NICHQ National Institute for Children's Health Quality

**Insights**

# How to Get Leadership Support for Hospital-Based Breastfeeding Initiatives

Leadership support is a necessary foundation to any change effort. Without it, change agents find it nearly impossible to get the required resources and attention needed to move forward.

How do you get that critical support? NICHQ recently asked Melanie Mouzoon, MD, a Pediatric Hospitalist and the Chair of the Baby-Friendly Hospital Initiative at the Women's Hospital of Texas, to share how she achieved leadership support for improving breastfeeding outcomes at her hospital—which resulted in a 300 percent increase in the hospital's exclusive breastfeeding rate.

**Why was it important for your facility to improve breastfeeding outcomes?**

Woman's Hospital of Texas was the premier birthing facility in Houston for a long time. We did prolonged mother-baby contact after birth and were very supportive of breastfeeding. But then patient demand grew faster than our physical facilities, and we had to push mothers out of labor and delivery to the floor sooner, and stopped doing skin-to-skin contact and couplet care. We became focused on efficiency and had a concept of patient safety that focused on keeping babies in a transition nursery for 3-4 hours after birth.

It became important to refocus our efforts on breastfeeding because we faced a competitive challenge from a new nearby facility. There was a lot of patient dissatisfaction when we separated moms and baby after birth; we were being lambasted on social media. And, our obstetrical physicians were worried about losing practice share. We couldn't afford to not make a change.

**Why and how was leadership support critical to your change strategy?**

We had a lot of talk about changing our practice, but nobody was really committed to it. Change is hard. Involving leaders and bringing opposition voices to the table fostered acceptance and willingness to try many things that had been flatly forbidden before. We brought our biggest opponents to the committee. We figured if we could show the evidence to them, and convince them, that the change would happen more quickly, and it did.

It's important to get leadership on board because change is expensive and keeping a clear vision in front of all stakeholders is key to getting resources—money, time and effort from staff.

Our CEO was our biggest supporter, constantly pushing us to make changes so that we could get the Baby-Friendly designation. The CEO saw how our initial changes made big improvements in the comments on social media, with recent patients pushing back against older criticisms and extolling how wonderful their experiences were. Virtually every patient who had delivered a baby before the changes and again afterwards were thrilled with the changes, and that won over our biggest opponents.

**How did you and your administrative leaders keep in touch with the progress, challenges and improvements implemented?**

We held weekly nursing team/physician lead meetings; monthly “all stakeholder” meetings with administration, Obstetrics, Pediatrics, Neonatology, Nursing from antepartum and labor and delivery; and presented at Obstetric and Pediatric service meetings and at general staff meetings. We shared a dashboard of audits and steps being implemented.

**What advice would you give to others hospitals on a path to improve their maternity care practices?**

There are several things:

1. Remind the physicians that if they don't keep up with current breastfeeding knowledge, their patients won't trust them for breastfeeding advice, and ultimately for other advice. Mothers know from their own research what good breastfeeding support looks like.
2. As rates for breastfeeding increase in the hospital, the failures shift to post-discharge and physicians will think that the changes have actually reduced breastfeeding success. If only two of 10 leave the hospital breastfeeding at the onset of your process improvement, and afterwards eight of 10 do, of course they will potentially see four times as many patients with breastfeeding issues as they did before. Emphasize the importance of the two day follow-up.
3. Lactation consultants and nurses are voiceless against physicians, even if they know more (20 hours of training verses three for required Baby-Friendly status.) Be an advocate for lactation consultants and nurses. Most of the changes are accomplished by them, not by physicians.
4. Follow the mommy blogs to see how well you are really doing. Ask mothers who have had infants at your facility how this birth went compared to the last one. You will have a target on your back from those who don't adapt easily to change or who don't believe in breastfeeding's superiority to formula feeding, and the feedback you get from mothers will be your best response and the reason to persist when problems occur.
5. Skin-to-skin will result in infant falls if you don't advise families to put the baby in the crib when mom feels sleepy; family members need to expect to stay with mother in her room after delivery, especially cesarean sections, so that baby can room in.
6. Tongue-tie can be a problem for some couplets, even if pediatricians were taught decades ago that it does not exist. Keep the evidence before the nay-sayers.
7. Persist! Remember, this is evidence-based best practice, so don’t give up, even when it gets hard.