Care after Discharge: Coordinating with Community Support

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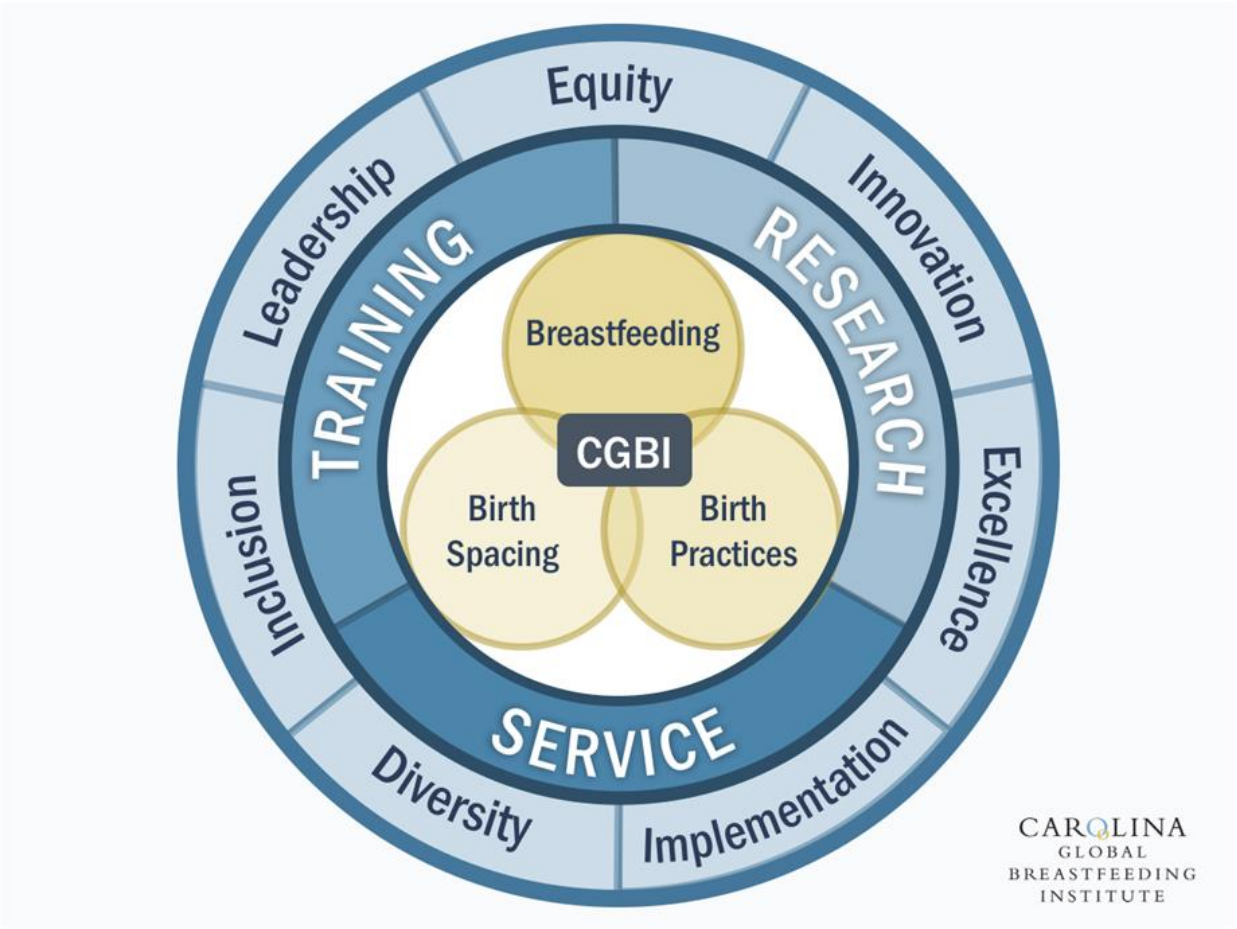
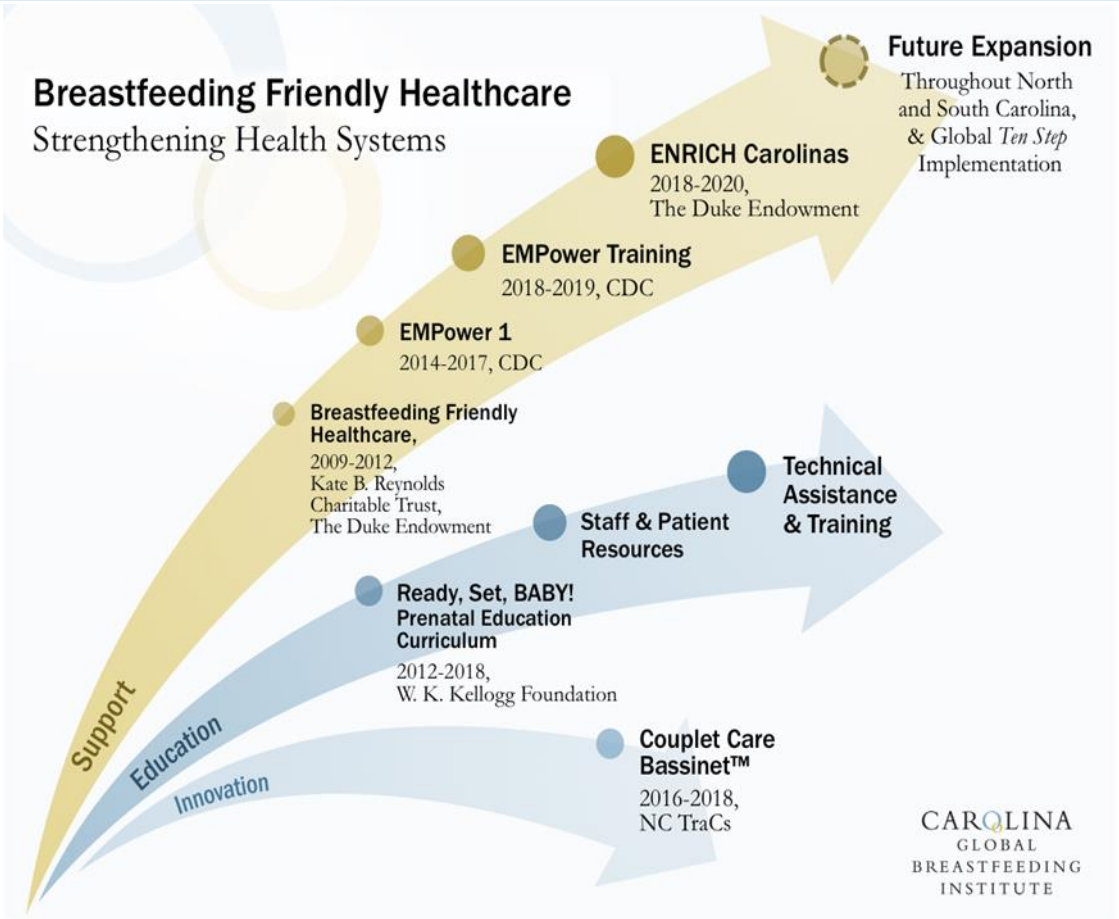
UNC | GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH

Carolina Global Breastfeeding Institute

About Us





https://sph.unc.edu/cgbi/carolina-global-breastfeeding-institute/

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Disclosures

- I have nothing to disclose

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Objectives

1. Identify 2 essential elements of coordinated discharge to ensure timely access to ongoing support and care.

2. Describe how to prepare parents for continued breastfeeding after discharge from the NICU by providing written follow-up plans.

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How do you feel about your discharge support processes and/or resources?

They are strong! We are rocking it!

Ok, but could be better

Terrible! Please help!

Feel free to use the emoji of your choice that best describes your situation

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mPINC Data

Discharge Support	National Subscore 78	California Subscore 81	California Hospitals with Ideal Response
Discharge criteria for breastfeeding newborns requires direct observation of at least 1 effective feeding at the breast within 8 hours of discharge			77%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			82%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			83%
Hospital does NOT give mothers any of these items as gifts or free samples: infant formula; feeding bottles/nipples, nipple shields, or pacifiers; coupons, discounts, or educational materials from companies that make/sell infant formula/feeding products			82%

https://www.cdc.gov/breastfeeding/data/mpinc/national-report.html

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Identify 2 essential elements of coordinated discharge to ensure timely access to ongoing support and care.

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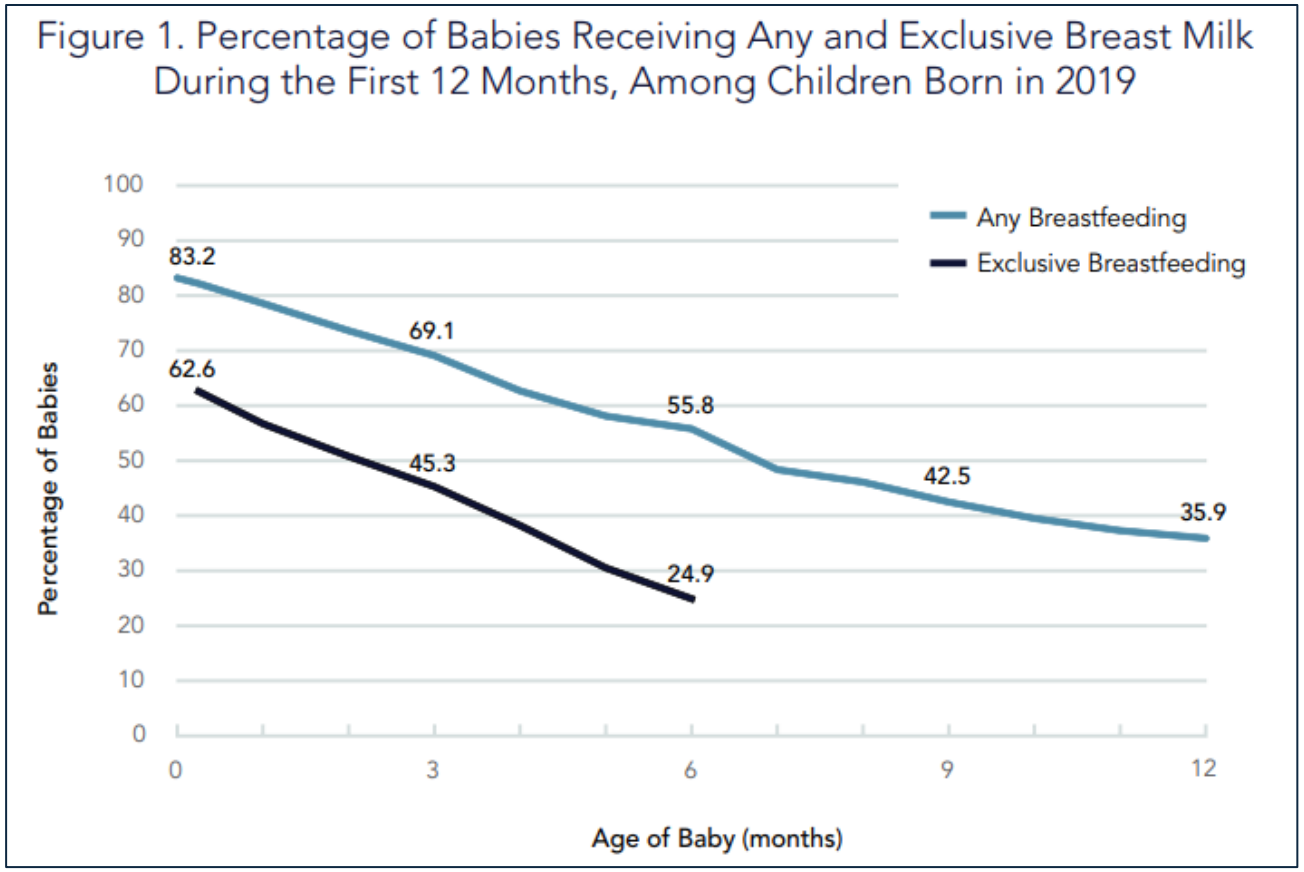
What does the data tell us?



Most infants start out receiving breastmilk

Many families do not breastfeed for as long as they intend to

Disparities by race and ethnicity persist

The steady decline in any and exclusive breastfeeding from month-to-month indicates that stronger systems of support are needed

Breastfeeding Report Card | Breastfeeding | CDC

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Challenges and Current Status

There is no global standardized method of follow-up

Not universally applied

Disparities exist

(Hoyt-Austin et al., 2022)

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Guidance

What do the experts say?

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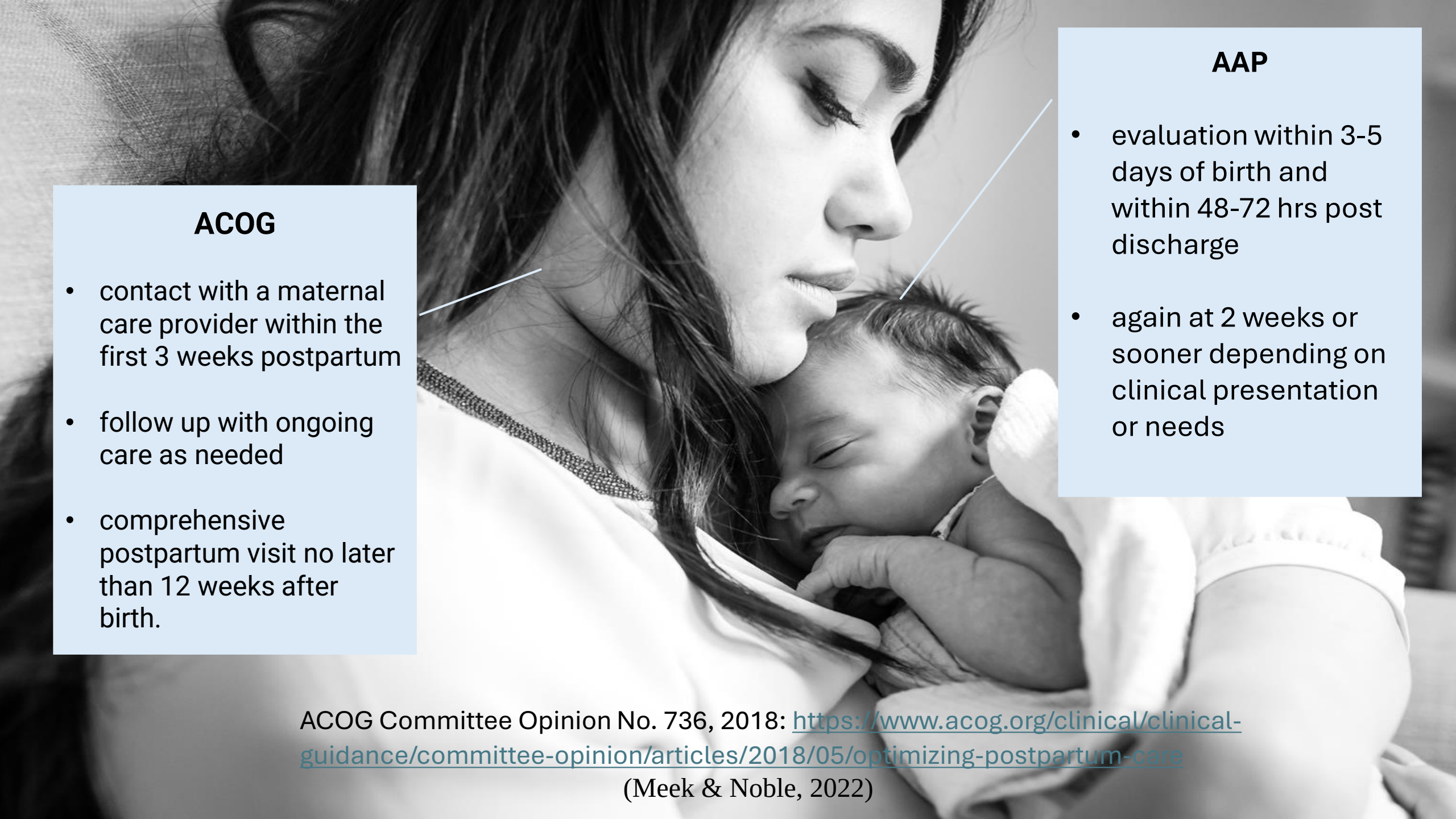


ACOG

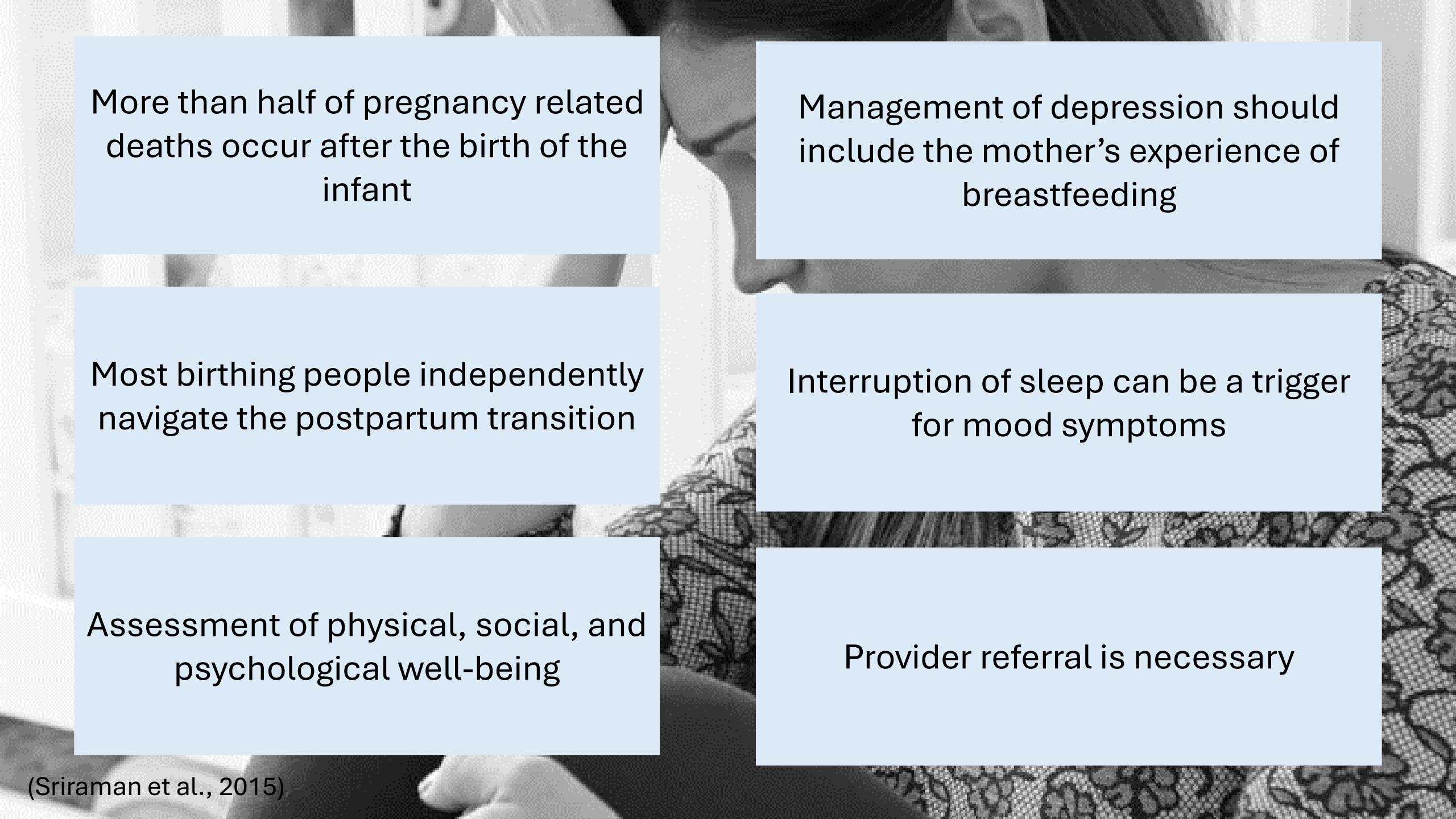
- contact with a maternal care provider within the first 3 weeks postpartum
- follow up with ongoing care as needed
- comprehensive postpartum visit no later than 12 weeks after birth.

AAP

- evaluation within 3-5 days of birth and within 48-72 hrs post discharge
- again at 2 weeks or sooner depending on clinical presentation or needs

ACOG Committee Opinion No. 736, 2018: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care

(Meek & Noble, 2022)



More than half of pregnancy related deaths occur after the birth of the infant

Management of depression should include the mother's experience of breastfeeding

Most birthing people independently navigate the postpartum transition

Interruption of sleep can be a trigger for mood symptoms

Assessment of physical, social, and psychological well-being

Provider referral is necessary

(Sriraman et al., 2015)

As many as 40% of women do not attend a postpartum visit

- Discuss importance prenatally
- Use of peer counselors, intrapartum support staff, postpartum nurses, and discharge planners
- Scheduling visits during prenatal care or before hospital discharge
- Use technology (e.g., email, text, and apps) to remind
- Increasing access to paid sick days and paid family leave

("ACOG Committee Opinion No. 736," 2018)

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Follow-up timing and screening

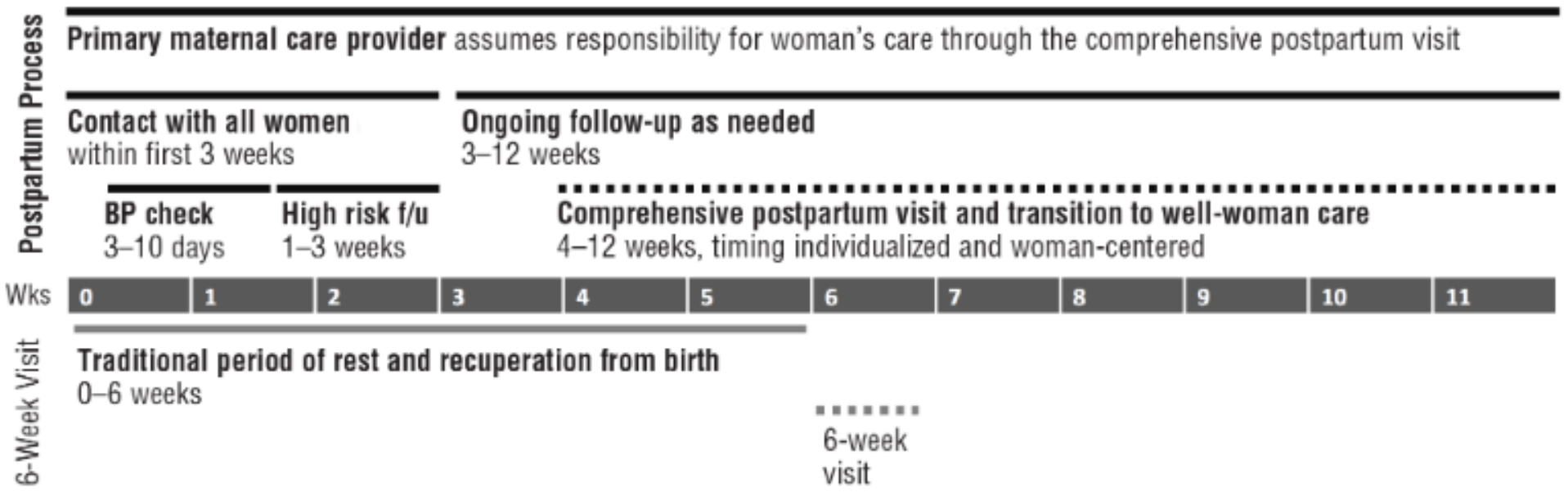

Figure 1. Proposed paradigm shift for postpartum visits. The American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice propose shifting the paradigm for postpartum care from a single 6-week visit (bottom) to a postpartum process (top). Abbreviations: BP, blood pressure; f/u, follow-up.

("ACOG Committee Opinion No. 736," 2018)

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Mental Health Screening and Timing

Screening Tools

- **Edinburgh Postnatal Depression Screen (EPDS)**
- **Patient Health Questionnaire (PHQ-9).**

Resources

Postpartum Support International (PSI):
Call/Text in English: 800-944-4773 | Text en Español: 971-203-7773

National Suicide Prevention Lifeline:
1-800-273-8255; 24/7, free and confidential support for people in distress as well as prevention and crisis resources for you and your loved ones.

The National Maternal Mental Health Hotline:
1-833-9HELP4MOMS (1-833-943-5746), is a free English and Spanish language confidential hotline for pregnant and new moms, available 24/7.

SAMHSA's Behavioral Health Treatment Services Locator:
A confidential and anonymous source of information for persons seeking treatment facilities in the United States for substance use/addiction and/or mental health problems.
https://findtreatment.gov/

(Postpartum Support International, 2016)

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Verbal and written information are provided to families on:

- Access support AND
- When to follow-up for a newborn for jaundice and feeding AND
- Maternal Infant warning signs/ symptoms of breastfeeding/ feeding problems that must receive urgent care and whom they should call for assistance

Printed/ Electronic information is distributed to parents

Description of how the facility fosters establishment/ coordinates with community based

(BFUSA, GEC, 2021)

mcah

Providing Breastfeeding Support: Model Hospital Policy Recommendations

Schedule follow-up care as per AAP recommendations

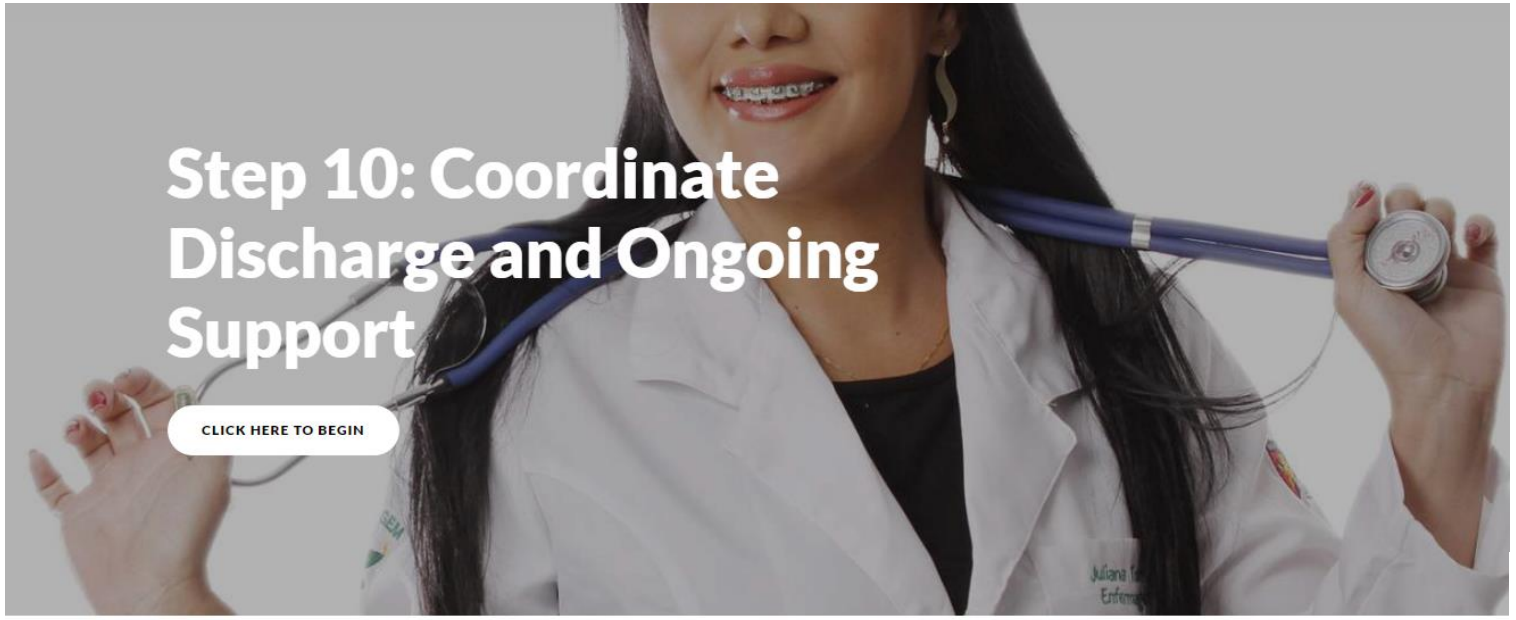
General anticipatory guidance and education

Breastfeeding guidance and education

Providing Breastfeeding Support: Model Hospital Policy Recommendations, Fourth Edition, 2021 (ca.gov)

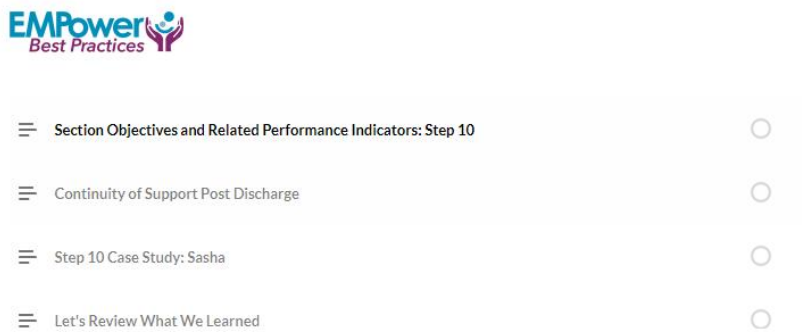

Staff knowledge
and involvement
is essential

Resource



Coming Soon to Public!

Contact juliabourg@unc.edu for details



https://www.empowerbestpractices.org/best-practices/

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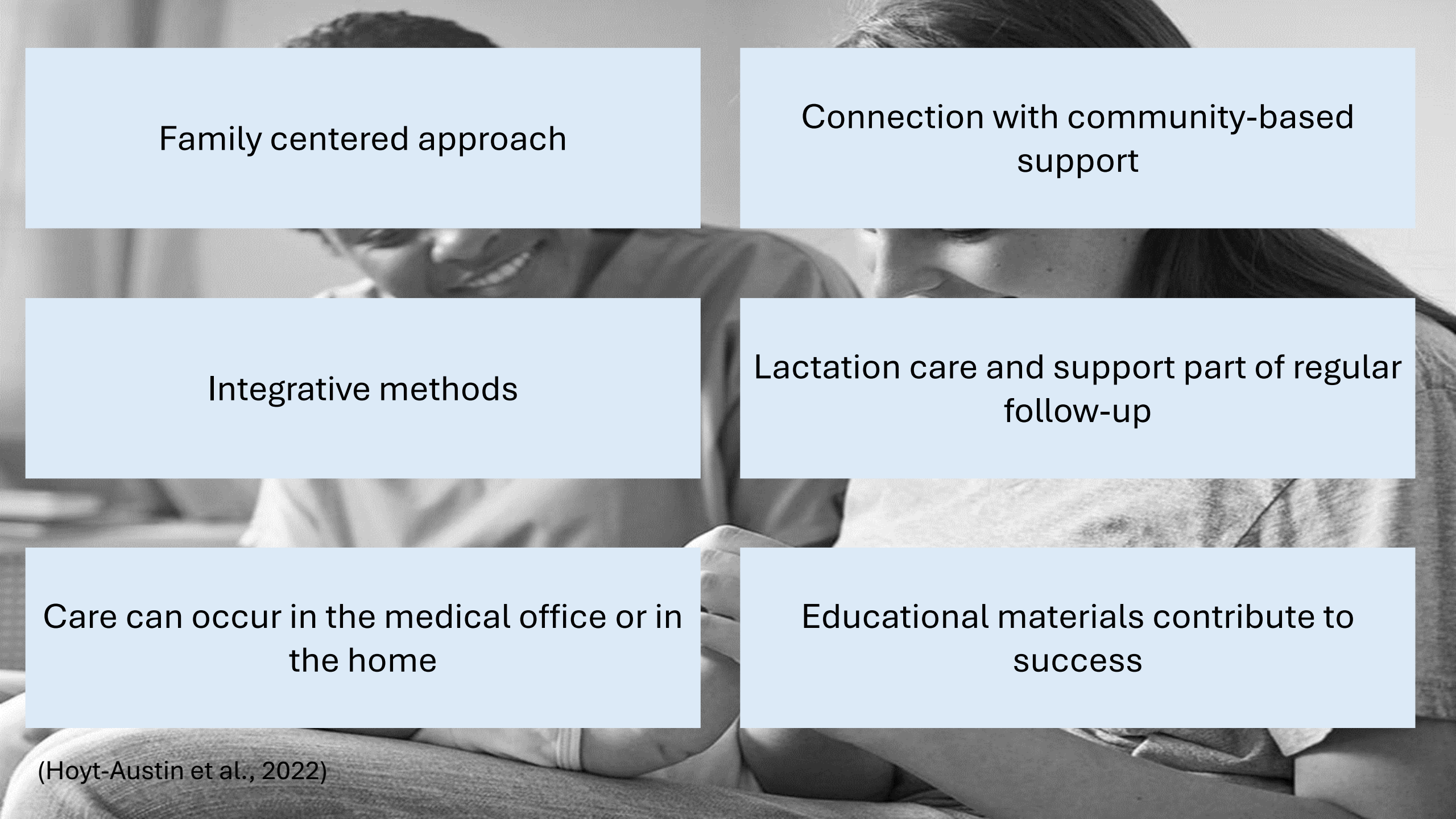

Family centered approach

Connection with community-based support

Integrative methods

Lactation care and support part of regular follow-up

Care can occur in the medical office or in the home

Educational materials contribute to success

(Hoyt-Austin et al., 2022)


But how?

Essentials of Coordinated Discharge Care

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Baseline knowledge and understanding
Sustainable
COLLABORATION
Policies and/or processes
Consistent messaging but/ and individualized care
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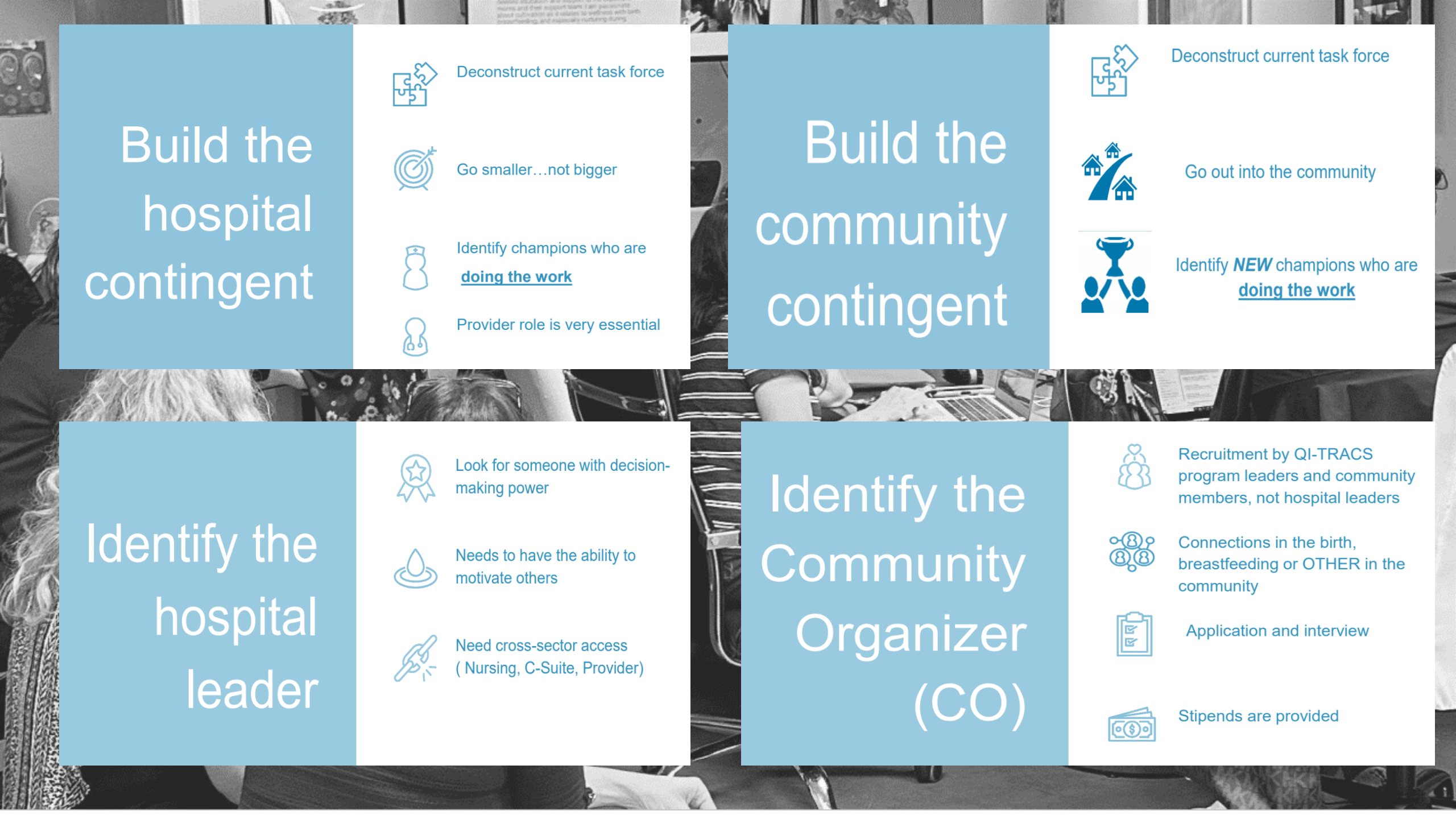
Success Storytime!

"Community Partnership + Hospital QI= Better Patient Outcomes"

Aita Wellington, Carol Fuller, Rickeshia Williams and Tameka Jackson-Dyer

QI-TRACS

Reducing Breastfeeding Disparities through TRaining, Accountability and Community Supports



Build the hospital contingent

- Deconstruct current task force
- Go smaller…not bigger
- Identify champions who are **doing the work**
- Provider role is very essential

Build the community contingent

- Deconstruct current task force
- Go out into the community
- Identify ***NEW*** champions who are **doing the work**

Identify the hospital leader

- Look for someone with decision-making power
- Needs to have the ability to motivate others
- Need cross-sector access (Nursing, C-Suite, Provider)

Identify the Community Organizer (CO)

- Recruitment by QI-TRACS program leaders and community members, not hospital leaders
- Connections in the birth, breastfeeding or OTHER in the community
- Application and interview
- Stipends are provided

Statements of Work (S.O.W)

Community Organizer

- Build partnerships

Recruit community members to the taskforce

Partner with community-based breastfeeding supports

- Ensure strong linkage to the community by actively participating in community-informed HCTF

Participate in trainings

Develop shared agendas

- Complete surveys & Check-Ins
- CO Collab Calls

Touchbase with Community Coaches & other CO's

Hospital Leader

- Participate in Collaborative Activities

Collaborative Calls

Joint Charter chats

- Participate in Racial Equity, Diversity & Inclusion learning opportunities
- Data Collection

Abstraction from EMR on 5 Core measures

Stratify by race

Build the relationship & trust between leads

- Introductions
- 1 on 1 Time to align priorities
- Common ground
- Joint meetings AND community activities

Secret Sauce:

Share the load.

The Rickeshia and Carol story…

Bronson Battle Creek Hospital, Battle Creek , MI

The Secret Sauce!

Rotating Leadership

Watch Video

Results:

Shared Projects & Reduced Disparities

BABY FRIENDLY DESIGNATION ACHIEVED!!!!!

Bronson Battle Creek Hospital

Baby-Friendly USA

Bronson Battle Creek Hospital
is hereby recognized as
Baby-Friendly® Designated Hospital
practicing all Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes
2024 – 2028

Bronson Methodist Hospital

Baby-Friendly USA

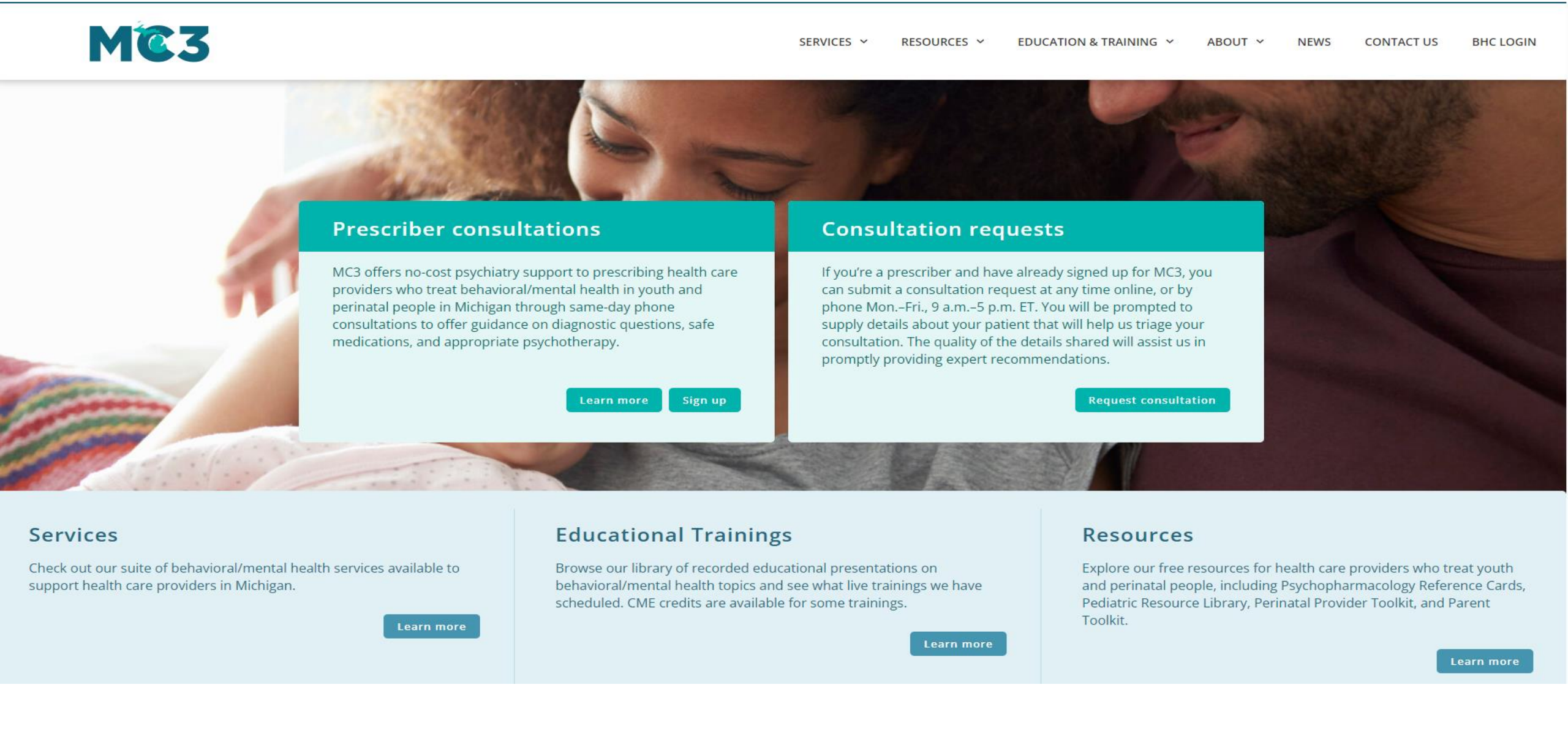
Bronson Methodist Hospital
is hereby recognized as
Baby-Friendly® Designated Hospital
practicing all Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes
2024 – 2028

Results:

Shared Projects & Reduced Disparities

Success Storytime!

[Psychiatry Support for Michigan Healthcare Providers (mc3michigan.org)]



Poll on Biggest Barrier related to topic

What do you feel is the biggest barrier to adequate and timely feeding support after discharge from the birthing facility?

a. Inaccurate information (lack of knowledge or variable knowledge of recommendations across health disciplines)
b. Lack of policy or compliance to policy
c. Inconsistent messaging to families across providers and organizations (points of care)
d. Inability to individualize care when needed
e. No or limited collaboration (between providers, between community points of care and facility, silos)
f. Unable to come up with a solution that really “sticks” or leads to improvement

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Describe how to prepare parents for continued breastfeeding after discharge from the NICU by providing written follow-up plans.

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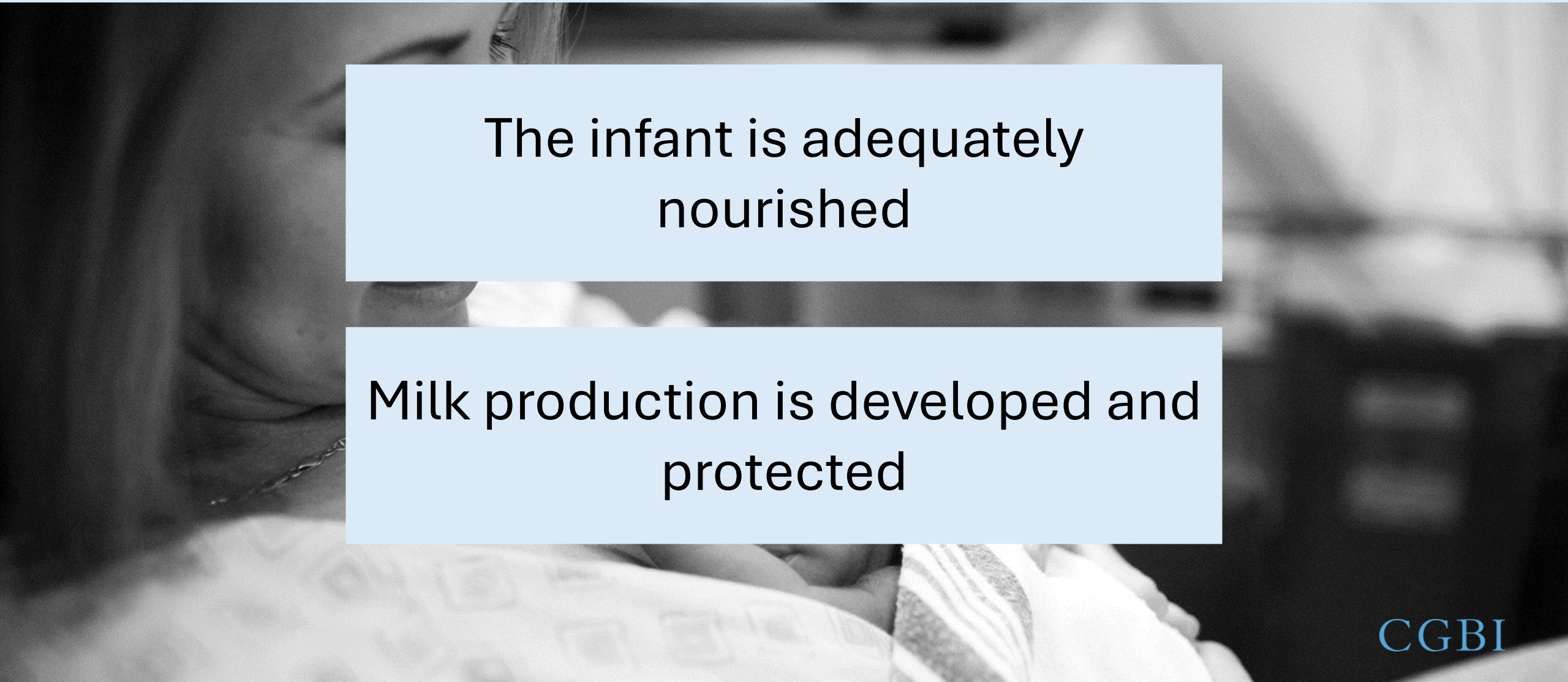
Individualized

Continuously changing

Supportive

(Noble et al., 2018)

Lactation management and support should ensure that:



The infant is adequately nourished

Milk production is developed and protected

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NEONATAL INTENSIVE CARE (NICU) RESOURCES:

A Guide to Recommended Practices

2021

Baby-Friendly USA

10 STEPS FOR SUCCESSFUL BREASTFEEDING, ADAPTED FOR NICU SETTINGS

These Steps were adapted from the the original Ten Steps to Successful Breastfeeding.

Changes reflect the NICU environment and care priorities, while retaining the core principles of The Baby-Friendly Hospital Initiative.

STEP 1 Have a written infant feeding policy and protocols for the NICU that include the use of human milk and breastfeeding that are routinely communicated to all health care staff involved in the care of NICU parents and infants.

STEP 2 Educate and train all staff working with NICU infants and their families in the knowledge, competence and skills necessary to implement the NICU-related infant feeding policy and protocols.

STEP 3 As early as possible, discuss with families whose infants are at risk for admission to the NICU the initiation and management of lactation, and the benefits of human milk and breastfeeding.

STEP 4 Place stable infants skin-to-skin on their mothers as soon as feasible. Facilitate and support extended, ongoing skin-to-skin care by parents or support persons without unjustified restrictions.

STEP 5 Show parents how to initiate and maintain lactation at the earliest possible time and initiate breastfeeding with infant readiness and stability as the only criteria.

STEP 6 Give infants no food or drink other than human milk, unless medically indicated.

STEP 7 Allow and encourage parents and support persons to be with their infants and participate in their feeding and care, with unrestricted access, 24 hours a day, unless there are justifiable reasons for separation.

STEP 8 Encourage cue-based infant-driven oral feeding with breastfeeding as early as possible, with no weight or gestational age restrictions.

STEP 9 For infants who are expected to breastfeed, use alternatives to bottle feeding whenever possible until the infants have been given the opportunity to develop some breastfeeding skills. Use nipple shields and pacifiers only for therapeutic reasons.

STEP 10 Prepare parents for continued lactation and breastfeeding after NICU discharge by having written follow-up plans and ensuring access to specialized clinical lactation support services and groups knowledgeable about the needs of post-NICU infants.

(BFUSA, 2021)

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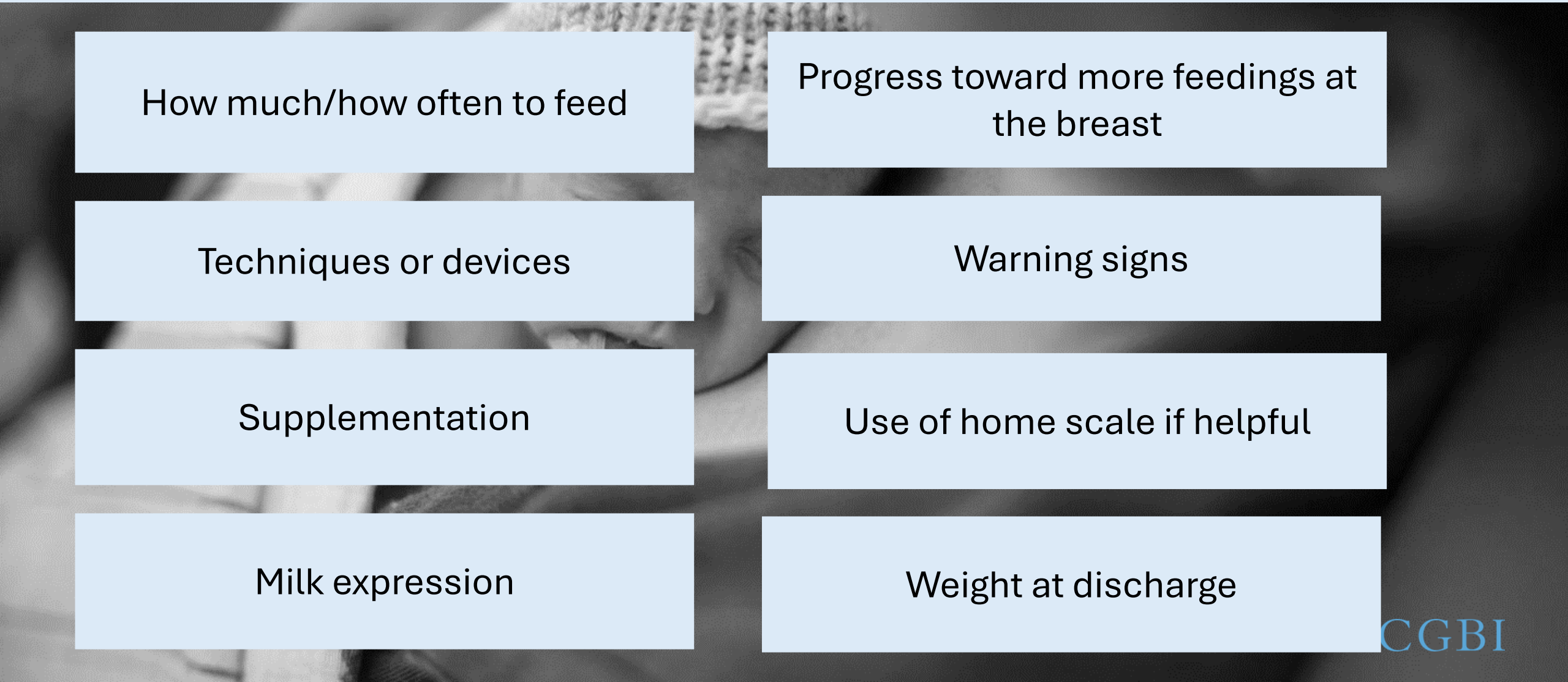
NICU discharge instruction should include:



- How much/how often to feed
- Techniques or devices
- Supplementation
- Milk expression
- Progress toward more feedings at the breast
- Warning signs
- Use of home scale if helpful
- Weight at discharge

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Fortifiers or specialized breastmilk substitutes

Feeding assessment and support at the facility or in the community

The NICU facilitates the development if needed

(BFUSA, 2021)

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Resource

APPENDIX D: A BRIEF GUIDE FOR DEVELOPING PLANS FOR NICU PARENT EDUCATION FOCUSED ON INFANT FEEDING ISSUES

RATIONALE FOR PARENTAL EDUCATION

Parental education is one of the most important components of successful breastfeeding and optimal infant outcomes. Educating the parents and families on breastfeeding yields enormous benefits to infants and mothers and should be considered a valuable investment of staff time and effort.

RECIPIENTS OF EDUCATION

Parents and others designated by them who will be involved in caring for the infant (see definition of family).

TIMING OF EDUCATION

Education sessions, in some cases, may be focused on what the parents need to know regarding infant feeding at a specific stage in the continuum of care (antenatally, on admission to the NICU, at discharge). In other cases, education sessions may be focused on a particular topic such as milk expression, formula feeding, etc. NICUs can organize the education plans to best meet each family's needs as long as key topics are covered.

EDUCATIONAL CONTENT

Education should be delivered in culturally and linguistically appropriate ways. Materials should be representative of the ethnicities and cultures of patients in the facility and provided in the language most commonly spoken by patients. Develop and disseminate robust and culturally relevant local resource lists.

Specific educational content to consider at key stages in the continuum of NICU care:

TIMING	POSSIBLE TOPICS/CONTENT
Antenatally, especially for those at risk of delivering infants admitted to the NICU	▪ Previous knowledge and experience ▪ Potential contraindications/risk factors ▪ Possible impact of labor and delivery, medical conditions, medications, diet, fluid intake ▪ Rationale for human milk for the infant in NICU, benefits for mother and infant, preference for mothers' own milk; availability, indications and potential use of pasteurized donor human milk ▪ Processes and options for supplying milk/breastfeeding; resources for equipment, help, support ▪ Importance of STS; early initiation of breastfeeding (positioning and attachment), based on infant cues ▪ Parent access to infant/staff caring for infant, importance of parent presence; role of family in care of infant in the NICU

NICU admission and throughout the NICU stay	▪ Skin-to-skin (STS): duration/frequency, strategies; impact on infant, mother/family and milk production
	▪ Milk expression:
	  ▪ Initiation: time-sensitivity; value/importance of early milk expression
	  ▪ Techniques: massage, hand expression, use of pump (access to appropriate pump for home use), frequency and duration of pumping sessions, comfort measures, expected volume, changes in milk production and target amounts, need for and availability of help
	  ▪ Safe storage and handling of milk, identification/labelling, order of use
	▪ Infant feeding:
	  ▪ When/how mothers' own milk is used, volume needed over time, additives/alternatives/supplements
	  ▪ Breastfeeding: position/latch, techniques/aids/devices; evaluation of quality/tolerance

continued next page

APPENDIX D: *continued*

TIMING	POSSIBLE TOPICS/CONTENT
NICU discharge	▪ Feeding frequency, volumes, methods, techniques/devices, supplements/additives, vitamins/medications ▪ How to modify milk expression/pumping to protect milk production ▪ Signs of problems, when/how to access appropriate follow up care and support
Post-NICU (to extent the facility provides follow-up care)	▪ Feeding evaluation; reinforce, address concerns/problems, progression/advancement ▪ Impact of feeding on infants' recovery, progress, weight gain, growth and development ▪ Further follow-up and access to post-NICU specific community supports and resources

EDUCATIONAL METHODS AND COUNSELING STRATEGIES

Various educational and counseling strategies may be utilized depending on the topic, the individual learner, the skills of the caregiver and the environment as well as the condition and prognosis of the infant. Consideration should be given to each mother's/parent's individual circumstances (age, education, parity, ethnicity/cultural beliefs, availability, etc.) and family needs. Counseling strategies should be customized in regard to relative body placement of parent and care provider, use of space, gestures, eye contact, facial expression, touch, volume and pace of speaking, with culturally-sensitive adjustments. Actively engaging families in discussion of their priorities, concerns and questions allows each facility to modify their systems to best meet the needs of those for whom they provide care. Some topics may be addressed in groups such as parent classes or support group meetings. Other topics may require more privacy and individualization (e.g., techniques to use during feedings at the breast, specialized devices, use of breast milk additives/substitutes). Feeding education should be incorporated with other parent/family education in order to streamline the entire education process into a coherent whole.

Depending on the length of the infant's stay in the NICU, this education might be an ongoing process over an extended time or might be completed in a few days. Repeated opportunities for education and counseling will be available when the parent(s) and family are with the infant frequently and for extended time periods. Staff will need to creatively adapt when the family's availability is limited, optimizing communication strategies and using audio-visual and printed educational materials.

EDUCATIONAL ASSESSMENT AND EVALUATION

Every facility should have established methods for identifying the learning needs, styles and preferences of the individuals receiving education, as well as evaluation and documentation of education outcomes. These same methods should be employed in the NICU in regard to infant feeding education.

DESIGNING EDUCATION PLANS

Each education plan should include the following information:

1. Focus of the education: parents or significant others, family members and/or designated caregivers
2. Timing of the education
3. Staff member(s) responsible for planning and conducting the education
4. Educational content/topics and objectives
5. Educational strategies (methods, group/individual)
6. Length/schedule of the educational sessions
7. Education venue (e.g., patient bedside, parent education room, etc.)
8. Method(s) for documenting attendance/participation
9. Method(s) for evaluation (with consideration about what is useful to require and/or reasonable to expect)

(BFUSA, 2021)

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Resource

MILK RESEARCH LAB

NICU Toolkit for Hospitals & Birth Centers to Better Support Black Families

UCSF MILK RESEARCH LAB | NICU Toolkit for Hospitals & Birth Centerss

https://milklab.ucsf.edu/nicu-toolkits-0

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Resource

https://www.marchofdimes.org/our-work/nicu-family-support

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Success Storytime!

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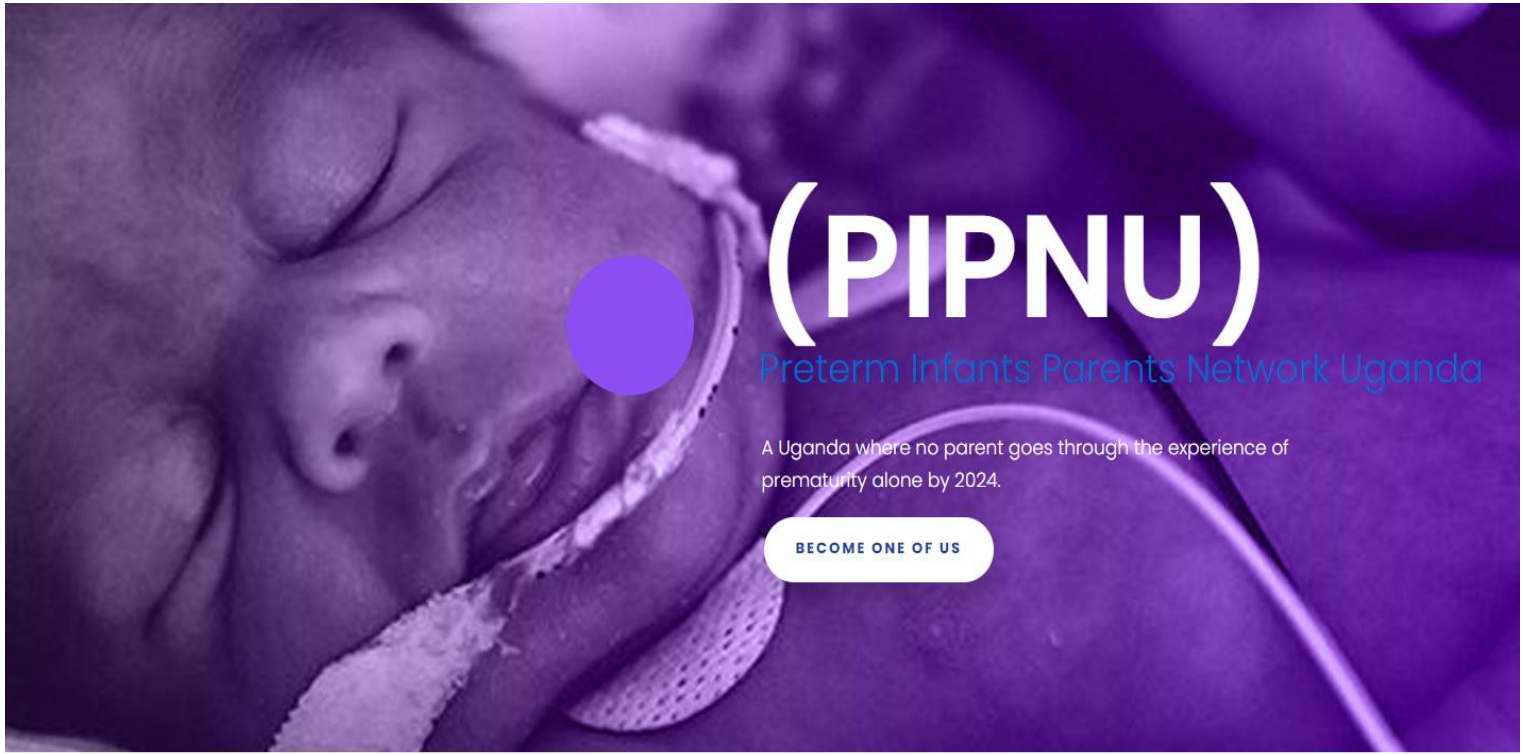
Success Storytime!



It Starts with the will to make a difference.

Giving a chance to every new born

https://pipnu.org/

Kateregga Bazilio, Founder and Director

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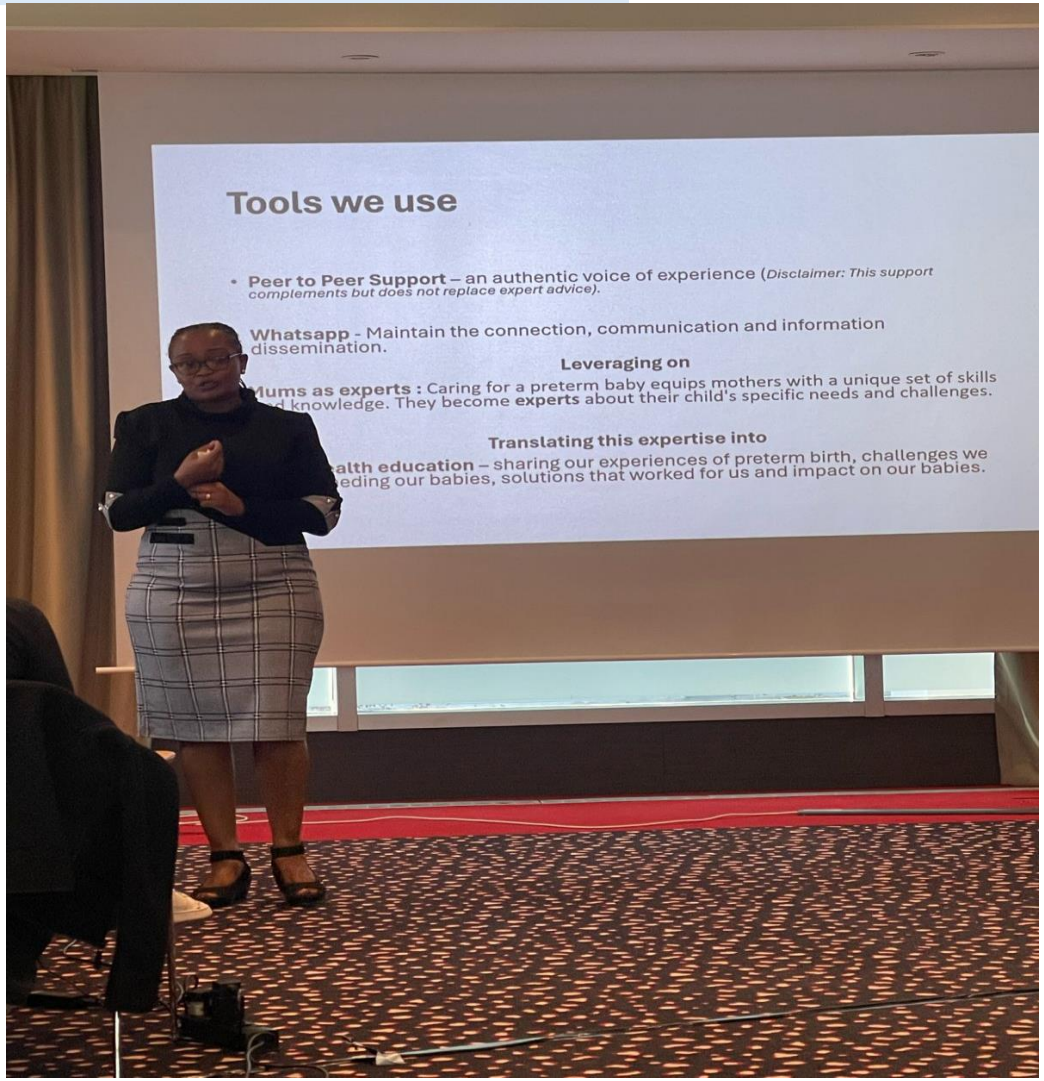
Success Storytime!



Ruby Maria Nazareth, Founder

Preemie Love

Giving Voice To Mothers Of Preterm Babies

Preemie Love Foundation

1.3K likes • 1.3K followers

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