

Navigating From Hospital to Home

A Continuity of Care Project – WIC and First 5 Alameda County

Presented by:

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Learning Objectives:

- 1) Understand systemic strengths and barriers in coordinating continuity of lactation support between hospitals and community health care settings that can be applied to improving processes and systems of care, with the objective of improving quality.
- 2) Utilize collaborative partnerships between Women Infant and Children (WIC), Maternal Child Adolescent Health (MCAH) Home Visiting and First 5 to advance integrated early postpartum breastfeeding care to ensure continuous, appropriate quality care for improved breastfeeding outcomes.
- 3) Identify at least three benefits of Perinatal Hospital Outreach Coordination and use of the ECChange system for coordination of care after discharge.

Topic

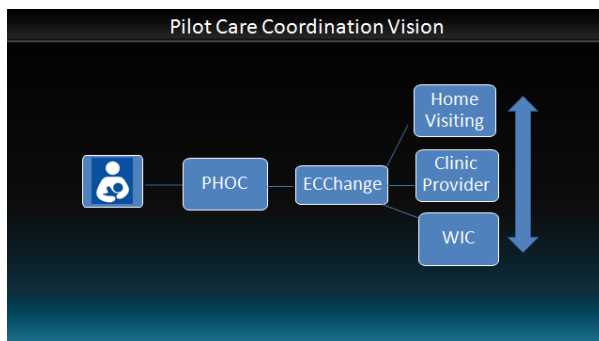
- Language and cultural barriers compound barriers to appropriate discharge care already challenged by limited IBCLC staffing or nurse capacity in large hospitals. Over one quarter of limited English proficient patients who needed, but did not get, an interpreter reported that they did not understand their medication instructions (Access Project, 2002). Mothers may be reluctant to communicate infant feeding concerns to nurses due to such barriers, or experience challenges with language line services even when seeking guidance.
- Collaboration with community breastfeeding support, such as WIC, may improve access to timely culturally and linguistically appropriate lactation support and nutrition education, as well as help finding healthcare and other community services.
- Effective referral systems must be inclusive of multi-modal care across organizations and systems which may require Business Associate Agreements (HIPAA Compliance, Insurance Coverage, Liability Clarification) and Memorandum of Understanding to allow for service partnerships, as well as a mode of efficient data sharing (i.e. ECChange).
- First 5 Perinatal Hospital Outreach Coordination (PHOC) identify, triage and outreach to high risk prenatal, postpartum or inter-conceptional clients with children under the age of 5. PHOC provide a gateway to the Home Visiting system; identifying the best referral pathway and assisting families in navigating systems to access services that are both clinically and culturally appropriate to their needs. Where there are numerous WIC agencies or sites, PHOC navigation may facilitate participant access.


- Hospital discharge referral directly to WIC is a new and effective complement to the home visiting referrals which supports time-sensitive postpartum breastfeeding support service needs – for both participants and providers. Access to neonatal infant feeding guidance provided by WIC lactation experts may optimize quality continuum of care to meet the US Surgeon General Call to Action for systems continuity of skilled support for lactation and American Academy of Pediatrics recommendation of infant feeding assessment coordinated with community-based health care professionals and certified breastfeeding counselors within the first 48-72 hours after discharge.

Resources

<http://www.surgeongeneral.gov/library/calls/breastfeeding/>
<http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552>
<http://www.cdc.gov/breastfeeding/>
<http://www.first5alameda.org/>
<https://www.cdph.ca.gov/programs/wicworks/pages/default.aspx>
<http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>
[http://www.cdph.ca.gov/data/surveys/MIHA/Pages/MaternalandInfantHealthAssessment\(MIHA\)survey.aspx](http://www.cdph.ca.gov/data/surveys/MIHA/Pages/MaternalandInfantHealthAssessment(MIHA)survey.aspx)
<https://www.cdph.ca.gov/data/statistics/Pages/CaliforniamPINCsurveyData.aspx>
http://globelinkflc.com/wp-content/uploads/2012/12/DifferenceInterpreterHealth_Article.pdf

Discharge support offered breastfeeding mothers in CA	
CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC) – 2013	
Telephone call	61.5
Telephone # given	86.5 ★
Return visit to center	37.0
Home visit	18.3 ★ Births >5000 6.6%
Center support group	58.7
Referral to support group	61.5
Lactation consultant referral	72.1 ★
WIC referral	88.9 ★
Outpatient clinic referral	46.6
List of resources	87.5 ★
Breastfeeding assessment sheet	41.3



Highlights	
WIC	PHOC
38 New Mother Enrollments	67 Home Visiting Placements
374 Mother Re-certifications	<i>Including Reconnection to Care</i>
77 Breast pumps provided	<i>~15% of all Navigation Participants</i>
84 Couplets pumping	
126 Lactation education provided	
124 Lactation Consultant visits	

