Improve Exclusive Breastfeeding Rates Through Early Breastfeeding Initiation

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Background

Breast milk is the preferred nutrition, providing all the nutritional ingredients a newborn requires (Durham, & Chapman, 2019). It contains vitamins, nutrients, and immunity to help infants grow and develop properly. According to WHO (2018) early breastfeeding initiation (EBI) prompts breast milk production and facilitates; establishment of breastmilk supply is crucial to breastfeeding success and has proven to decrease infant mortality risk; . early initiation of breastfeeding (EIBF) starts within one hour after birth. Immediate and uninterrupted skin-to-skin contact (SSC) should be promoted and encouraged as soon as possible after delivery because it facilitates the newborn's natural rooting reflex, which imprints the behavior of looking for the breast and suckling. Skin-to-skin contact is defined as placing an infant in a prone position on the mother's bare chest, and SSC should not be interrupted for at least one hour. The Baby-Friendly Hospital Initiative (BFHI) Step Four encompasses SSC and EIBF as interventions that work together to provide optimal maternal-newborn benefits. Skin-to-skin contact directly leads to EIBF as newborns naturally find their way to the breast and latch spontaneously.

Purpose

The project was to facilitate WHO Guideline's BFHI Step Four immediate and uninterrupted skin-to-skin contact to support mothers to initiate breastfeeding as soon as possible after birth (WHO, 2018) to improve exclusive in-hospital breastfeeding rates

Methods

A quasi-experimental quality improvement project provided education on and implementation of WHO Step Four to Labor and Delivery RNs using Lewin (1992) and Pender et al (1988) health promoting behaviors frameworks. Pre and post education/implementation exclusive breastfeeding rates were analyzed using Chi Squared at a 0.05 significance level.

Results

The results showed an increase in EBFRs from 38.0% in the comparative group (n = 57 out of 150) to 49.4% in the implementation group (n = 83 out of 168), X^2 (1, N = 318) = 4.18, p = .041. The p-value was less than .05, which indicated that the increase in the EBFRs was statistically significant. The 11.4% increase in EBFRs supported clinical significance.

Chi-Square Test Results for Exclusive Breastfeeding Rates

Variable	Comparative (n = 150)		Implementation (n = 168)		X^2 (1)	p
	n	%	n	%		
Exclusive Breastfeeding Rates	57	38.0	83	49.4	4.18	.041= significant

Discussion

The WHO Guideline's BFHI Step Four was used to guide healthcare facilities to protect, promote, and support breastfeeding to improve maternal-newborn dyad health outcomes. The project educated nurses on the WHO Guidelines BFHI Step Four and facilitated health-promoting behaviors by supporting and guiding mothers' breastfeeding practices.

Implications for Practice

1. Implement WHO Guideline's BFHI Step Four throughout the clinical site's Maternal Child Health units
2. Include a designated nursing position to implement the WHO Guideline's BFHI Step Four
3. Provide consistent nursing education on the WHO Guidelines BFHI Step Four to all the current nurses
4. Provide cultural competency training

For references and additional information, please use the QR code above to view the electronic poster online or contact Beverly.holland@providence.org