Introduction

- Baby-Friendly Hospital Initiative (BFHI) is aimed to support, protect, and promote breastfeeding in maternal newborn facilities (WHO, 2020)
- Implementing skin-to-skin mother-baby contact in the mother-baby unit and kangaroo mother care in the Neonatal Intensive Care Unit (NICU) with the intention of increasing breastfeeding rates, glucose control and temperature regulation.
- Sustainability of BFHI for re-designation in 2021

Background/Significance

- BFHI recommends skin-to-skin mother-baby contact one hour immediately after birth, routinely in postpartum and beyond (BFHI, 2016)
- WHO recommends skin-to-skin mother-baby contact on all newborns regardless of age
- Skin-to-skin mother-baby contact and kangaroo mother care reduces mortality and morbidity in newborns
- Cost in maternal health due to lack of breastfeeding is $14.2 billion/year
- Cost of kangaroo mother care is $19,289 (Conde-Agudelo & Diaz-Rosello, 2016)
- Cost of conventional care is $39,764 (Conde-Agudelo & Diaz-Rosello, 2016)

Needs Assessment

- Gap in evidence-based knowledge, policy and practice at the DNP project site
- Exclusive breastfeeding rate at discharge is 38.7% for 2019 compared to 75% BFHI criteria and 46.2% target of healthy people 2020 (CDC, 2019)

Strengths

- Staff support of BFHI designation
- Availability of Electronic Health Record (EHR)

Weaknesses

- Staff resistant to change and poor communication

Opportunities

- BFHI resources and education

Threats

- Inadequate patient census
- Environmental changes due to the pandemic

Problem Statement

- The mother-baby unit and NICU at the DNP project site hospital were not meeting BFHI criteria for success
- Though the organization is seeking re-designation, anecdotal findings indicate that breastfeeding rate and skin-to-skin mother-baby contact in the mother-baby unit and kangaroo mother care in the NICU are presently below the BFHI criteria for re-designation

Clinical Question

In the mother-baby unit and NICU, to what extent will routine skin-to-skin mother-baby contact and kangaroo mother care increase breastfeeding or pumping rates, regulate blood glucose and temperature in newborns after education is provided to nursing staff?

Aims

- Implement routine skin-to-skin mother-baby contact in the mother-baby unit after delivery
- Implement Kangaroo mother care in the NICU
- Increase breastfeeding rate, breastmilk pumping rates, glucose control and temperature in the NICU
- Improve temperature and glucose control
- Sustain BFHI designation and policy change/revision at the DNP project site

Objectives

- Provision of evidence-based education for staff
- Collection and analysis of data from the EHR as: Time in minutes of skin-to-skin mother-baby contact and kangaroo mother care in the NICU, breastfeeding status on discharge, hypothermia and hypoglycemia data
- Presentation of recommendation on policy change after results obtained for the leadership team

Methods

Survey Instrument:

- Evaluative case studies were used after the educational program
- One hour contact hours was provided after the post test

Outcomes Measured:

- Time in minutes skin-to-skin mother-baby contact in mother-baby and kangaroo mother care in the NICU
- Breastfeeding status on discharge
- Hypoglycemia data
- Hypothermia data

Discussion

- Skin-to-skin mother-baby contact almost doubled from the mean of 63.59 to 116.84
- Kangaroo mother care did not show improvement in this project
- Kangaroo mother care needs extra feeding due to a drop in blood glucose was few episodes
- Exclusive breastfeeding increased to 68% above the healthy people 2030 objective of 42.4%
- Exclusive breastfeeding of 68% almost aligned with the BFHI criteria of 75% exclusive breastfeeding yearly

Results

- The mean value from the preintervention was 63.59 and the mean value from the post intervention was 116.84. Mann Whitney test showed that the result was statistically significant with $p<0.001$

- The mean value from the preintervention was 84.36 and the mean value from the post intervention was 30.00. Mann Whitney test showed that the result was statistically significant with $p<0.001$

- Exclusive breastfeeding mothers at discharge in the preintervention was 20 out of 39 (51.2%) and in the postintervention was 26 out 38 (68%).

References