Whether you’re a seventh grader or a state health department, no one likes to take home a disappointing report card. Often, though, report cards work as intended—by spurring concerted effort in a particular problem area, they can yield steady and noticeable improvement. That’s exactly what happened in 2008, when the New York State Department of Health found itself last among all states on an important indicator of children’s health—the percentage of breastfed infants receiving formula during their first two days. The indicator, among many others, is tracked through the annual Breastfeeding Report Card, compiled by the Centers for Disease Control and Prevention (CDC) as part of their effort to support and increase breastfeeding.

In New York State that year, 35 percent of infants — the highest proportion in any state—were receiving some formula during their first two days of life, signaling that their mothers were probably not receiving the support and information that makes exclusive breastfeeding more likely. When breastfed infants receive formula during this crucial period, their mothers are less likely to exclusively breastfeed their babies after leaving the hospital. In addition, these mothers do not breastfeed as long as mothers whose infants did not receive formula. Because of its many health benefits, health groups recommend breastfeeding exclusively for about the first 6 months.

Ten Steps to Successful Breastfeeding in Hospitals

Although many factors affect whether and how long a mother breastfeeds her infant, hospital maternity care practices are a natural focus for improvement because most babies in New York (as in the rest of the United States) are born in hospitals. It also is known that an early positive breastfeeding experience in the hospital is associated with greater exclusivity and longer duration of breastfeeding. Since the early 1990s, the World Health Organization and UNICEF have promoted the Ten Steps to Successful Breastfeeding initiative—specific steps geared towards ensuring hospitals worldwide provide maternity care that fully supports breastfeeding mothers. The second of these steps involves training hospital staff to be more informed and effective in supporting breastfeeding.

An Online Tutor for Maternity Care Staff

One response to a disappointing report card was to arrange for some extra help from a tutor. In response to the report card, the New York Department of Health identified a tutor in the form of an online course—the Ten Steps to Successful Breastfeeding course, which is designed specifically to promote the WHO/UNICEF
approach in the United States. The online course fit a recommended step—training hospital staff and supported hospital efforts to increase exclusive breastfeeding rates among new mothers. The health department staff realized that training alone wouldn’t transform their hospitals, but they did see this step as an essential and much-needed component within broader quality improvement efforts that were being launched at the same time.

To make the course as accessible as possible, the Department of Health negotiated a significantly discounted bulk purchase rate from the publisher and then made the course available to hospitals at no charge by providing access codes for the course to hospital staff.

Initially, hospitals were approached by a trusted intermediary with a familiar training role—Regional Perinatal Centers (RPCs). As the program expanded and demand for it grew, however, Department of Health staff began working directly with the hospitals to track access codes and completion rates. The goal was to reach at least 6 of the maternity care staff in each of the 125 qualified hospitals. As of November 2011, the completion rate for the course is 84%, with the goal of an expanded roll-out to reach all maternity care staff across all hospitals.

Hospitals were given access codes that are valid for one year, although staff was urged to complete the course within 3 months. If participation or completion rates lagged, the Department of Health staff contacted hospitals to remind them of this potentially expiring resource, which usually triggered a surge in participation. Still, managing the access codes and completion rates was time-consuming, complicated in part by staff turnover within the hospitals.

At the time the course was first offered, it was an 18-hour, 16-module program, completed online at the student’s pace. The current version of the course is similar, but slightly longer. The convenience of an online course was a major selling point to participating hospitals, because they did not have to release staff for days at a time to attend face-to-face training or alter complicated shift schedules. Participants also received continuing education credits.

Feedback from a survey given to course participants was positive, with many nurses acknowledging that the course helped them realize they had not been using best practices with the new mothers and infants in their care. One nurse said, “I believe every nurse involved in educating women during pregnancy should have the information provided in this course.” The health department staff agrees that once the hospitals’ maternity care staffs are trained, they would like to expand to prenatal clinics in the future.

A Report Card Moving in the Right Direction

Today, New York is no longer the worst state in terms of formula supplementation during the first two days after a baby is born. In addition, the percentage of infants supplemented with formula has decreased from 36% in 2008 to 33% in 2011. There is still much work to be done—including continuing to educate hundreds of maternity ward staff, novices, and veterans alike—and continuing other quality improvement efforts. But New York hospitals, with the health department’s help, are moving in the right direction. A future in which the majority of New York babies are born in truly breastfeeding-friendly hospitals is much more likely today than it was just a few years ago.

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