

Wednesday Webinar

Hospital Experiences: Skin-to-Skin

September 21st, 2016
11:00am-12:00pm (central time)

Crystal Risinger, BSN, RN, IBCLC
Ochsner St. Anne Hospital

Vicki Walters, RN, BS
Merit Health Wesley

Bonnie Holland, RN, IBCLC, RLC
Hancock Medical Center

Jennifer White, RN, IBCLC, RLC
Children's Hospital San Antonio

Remember to mute your line by pressing *6. Please do not press hold.

Upcoming Wednesday Webinars

- October 19th – Hospital Experiences: Rooming-in
- November 9th – Hospital Experiences: Staff Education
- December 14th – Hospital Experiences: Audit Tools – How We Used Them



<http://www.champsbreastfeed.org/webinars.html>

Upcoming 4-hour Clinical Skills Trainings

- December 19th & 20th at St. Tammany Parish Hospital in Covington, LA
- January 5th at Baptist Memorial Hospital Union County in New Albany, MS

<http://www.champsbreastfeed.org/events.html>



Systems for Success: The Baby-Friendly Hospital Initiative in the USA

Registration OPEN!

Interested in attending? Email champsbreastfeed@gmail.com
For more information, visit our website: CHAMPSbreastfeed.org

Conference Date: Monday, November 14th, 2016

Location: BCBS MS Headquarters
3545 Lakeland Drive,
Flowood, MS

Organized by:

CHAMPS

(Communities and Hospitals Advancing Maternity
Practices)

Hosted by:

Blue Cross Blue Shield Mississippi

In Collaboration with:

- South Carolina Department of Health and Human Services
- Mississippi State Department of Health
- United States Breastfeeding Committee
- Baby-Friendly USA



BlueCross BlueShield
of Mississippi
It's good to be Blue.



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FOUNDATION

The number of Baby-Friendly™ Hospitals in the US is growing faster than in any other nation.

Attend this conference to learn how national projects, insurers, state-based initiatives, government agencies, and other systems are making it happen!

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Mississippi CHAMPS Conference

Registration OPEN!

Click here to register: <http://bit.ly/28TFwmt>

Date: Thursday November 17th, 2016

Location: Table 100

100 Ridge Way,
Flowood, MS 39232

What? A meeting for all Mississippi and Tennessee CHAMPS Hospitals for 1 day of learning, collaborating, networking, and sharing experiences

Who can attend? The conference is free to CHAMPS hospital teams and community partners

Funded by
The Kellogg Foundation
&
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Questions? Email CHAMPSbreastfeed@gmail.com
For updates, please visit CHAMPSbreastfeed.org



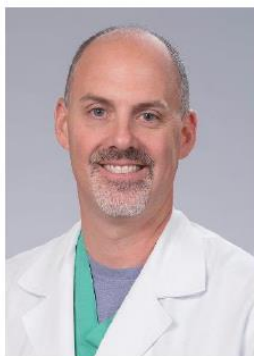
Featured Speakers



An Unbreakable Bond... Bringing Baby-Friendly to the OR

Natasha Goss-Voisin, MD

OB/GYN at Ochsner St.
Anne General Hospital



Rodney Gisclair, Jr., CRNA

Lead Certified Registered
Nurse Anesthetist Ochsner
St. Anne General Hospital



Fathers' Uplift

Charles C. Daniels, Jr., MSW,
LICSW, CEO and Founder of
Fathers' Uplift



*Culture, Trauma, and Mothering:
It's All Connected*

Camie Jae Goldhammer, LICSW,
MSW, CLE, IBCLC, Founder and
Chair of Native American
Breastfeeding Coalition of WA



Communities at Work

Kimarie Bugg, FNP-BC,
MSN, CLC, President
and CEO of ROSE

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Crystal Risinger, BSN, RN, IBCLC

Ochsner St. Anne, Raceland, LA



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ADVANCING MATERNITY PRACTICES

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Ochsner St. Anne Hospital offers essential healthcare services to Lafourche and the surrounding parishes. We deliver quality healthcare by our constant commitment to quality measures and patient satisfaction. Our staff of nurses, doctors, technicians and other professionals work constantly to improve our medical care and customer service, focusing the resources of our entire hospital on the local communities we serve.

As a fully accredited, full-service hospital staffed by skilled physicians and specialists, Ochsner St. Anne provides life saving services including a 24-hour full-service emergency department with average wait times of less than 15 minutes, stroke care, intensive care unit and multiple surgical specialties including general surgery, orthopedics, pain management and urology. Additional services include maternity suites with state-of-the-art monitoring for mothers and babies, behavioral health services and many advanced medical technologies including MRI, digital & 3D mammography, 4-D ultrasound, low-dose CT and much more. Also, we offer full lab services, a blood donor center, infusion center and a wound care clinic.



Ochsner St. Anne

- Is a critical access facility
- 4 bed Labor & Delivery
- 3 bed Mother Baby Unit and overflow onto Med Surg Unit
- Well Baby Nursery

Our Baby Friendly Journey

- We began the Baby Friendly Pathway on 12/22/2014.
- We are currently in the Dissemination Phase and will soon be entering D4.

Before Skin-to-Skin

- Before implementing skin to skin, Newborns were brought to our well baby nursery for 4-6 hours post delivery while “transitioning”
- Our breastfeeding initiation and exclusive rates were very low

Moving to Skin-to-Skin

- Change is HARD, some staff members caught on quicker than others
- It was very easy to initiate with skin to skin for vaginal deliveries
- & then there was our cesarean deliveries....

Skin-to-Skin

- I attacked the skin to skin in the OR by just doing it, and this did not go so well.
- Great for the patient but not the best approach for the staff
- Staff meetings and education with the L&D staff, OR staff, MB staff and the CRNA group

Skin-to-Skin

- Communication and clear expectations are key.
- It is very important to have executive support.
- Be clear about the WHY!

Next Steps...

- To be at a 100% Skin to skin compliance for vaginal and cesarean births.
- Patients are educated in the clinic that skin to skin care is done as routine after all deliveries.



Vicki Walters, RN, BS, Women's Services Director

Merit Health Wesley

Hattiesburg, MS



Merit Health Wesley

Every day, the team of professional caregivers at Merit Health Wesley strives to uphold the principles upon which this facility was founded over 100 years ago: Loving God, Serving Others, Excelling in Healthcare.

Our 211-bed facility is conveniently located on a beautiful 85-acre healthcare campus in west Hattiesburg, along one of the most rapidly expanding retail corridors in Lamar County.

Merit Health Wesley cont.

- Merit Health Wesley was recognized by the March of Dimes in 2014 for their work to give babies a healthy start. Wesley was named as one of only six hospitals in the state to meet the goal of avoiding elective deliveries before 39 weeks of pregnancy in more than 95% of annual births.



Merit Health Wesley cont.

- The Birth Center at Merit Health Wesley opened in 1995. Approximately 1300 deliveries occur annually.
- 18 bed LDRP/Couplet Care
- 12 bed Level III NICU
- No well baby Nursery

Upon opening the unit all vaginally delivered well babies have been transitioned in the mother's room.

SKIN TO SKIN



- Baby Friendly process began in January 2016.
- A very small population of mother's requested Skin to Skin.
- A discussion is held with all new admissions about their plans to initiate Skin to Skin. The staff takes this opportunity to share the benefits especially for those unaware of this choice.
- The same is done for both vaginal delivery and C- Section moms.
- The father is included in this discussion.

Skin to Skin



- Family involvement is important. Explaining to the family about the hour of skin to skin due to most of the expectation is to rush in immediately after birth.
- The staff is there to assess the situation with the mother and breast feeding and offer support as needed.
- This also allows for the baby led feeding.
- Documentation of start time and ending time.

Positives here at MH Wesley

- Pediatricians and Neonatologists round at bedside.
- All clinical practice is done at bedside, such as weighing.
- Rooming in for all babies has been successful for 21 years.
- Staff involvement.
- Family centered care atmosphere.



Community

- WIC Coordinator serves on our Baby Friendly Team. And has offered a wealth of support to the mothers of this community.
- Private OB clinic physicians participated in obtaining their educational hours.
- Each month, the Women's Services Director attends clinic board meeting to discuss Baby Friendly process and how to better educate our new moms.
- Developing a handout and video reference for office to distribute to the new moms.

Next Steps



Goals:

- Prepare teaching material for OB clinic to use that includes introduction of Skin To Skin
- Incorporate skin to skin video in childbirth classes
- Public awareness campaign in regard to best practices-Skin to Skin
- Complete dissemination phase of Baby Friendly
- Onsite review with CHAMPS



“Some dads are so full of excitement that they cannot contain their whoops and hollers in sharing their ultimate joy.”



Bonnie Holland, RN, IBCLC, RLC

Hancock Medical Center

Bay St. Louis, MS



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Hancock Medical Center

- Hancock Medical Center embarked on the S2S Project in July of 2015 with enthusiasm
- The staff buy in was based on being the first on the MS gulf coast and patient satisfaction
- The staff were very positive and the community response has been phenomenal

Hancock Medical Center

- HMC is a very small community hospital that serves an indigent population.
- The size and population we serve helped set the goals for our facility
- We used S2S as a marketing tool to help drive more patients to our facility and to provide quality bonding for an at risk population

Skin-to-Skin

- The first step was staff buy in and education
- Secondly we wanted to make it fun and competitive for the staff
- Thirdly we needed to be able to convince the population to give it a try
- Additionally we wanted to incorporate other community resources to provide S2S as an entrance to increase our breast feeding rates.

Skin-to-Skin

- Staff buy in was accomplished through-
- “Movie Night” with “The Magical Hour”
- Competition with the staff to see who had the highest number of couplets with successful S2S
- “Talking it up” with unit meetings and praise

Skin-to-Skin

- Community buy in was accomplished through-
- Lunch meetings were held at all Pediatrician and OB offices to educate them on the process.
- A Community Open House was held in August of 2015 with S2S being advertised with a booth that was manned by the staff to answer questions about S2S.
- At this Open House we also had LLL and WIC breastfeeding support
- WIC rounding at facility and LLL group meeting at HMC monthly

Hancock Open House



Skin to Skin

- HMC prior to our initiation of S2S was more formula driven and less dyad oriented.
- The S2S process brought huge changes to HMC
 - Patients quickly learned about S2S and our bonding practices and began to ASK for S2S upon admission
 - The staff embraced the practice whole heartedly and even our toughest nurses LOVED it!!

Skin to Skin

- Our first few months at Skin to Skin for Stable uncomplicated Vaginal births we recorded all S2S by the minute. Our successes were celebrated!
- By the third month we had achieved 100% successful S2S with stable vaginal births!
- We have continued to be very successful with S2S, with some months being better than others, but overall it has been very successful.

Skin-to-Skin

- As your facility is embarking on this project we have a few tips-
 - Engage respected staff members to meet with MD's to obtain buy in.
 - Not everyone will be on your side. Don't let that deter you! Continue to be positive and push for patient satisfaction.
 - Start small- begin with uncomplicated vaginal births first and let it grow from there.
 - Include the RN staff in deciding critical factors such as newborn assessment timing.
 - Create and S2S policy and discuss it with the MD staff.
 - Expect Pediatricians and Anesthesia to be challenging!

Next Steps

The next step for HMC is to achieve Baby Friendly status and to continue to use S2S and BFHI to drive our delivery numbers higher.

To achieve 100% S2S in all eligible couplets consistently.



Jennifer White, RN, IBCLC, RLC

The Children's Hospital of San Antonio

San Antonio, TX



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The Children's Hospital of San Antonio

- The Children's Hospital of San Antonio is an Academic-Based Hospital. We are partnered with Baylor College of Medicine and Texas Children's Hospital
- We have 10 Labor and Delivery Beds and 14 Mother-Baby Rooms
- There is an average of 875 deliveries here a year



- We are a Texas Ten Step Hospital and are on step D3 on our pathway to our Baby Friendly USA designation.
- We have an active unit based breastfeeding Committee that meets monthly and consists of an IBCLC, WIC IBCLC, L&D RN, Mother Baby RN, Quality, Marketing, Pediatrician, Obstetrician, Administrative Assistant and Director of Women's Services.



Skin-to-Skin



Prior to starting skin to skin at our deliveries, the infants would deliver and go straight to the warmer. They would stay there for a long time while waiting for the mother to be “ready”. This would sometimes last for a long time. If the infant was born by Cesarean Section, they would go to the nursery, sometimes for several hours to transition away from the mother

Many infants would get cold stressed and require glucose checks. The temps would be low and this sometimes prompted septic work-ups for our infants and a longer transition time for RN and couplet



Transitioning the infant away from the mother caused delay in transfer to mother baby unit.
Required additional RN's to care for the infant

Infants would often get their Erythromycin and Vitamin K before they were given to their mothers

Breastfeeding was delayed. Infants would get baths before skin to skin time and baby was sleepy and would not latch for feeding

What worked Best?

Support from Physicians and Leadership



Rounding at other hospitals to observe the process

Educating the mother before delivery on why skin to skin was important

Educating physicians regarding the change in practice

Involving Family members with skin to skin

Trial and Error



What could we have done better?

Nurses didn't feel comfortable with the process initially. Should have had more "skin to skin experts" in place before we rolled out the change

More than one PDSA to perfect the process

Some physicians challenged us on immediate weights and measurements

More education with the parents at Dr.'s offices on what to expect at delivery

Nurses that were short had a difficult time with reaching and assessing the newborn



Next Steps

Education for the Dr.'s offices and MFM clinics

Continued education for the nurses on proper documentation of skin to skin

Checklists for the nurses

PDSA's for skin to skin in the OR

Continue to track our rates to improve skin to skin for all deliveries >90%

Questions?

- Upcoming webinars
 - October 19th – Hospital Experiences: Rooming-in
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- Thanks for joining today!

