Wednesday Webinar: May 2018

Rooming-in: How Hospitals Are Reaching 80%

Laura Burnham, MPH, CHEER Project Manager
& CHAMPS Hospitals

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Upcoming CHAMPS 4-Hour Clinical Skills Trainings

- Gilmore Memorial Hospital—Monday, June 25th (morning and afternoon)
- Ocean Springs Hospital—Thursday, June 28th (morning and afternoon)

Trainings are open to all CHAMPS hospitals and CHAMPS community partners. You can register for the trainings at CHEERequity.org/trainings

Upcoming Wednesday Webinars

Webinars are held in collaboration with the Mississippi State Department of Health and are scheduled on Wednesdays from 12-1p CST

Spring 2018 Schedule

- June 13th—Dissemination Audit Tools: Tips, Tricks, and Best Practices

There will be a break in the webinars over the summer, with a new series starting in September.

If there are topics you would like covered, please email CHAMPSbreastfeed@gmail.com or talk to your CHAMPS hospitals coach about your ideas.

Rooming-in: How Hospitals Are Reaching 80%

BFHI Guideline for Rooming-in

- **The facility should provide rooming-in 24 hours a day as the standard for mother-baby care for healthy term infants, regardless of feeding choice.**
  - When a mother requests that her infant be cared for in the nursery, the health care staff should explore the reasons for the request and should encourage and educate the mother about the advantages of having her infant stay with her in the same room 24 hours a day.
  - If the mother still requests that the infant be cared for in the nursery, the process and informed decision should be documented.
- In addition, the medical and nursing staff should conduct newborn procedures at the mother's bedside whenever possible and should avoid frequent separations and absences of the newborn from the mother for more than one hour in a 24-hour period.
- If the infant is kept in the nursery for documented medical reasons, the mother should be provided access to feed her infant at any time.

Linda R. Tuggle, RNC-OB, BSN
Clinical Director Maternity Services

Methodist Olive Branch Hospital
Olive Branch, Mississippi

Methodist Olive Branch Hospital

Methodist Olive Branch located in Olive Branch, MS, is a 100-bed community hospital built in July, 2013. Methodist Olive Branch is part of a 5-hospital system (Methodist-Le Bonheur Healthcare) located in Memphis, TN. Our facility serves the North Mississippi population and some West- TN and Northeast MS patients.

The Maternity Center at Methodist Olive Branch started out as a 6-bed LDRP model with a Level 1 nursery in February of 2014. A needs assessment done within the community recognized the need for a Level 2 nursery and additional Postpartum rooms to accommodate. These renovations took place in 2016 which added 6 postpartum rooms and a Level 2 Special Care Nursery. After the renovations, the model of care changed from LDRP to L&D/PP. The center has also recently switched from traditional Postpartum care to Couplet care.

The Maternity Center is staffed with L&D RNs, NICU RNs, and OB Techs. On average, the center delivers 50 babies a month. These deliveries are done by 4-hospital-employed OB/GYNs. Intensive neonatal care is delivered by Neonatologists and Nurse Practitioners housed at the Memphis facilities. Newborn care is delivered by ten local pediatricians with hospital privileges.

Rooming In Practices-Then

Prior to Methodist Olive Branch joining the Baby Friendly journey, all infants were transferred to the Level 1 Nursery for assessment by the pediatrician.

All Newborn screens were performed in the Level 1 Nursery.

Rooming In Practices-Now

Next Steps

We want to continue this success with constant communication and education to our patients

Alice Chaney Herndon, MSN, RNC-NIC
Nurse Manager III Mother Baby Unit & Lactation Services

University of Mississippi Medical Center Jackson, MS

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

University of Mississippi Medical Center

Only academic teaching facility in the state
Only level IV NICU in the state
15 intermediate care infant beds
31 bed Mother Baby Unit
10 LDR rooms & 3 observation rooms in Labor & Delivery; 2 operating rooms specifically for OB patients
3 prenatal hospital-based clinics in addition to 1 resident-based clinic

Before Baby Friendly…

Baby straight to warmer to be assessed
Moms would spend MAYBE 1 hour with baby before taken to transition
Baby in transition nursery 4-6 hours
Baby in and out of mom's room; babies primarily stayed in the nursery
Mom would have to REQUEST for baby to stay in room

After Baby Friendly

Babies immediately to mom's chest after vaginal deliveries; S2S in PACU for C/S moms
Implementation of Transition Nurse role
Infant stays in L&D with mom until mom stable for transfer to the floor
Mom and baby travel as couplet to Mother Baby Unit

Tips & Tricks

Start educating in the prenatal setting
Re-educate moms upon arrival to hospital about what they should expect during their stay
Help ease/calm their fears
Encourage moms to have a support person with them
Allow moms time to ask questions
Assure moms that nursing staff will be here to help

UMMC's Rooming in rate April 2018

100%!

Susan Carbajal, RN, IBCLC

Ocean Springs Hospital
Ocean Springs, Mississippi

Ocean Springs Hospital

9 Bed LDRP
Approximately 60-70 deliveries per month

Current Rooming-in rate 91% for March 2018

Ocean Springs Hospital

Prior to RI most babies came to the nursery at night unless mom objected and all babies came to the nursery for exams by nurses and physicians.

Biggest challenge – leaving babies with moms at night and convincing physicians to round in rooms.

Other challenges were change in routine and figuring out how to do things like baths in the rooms.

Ocean Springs Hospital

Implementation

Educating nurses on the evidence for rooming-in

Educating patients on admission about rooming-in

Making it work -

Talking to each other about what strategies each of us used when talking to parents and carrying out routine procedures in rooms.

Ocean Springs Hospital

Rooming – In is now the part of our culture at our hospital.

The nursery nurses get upset now when babies come to the nursery.

We LOVE Rooming-In at Ocean Springs Hospital

Shannon Grosch, RN, IBCLC

Touro Infirmary

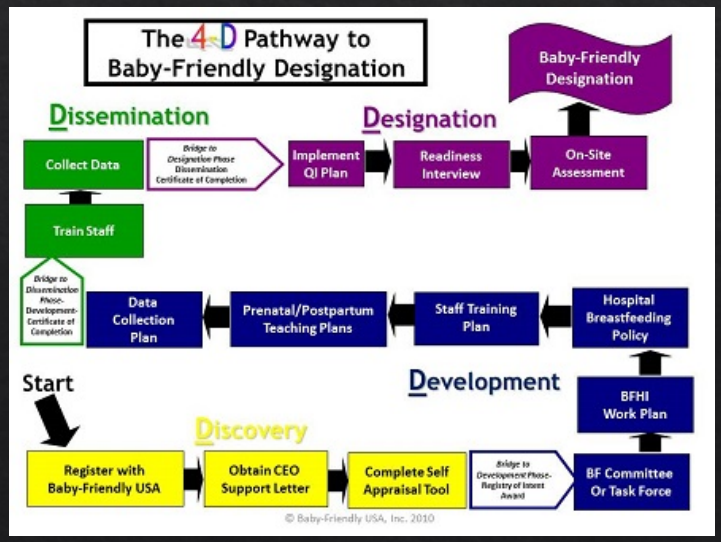
New Orleans, Louisiana

Rooming-In

Touro Infirmary

Designated a GIFT hospital in October 2016-The GIFT is a program for Louisiana birthing facilities designed to increase breastfeeding rates and hospital success by improving the quality of their maternity services and enhancing patient-centered care.

Awaiting Baby Friendly Designation-Site visit March 28-29, 2018



Our Team

The Family Birthing Center at Touro

Rooming-In Rate 85-90%

"Rooming In/No Separation"

- Began practicing January 2016
- Involved staff education, physician education, clinic education, patient education
- Initially introduced "rooming in" as "no separation"

Why "No Separation"?

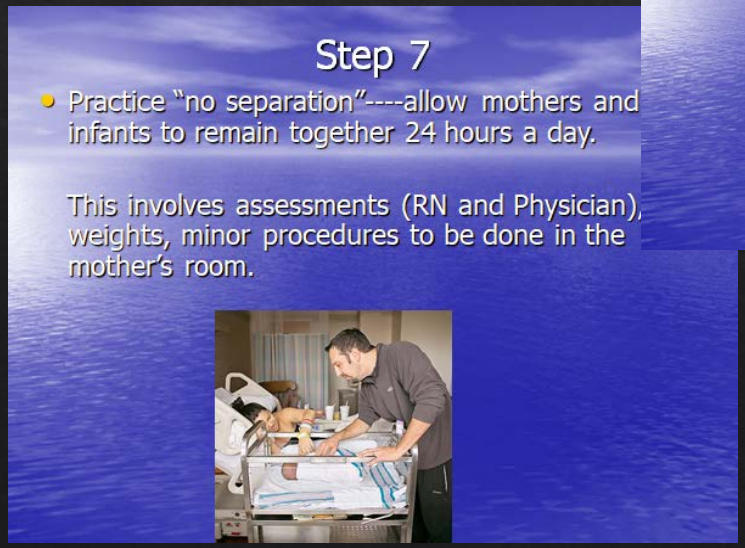
- "Rooming in " was introduced as "no separation" because the team felt the verbiage was important for physician and staff "buy in"
- Physicians had a negative connotation of the term "rooming in"
- When asked, the physicians verbalized their concerns with "rooming in". They were concerned that the mothers were going to be left to care for their infants with much less nursing support. Although this is untrue, the physicians strongly felt this way.
- Something as small as changing the verbiage resulted in physician support/physician buy in!!!!
- The term "no separation" helped us gain the support of physicians and staff (although the concept was exactly the same as "rooming in").

Touro's Nursery

- Touro did not close our nursery when we implemented "rooming in".
- Staff were instructed to encourage moms to room in and explain the benefits of rooming in.
- If a mother wanted her baby to go to the nursery after the benefits of rooming in were explained, the nurses were instructed to support the mother, take the infant to the nursery, and chart that she educated the mother on the benefits of rooming in.
- The nurses would also bring the infants out for feedings if they were in the nursery.
- The great part of keeping our nursery--- it is an option for moms if they are unable to care for their baby.
- We wanted to give mothers a choice, not force them to "room in". With education and freedom of choice, most mothers choose "no separation".
- Our rooming in rates are excellent. Having a nursery has not impacted our rates.

Plan: Staff Education
Rooming In/No Separation

Introduced "rooming in/no separation" at Touro's Baby Friendly Kickoff-January 2016-mandatory for all MCH staff-Slideshow Presentation-reviewed The Ten Steps to Successful Breastfeeding and benefits of rooming in



Plan: Non Clinical Staff Education Rooming In

- Breastfeeding Support and Education PowerPoint shown in hospital orientation and shown to all non clinical staff.
- The PowerPoint reviews the Ten Steps to Successful breastfeeding including Step 7- "rooming in"

Mandatory Baby Friendly Education for RNs-15 hours of online education and 5 hours of hands on education

- Online training-LER and Coffective-Education topics include the importance of "rooming in"
- 5 hours of hands on education for nurses-shadow lactation consultants for 5 + hours. Education and competencies include "rooming in"
- Mandatory skills fairs review the importance of "rooming in"

CHAMPS Staff Interview Tip Sheet

- Posted on all units
- Staff reviewed Baby Friendly sample questions regularly-Tip Sheet educates on the benefits of "rooming in"
- Staff audits performed weekly using the Baby Friendly Audit Tools
- Audits ensured staff knew the benefits of "rooming in" and could teach patients the benefits
- Also made "cheat sheets" for the staff to review Baby Friendly questions-laminated pocket cards convenient to study

Baby Friendly USA Audit Tool Step 2: Train all healthcare staff in the skills necessary to implement the policy

- The BFUSA audit tools were used to assess the nurse's knowledge of the 10 steps. The "rooming in" portion of the audit tools asks:
- #8 Why is rooming in important for breastfeeding?

  Mothers learn feeding cues

  Mother learns how to handle and comfort her baby

  Supports feeding on demand

  Baby learns to recognize his or her mother

Evaluation-Did the staff member know the importance of rooming in for breastfeeding?

Monthly Staff Meetings

- Review the benefits of "rooming-in" and audit tool results
- Updated staff on Baby Friendly progress and results of the most recent statistics: "rooming in", skin to skin, breastfeeding initiation, and breastfeeding exclusivity
- Staff meetings held on all units for day and night shift

Baby Friendly Mock Assessments

- Mimicked an actual Baby Friendly site assessment
- Staff on our Baby Friendly team acted as assessors
- Two Baby Friendly mock assessments- May 2017 and March 2018
- Conducted interviews with staff using the BFUSA audit tools just as BFUSA assessors would
- Conducted interviews with patients using the BFUSA audit tools just as BFUSA assessors would
- Gave staff feedback on areas that needed improvement

Minor procedures done in patient rooms

- Hearing Screenings done in room-educated OAE techs with PowerPoint
- Infant pictures taken in room-Photographers viewed PowerPoint and educated on rooming in
- Weights and 24 hour infant assessments done in room-involved purchasing new, portable equipment

Pediatrician Exams

- Requested infant exams in patient rooms.
- Purchased additional otoscopes and ophthalmoscopes
- Purchased exam lights for physicians to use in patient rooms
- Started with the physicians who were most receptive to Baby Friendly and physicians on our Baby Friendly team.
- Pick your battles! The other one or two pediatricians that were not receptive soon followed. In the meantime, we brought babies in the nursery one at a time. WE no longer lined cribs up for infant exams.

Documentation

- Staff charting was an issue with "rooming in“
- We needed staff to chart “rooming in” the same way-consistency was key!
- Charting by exception
- Chart audits
- Nurses held accountable for accurate charting of "rooming in"- NEED SUPPORT OF MANAGEMENT for rooming in to be successful

Rooming In Physician/Patient Education in Prenatal Clinic

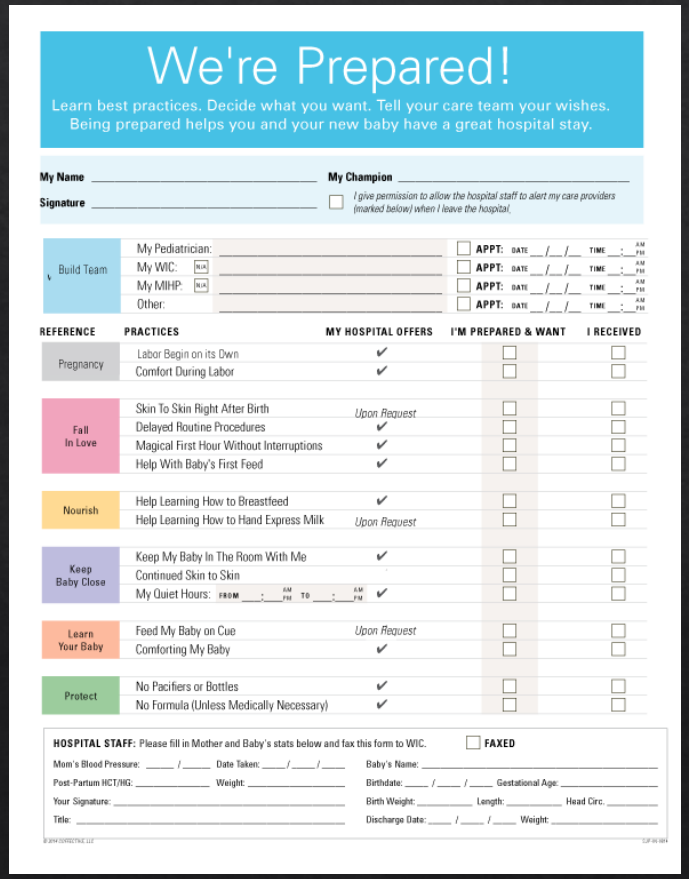
- Met with the prenatal clinics of the physicians who are privileged to deliver at Touro
- A PowerPoint explaining an education plan for the clinics was shown to nurses/techs/OBGYNs
- The “We’re Prepared” checklist was introduced to the clinic staff- Educates on "Keeping Baby Close" (continued skin to skin and rooming in)

- Color coded folders with literature made to correspond with the “We’re Prepared” checklist-Purple folder has rooming in education
- I spent time shadowing the nurses/techs to demonstrate the process and education with patients. Discussed benefits of "rooming in"

Education Process in Prenatal Clinics

- Color coded folders labeled by gestational weeks placed next to scale in clinic
- Folders are color coded to match the "We're Preapred" Checklist
- Brown-Get Ready-Motivational Document-Initial Visit
- Blue-We're Prepared Checklist-12-16 weeks
- Red-Fall in Love-Skin to Skin-12-16 weeks
- Purple-Keep Baby Close-Rooming In-16-20 weeks
- Orange-Learn My Baby-20-24 weeks
- Yellow-Nourish-Breastfeeding literature-24-28 weeks
- Green-Protect Breastfeeding-Risk of supplementing/pacifiers-28-32 weeks
- Blue-Motivational Document-35-40 weeks

We're Prepared Checklist & Education Folders



We're Prepared!

Learn best practices. Decide what you want. Tell your care team your wishes.
Being prepared helps you and your new baby have a great hospital stay.

My Name _____ **My Champion** _____

Signature _____ ☐ *I give permission to allow the hospital staff to alert my care providers (marked below) when I leave the hospital.*

Build Team	My Pediatrician:		☐ APPT: DATE __/__/__ TIME __:__ AM PM
	My WIC: N/A		☐ APPT: DATE __/__/__ TIME __:__ AM PM
	My MIHP: N/A		☐ APPT: DATE __/__/__ TIME __:__ AM PM
	Other:		☐ APPT: DATE __/__/__ TIME __:__ AM PM

REFERENCE	PRACTICES	MY HOSPITAL OFFERS	I'M PREPARED & WANT	I RECEIVED
Pregnancy	Labor Begin on its Own	✔	☐	☐
	Comfort During Labor	✔	☐	☐
Fall In Love	Skin To Skin Right After Birth	*Upon Request*	☐	☐
	Delayed Routine Procedures	✔	☐	☐
	Magical First Hour Without Interruptions	✔	☐	☐
	Help With Baby's First Feed	✔	☐	☐
Nourish	Help Learning How to Breastfeed	✔	☐	☐
	Help Learning How to Hand Express Milk	*Upon Request*	☐	☐
Keep Baby Close	Keep My Baby In The Room With Me	✔	☐	☐
	Continued Skin to Skin		☐	☐
	My Quiet Hours: FROM __:__ AM PM TO __:__ AM PM	✔	☐	☐
Learn Your Baby	Feed My Baby on Cue	*Upon Request*	☐	☐
	Comforting My Baby	✔	☐	☐
Protect	No Pacifiers or Bottles	✔	☐	☐
	No Formula (Unless Medically Necessary)	✔	☐	☐

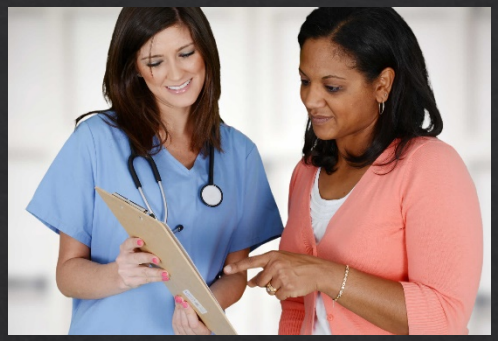
HOSPITAL STAFF: Please fill in Mother and Baby's stats below and fax this form to WIC. ☐ **FAXED**

Mom's Blood Pressure: ____ / ____ Date Taken: ____ / ____ / ____ Baby's Name: _____

Post-Partum HCT/HG: _____ Weight: _____ Birthdate: ____ / ____ / ____ Gestational Age: _____

Your Signature: _____ Birth Weight: _____ Length: _____ Head Circ. _____

Title: _____ Discharge Date: ____ / ____ / ____ Weight: _____



Education Process in Clinics

- Folders next to scale
- Patient weighs and takes literature based on gestational weeks
- Patient shows nurse/tech literature she pulled
- Nurse/tech educates mother on topic-the nurse has been given typed, laminated speaking points each topic
- Nurse/patient checks off education on "We're Prepared" checklist
- Nurse/tech encourages patient to speak with physician regarding the topic she learned about that day
- By 32 weeks, the patient will have been educated on all topics on the checklist

Conclusion

- Important to introduce "rooming in/no separation" in a nonthreatening manner to staff. Need "physician" and staff "buy in"
- "Rooming in" requires educating staff (clinical and non clinical), patients (prenatally and in the hospital), and physicians (beginning in clinics).
- Education starts prenatally and continues in the hospital. Teaching patients about rooming in prenatally helps because they often request their babies stay with them. This helps with reluctant physicians.
- Pick your battles-get most receptive physicians "on board" and the rest will eventually follow