

CHAMPS Wednesday Webinar, Fall 2020 Series: November 11<sup>th</sup>, 2020

# Frontline Workers: Nursing Experiences During the Pandemic and Beyond

**Presenters:**  
**Women's Hospital Educators**  
at NMMC Tupelo Women's  
Hospital  
**Laura Burnham, MPH, CHEER**  
Project Director



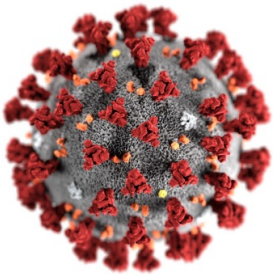
You can use the chat box for questions during the presentation.

# CHAMPS Wednesday Webinars

*Webinars are held in collaboration with the Mississippi State Department of Health and the Bower Foundation*

**This is the last Wednesday Webinar in the  
Fall 2020 Series!**

**Look out for information on our next  
Wednesday Webinar Series, starting in January,  
2021!**

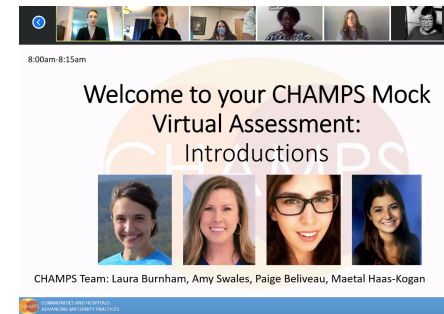


***All webinars in the Fall 2020 Series  
are available on our website!***



If there are topics you would like covered, please email: [CHAMPSbreastfeed@gmail.com](mailto:CHAMPSbreastfeed@gmail.com)

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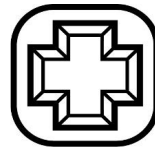


Left to Right: Sharmayne Douglas, Surgery; Renee Nichols, NICU; Casey Peeples, L&D and OBED; Kaila Reich, Mother/Baby & Resource Pool

# North Mississippi Medical Center

Women's Hospital Educators

Tupelo, MS



**NORTH MISSISSIPPI  
MEDICAL CENTER**



# NMMC – Women’s Hospital

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- Located in Tupelo, Mississippi
- NMMC is a 640 bed regional referral center
- Women’s Hospital is a freestanding facility which opened in 1986
  - 15 bed LDR unit
  - 8 bed OB Emergency Department
  - 34 bed NICU – Level III
  - OB/GYN Surgical Services
  - 36 bed Mother/Baby unit offering couplet care





# Visitation

- C/S Mothers- 1 person allowed in OR for spinal or epidural patients
- NO C/S family waiting room
- L&D and Mother/Baby- 1<sup>st</sup> was one support person (had to remain the same person the entire hospital stay) and now it is one person q 24 hours
- NICU- Mother & 1 support person for the entire hospital stay
- SSS/GYN- 1 visitor present to drive home
- Room numbers on windows so that family can visit from outside



# PPE

- L/D- full PPE for 2<sup>nd</sup> stage of Labor and Delivery, wear N95 during epidural placement
- Surgery (C/S)- full PPE during surgery
- NICU
  - full PPE during C/S
  - full PPE positive, PUIs in NICU
  - transports



# Designated Covid Unit

- Antepartum patients kept on mother/baby to help the antepartum unit transform into COVID unit.
- Must stock, prepare unit for any scenario including:
  - OBED patient
  - Antepartum
  - L/D
  - Post-Partum
  - C/S pre-op
  - Well baby
  - NICU Transport
  - Newborn Follow Up



# Critical Patients

- Any patient that is critically ill/compromised goes to the Main Unit Hospital on their COVID unit
- We have had one scenario where a COVID patient was desatting, compromised, and went to the Main Unit Hospital from WH.



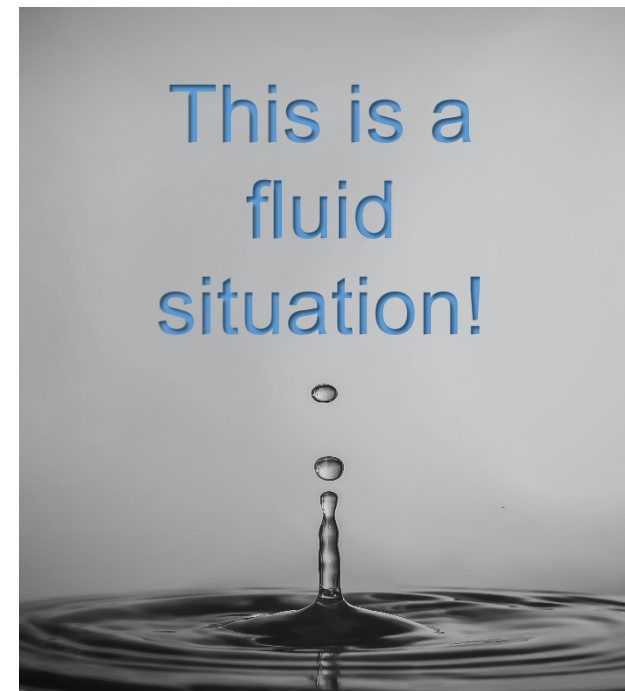
# Early Days & Adapting

## PPE:

- Evolved from no masking, then bedside staff only, and now masks for ALL employees, patients, and visitors
- Now, PPE including N95 covered by a procedure mask, face shield, and gown required for 2<sup>nd</sup> stage of labor and ALL deliveries (vaginal and cesarean)
- Also, N95 now worn by nursing during epidural placement due to close proximity

## Activities:

- Educational activities were postponed
- Meetings and projects were canceled
- Quarantined for any known COVID + exposures
- Staff members exposed other staff
- Now, all areas have a max capacity allowed by hospital





# Separation/ Rooming In

- First
  - Encouraged separation of baby, no visitors
- Then
  - CDC changed guidelines
- Later
  - 1 support person for laboring and postpartum women



# Positives



- MD Section Meetings- highest attendance ever
- Baby Fair- virtual, very high participation
- Most patients enjoy having less visitors
- NICU parents do not have to share time
- Patient care is easier for healthcare workers
- Expanding communication and learning experiences

## Labor and Delivery Unit Virtual Tour



## Mother/Baby Unit Virtual Tour



# Testing/Screening/Complications



- Employees
  - Mandatory masking for all employees, temperature check on arrival, daily attestation that employee is “well” when clocking in
- Patients
  - Universal screening (questions) and Universal masking
  - Only symptomatic testing, NO universal testing
- Complications
  - COVID patients being readmitted with Pre-E symptoms
  - Surrounding hospitals are universally testing, has affected our hospital when those patients are transferred to us and are asymptomatic positive cases
  - Several patients have developed symptoms after delivery



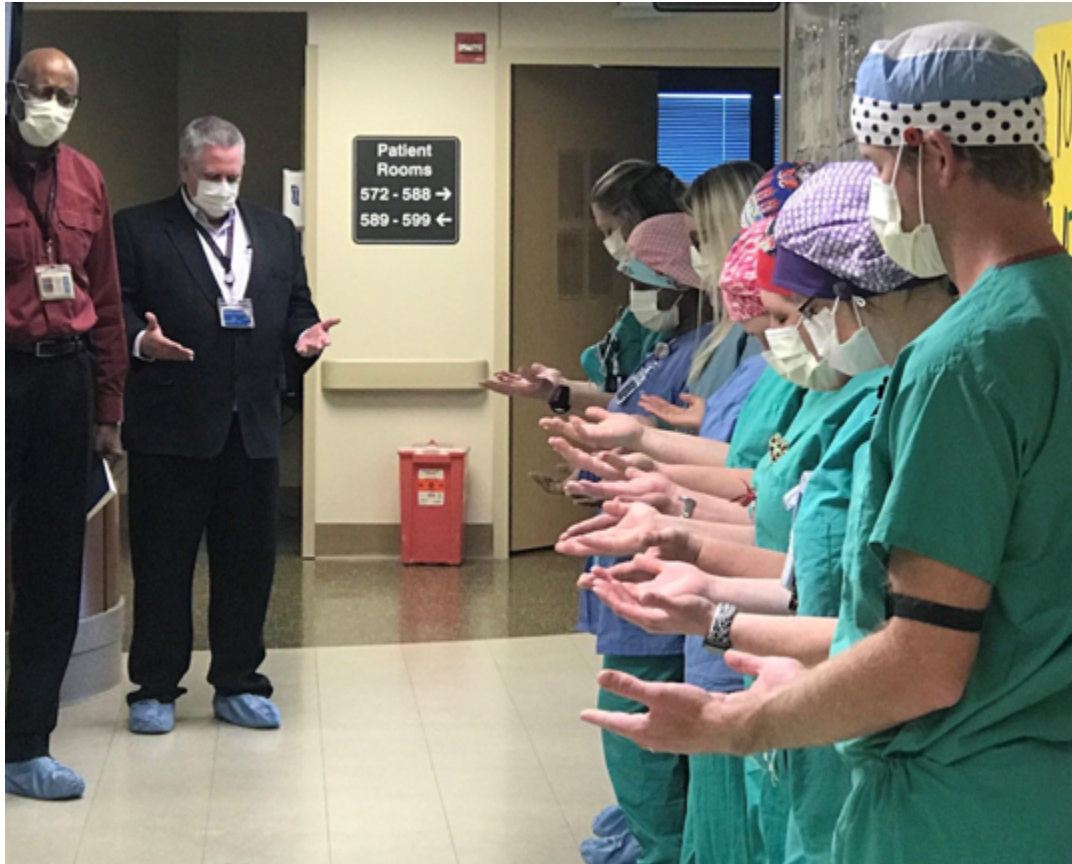
# Surgery



- Testing all laparoscopic cases
- FULL PPE in C/S
- N95 required in laparoscopic cases, recommended when assisting with intubation/extubation
- Patients are masked when transporting to and from OR
- When patients are stable in recovery room, they are then masked



# Conclusion





# Nursing Perspectives on the Baby-Friendly Hospital Initiative

**Presented by: Laura Burnham, MPH**

Project Director, Center for Health Equity Education and Research,  
Boston Medical Center and Boston University School of Medicine



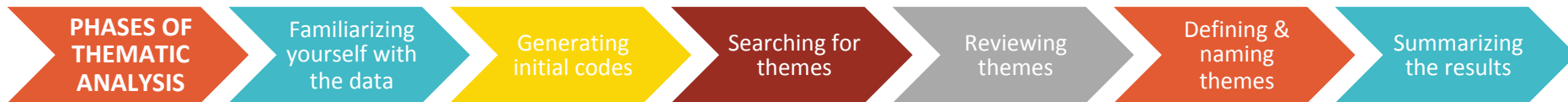
# Introduction

- Much of the Baby-Friendly Hospital Initiative (BFHI) work is led by nurses and dependent on nurses' adaptation, but little is known about nurses' perspectives about BFHI
- 97% of MS CHAMPS hospitals had Baby-Friendly taskforces led by nurses
- Since 2014, 22 hospitals in Mississippi have been Baby-Friendly designated and much can be learned from their experiences



# Methods

- CHAMPS conducted focus groups of nursing staff in Baby-Friendly designated, Mississippi CHAMPS hospitals
- **Objective:** Describe obstetric and postpartum nursing staff's experience becoming Baby-Friendly, including perceived barriers and facilitators
- Data were analyzed using a thematic analysis approach



# Results

- 5 focus groups, 22 nurses participating
- Five main themes were identified:
  1. The change required for the Baby-Friendly Hospital Initiative (BFHI) was hard
  2. Nurses felt empowered by taking a leadership role in the adoption of BFHI practices
  3. Nurses felt challenged by the unintended consequences of BFHI
  4. Patient education was pivotal to the implementation of BFHI practices
  5. Nurses' attitudes changed from negative to positive over the course of BFHI practice adoption

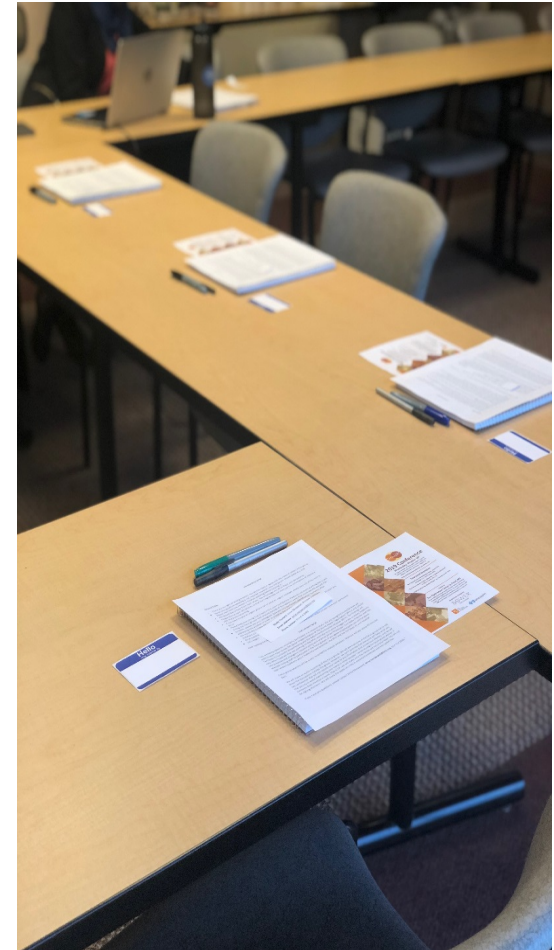


Photo of one of the focus group setups

# Results: Hospital and Nurse Demographics

<b>Hospital Characteristics</b>	<b>N (%)</b>
<b>Urban-rural classification</b>	
<b>Rural</b>	3 (60%)
<b>Metro</b>	2 (40%)
<b>Number of months designated*, mean (SD)</b>	12 (6.5)
<b>Annual number of births, mean (SD)</b>	1144 (730.6)
<b>Participant Characteristics</b>	
<b>Nursing Role</b>	
<b>Labor and delivery</b>	8 (36%)
<b>Mother-Baby/NICU</b>	14 (63%)

\*number of months designated prior to focus group



# Theme 1: *The Change Required for BFHI was Hard*

- A variety of psychological, practical, and logistical factors made BFHI implementation hard:
  - Resistance to the “idea” of change
  - Logistical challenges
  - Monetary barriers
  - Physical barriers
  - Staff challenges

# Theme 1: *The Change Required for BFHI was Hard*

## Psychological Challenge

*“And it is a change for the nurses... You know, nurses are very structured and they have their own way of doing things, and when you put a little dent in that they have to reroute everything...”*

## Practical Challenge

*“For us in the nursery...they’re saying, you’re going to do your assessments in the room and stuff... We needed to have, baby blood pressures, we had to have ways to do oxygen saturations on our babies... so having the equipment that we needed was a big deal.”*

## Theme 2: *Nurses Felt Empowered Taking a Leadership Role in the Adoption of BFHI*

- Nurses pushed their facility to adopt BFHI practices, which was empowering
- Common experiences:
  - Standing up to resistant parties
  - Taking ownership/leadership of the BFHI work
  - Sense of pride after Baby-Friendly designation

***Interviewer:*** *And what do you think it took to make physicians okay with the process now?*

***Interviewee 1:*** *We just didn't do it.*

***Interviewee 2:*** *Yeah, nurses with backbone.*

## Theme 2: *Nurses Felt Empowered Taking a Leadership Role in the Adoption of BFHI*

*“If people are beginning this designation process it is almost overwhelming. The big picture of it is overwhelming... For us, we work together real well, we’re cohesive. And I think the director is good at [delegating] and allowing certain ones of us to take on a specific part of it, and that helped our department on it... You cannot do it by yourself; you can’t do it with just a couple [people]. It takes everybody, well it takes a bigger group, and it takes people owning a certain part of it I think.”*

# Theme 3: *Nurses Felt Challenged by the Unintended Consequences of BFHI*

- Nurses expressed concern regarding certain unintended consequences of BFHI implementation, including:
  - Ongoing safety concerns
    - Risks of infants falls and rooming-in
    - Increased rates of hypoglycemia with reduced formula supplementation
    - Emergency situations during initial skin-to-skin
  - Fear of patient dissatisfaction with BFHI practices
    - Frustration with change in practices like rooming-in at night
  - Fear of patient shaming
    - Most commonly around rooming-in and breastfeeding



# Theme 3: *Nurses Felt Challenged by the Unintended Consequences of BFHI*

## Ongoing Safety Concern

*“Um, I don’t think the concern of dropping babies is totally gone. I still am concerned about that, especially if she [is on] medication.”*

## Fear of Patient Shaming

*“That’s my only critique of it is I do feel like it’s brought a sense of shame to those that maybe have tried [to breastfeed] in the past and weren’t successful and they just don’t think they can do it again.”*

## Theme 4: *Patient Education Was Pivotal to the Implementation of BFHI*

- Nurses felt patient education was essential to successful BFHI implementation
- Common beliefs:
  - Prenatal education prepares patients to receive BFHI care
  - BFHI improves the quality and extent of in-hospital education
  - Community members spread information about new BFHI practices

## Theme 4: *Patient Education Was Pivotal to the Implementation of BFHI*

*“I feel like with the skin-to-skin and the education that all of the nurses have gotten about the breastfeeding, the patients are in such a better place. I mean, they just get so much more information and education from every different nurse they come in contact with, because of Baby-Friendly and they have more people helping them to be successful and that’s just going to make them be more successful. I’ve seen a huge difference in the patients.”*

## Theme 5: *Nurses Attitudes Changed from Negative to Positive over the Course of Adoption*

- Initial negative reactions to BFHI shifted to positive feelings after successfully implementing practices

*“A lot of people thought it was like somebody else coming in from the outside saying this is how you’re going to do things now. And lots of times people resent things like that. I think it’s turned out real well, but just the initial, ‘I don’t know about this... Who are you to tell us what to do? This is the way we’ve always done it.’ But, I think it’s worked out well.”*

# Theme 5: *Nurses Attitudes Changed from Negative to Positive over the Course of Adoption*

*“It wasn’t easy, but was it worth it? Absolutely.”*



# Conclusions

- Nurses shared similar experiences and cited common facilitators and barriers to Baby-Friendly designation
- Nurses described the overall process of Baby-Friendly designation as challenging, but worthwhile

# Future Direction

- Hospitals seeking designation can learn from these experiences to make their journeys easier







# Thank you for joining!

That wraps up our CHAMPS Wednesday  
Webinars, Fall 2020 Series!

***Look out for information on our next Webinar series,  
starting January 2021***