Breastfeeding Program at Children's Hospital is Worthy of Emulation

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ABSTRACT

In this column, a group of nurses working in a special-care nursery at a small community hospital comment on a comprehensive, hospital-wide program that supports and promotes breastfeeding for vulnerable infants at the Children's Hospital of Philadelphia. The program is described by Diane Spatz in her article featured elsewhere in this issue of *The Journal of Perinatal Education*. The nurses who reviewed the article agreed that the program described by Spatz is truly an exemplary service worthy of being emulated.

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Regular readers of *The Journal of Perinatal Education* will recognize this column as a forum for commentary on examples of exemplary practice. Since 1996, the journal has strived to feature examples of perinatal services that portray exemplary attributes worthy of replication. Commentary from a panel of perinatal experts accompanies each exemplary service article. The panel may include perinatal managers or other health-care professionals working in the field. The members of the review panel each receive a copy of the article describing the innovative or exemplary program.

This column provides commentary on the exemplary service article “Report of a Staff Program to Promote and Support Breastfeeding in the Care of Vulnerable Infants at a Children's Hospital” (see pp. 30–38). In this article, Diane Spatz describes the development of a truly exemplary, multifaceted approach to implement a comprehensive, hospital-wide system to support and promote breastfeeding

for vulnerable infants at the Children's Hospital of Philadelphia. The author discusses the importance of breastfeeding and human milk as the ideal form of infant nutrition. Research indicates that the benefits of breast milk surpass any of the specialty formulas on today's market. This is especially true in the preterm infant population (Pinelli, Saigal, & Atkinson, 2003). Spatz explores how health-care providers' knowledge or lack of knowledge may influence breastfeeding outcomes. She also documents strategies that facilitate breastfeeding in vulnerable infants. The author then describes the Children's Hospital of Philadelphia's experience in developing a breastfeeding education and training program to support breastfeeding of vulnerable infants.

Spatz's exemplary service article was shared with a group of nurses working in a 12-bed, Level II special-care nursery at a small community hospital in southern New Jersey. They were each asked to carefully read the article and discuss how realistic this service

would be to implement on a larger scale. Questions that the nurses were asked to ponder included:

1. What potential does a service like this have?
2. Is anything like this practice in place at your setting? If not, how feasible would this practice be in your setting?
3. What blocks or barriers would need to be overcome in order to implement a program like this?
4. What supports are needed?

The members of the review panel shared the opinion that the program described in Spatz's article was truly exemplary. All members of the review panel expressed a sense of envy at the resources available to establish the program at the Children's Hospital of Philadelphia. The reviewers' own hospital unit has one full-time neonatologist on call 24 hours each day, with back up from a nearby medical center. Their hospital has no medical residents. Registered nurses and two lactation consultants staff the unit.

REVIEWERS' COMMENTS

Commenting on the program described in the article, the reviewers agreed that the health-care providers at the Children's Hospital of Philadelphia demonstrated wonderful support for the change in practice, especially the physicians and pediatric residents. They remarked that the amount of time spent on education must have been tremendous.

One reviewer commented that, although they do not have the resources available at the Children's Hospital of Philadelphia, they are proud of the fact that their hospital provides something similar, even though it is not actually an organized program. At their hospital, they have a yearly, mandatory, in-service program on breastfeeding. The program helps foster patient teaching that is consistent throughout the entire unit, without confusing the mothers. The nurses agreed it is important for everyone to provide consistent information. One reviewer commented, "We don't need any added stress for an already stressed-out new mom." The reviewers shared that a few nurses in their unit are not pro-breastfeeding, but they keep their opinions and attitudes in check. As a whole, the nurses

believed they were a pro-breastfeeding unit that practiced family-centered care. They were proud of the fact that they had two lactation consultants who conducted daily rounds. Hospital-quality, electric breast pumps are available on the unit and, for a small rental fee, mothers can borrow the pumps after discharge from the hospital.

Spatz's description of increased use and storage of breast milk at the Children's Hospital of Philadelphia indicates a great team effort. When the nurses who reviewed this article were asked to compare how the milk storage system at their hospital compared with the system described at the Children's Hospital of Philadelphia, they noted that, when milk is pumped and saved at their facility, the container is marked with the infant's hospital label. The label includes the infant's name, the mother's room number, and the date and time the milk was pumped. Because their unit is a much smaller unit and does not use bins, the reviewers commented that storage bins seemed like a good idea and considered exploring this option for the future. Refrigerator temperature is checked daily. If they add fortifiers to milk, they do not do so ahead of time; rather, they add fortifiers prior to the feeding.

The reviewers agreed that a multifaceted program like the one described in Spatz's article would be beneficial not only to the mothers and infants but also to the staff. One reviewer commented how impressed she was with the multidisciplinary approach and felt that the more proactive and involved all the "players" are, the better the program will be and the better the outcomes. She remarked, "The resource binders sound like a great idea, especially if you encounter a problem and the lactation consultants are unavailable."

When asked about barriers to implementing a program like the one described, a number of the nurses agreed that many people are disinterested and unwilling to accept change and new ideas. A need exists for buy-in not only by the staff nurses in the neonatal intensive-care unit (NICU) or special care unit, but also by hospital administrators, physicians, managers, dietitians, and staff nurses on the mother-baby unit. The nurses shared that it is not unusual for nurses from the special-care nursery to be pro-breastfeeding and supportive of promoting mother-infant interactions. There was consensus that the nurses who work on the maternity unit are often the biggest barriers to implementing baby-friendly initiatives. The reviewers remarked that, although nurses on the maternity

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unit have the interest of the mother at heart, they often do not seem to care as much about being involved in the newborn aspect of care.

One of the reviewers shared that, a few years ago at her hospital, they discussed becoming a “baby-friendly” facility (Baby-Friendly USA, 2004), but too many obstacles prevented implementation. Support from all health-care providers is crucial, especially from the attending physicians and the pediatric residents. She remarked that, after reading this journal article, she was convinced that continued efforts (including staff re-education on all levels), improvements in breast-milk storage, and ease of accessibility would benefit the population of patients they serve. All of the reviewers said they enjoyed reading the manuscript and agreed that the program described is truly an exemplary service worthy of being emulated.

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Thanks also to Mary Ellen Campbell, RN, BSN, for providing additional feedback on this exemplary service article. Ms. Campbell is a graduate nursing student at Seton Hall University and the acting

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AUTHOR’S NOTE

We welcome other interested individuals to join the review panel and provide feedback about future exemplary service articles. If you are interested, please contact Wendy Budin, College of Nursing, Seton Hall University, South Orange, NJ 07079. She can also be reached by phone (973-761-9299) or email (budinwen@shu.edu).

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