

Insights

Prenatal to Postpartum Continuum of Care Provides Benefits for Mothers Choosing to Breastfeed

Educating mothers about the benefits of breastfeeding before they enter the hospital increases the likelihood mothers will choose the beneficial feeding method. However, building bridges between care providers, community groups and hospitals can be surprisingly difficult.

“Providing and reinforcing messages from prenatal through delivery and postpartum is essential to making sure mothers understand the critical health impacts of breastfeeding, feel supported in their efforts and know where to turn to for help both while in the hospital and after discharge. This is truly setting mom and baby up for success,” says NICHQ’s Senior Director of Perinatal Projects Jennifer Ustianov, MS, BSN, RN, IBCLC. “To do this, providers across the care continuum need to be willing to step outside their everyday and work collaboratively.”

One community participating in the [New York State Breastfeeding Quality Improvement in Hospitals \(BQIH\) Collaborative](#) has figured it out. Johanna Hagelthorn works at the HealthAlliance of Hudson Valley (HAHV), a small community hospital in Kingston, NY, as a lactation coordinator and maternity staff nurse. Through community work with the Institute for Family Health (IFH), Hagelthorn befriended Monet Goudreault, a certified lactation counselor and breastfeeding education coordinator at IFH. Together, the women have become a model of community partnership and collaboration—one that is resulting in improved health outcomes for moms and babies.

NICHQ recently sat down with the duo to learn more about the successful partnership.

How did you come about to form a partnership?

Hagelthorn: We met through the Breastfeeding Initiative of Ulster County (BIUC), a group consisting of local breastfeeding supporters. Members include the IFH, Healthy Families, WIC, local doulas, midwives, childbirth educators, lactation consultants and mothers. HAHV provides the space for the meetings. Since IFH is the primary provider for most of the HAHV maternity patients, it made sense to partner together to provide continuity in the care for our patients. For example, we noticed that patients were not prepared for some of the practices such as skin-to-skin contact after birth or babies rooming in with mothers, so we worked to address that by

developing educational materials.

Tell us more about the educational materials and other things you've collaborated on.

Goudreault: We have collaborated on ways to better incorporate breastfeeding education prenatally and prepare families for delivery at HAHV. In addition to brochures on the topics of skin-to-skin and rooming in, I help with prenatal breastfeeding education in our Centering Pregnancy group prenatal care classes. I then have the advantage of visiting with moms and babies (many of whom delivered at HAHV) during the postpartum hospital stay and in the pediatric outpatient clinic. This collaboration works so well because the changes really need to occur across the board and involve both HAHV nursing and other staff, as well as IFH providers and the care they offer women prenatally and postpartum.

Hagelthorn: Monet has been invaluable in many ways. We have worked on BQIH, Baby-Friendly designation efforts, staff education and more together. The participants in the Centering Pregnancy group prenatal classes are well-prepared and the maternity nurses notice and comment on this. At a BIUC meeting, we identified a need for a community calendar so women could see when different support groups were being held in the community. While waiting for the creation of one on the BIUC website, Monet created a hard-copy that we now distribute to all postpartum mothers.

How frequently do you work together?

Goudreault: We typically meet twice a week for 2 to 3 hours at a time. We also keep in contact by emailing or texting.

How has the partnership been helpful to reach your goals?

Goudreault: HAHV and IFH have very similar goals and are both working together to increase breastfeeding rates and make Baby-Friendly designation a reality. I'd say that these efforts have required collaboration from the beginning. We both benefit from the collaboration because it allows us to provide better education and services to our patients, which ultimately helps both organizations improve our practice and our overall patient health outcomes.

Hagelthorn: We are still working on achieving our goals, but it has been very helpful to have a kindred spirit along the way to share both frustrations and successes. We take turns feeling dejected and downtrodden or hopeful and energized. We try to cheer each other up when the process is slow or tedious. It has made it much more enjoyable to have a partner.

What are the benefits of the community partnership? For you? For mothers?

Goudreault: There are many. Improved education on Baby-Friendly practices and the benefits of breastfeeding. Improved breastfeeding community resources and support networks. Improved breastfeeding rates in Ulster County. Improved health outcomes for moms and babies overall. Johanna and I have been able to share the work load and friendship.

Hagelthorn: All of the above!