

Insights

4 Tips for Reducing Formula Supplementation in the Hospital

When a patient recently delivered her second baby at Harris Health System's Lyndon B. Johnson (LBJ) Hospital in Houston, she was surrounded by a team dedicated to supporting her decision to breastfeed. The support, which began in the delivery room and continued after she returned home, made a difference.

"She told us that her experience with her second baby was 100 percent better than it was just two years ago when she had her first child," says Renee Eddings, clinical resource nurse. "While she formula-fed her oldest, she left the hospital committed to breastfeeding because of the support and education she received here."

Eddings says the focus on breastfeeding began in March 2014, when LBJ joined the NICHQ-led Texas Ten Step Star Achiever Breastfeeding Learning Collaborative. The project, founded on the Ten Steps to Successful Breastfeeding, focuses on education and research-based initiatives proven to increase exclusive breastfeeding and reduce supplementation with formula.

For LBJ, it's working. Before the collaborative, just 3.8 percent of mothers left the hospital exclusively breastfeeding. After one year of intense workshops and learning sessions, that number has since climbed to 33 percent, according to Eddings. The supplementation rates started at a baseline of 73 percent and although there hasn't been a sustained change, the last three months have begun to show a downward trend in supplementation to a current 57 percent.

Maria D'Souza, MHA, MSN, RNC, director of Nursing, cautions that LBJ's success came with many challenges. D'Souza and Eddings share some of their tips for getting started.

Share the vision

It starts with clearly articulating the purpose and goals to the entire team, Eddings says. "We were consistent and repetitive with the message that we were committed to improving our exclusive breastfeeding rates and reducing supplementation. While this was challenging at first, people began to understand that it wasn't a fad, and slowly, we gained more traction."

The cultural shift began when LBJ was also making the change to a more family-centered care model. For the postpartum and nursery units, this meant that nurses who previously cared only for mothers were now being trained to care for babies, and vice versa. To ease the transitions,

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management walked side-by-side with the nurses for 12-hour shifts, answering questions and observing first hand any adjustments that needed to be made. This extra support also included nurse educators and nutritionists—key members of the team who were central to supporting the supplementation message.

Hold the team accountable

D'Souza says that audits helped collaborative leaders better understand where the team was failing. "We touched every patient and reviewed each and every chart—from how long the patient practiced skin-to-skin to why formula was first introduced," she says. "We found that some nurses were not consistent."

The audit also included a focus on formula. LBJ made a deliberate effort to centralize its stock of formula in one location, rather than spread across the floors. It also began accounting for when and how it was used, and most importantly, why.

Make lactation consultants part of the L&D team

Recognizing the important role of lactation consultants in reducing supplementation, LBJ shifted its labor and delivery model of care to incorporate their expertise. Now, each new mother has three clinicians dedicated to helping them breastfeed within minutes of birth. One nurse focuses on skin-to-skin while a second nurse helps the lactation consultant with a latch.

Lactation support continues in recovery. Lactation consultants visit with almost every patient, an average of about 8 to 10 per day. The hospital also calls each patient after discharge, and if extra breastfeeding support is needed, LBJ facilitates appointments with a local lactation foundation—a critical partner in ensuring that breastfeeding continues once mothers return home.

Focus on education

Eddings credits prenatal education as a cornerstone of LBJ's success. As a partner with the prenatal clinics that feed into the hospital, LBJ ensures that the breastfeeding message begins as early as the first trimester. Later, when pregnant mothers tour the unit, clinicians reiterate the importance of breastfeeding once again.

"When a mom arrives in active labor, she's not thinking about anything but having the baby," Eddings says. "Our goal is to start the conversation early so that there aren't any surprises."

D'Souza recommends educating fathers and grandparents as another easy way to reduce supplementation. At LBJ, the mother's support team receives a hand-out about how they can help encourage breastfeeding once the mother returns home.

"My advice to anyone just getting started is to be patient," Eddings says. "It's an uphill battle but it can be achieved with the help of the collaborative. Without it, we wouldn't have come this far. We were able to get so much support and ideas for what was already working in other hospitals. It took some trial and error on our part, but it was worth it."