Strategies to Promote Breastfeeding Exclusivity in a Tertiary Perinatal Centre

BFI Expo
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I have no conflicts of interest and nothing to declare

Objectives

• Identify the most common reasons for medical supplementation in a tertiary care hospital.
• Share strategies used to promote and protect exclusive breastfeeding
• Share strategies to ensure appropriate use of supplementation for breast milk infants
Sunnybrook Breastfeeding Centre of Excellence

'Health care providers influence and support feeding decisions at key moments before and after birth and later when changes occur to maintain exclusive and continuous breastfeeding' 
(Kabook et al., 2008)

LETS TALK ABOUT EXCLUSIVITY

Sunnybrook Breastfeeding Centre of Excellence
Strategies to Enhance Exclusivity

Identify at risk groups
- women with elevated BMI
- women with a subsequent pregnancy loss
- women with mobility limitations
- women who previously weaned their babies before they had planned
- babies at risk of hypoglycemia
- women with infants in the NICU

Early intervention
When it matters most

Why women decide to supplement

- Perception of low milk supply
- Desire for sleep
- A plan to combine breast and formula feeding

(Pierro, Abulaimoun, Roth & Blau, 2016)

Risk Factors for Supplementation

- Being offered formula without asking
- Single marital status
- Lower education level
- Cesarean section
- Limited or no skin-to-skin

(Pierro, Abulaimoun, Roth & Blau, 2016)
Diabetes is a global epidemic

Diabetes Related Benefits for Mothers

• Breastfeeding is associated with lower incidence of metabolic syndrome (Gunderson, et al., 2010)
• Breastfeeding duration is associated with improved insulin and glucose response in women with a history of GDM (Chouinard-Castonguay et al., 2013; O'Reilly et al., 2012)
• Increased duration of breastfeeding can reduce the risk of developing T2DM (Liu et al., 2010; Gunderson, et al, 2007; Stuebe et al., 2005)

Diabetes Related Benefits for Infants

• Breastfeeding is protective against childhood obesity (Feig et al., 2011)
• Exclusive breastfeeding and increased duration are protective against T1DM (Sadauskaitė-Kuehne et al., 2004; Alves et al., 2011)
Our Goal

Increase rates of exclusive breastfeeding for women with gestational diabetes who give birth at Sunnybrook in 2015 [birth to hospital discharge] from 49% to 60%.

Project Strategies

For Staff
- education sessions and pretest
- Completion of e-learning module
- Ongoing informal education and support

For Women
- Brief breastfeeding education in diabetes class
- Offer of one-on-one antenatal and postnatal consult with an LC
- Early, frequent LC support during hospitalization and postpartum

Program Elements for Women

Antenatal Intrapartum
- Offer of LC consult one-on-one
- Intrapartum hand expression
- Notation in electronic record-notify clinic

Postnatal
- RN notifies clinic re birth
- Early LC visit in mother’s room
- Daily LC visits
- Discharge visit and phone /clinic fu
The incidence of diabetes in Canada among the general population aged 12 years. Early breastfeeding may stabilize glucose in infants born to women with diabetes. Obesity is associated with reduced initiation and duration of breastfeeding. Women who are obese have higher rates of GDM and T2DM. Medicine, Encourage the mother to hand express hourly for the first 12 hours. Most lactating mothers lose body weight and subcutaneous fat during the postpartum period. Infants born to mothers with diabetes are at an increased risk of hypoglycemia. The incidence of GDM in Canada is approximately 4%. Of Diabetes. Retrieved January 29, 2015, from http://stemcells.nih.gov/info/scireport/pages/chapter7.aspx. With the mother’s consent, women with gestational diabetes can breastfeed. Insulin is given with breastfeeding to support breastfeeding exclusivity in the postpartum period. Long-term breastfeeding is associated with increased lifetime health benefits for the infant. Women with diabetes are at higher risk for developing T2DM. Breastfeeding is associated with a reduced risk of developing metabolic syndrome. Increased duration of breastfeeding can reduce the risk of developing T2DM. Health professionals can provide women with information to make informed decisions. Type 2 Diabetes Mellitus (2012). Retrieved from http://www.metacure.com/about-beta-t2dm/. Type 1 Diabetes. (2012). Retrieved from http://www.diabetes.ca/diabetes-852. About the Diabetes and Breastfeeding Program. This program provides: 1. Breastfeeding help appointment: provides information on early and frequent breastfeeding during the day and night. 2. Breastfeeding support after going home. 3. Breastfeeding help appointment on the day of discharge. Diabetes. Diabetes occurs when there is a problem with insulin or when there is too much insulin in the blood. Why Breastfeed? Reasons for Mothers: Providing breast milk is the best food for your baby. Why Breastfeed? 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Breastfeeding and Diabetes

G-4 P-1: Gestational age: 37+ weeks; Her goal was to breastfeed exclusively as had not done so with 1st baby
Gestational diabetes (on insulin)
Antenatal LC consult in our Breastfeeding Clinic
Intrapartum hand expression: 3 x 1ml syringes
Baby's Weight: 3342gm
Blood sugar at 2 hours post birth: 3.8mmol/L normal
Subsequent blood sugars: 2.8 – 3.1mmol/L normal
Exclusively breastfeeding at discharge
1 discharge BFC visit; 2 post discharge visits (mastitis tx), 3 Follow Up calls:
Breastfeeding Status at 6 weeks: Exclusive

Exclusive Breastfeeding Rates at Discharge (2011-2013) 36 months

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<tr>
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<th>Exclusive Breastfeeding Rate</th>
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<tr>
<td>Breastfeeding Rate</td>
<td>75%</td>
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<tr>
<td>Gestational Diabetes</td>
<td>49%</td>
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Exclusive Breastfeeding Rates at Discharge (2015) 11 months

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April 24, 2017

Developing a Policy to Support Breastfeeding in Women Who Are Hospitalized and Acutely Ill
Helping the message ‘stick’

The Introduction of Breastfeeding Peer Counselors in the NICU
Benefits of Breastmilk in the NICU

- decreasing the risk of life threatening necrotizing enterocolitis; infections, and hospital length of stay.
- improved motor outcomes, cognitive skills, neurobehavioural organization as well as decreased use of health care services later in life. [Narayanan 1984; Lucas 1990; Meinzen-Derr 2009; Meier 2013]

The Gap

Rates for breastfeeding exclusivity at SHSC for 2013 indicated that preterm infants were less likely to be exclusively breastfed at discharge than their full term counterparts (68.3% and 76%, respectively).

[Canadian Neonatal Network and BORN Information System reports]

Project Goal

Develop and implement a peer counsellor program in the Level III NICU at Sunnybrook Health Sciences Centre. Increase rates of breastfeeding initiation and exclusivity at discharge for premature infants in our NICU.
Mothers’ Feedback

• ‘First time I was able to laugh was today at Moms’ lunch. These are the type of thing that keep us moms going.’
• ‘I know now that pumping struggle is common.’
• ‘This is amazing to me and I’m feeling so blessed to be somewhere that I can be a part of something so wonderful. What SB offers is truly one of a kind and brings tears to my eyes.’

Mothers’ Feedback

Did you achieve your goals regarding feeding your baby?

31/34 said yes

Did meeting with the breastfeeding peer counselors or attending the Mom to Mom lunch help you achieve any of the following?

22/34 less isolated
23/34 had more support
15/34 less anxious
16/34 feel better about being at hospital

Exclusive Breastfeeding

Before the Best Start Project:
71 % of babies received only breastmilk on day of NICU discharge (200/283)
(August 1, 2014-Jan 31, 2015)

During the Best Start Project:
75 % of babies received only breastmilk on day of NICU discharge (223/295)
(Feb 1 2015, July 31, 2015)

(source: Canadian Neonatal Network)
Supplementing Responsibly

Our previous practice did not protect breastfeeding.
Volumes of ABM given exceeded physiologic need.
Stomach capacity of a 1-2 day old infant is 5 mLs-7 mLs/feeding.

Project Goal

To decrease the amount of ABM provided to breastfeeding newborns whose parents decide to supplement for non medical reasons.

Project Outcome

The decrease in the number of infants receiving supplemental feedings in the first 24 hours of life was statistically significant.
Responsible Supplementation
next steps

- Use of oral dextrose
- Protocol to wean from supplements

How are we doing?

- The rate of exclusive breastfeeding for women and babies with no risk factors has increased from 75%-81% in the last two years
- The rate of exclusive breastfeeding for women with gestational diabetes has increased from 49% to 64% in the last two years

While Canadian rates of exclusive breastfeeding on day of discharge from the NICU are 40%, the rate of exclusive breastfeeding on day of discharge from the Sunnybrook NICU is 74%

Protecting Exclusivity

- Takes time
- Takes place at all levels
- Takes a commitment to keeping mothers and babies together
- Uses evidence in practice
- Embedded in policies
- Creative solutions—pump to ED, baby cot to rehab
- Antenatal intervention
- Appreciate ‘secondary exclusivity’
- Involves everyone