are low, will the drug be prescribed.

Domperidone should not be used as a first line treatment but rather after other measures to increase milk supply have been initiated.

BREASTFEEDING ROAD MAP: THAILAND EXPERIENCES

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ABSTRACT

Breastmilk is best, but why is every baby not breastfed? We saw that exclusive breastfeeding at 6 months was low while a lot of breastfeeding promotion was done. The study shows the importance of the support person and environment as successful interventions as well as the risk of failure if women do not receive support.

Artificial milk companies advertise continuously and build a passion with their products while breastfeeding has not much advertising in comparison. This makes it easy for women to get lost and stop breastfeeding. Working mothers do not get enough support at the office.

Our Strategy:

- Strengthen the BFHI
- Strengthen the Code
- Improve health personnel skill and knowledge
- Continuously inform the public by using printed material and media
- Encourage breastfeeding corners in public places and offices
- Support community networks in differences groups according to culture and beliefs
- Networking with ministries of public health, agriculture, interior, and education.

The Thailand BFHI version now integrates safe motherhood, baby-friendly hospital and infant and young child feeding along with well child development from birth to 5 years. Princess Srirach of Thailand has been supportive and helps promote breastfeeding. She felt breastfeeding was so important that she breastfed her son 'Prince Tee' exclusively for 6 months. She started the breastfeeding support project called 'Sai yai rak' and this project works very well in the community.

Study results from 7 selected centers shows a lot of improvement in community participation and innovations. The breastfeeding rate has risen in every center.

EDUCATIONAL OUTREACH PROGRAM

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ABSTRACT

This proposal was led by the Lactation Consultants of The Maternal Child Health Care Services of Lowell General Hospital. The proposed educational outreach program would assist Lowell General Hospital in our goal to be recognized as one of only three hospitals in the state of Massachusetts to achieve Baby-Friendly designation.

Research shows that prenatal breastfeeding education plays a vital role in relation to the initiation and continuity of breastfeeding. Most women have made the decision as to which manor they will nourish their child prior to presenting to the hospital for delivery. LGH previously had a 66% breastfeeding initiation rate. We recognized the need to establish a prenatal educational program that we hoped would in turn increase our initiation rates.

After our proposal was reviewed, we were awarded a grant to move forward with our program. We used the allocated funds to go out into the community and offer

education to all of our obstetricians, family practitioners and their staff. We provided lunch and learn programs within their offices to educate on the current scientific evidence of the contributions that breastfeeding makes to infant and maternal health. We supplied posters for their offices and the physician's educational breastfeeding triage tool. We put together folders with a variety of breastfeeding information that they could give to their patients. Measurement and tracking of the outcome of this program is currently being done through a brief questionnaire to our mothers during the postpartum period. The initiation rates will be monitored through birth records.

SCREENING FOR NEONATAL ANKYLOGLOSSIA AND GUIDELINES FOR FRENOTOMY RECOMMENDATION: A HOSPITAL-BASED MULTIDISCIPLINARY MANAGEMENT ALGORITHM

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ABSTRACT

Lactation Consultants (LC) practicing in the postpartum hospital setting encounter a high volume of breastfeeding dyads. Shortened hospital stays require effective breastfeeding assessment skills and tools in order to provide appropriate follow-up and resources post-discharge. The experienced LC can intuitively sense when "something's just not right" regarding the infant's latch and/or suck, and ankyloglossia is often identified as the root cause. However objective measures are needed to more effectively determine the need for treatment and plan of care. This presentation reports our experiences in the development of an assessment tool and management algorithm for the breastfeeding infant with ankyloglossia in the neonatal period.

Infant ankyloglossia occurs in 1.7% to 4.8% of infants; however these cases may be underreported. Evidence continues to mount linking infant ankyloglossia to a host of potential breastfeeding challenges, supporting what many LCs have observed for years. Using this evidence to develop a standard of practice is necessary in order to provide appropriate treatment and avoid/minimize potential ineffective breastfeeding.

A modified version of the Hazelbaker Assessment Tool for Lingual Frenulum (Hazelbaker, 1994) and specific descriptive elements of the Ballard et al. (2002) study were used to develop an objective screening tool for all infants when ankyloglossia is suspected. An ad-hoc multidisciplinary team, including a neonatologist, pediatrician and speech pathologist, provided valuable input in the development of a management algorithm. Our data, including the assessment tool, algorithm, and patient outcomes, will be helpful to the hospital-based LC in providing effective management of the breastfeeding infant with ankyloglossia.